Child and Family Services Reviews

Massachusetts Statewide Assessment

February 3, 2023

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Background

One of the ways in which the Children's Bureau (CB) helps states achieve positive outcomes for children and families is monitoring state child welfare services through Child and Family Services Reviews (CFSRs). The CFSR process[1] is designed to meet the statutory requirement to provide federal oversight of states' compliance with title IV-B and IV-E plan requirements and to strengthen state child welfare programs and improve safety, permanency, and well-being outcomes for children and families served. The CFSR process enables CB to:

1) Ensure conformity with federal child welfare requirements
2) Determine what is happening to children and families receiving child welfare services
3) Assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being

For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.

Purpose of the Statewide Assessment

The CFSR is a two-phase process. The first phase is a statewide assessment and is conducted by staff of the state child welfare agency in partnership with representatives with whom the agency was required to consult in the development of the state's Child and Family Services Plan (CFSP) (45 CFR § 1355.33). These internal and external stakeholders are selected by the agency in collaboration with CB and may include other individuals, such as family and youth served by the state's child welfare system and members of the judicial and legal communities.

The second phase of the review process is an onsite review. The onsite review includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews to further inform the assessment of systemic factors. Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States determined not to be in substantial conformity with one or more of the seven outcomes and seven systemic factors are required to develop a Program Improvement Plan (PIP) to address all areas of nonconformity.

States are required to complete and document an assessment of the extent to which their federally funded child welfare system functions effectively to promote the safety, permanency, and well-being of children and families with whom they have contact. This process involves a state:

- Using both quantitative and qualitative evidence (e.g., state administrative data, information management system reports, case record reviews, interviews with case participants and key stakeholders) to assess its performance on the outcomes and systemic factors
- Analyzing and explaining its performance in meeting the national standards for the CFSR statewide data indicators
- Providing supporting evidence of the state's assessment of its child welfare system, program, practice strengths, opportunities for improvement, and results of data-driven problem exploration

[1] Procedures for the review. 45 CFR § 1355.33.

- Providing relevant and quality evidence for CB to determine substantial conformity with CFSR systemic factors
- Communicating about the child welfare system's performance with the communities the systems served
- Demonstrating the engagement of child welfare system partners and stakeholders in the state's CFSR assessment and in its continuous quality improvement (CQI) change and implementation process
- Identifying priority areas of focus for further examination and to target improvement plans to strengthen systems and improve child and family outcomes
- Describing progress to address practice, program, and systemic change, and needed adjustments, as applicable
- Using assessment results to inform planning for the onsite review and to provide a foundation for the state PIP

Stakeholder Involvement

The statewide assessment is to be completed in collaboration with, and reflective of perspectives and feedback obtained from, state child welfare system partners and stakeholders pursuant to 45 CFR § 1355.33 (a–b). CB recommends that states assemble a diverse and representative statewide assessment team (as described below) while also consistently soliciting feedback and perspectives from key stakeholder groups, including parents, caregivers, and youth, throughout the CFSR process.

Individuals on the statewide assessment team need to include representatives from those with whom the child welfare agency was required to consult in developing its title IV-B state plan. The statewide assessment team members are selected by the child welfare agency in collaboration with CB. CB recommends that states ensure family and youth representation on the statewide assessment team, as well as other key partners (e.g., members of the legal and judicial communities, including state courts, the Court Improvement Project, and stakeholders). Examples of other partners and stakeholders who might serve on the statewide assessment team include frontline workers; foster, adoptive, and relative caregivers; the Community-Based Child Abuse Prevention (CBCAP) lead agency and other prevention partners, such as Children's Trust Funds; the Children's Justice Act grantee; service providers; faith-based and community organizations; and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, and Temporary Assistance for Needy Families (TANF).

The statewide assessment team of internal and external stakeholders engage in the CFSR statewide assessment process by:

- Empowering families and youth to participate in ongoing conversations about system-level improvement needs by recognizing and honoring their lived experiences and expertise, soliciting from them their perceptions and experiences, and acting on their recommendations about what families need to be strong and healthy[2]

[2] As outlined in the CB Information Memorandum to states (ACYF-CB-IM-19-03), parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. States are encouraged to integrate parents and youth throughout the CFSR process as they have lived expertise that provides critical context and information to identify and make child welfare system improvements.

- Collecting and analyzing data from selected partner and stakeholder groups through surveys, interviews, and/or focus groups
- Using partners' administrative data (may require data-sharing agreements with contracted service providers and other agencies providing services to the same populations) in the assessment process and to provide evidence of performance and systemic functioning
- Involving stakeholders in the review and analysis of data to help identify contributing factors, underlying causes of performance challenges, and possible solutions
- Discussing findings, recommended changes, and implications of proposed interventions, and obtaining stakeholder feedback regarding implemented solutions
- Systematically providing feedback to stakeholders regarding whether and how their input was used to change policy, processes, practice, or service provision

Capacity to Complete a Quality Statewide Assessment

States are encouraged to consider the following questions as they prepare to complete the statewide assessment:

- Does the statewide assessment team reflect the family and youth the system serves, as well as partners, stakeholders, and providers involved in the state child welfare system?
- Are team members committed to remaining involved, and is there a process to support them throughout the statewide assessment process, potential involvement in the onsite review, and development, implementation, and evaluation of the PIP?
- Do the state's infrastructure and information systems provide needed administrative and case record review data? What data are already collected and can be used, and what new data may be needed (e.g., resource family surveys, staff training participation and feedback)?
- To what extent do system partners collect data and make it available for the purposes of the statewide assessment? Are data-sharing agreements needed, and in place?
- Do some team members have expertise and experience in quantitative and qualitative measurement, data collection, data analytics, and technical writing? Are team members able to communicate the results of quantitative and qualitative analyses effectively to the range of stakeholders and partners who are part of the statewide assessment team?
- Do team members have knowledge and skills with the CQI change and implementation process (e.g., identifying root causes of performance challenges, developing and testing theories of change)?
- In what way do organizational cultures and climates support the activities necessary for system partners to conduct and complete a quality assessment?
- Are there recent or future organizational changes that may affect the state's child welfare system, programs, and/or service delivery (e.g., leadership change)?
- Are there organizational resources and infrastructure in place to support the assessment process?

- What changes in organizational capacity will be needed to complete a quality statewide assessment (i.e., resources, infrastructure, knowledge and skills, culture and climate, engagement and partnership)?

Availability and Use of Quality Data and Information

The statewide assessment represents a compilation of observations made about the state's child welfare system that is grounded in evidence. "Evidence is information that is used to support an observation, claim, hypothesis, or decision. Evidence may be qualitative or quantitative and can be found in or derived from a number of sources."[3] Gathering and exploring data evidence begins during problem exploration and continues over the course of implementing, assessing, and sustaining change. The statewide assessment process entails looking at past, updated, and new data to strengthen the team's understanding of state child welfare system performance and to identify the combination of data evidence used to determine:

- Strengths and opportunities for improvement
- Areas and factors influencing strong practice
- Nature of the problem and affected populations
- Variation in outcomes among populations of different races, ethnicities, cultures, sexual orientations, and socioeconomic levels that may experience bias, inequities, or underservice within their communities or by systems seeking to serve them
- Contributing factors and underlying root cause(s) of the problem

This systematic development of evidence related to child welfare system performance may point to areas where change, innovation, and/or replication of certain practices, procedures, or policies may be warranted. This evidence then sets the stage for states to consider:

- Hypotheses that are rooted in theories of change (predictions about how and why needed change(s) will achieve the desired outcome)
- Selection of and lessons learned from implemented strategies/interventions
- Reasons to continue, modify, or discontinue the selected intervention, or revisit the original understanding of the problem and the hypothesis for change

Data sources states should consider using, as available, for the statewide assessment process include but are not limited to:

- CFSR state data profiles and supplemental context data; CFR 45 § 1355.33(b)(2)
- State child welfare agency information system data (e.g., SACWIS/CCWIS)
- Administrative data from partner agencies (public-, private-, and community-based)
- Information included in the CFSP and Annual Progress and Services Report (APSR), e.g., National Youth in Transition Database
- Annual Court Improvement Project reports, legal and judicial information systems, and other data collected by the courts (e.g., quality hearing observation data)
- Case record reviews

[3] Source: https://fcda.chapinhall.org/wp-content/uploads/2014/07/2014-07-Principles-Language-and-Shared-Meaning_Toward-a-Common-Understanding-of-CQI-in-Child-Welfare.pdf

- Child welfare studies (research, evaluation reports)
- Surveys, stakeholder interviews, focus groups

Effective CQI change and implementation processes rely on high-quality and reliable evidence from data to provide accurate information. Consider the following when assessing the quality of evidence used for the statewide assessment and note this information where relevant:

- Data source (see examples in section above)
- Methods used to generate measures and analyze data (e.g., application of sound measurement principles, process/individuals involved in analysis of data)
- Relationship between the analysis produced and the questions asked (e.g., how results of analysis are responsive to questions raised about performance; how they raised more questions that are the focus of additional inquiry)
- Scope of the data (e.g., geographic, population)
- Representativeness of the population served or the subpopulation of interest (e.g., universe, random sample of records, selected sites or population, response rate)
- Time period represented in the data, included in citations for the data source (e.g., CY2020, FFY2020; point in time (9/30/2020); or multiple years: CY2018–2020)
- Completeness, accuracy, and reliability of the data (e.g., data quality tests performed and the accuracy of results confirmed; same measure used over time; results consistent with other data sources)
- Other known limitation(s) of the data (e.g., an array of stakeholders reported data integrity concerns; measure adjusted over time)
- Policy decisions/practices that affect the quality and consistency of the data (e.g., implementation of new information system; timeframes to respond to CPS reports changed; requirements for staff and/or provider training changed recently; new program recently implemented)

The Statewide Assessment Template

The statewide assessment is completed by states and submitted to CB at least 2 months before the case review (federal onsite or state-led review). The sections of the Statewide Assessment template are outlined below and used to provide the most current and relevant information for understanding state performance on child welfare outcomes assessed by the CFSR, and evidence required to demonstrate routine statewide functioning of systemic factors. Please see the *CFSR Procedures Manual* for additional information on completing the statewide assessment.

Section I: Provide general information about the state child welfare agency; a list of the stakeholders involved in completing the statewide assessment; and a description of how state child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Section II: Briefly describe the state's vision and organizational structure for the state's child welfare system, cross-cutting issues, factors affecting overall performance, and other statewide drivers (e.g., consent decrees, transformation projects) that are not addressed in the outcomes and systemic factor sections of this assessment.

Section III: Provide an updated assessment of state performance on safety, permanency, and well-being outcomes and supporting practices. Include recent performance data, highlights of strengths and opportunities for improvement, a brief summary of observations, priority focus areas and results of problem exploration, and related CQI change and implementation activities, as applicable.

Section IV: Provide a combination of the sources of evidence needed to determine whether the state is in substantial conformity with the seven systemic factors. The systemic factors encompass items associated with select CFSP requirements and seven systems within the state that have the capacity, if routinely functioning statewide, to support child safety, permanency, and well-being outcomes.

Appendix: Attach a copy of the CB-generated CFSR state data profile transmitted to the state to use in completing the statewide assessment.

The Statewide Assessment template is available electronically on the CB website at https://www.acf.hhs.gov/cb.

Preparation

As states prepare for the statewide assessment, CB recommends that states:

- Review the *CFSR Procedures Manual*, "Statewide Assessment" section (available on the CB website at https://www.acf.hhs.gov/cb, which provides guiding principles and a framework for completing the statewide assessment.
- Review the Capacity Building Center for States' "Change and Implementation in Practice" series.[4] The series is a collection of research-informed and user-friendly resources (e.g., briefs, guides, videos) to help agencies achieve meaningful changes in child welfare practice to improve outcomes and systemic functioning.
- In collaboration with the CB Regional Office, identify and invite individuals to be members of the statewide assessment team. Review information on stakeholder involvement in the state's assessment of the child welfare system.
- Review the most recent versions of the following documents, which provide information and past assessments of state performance on child and family outcomes and supporting practices, and statewide routine functioning of the systemic factors:
  - PIP and PIP progress reports
  - CFSP and APSR
  - Court Improvement Project self-assessment and strategic plan
- Review the following additional recent and relevant data:
  - Most recent CFSR state data profile and supplemental context information, providing performance information on the CFSR statewide data indicators
  - State administrative data and aggregate performance information and measures
  - Case record review results
  - Other available statewide data, e.g., learning management system reports,

[4] Capacity Building Center for States' "Change and Implementation in Practice" series, available at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/

administrative data from partner agencies and contracted service providers, CIP data, research and evaluation reports, surveys, stakeholder interviews, focus groups

- Review the *CFSR Procedures Manual*, "Capacity Building Collaborative Data Support Services" section, available on the CB website at https://www.acf.hhs.gov/cb, and determine the need for additional guidance and technical support with any step of the statewide assessment process, and request assistance as needed.

Instructions

State child welfare agencies, in collaboration with families and youth, the judicial and legal communities, Tribes, and other key partners and stakeholders, complete an updated statewide assessment of the state's child welfare system and the state's ability to achieve desired safety, permanency, and well-being outcomes.

- Develop the set of questions that when answered will provide the necessary information to assess the state's child welfare systems' processes, programs, and practices.
- Build on past work, including results of data exploration, progress made, lessons learned, and adjustments from development, implementation, and monitoring of the state's most recent CFSR/PIP, CFSP/APSR, and CQI activities in completing this section.
- Determine whether other relevant quality data are available and/or needed to provide a more recent and/or deeper understanding of state performance on the outcomes and systemic factor functioning. Use current (or the most recent available) data and/or information.
- Assess the agency's investment in the quality of programs and services to be delivered, the processes by which they are delivered, and the capacity of the agency to deliver them with fidelity.
- Determine which quality data and information are the most compelling and why they provide the best evidence to support the state's assessment of (a) strengths and areas needing improvement, and (b) statewide routine functioning of systemic factor items. Include data/measure descriptions, the sources of data and/or information used, time periods represented, and other information needed to understand the scope and quality of data used.
- Summarize the results of the assessment by responding to the questions that are designed to solicit the most notable information about state performance, evidence of key strengths and areas needing improvement, observations, results of data exploration, and related CQI change and implementation activities, as applicable. CB recommends that states concisely articulate the state's observations and supporting evidence in no more than 100 pages, beginning with Section I of this template.

Statewide Assessment

Section I: General Information

Name of State Child Welfare Agency:

Massachusetts Department of Children and Families

State Child Welfare Contact Person(s) for the Statewide Assessment

Name: Ruben A. Ferreira

Title: Deputy Commissioner, Quality Improvement

Address: 600 Washington Street
Boston, MA 02111

Phone: 617-748-2165

E-mail: ruben.ferreira@mass.gov

List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

Name	Affiliation	Role in Statewide Assessment Process
Linda Spears, Commissioner	MA DCF	DCF SWA Workgroup
Ruben Ferreira	MA DCF	MA CFSR Lead / SEC Co-Chair
Katherine Canada	MA DCF	DCF SWA Workgroup
Ryan Fitzgerald	MA DCF	DCF SWA Workgroup
Emily Hajjar	MA DCF	DCF SWA Workgroup
Lian Hogan	MA DCF	DCF SWA Workgroup
Jacque Carl	MA DCF	DCF SWA Workgroup
Nathan Landers	MA DCF	DCF SWA Workgroup & SEC
Etta Lappen Davis	MA DCF	DCF SWA Workgroup & SEC
Staverne Miller	MA DCF	DCF SWA Workgroup
David O'Callaghan	MA DCF	DCF SWA Workgroup
Kim Occhiuti	MA DCF	DCF SWA Workgroup
Dimple Patel	MA DCF	DCF SWA Workgroup & SEC
Sharon Silvia	MA DCF	DCF SWA Workgroup
Cristina Tedstone	MA DCF	DCF SWA Workgroup & SEC
Thomas Weierman	MA DCF	DCF SWA Workgroup
Terry Alves-Hunter*	MA Family Advisory Committee	SEC Member
Sarah Derby	Children and Family Law Division,	SEC Member
	Committee for Public Counsel Srv.	
Bridget Diaz	MA DCF	SEC Member
Andrew Don	Children and Family Law Division,	SEC Member
	Committee for Public Counsel Srv.	
Robert Gittens	Children's League of MA;	SEC Co-Chair
	Commonwealth Care Alliance;	
	Massachusetts Nonprofit Network	
Zoleeya Joseph*	MA Joint Youth Advisory Cmte.	SEC Member
Maria Mossaides	Office of the Child Advocate	SEC Member
Sally (Hon) Padden	Court Improvement Project	SEC Member
Jennifer Rambridge	MA Family Advisory Committee	SEC Member
Andrew Rome	MA Dpt. of Early Education & Care	SEC Member
Maria Turner	Mashpee Wampanoag Tribe	SEC Member
Catherine Twiraga	MA Alliance for Foster Families	SEC Member
Rachel Wallack	MA Juvenile Court Admin. Office	SEC Member
Jennifer Weisz	Court Improvement Project	SEC Member
Asiah Wotring*	MA Joint Youth Advisory Cmte.	SEC Member
		SEC = Stakeholder Engagement Cmte.

Name	Affiliation	Role in Statewide Assessment Process
Youth Focus Group*	External Stakeholders	SEC - Focus Group
Parent/Family Focus Group*	External Stakeholders	SEC - Focus Group
Kinship Caregivers	External Stakeholders	SEC - Focus Group
Foster Parents and CFC Families	External Stakeholders	SEC - Focus Group
Service Providers	External Stakeholders	SEC - Focus Group
Parent/Child Attorneys	External Stakeholders	SEC - Focus Group

Description of Stakeholder Involvement in Statewide Assessment Process

Describe how child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and other key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Insert description:

MA response is on the next page.

Description of Stakeholder Involvement in Statewide Assessment Process

State Response

In May 2022, Commissioner Spears appointed a committee comprising 15 agency leaders to steer the Round 4 CFSR Statewide Assessment. The group (including the Commissioner, Deputy Commissioners, Assistant Commissioners, and managers responsible for field operations, legal services, permanency, contracted providers, legislative communication, continuous quality improvement, policy and practice, critical incident review, and fiscal operations), convened on July 11, 2022, and developed an initial plan for gathering data, involving staff at every level of the agency, and for writing the Statewide Assessment. Soon after the first meeting, the Statewide Assessment workgroup appointed a subgroup to develop a plan for external stakeholder involvement. This small team proposed creation of a Stakeholder Engagement Committee, including DCF staff and external stakeholders, to ensure the authentic engagement of a diverse group with a range of experiences with the Department, and representative of stakeholders including youth, families, foster and adoptive parents, sister agencies, providers, legal and judicial communities, Tribes, and other key stakeholders.

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

External stakeholders represent:

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

To ensure that all Stakeholder Engagement Committee members had solid foundation in understanding the CFSR process and the tasks at hand, at the first meeting on September 29, 2022, Children’s Bureau Child Welfare Program Specialist, Ann Marie Lemire, presented an overview of the CFSR process, and a summary of the role of stakeholders in the Statewide

Assessment and subsequent CFSR activities. At subsequent meetings, the Committee agreed that responsibility for each section of the Statewide Assessment would be assigned to at least one DCF staff and at least one external stakeholder, with the understanding that they would include other internal and external stakeholders as needed to gather both qualitative and quantitative data. In addition, the Committee agreed that Deputy Commissioner, Ruben Ferreira, and Robert Gittens, Executive Director Bridges Homeward (a contracted provider) and officer of the Children's League of Massachusetts (a provider trade organization), would serve as Committee Co-Chairs. Members of the Committee were polled to determine their area(s) of interest and preference(s) for Statewide Assessment section assignments.

Each Statewide Assessment workgroup proceeded to gather data, paying particular attention to topics and questions that might be best addressed in focus groups. Potential focus group participants were identified by the Stakeholder Engagement Committee, by DCF staff, and by community organizations. During December 2022 and early January 2023, focus groups with 34 total participants were conducted to gather information and opinions from:

- Youth
- Parent/Family
- Kinship Caregivers
- Foster Parents and CFC Families
- Service Providers
- Parent/Child Attorneys

The Statewide Assessment sections that follow represent the results of the focus groups, as well as the input of the Stakeholder Engagement Committee members and the internal and external stakeholders they engaged.

The Statewide Assessment workgroup is excited by the success of our stakeholder engagement and looks forward to continued stakeholder participation throughout the CFSR process.

Section II: State Context Affecting Overall Performance

In this section, describe the vision and core components of the child welfare system, and how the state is organized to produce the desired child welfare outcomes. Briefly outline cross-cutting issues not specifically addressed in the outcomes and systemic factor sections of the statewide assessment, and finally illustrate how current improvement initiatives provide opportunities to achieve desired outcomes and system change.

We encourage states to consider the experiences of populations within the state that may experience bias, inequities, or underservice—either in their communities or by the systems seeking to serve them—with a focus on variations in outcomes for members of those populations, and how their child welfare system processes, practices, and procedures may either exacerbate or seek to ameliorate any inequities.

We recommend dividing this brief summary into three parts:

Part 1: Vision and Tenets
Briefly describe the vision and core tenets of the state child welfare system (i.e., primary programs, including title IV-E prevention programs, as applicable; practice model; structure and approach to drive change) that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

Insert description: MA response is on the next page.

Part 2: Cross-System Challenges
Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload).

Insert description:
MA response is on the next page.

Part 3: Current Initiatives
Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

Insert description: MA response is on the next page.

Section II. State Context Affecting Overall Performance

Part 1: Vision and Tenets

The Department of Children and Families' Vision, Mission, and Goals, as well as the Principles of Practice comprise the foundations for our work with children and families, our service delivery system, contracts with providers, and our development and implementation of policy.

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.

Principles of Practice
(Based Upon the CWLA National Blueprint for Excellence in Child Welfare)

RIGHTS OF CHILDREN

It is the responsibility of all members of the Department to work to advance the fundamental rights of children.

SHARED RESPONSIBILITY AND LEADERSHIP

The Department recognizes that we share responsibility for the safety and well-being of children with individuals and families, other organizations, and communities. To help children and youth flourish, leaders at every level and in all realms of the Department work to ensure that all parties and systems collaborate, communicate, and create and nurture meaningful partnerships.

ENGAGEMENT/ PARTICIPATION

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

SUPPORTS AND SERVICES

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

QUALITY IMPROVEMENT

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

WORKFORCE

The Department's workforce consists of competent, skilled people with a variety of experiences and representing varied disciplines. Individuals are committed to high-quality service delivery and are provided with the training, tools, resources, and support necessary to perform their roles effectively.

RACE, ETHNICITY, AND CULTURE

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

FUNDING AND RESOURCES

The Department's funding decisions (in both seeking and distributing funds) are informed by the understanding that the well-being of children, families, and communities are interconnected and that sufficient and equitable funding is essential to the well-being of all of them.

Part 2: Cross-System Challenges

There are many issues addressed throughout the Statewide Assessment, but we see the following matters as among the most salient topics cutting across all of DCF's programs, practice, and performance.

New Administration

After eight years of the Baker-Polito administration, Massachusetts has a new gubernatorial administration as of January 5, 2023. Governor Maura Healey comes to the office with a legal background and most recent experience as Massachusetts Attorney General. Lieutenant Governor Kim Driscoll was Mayor of Salem, Massachusetts for 17 years and comes to office with perspective of local community needs and city/town governance. The Healey-Driscoll Administration has stated their intent to focus on the following priorities:

- Climate & Clean Energy
- Affordable & Abundant Housing
- High-quality Education
- Safe & Reliable Transportation
- Affordability & Competition.

In addition, the Governor and Lt Governor have expressed their commitment to equity and fairness within state agencies. DCF and its sister agencies have developed transition plans that have been shared with the new administration. DCF stands ready to support the goals and programs of the new administration.

Pandemic

In addition to addressing the obvious challenges experienced in every realm and sector of society during the COVID-19 pandemic, DCF worked diligently to manage continued contact with children and families, foster/kinship/adoptive families, and providers in spite of reductions in our ability to continue normal in person activities. The fact that we could pivot and adjust quickly to a virtual world is a testament to DCF's flexibility and commitment to the wellbeing of staff and stakeholders during the pandemic. Specific impacts of COVID-19 are included throughout the Statewide Assessment.

Future of Work

The Commonwealth's Human Resources Division and EOHHS implemented the "Future of Work Initiative," which calls for a hybrid work model that allows employees to blend working from different locations, whether that is home, in the field, or the office. In July 2021, DCF submitted our Future of Work Plan, which was approved by EOHHS and shared with Union (SEIU Local 509 and NAGE) leadership. The Massachusetts Human Resources Division (HRD) completed a new telework policy, which requires that all staff working a hybrid schedule must complete, sign, and submit telework agreement forms. For many staff at DCF, much of the work is still in the field – conducting visits and attending meetings. The hybrid work model designates whether staff are home-based or office-based on a given day.

In FY2021, the Department began phasing out iPads and transitioned staff to Surface Pros, which are considered cutting edge technology with increased memory/storage, longer lasting battery life, and the best connectivity available on Wi-Fi cellular networks. With the ability to remotely complete tasks such as uploading electronic signatures or accessing files, staff can

spend more time working in the field and less time driving to area offices to physically log on to a desktop computer. Surface Pros are key to supporting the Future of Work.

One result of the hybrid model is that staff and their supervisors, as well as unit colleagues, may not be present in the office on the same days. DCF is still adjusting to hybrid implications, and is still exploring appropriate office/home balances for some positions.

Recommendations from the Office of the Child Advocate (OCA)

On March 17, 2021, the OCA released a multi-systems investigation report following the tragic death of David Almond. This included 9 recommendations for the Department to address and 4 to be completed in collaboration with other state agencies. The OCA's recommendations include updating policies and providing case work supports to improve case collaboration; strengthen parental and family risk assessment; improve family reunification practices; build additional capacity to address the unique vulnerabilities and needs of children; and keep children visible in community by partnering with public and private partners.

In May of 2022, the OCA released a multi-system investigation report following the disappearance of Harmony Montgomery from her home in New Hampshire. The OCA recommended that DCF continue to implement the recommendations from the Almond report and added new recommendations for DCF concerning ensuring adequate assessment and support of parents, consolidation of Care and Protection orders, review of barriers to permanency for children in care more than 2 years, review of DCF's legal advocacy, training on Interstate Compact of the Placement of Children, determining gaps in information sharing across New England state borders that could be rectified by a multi-state Memorandum of Understanding (MOU), and consideration of adopting the New Interstate Compact of the Placement of Children.

State Legislative Issues in the 193rdrd Legislative Session

DCF Data Reporting:

Data Workgroup - In 2017, the State Legislature passed budget language creating a work group to review current reporting requirements for DCF and gather feedback from advocates, providers, and legislators on the creation of new reports. DCF and the OCA Co-Chaired this Data Work Group (DWG) from 2017 to 2022. In February 2022, the DWG held its last official meeting. The final report went to the Legislature.

Current Data Requirements - The Legislature has yet to pass proposed legislation that repeals the current statutory and budget language with the old reporting requirements and replaces it with a new mandated reporting structure. DCF has halted production of the current reports and has produced the newly designed reports since SFY2019. The Department is prepared to continue producing the new reports developed in conjunction with the DWG which include the Annual Report, Fair Hearing Report, Foster Care Review Report, Foster Care Recruitment Report, and Quarterly Reports. However, the lack of updated legislative mandates has made it difficult to file these reports with the Clerks of the House and Senate.

Codifying Legislation - State Senator Lovely, State Representative Khan, and State Representative Finn are the legislators who are preparing to refile their bills from the 192nd Session in the new session. These bills repeal the current report requirements and set up a new

reporting structure that streamlines important data sets and metrics into a couple of key reports. This legislation could bring the number of reports required of DCF annually from approximately 22 to 7 reports (total number of reports required is always fluid, pending the budget process).

New DCF Annual and Quarterly Reports - The inaugural Annual Report was released for SFY2019 and it transformed the Department's ability to share statewide data and trends on the population it serves. Since then, the Department has added data and metrics to the report based on the feedback from the DWG. The FY2022 Annual Report has been released and posted. https://www.mass.gov/doc/fy-2022/download

DCF historically prepares a Quarterly Profile report that provides detailed demographic and caseload data at DCF Regional and Area Office levels. A more comprehensive version was released in Quarter 3 of SFY2018. The report has been posted quarterly thereafter.

Child Welfare Reform:

A Foster Parents' Bill of Rights was approved in Jan-2023. In reaction to the David Almond and Harmony Montgomery OCA Investigations, State Representative Finn, the House Chair of the Joint Committee on Children, Families, and Persons with Disabilities filed legislation that would expand the OCA's ability to intervene in Care & Protection Cases in Juvenile Court. In the most recent session, there were numerous proposals advanced within the legislature.

DOJ Agreement

DCF entered into a 3-year settlement agreement with the U.S. Department of Justice (DOJ) and U.S. Department of Health and Human Services Office of Civil Rights (OCR) on November 19, 2020. This agreement resolved allegations that DCF was in violation of the ADA in its provision of services to a mother with cognitive limitations which resulted in a joint letter of findings by DOJ and OCR dated January 29, 2015. DCF disputed the findings but agreed to the settlement to resolve the allegations.

The agreement requires DCF to:

- review existing policies, revise them as necessary to ensure they are not discriminatory, and create a new policy specific to working with parents with disabilities that ensures they have access to reasonable accommodations and a mechanism to lodge complaints;
- create a clear method for parents to request reasonable accommodations and to file complaints when accommodations are not provided or when the parent experienced any other disability discrimination, as detailed in the policy; and
- train staff on the new policy.

DCF has been working closely with DOJ and OCR and has complied with every provision of the agreement to date, having drafted and published a new Disability Policy on January 18, 2022, and created training programs that are both embedded within pre-service, training for new social workers and available for all staff via DCF's online training platform, MassAchieve.

Policy Development/Revision

Since 2018, the Department has developed or revised the following 10 policies:

- Children Who Are Missing or Absent (2018)

- Foster Care Review (2019)
- Supplemental Security Income/Retirement, Survivors, and Disability Insurance (SSI/RSDI) (2019)
- Protective Intake (2020)
- Supervision (2021)
- Family Assessment and Action Planning (FAAP) (2021)
- Gender Affirming Medication Consent (2021)
- Disability (2022)
- Education (2022)
- LGBTQIA+ Nondiscrimination Policy (2022)
- Reunification (2023)
- Protective Case Practice (2023)
- Licensing of Foster and Pre-adoptive Families (2023)
- Safe and Supported Placements (2023)

The Department plans on updating its Institutional Abuse policy in 2023. The volume of new/revised policies has necessitated intense training efforts and has encouraged increased cooperation among staff at all levels of the agency.

Caseload and Workload Management /Hiring and Retention

Although overall DCF caseload has declined from approximately 28,689 cases in FY16 to 24,593 in FY22, social worker hiring and retention challenges have resulted in caseloads higher than 15:1 in 16 offices around the state, including the hardest hit offices in Springfield and Boston.

As is the case across the human services in the Commonwealth, recruiting, hiring, and retaining qualified staff is an ongoing challenge for DCF and for its provider organizations.

Procurements

Launch of newly procured services for Family Resources Centers (FRCs) is anticipated to start in January/February 2023. This will expand DCF's existing network of Family Resource Centers (FRCs) by 6 sites, to a total of 33 sites statewide. It will expand capacity and add a new provider for the Nantucket FRC after an existing provider terminated its contract.

In the fall of FY22, DCF expanded its language translation and interpretation services with the execution of Statements of Work with 15 vendors that are providing critical language access services: telephonic interpretation (1 vendor); video remote interpretation (6 vendors); in-person interpretation (5 vendors); and, written translation (8 vendors). Some vendors were awarded multiple services.

Part 3: Current Initiatives

Diversity, Equity, and Inclusion

In Summer 2020, Commissioner Spears engaged internal stakeholders through the creation of the Racial Equity Workgroup with the goal of building and implementing an organization structure to support culturally responsive services and eliminate racial and cultural disparities. In partnership with the Agency Improvement Leadership Team (AILT), the Racial Equity Work Group is tasked with making recommendations that contribute to a strategic plan for the agency to ensure that DCF's policy, practice, and work environment honor, respect and treat equitably all individuals, regardless of their racial, ethnic, and/or cultural backgrounds. This group is identifying strategies for ensuring that the children and families we serve, as well as our own staff, feel safe, respected, and included, in how DCF fulfills its mission to support and protect the children of the Commonwealth. Some of this work includes, but is not limited to:

- Collaborative work with multiple diversity consultants
- Staff engagement and Area Office listening sessions
- Targeted focus groups
- Collaborating with DCF's Employee Resource Groups, such as the Racial Ethnic and Linguistic Multi-cultural Affairs (RELMA) group and the Diversity Leadership Teams (DLTs)
- Assessing the Department's capacity and areas for improvement.

Caseload and Workload Management /Hiring and Retention

The Department has a number of initiatives to address caseloads/workloads, recruitment, and retention.

- Achieve and maintain caseload ratios established in DCF/SEIU Supplemental Q contract amendment (15 families, 28 children/10 children in placement per DCF social worker).
- Complete onboarding of 115 new Social Worker Technician Positions to bring us to an allocation of 284 (2 SW Techs per Area Program Manager). SW Technicians provide support for transportation, supervised visitation and other activities that free social workers for casework activities.
- DCF has agreements with Massachusetts colleges and universities, whereby students pursuing Master of Social Work degrees may apply for full time employment and field placement effectively providing paid internships at DCF.
- Initiated in 2022, DCF's Wellness and Resiliency Series of workshops is designed to help staff to take steps that will prevent burnout, mitigate secondary trauma, secondary traumatic stress, and vicarious trauma symptoms experienced by many child welfare staff, workers and administrators.
- DCF is completing analysis of management oversight recommendations related to operations DCF's 3 largest Area Offices (Springfield, Van Wart, New Bedford).
- Continuing implementation of DCF/SEIU/NAGE agreements to make available Social Worker II and Counsel II promotional opportunities.

Trial Court Permanency Workgroup

A monthly workgroup, first convened in August 2022, is led by the Administrative Office of the Trial Court, Chief Justice Jeffrey Locke. Participants include Chief Justice Locke, Court Administrator James Morton, several judges from the Juvenile Court, the Undersecretary of

EHS, and representatives from the Office of the Child Advocate, the Department of Children & Families and the Children & Family Law Division of the Committee for Public Counsel Services. Its goal is to improve timeliness to achieve permanency outcomes for children in care with a focus on legal, clinical, and administrative barriers.

Placement Capacity/Provider Workforce

The Department is working with sister agencies and the provider community to address unmet placement needs, particularly in cases involving children with serious developmental, mental health, behavioral issues or juvenile justice system involvement, who cannot be safely placed in a traditional foster home.

The department and its partners:

- Maintain and expand coordination across EOHHS agencies, including MassHealth, DDS, DYS, and DMH, and implement problem-solving mechanisms to find safe, appropriate placements for children with high level of need;
- Provide contracted agencies with supplemental startup support to complete onboarding of new Congregate Care Network contract awards;
- Provide individualized and specialized behavioral supports to children in congregate care to help stabilize placements; and
- Coordinate with Department of Early Education and Care (EEC) to ensure high quality of services during problem-solving activities.

Trauma-Informed Design

Working in conjunction with EOHHS Facilities, the Department has contracted with an architectural design firm, MLA Studios, to develop a plan to make our Area Offices trauma-informed for both our clients and staff. The firm will make recommendations and create a "toolkit" for various design elements of our space including colors, textiles, lighting, artwork, furniture, and layout.

Information Technology

DCF is piloting a Natural Language Processing (NLP) solution that uses artificial intelligence/machine learning to help support critical thinking and inform decision-making in child protection cases. The NLP solution will mine vast amounts of narrative data (e.g., case notes, clinical formulations) that are part of families' case records to facilitate clinical supervision.

DCF is implementing enhanced enterprise-wide data warehousing solutions and modern visualization tools to support DCF's evolution into a data-centric organization that uses the information to promote critical thinking and support decision-making. In SFY2023, DCF will publish enhanced data visualizations to help its partners and the public better understand the children and families served by the Department.

Procurement

DCF anticipates issuing two procurements in the fourth quarter of FY'23 that will significantly impact service delivery in the Commonwealth.

The Family Support and Stabilization Services Request for Response will revamp DCF's home and community-based services, including parenting education and support, youth mentoring, peer and professional family supports, wrap around and other services intended to strengthen

family functioning. Last procured in 2006, this procurement will include services included in DCF's approved FFPSA plan. There are currently more than 110 contracted providers with an annual spending totaling approximately $100M.

The Adoption and Permanency Services and Supports procurement will include placement, post-placement and post-adoption services, clinical services, case management, assessment, mediation, family development services, and/or clinical consultation. These services were last procured in 2011. There are currently ten contracted providers with annual spending totaling approximately $4M.

Section III: Assessment of Child and Family Outcomes

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Safety Outcomes and supporting practices. Examples of relevant data: references to safety indicators in recent CB-generated state data profile, case record review results, and administrative data such as state-generated performance on the statewide safety data indicators and timeliness of face-to-face contact with children who are subjects of screened-in CPS reports. Include a description of state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state risk-standardized performance compares to national performance on the CFSR safety data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on safety outcomes?
- What does performance data show with respect to the impact of prevention efforts on safety outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or challenge?
- What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

Section III: Assessment of Child and Family Outcomes

A. Safety

Safety Outcomes 1 and 2

State Response:

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

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

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

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

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

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

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

Agency Improvement Leadership Framework

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

The Case Practice AILT is currently tasked with developing/adopting a policy and practice implementation framework that will provide a robust process for implementing change and prioritize behavioral change processes. DCF has recently partnered with the Capacity Building Center for States to explore the "Change and Implementation in Practice" framework in an effort to apply a structured approach to implementation and overcoming common challenges. At this time, DCF and the Center for States have embarked on an effort to apply the framework to improve performance in parent engagement in case planning (Item #13) to test the frameworks compatibility with the Agile Scrum methodology currently employed.

SAFETY OUTCOMES:

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

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

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

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

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

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

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

Emergency responses must be initiated within 2 to 4 hours of receiving a report (i.e., initial face-to-face contact with reported child(ren)). The response worker interviews the child—as appropriate to child age and development—and initially determines the child's safety (i.e., assesses child vulnerabilities and danger indicators) as soon as possible and not longer than within 24 hours of receiving a report. All required activities and a formal report documenting the response must be completed within 5 working days.

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

Table 1 summarizes the response activity time frames.

Table 1. Response Activity Time Frames

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

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

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

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

Protective Intakes (51As) by Race/Ethnicity

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

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

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

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding.

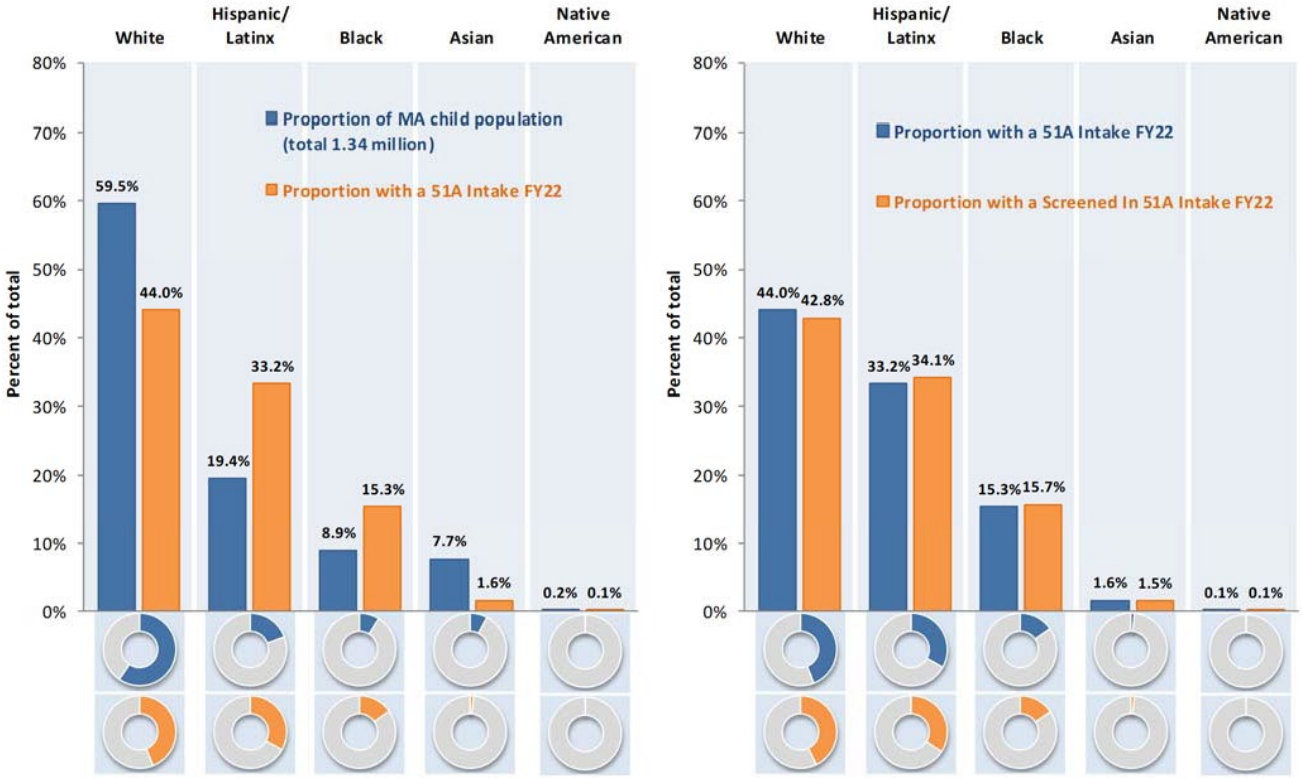
ROD: The Rate-of-Disproportionality (RoD) is an indicator of inequality. RoDs are calculated by dividing the percentage of children in a racial/ethnic group at a specific decision-making stage (e.g., 51A report, 51B investigation, foster care placement) by the percentage of children in that same racial/ethnic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

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

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

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

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



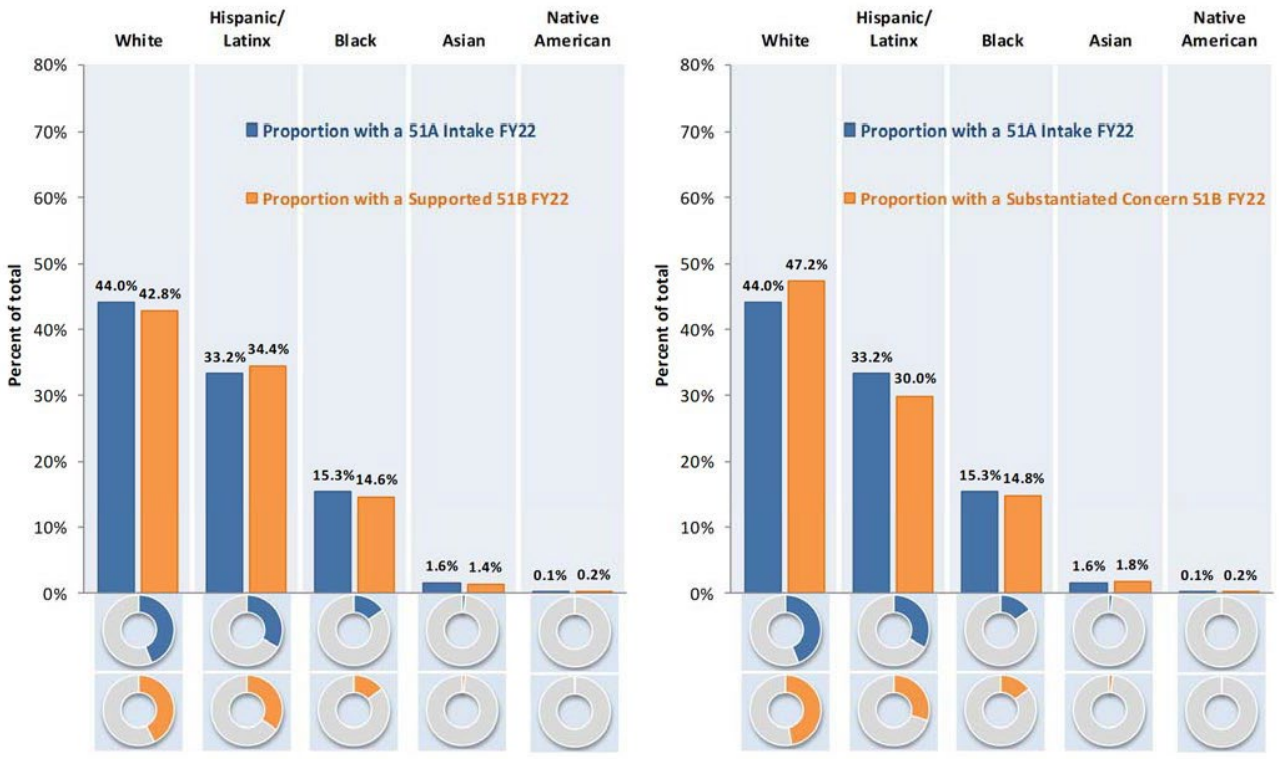
Protective Response (51B) Determinations by Race/Ethnicity

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

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

[1] All races exclude children of Hispanic/Latinx origin. *Less than 0.1% after rounding. Refer to Chart 1 for a definition of RoD and RRI.

FIGURE 2. Response Determinations by Race/Ethnicity – FY2022



SAFETY OUTCOME 1:

Children Are First and Foremost, Protected from Abuse and Neglect

To address the APSR requirement of assessing current performance in improving outcomes, the Department utilized the most up-to-date Children's Bureau Massachusetts Child and Family Services Review (CFSR4) Data Profile (August 2022) and the 2020 Child Maltreatment Report. As a supplement where indicated, data was extracted from the Department's case management system (i.e., i-FamilyNet). A brief description of status and where applicable new challenges is provided for each CFSR Outcome and Systemic Factor.

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

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

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

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

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

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

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

- **Status CFSR3:** The initiation of timely CPS responses and face-to-face contacts with children involved in screened-in reports of alleged maltreatment is a primary means of ensuring the safety of children. State policy at the time of the 2015 CFSR3 required that reports screened in for Initial Assessment have an initial contact from the social worker within 2 business days of assignment. For CPS investigations, state policy required that reports assigned for Emergency response were to be initiated within 2 hours from the time the report was received by the Department. Reports assigned for non-Emergency response were to be initiated within 3 business days from the date the report was received by the Department. The Department's screening activities initiate and are considered part of the investigative process.

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

- Item 1 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 45.5% of 44

applicable cases. This represents a 5.8% improvement over the 2015 CFSR3 results.

- Item 1 Adjusted PIP Goal: 52.3%
- Item 1 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 52.9% – PIP Goal Met
- Item 1 ongoing CQI Reviews (Apr-2022 – Sep-2022): 45.3% – This represents a 5.3% increase over the 2015 CFSR3.
    - In-home cases (44.8%) and Foster Care cases (45.8%) reflected similar ratings.
    - Performance was impacted by a lack of documented concerted efforts, parents resistant to meeting with DCF staff for initial contact visits, and delays in initial assignment of the Response.
    - An intuitive relationship—not necessarily causal—was observed regarding the number of accepted maltreatment reports filed on individual cases during the PUR: Strength rated cases received fewer accepted maltreatment reports on average than ANI rated cases (1.2 vs. 2.0).
    - **Addressing Challenges:**
        - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.
        - Management/fidelity metrics have been established and are being utilized to track and improve timeliness of face-to-face contacts with reported children.

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

- **Emergency Responses** – children with a recorded in-person contact within 2-4 hours (reported children) or 24 hours (non-reported children) of DCF receiving a 51A report (maltreatment intake)
    - **Reported Children = 42.8%** (96.4% had a recorded in-person contact during the response)
    - **Non-Reported Children = 65.6%** (70.6% had a recorded in-person contact during the response)

- **Non-Emergency Responses –** children with a recorded in-person contact within 3 business days (reported and non-reported children) of DCF receiving a 51A report (maltreatment intake)
    - **Reported Children = 48.1%** (97.0% had a recorded in-person contact during the response)
    - **Non-Reported Children = 37.1%** (72.8% had a recorded in-person contact during the response)

- **ALL RESPONSES –** both emergency and non-emergency
    - **Reported Children = 47.1%** (96.9% had a recorded in-person contact during the response)
    - **Non-Reported Children = 41.6%** (72.5% had a recorded in-person contact during the response)

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

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

Chart S2.

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

*Source: MA DCF case management system **FY2022 performance based on FFY22 NCANDS file and will not be complete until FFY23 NCANDS file is run.

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

<u>Maltreatment in Foster Care</u>

- Maltreatment in Foster Care (victimization per 100,000 days in care) has been calculated for FFY2021 and FFY2022 utilizing the Department's case management system. FFY2021's (21A–21B) observed performance was 25.54 per 100,000 days in care. While Massachusetts evidenced an 18.2% improvement between FFY2014 and FFY2020, there was a marked decrease in observed performance in FFY2021.
- Over the prior eight AFCARS reporting years regional variation in observed performance was seen,

however not consistently across regions or reporting years (e.g., one region was not always higher or lower than others.)

- In looking at Maltreatment in Foster Care for FFY2021 across race/ethnicity, birth sex, and age, several findings stand out as key drivers of this measure's performance:
    - Children identifying as Hispanic have an observed rate (31.65) of Maltreatment in Foster Care (victimization per 100,000 days in care) well above the statewide observed rate.
    - With the exception of children identifying as Native Hawaiian (observed value impacted by small cohort size), children in all other race categories (White, Black, Asian, Multi-Racial, American Indian, and Other) had an observed rate of Maltreatment in Foster Care (victimization per 100,000 days in care) below the overall statewide observed rate.
    - Overall, children five and under (14.60) had an observed rate of Maltreatment in Foster Care (victimization per 100,000 days in care) well below the overall statewide observed rate, children 6-11 (24.39) had a rate just below the overall statewide observed rate, and children 12-17 (36.28) had the highest observed rate, well above the statewide observed rate.
    - Females (30.32), particularly those 12-17 years old (47.68), have an observed rate of Maltreatment in Foster Care (victimization per 100,000 days in care) well above the statewide observed rate and the observed rate for males overall (20.90) and males 12-17 years old (24.75).
    - Female children 12-17 identifying as Hispanic have an observed rate (60.41) of Maltreatment in Foster Care (victimization per 100,000 days in care) more than double the statewide observed rate.
- DCF has developed and is implementing a new Family Resource Policy in Jan-2023 that addresses increasing child safety in foster care through the creation of a targeted assessment and the utilization of a Structured Decision Making (SDM) tool, specifically for children in foster care.
    - The targeted assessment of foster homes is completed whenever a concern or safety issue is identified for a child in foster care (a maltreatment report is not required to be initiate the targeted assessment).
    - In addition to the safety and well-being of the child, the targeted assessment includes a needs assessment of the foster parent/home as well as the child's perspective on their experience in the foster home.
    - The targeted assessment is completed by a newly developed Licensing/Training staff position that is independent of family resource teams. In addition to the targeted safety assessments, the Licensing/Training staff is dedicated to assessing the needs of the foster home through the licensing process.
    - DCF has partnered with Evident Change to develop an SDM child safety assessment tool specifically for children in foster care (i.e., SDM Substitute Care Provider Safety Assessment). The goal of SDM tool will be to strengthen DCF's assessment of safety and reduce maltreatment for children in foster care.
        - This work includes the creation of a structured "Plan for Child Safety." Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from subsequent maltreatment. DCF has partnered with Evident Change to develop and implement the SDM tools with an anticipated release in Jun/Jul-2023.

Recurrence of Maltreatment

- FFY20-21's Recurrence of Maltreatment observed performance was 15.7%. Though not meeting the national performance, this is a 21.5% improvement over FFY14-15's observed performance.
    - DCF has partnered with Evident Change to develop an SDM child safety assessment tool (i.e., SDM Safety Assessment). This work includes the creation of a structured "Plan for Child Safety." Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from entering or re-entering foster care. DCF has partnered with Evident Change to develop and implement the SDM tools with an anticipated release in Jun/Jul-2023.

SAFETY OUTCOME 2:

Children Are Safely Maintained in Their Homes Whenever Possible and Appropriate

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

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

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

*Source: MA DCF case management system

Referral Rates

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

Chart S4.	Rate per 1,000 in Child Population per CB Child Maltreatment Report							
	FFY2015	**FFY2016**	**FFY2017**	**FFY2018**	**FFY2019**	**FFY2020**	**FFY2021***	**FFY2022***
Referral rate	58.0	60.1	60.5	62.8	63.5	53.5	55.4	60.6

*Source: MA DCF case management system

Victimization Rates

As evidenced in Chart S5, victimization rates per 1,000 in Child Population decreased 17.4% between FFY2015 and FFY2019. Further decreases were evidenced during the COVID-19 pandemic and by FFY2022 the victimization rate is 26.3% below the FFY2015 rate.

Chart S5.	Rate per 1,000 in Child Population per CB Child Maltreatment Report							
	FFY2015	**FFY2016**	**FFY2017**	**FFY2018**	**FFY2019**	**FFY2020**	**FFY2021***	**FFY2022***
Victimization rate	22.4	22.9	18.2	18.9	18.5	16.8	16.9	16.5

*Source: MA DCF case management system

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

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

reunification.

- **Status CFSR3:** Assuring the safety of children and mitigating risk to the safety of children is a cornerstone of child welfare practice. The Department received an overall rating of Area Needing Improvement for Item 2 because 62% of the 29 applicable cases were rated as a Strength. Item 2 was rated as a Strength in 71% of the 7 applicable foster care cases, 55% of the 20 applicable in-home services cases, and 100% of the 2 applicable in-home services alternative/differential response cases. The MA CFSR3 PIP included targeted strategies and activities anticipated to improve performance.
- Item 2 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 77.8% of 27 applicable cases. This represents a 25.5% improvement over the 2015 CFSR3 results.
- Item 2 Adjusted PIP Goal: 85.0%
- Item 2 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 92.5% – PIP GOAL MET.
- Item 2 ongoing CQI Reviews (Apr-2022 – Sep-2022): 70.4% – This represents a 13.5% improvement over 2015 CFSR3 results.
    - Recent performance is higher for In-home cases (78% strength rating of the 9 applicable cases) than for Foster Care cases (67% strength rating of the 18 applicable cases).
    - **Addressing Challenges:**
        - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.
        - DCF is developing a Structured Decision-Making (SDM) tool to strengthen the agency's ability to assess child safety. This work includes the creation of a structured "Plan for Child Safety." Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from entering or re-entering foster care. DCF has partnered with Evident Change to develop and implement the SDM tools with an anticipated release in Jun/Jul-2023.

Safety Outcome 2 – Item 3: Safety Assessment and Management

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 3 because 66% of the 65 applicable cases were rated as a Strength. Item 3 was rated as a Strength in 75% of the 40 applicable foster care cases, 52% of the 23 applicable in-home services cases, and 50% of the 2 applicable in-home services alternative/differential response cases. The MA CFSR3 PIP included targeted strategies and activities anticipated to improve performance.
- Item 3 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 71.4% of 70 applicable cases. This represents an 8.2% improvement over the 2015 CFSR3 results.
- Item 3 Adjusted PIP Goal: 76.3%
- Item 3 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 78.6% – PIP GOAL MET.
- Item 3 ongoing CQI Reviews (Apr-2022 – Sep-2022): 57% – performance has been directly impacted by the COVID-19 pandemic.
    - Recent performance is higher for Foster Care cases (68.3% strength rating of the 60 applicable cases) than for In-home Care cases (40.0% strength rating of the 40 applicable cases).
    - Review of Foster Care cases found there were no concerns for the target child's safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency for 98.3% of the 60 applicable cases.

- Common factors identified for cases receiving ANI ratings were inconsistent supervision in both foster care and in-home cases, inconsistent placement visits with children for foster care cases, and not fully assessing out of home parents for in-home cases.
- DCF's performance was impacted due to challenges with ongoing assessment of safety and risk of children (63.0% of 100 applicable cases), and the development and monitoring of safety plans—including monitoring family engagement in safety services (48.7% of 37 applicable cases).
- **Addressing Challenges:**
  - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.
  - DCF has worked to fully implement and train staff on the 2021 update to the Family Assessment and Action Planning (FAAP) Policy, with the goal of strengthening engagement of children and families in the case planning.
  - The update highlighted the FAAP as a "living document" that should evolve and be updated as family circumstances change, rather than solely based on periodic timeframes. The update emphasizes collaboration with the family, clarifies the need to engage out of home parents and partners of caretakers, as well as the requirement for staff consultation when working with families reluctant to engage in the process.
  - DCF is developing a Structured Decision-Making (SDM) tool to strengthen the agency's ability to assess child safety. This work includes the creation of a structured "Plan for Child Safety." Along with completing the SDM tool, social workers would also complete a formal Plan for Child Safety which specifies the supports, services and action steps needed to prevent children from entering or re-entering foster care. DCF has partnered with Evident Change to develop and implement the SDM tools with an anticipated release in Jun/Jul-2023.
  - DCF's employs other strategies to strengthen engagement of out of home parents, particularly fathers.
    - The DCF Family Advisory Committee (FAC) maintains an active role in promoting and supporting the Father Engagement work of the agency. In addition to increasing the number of fathers on the Committee, the parents actively participate in Area Office FELT, the Regional Father and Family Networks and Inter-Agency Fatherhood Workgroups.
    - The core member of the Fatherhood Sub-committee works closely with DCF to facilitate Nurturing Fathers Programs and Young Fathers Support Groups. Members participate in and help to coordinate and host the Annual Massachusetts Fatherhood Summit and the New England Fathering Conference.

Foster Care Review – Determination of Safety (also included in Item 21 response)

Safety concerns of varying degrees may be identified at a Foster Care Review (i.e., periodic review) meeting. Safety concerns may be due to the child demonstrating unsafe behaviors, a reduction in parent/caregiver capacity (e.g., recent substance use relapse by a parent/youth), or that the foster parent/group care provider is not able to keep the child/youth safe.

If a safety concern is identified during the FCR, the FCRU Case Reviewer immediately informs the FCRU manager, who sends an alert notice to the Area Director/designee responsible for the case. This notice necessitates a response by the Area Director within one working day. The FCRU manager also follows-up with the Area Director/designee to ensure action is taken to secure the safety of the child/youth.

Item 21/Table 15a indicates that a safety concern was identified in 2.4% of SFY2022 reviews.

ITEM 21/TABLE 15a. Determinations…	**SFY2020**	**SFY2021**	**SFY2022**
15a. Were concerns for the child/youth/young adult's safety identified through the review process? o Safety concerns require an immediate alert notification to the Area Director.	**3.1%**	**2.1%**	**2.4%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Examples of relevant data: references to permanency indicators in recent CB-generated state data profiles, case record review results, and administrative data such as time to permanency by permanency goal, percentage of children placed with relatives/kin, percentage of children in foster care placed with some or all siblings; court performance measures; and quality hearing review project results. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state risk-standardized performance compares to national performance on the CFSR permanency data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on permanency outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., children entering foster care, children in foster care for longer periods of time, child age and race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or problem?

- What supporting evidence is provided by key stakeholders (e.g. caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

B. Permanency

Permanency Outcomes 1 and 2

State Response:

PERMANENCY OUTCOMES:

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

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

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

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

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

PERMANENCY OUTCOME 1:

Children Have Permanency and Stability in Their Living Situations

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

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

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

Chart P1.

Statewide Data Indicator	National Performance	Direction of Desired Perf.	RSP	RSP Interval	Data Period Used for Performance
Perm in 12 months (entries)	35.2%	Higher	41.6%	40.2% – 43.1%	20A – 22A
Perm in 12 months (12-23 months)	43.8%	Higher	33.4%	31.5% – 35.3%	21B – 22A
Perm in 12 months (24+ months)	37.3%	Higher	29.2%	27.9% – 30.6%	21B – 22A
Re-entry to foster care in 12 months	5.6%	Lower	9.6%	8.6% – 10.7%	20B – 22A
Placement Stability (moves/1,000 days)	4.48%	Lower	6.14%	5.96% – 6.32%	21B – 22A

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

Chart P2. Risk Standardized Performance (RSP) CFSR3 Data Profile

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

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

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 4 because 80% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP included targeted strategies and activities anticipated to improve performance.
- Item 4 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 57.1% of 42 applicable cases. This represents a 28.6% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address stability for children in its care.
- Item 4 Adjusted PIP Goal: 64.1%
- Item 4 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 66.7% – PIP GOAL MET.
- Item 4 ongoing CQI Reviews (Apr-2022 – Sep-2022): 80% – This represents a 40.1% increase from CFSR3 and continued improvement over PIP goal evidenced.
  - Ongoing CQI Reviews found that that 96.7% of the 60 applicable foster care placements are stable.
  - Placement changes were planned to meet the needs of the child in 45.5% of the 22 applicable cases.
  - Performance was impacted by DCF's challenges with assessing children's needs, limited placement options for adolescents and limited services to support children in placement.
  - **Addressing Challenges:**
    - To improve in this area, DCF is implementing a newly developed Family Resource Policy to increase the ability to identify, license, train, support and manage the agency's foster care system.

- DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
- Additionally, performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

Placement Stability

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

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

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

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

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

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

Chart P5. Placement Moves per 1,000 Placement Days by Race/Ethnicity in SFY2022	**White**	**Hispanic /Latinx**	**Black**	**Asian**	**Native American**
Total Number of Placement Days (denominator)	243,459	193,222	92,803	5,035	1,613
Total Number of Placement Moves (numerator)	1,399	1,525	930	21	7
CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care? ***National Standard: 4.44 (lower score is preferable)***	**5.75**	**7.89**	**10.02**	**4.17**	**4.34**

- Placement moves per 1,000 placement days for children who entered care during SFY2022 by Age Group shows that children 5-and-under evidence greater placement stability.
  - Children 5-and-under: 5.79 Placement Moves per 1,000 Placement Days
  - Children 6-11: 8.54 Placement Moves per 1,000 Placement Days
  - Children 12-17: 7.85 Placement Moves per 1,000 Placement Days

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

Placement with Kin

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

Chart P7.	DCF Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Kinship Care Rate **Kinship as a % of all children in out-of-home placement**	≥ 28.5%	24.5%	26.0%	26.9%	29.4%	31.5%	32.4%	33.3%	36.0%	36.3%	39.5%	40.0%	38.9%

Data Source: MA DSSRP210 – Children in Placement

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

Placement with Kin by Race/Ethnicity

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

Chart P8.	DCF Target	White	Hispanic /Latinx	Black	Asian	Native American
Kinship Care Rate by Race/Ethnicity **Kinship as a % of all children in out-of-home placement SFY2022**	≥ 28.5%	43.8%	36.2%	33.0%	44.4%	23.8%

Data Source: MA DSSRP210 – Children in Placement

Placement with Kin for Children in Departmental Foster Care

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

Chart P9.	DCF Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Kinship Care as a % of Departmental Foster Care*	≥ 55.0%	48.1%	51.4%	52.1%	53.1%	56.3%	56.4%	56.8%	55.7%	56.1%	57.8%	58.0%	57.0%

*Departmental Foster Care = foster family Data Source: MA DSSRP210 – Children in Placement

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

Permanency Outcome 1 – Item 5: Permanency Goal for Child

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 5 because 55% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP included targeted

strategies and activities anticipated to improve performance.

- Item 5 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 59.5% of 42 applicable cases. This represents an 8.2% improvement over the 2015 CFSR3 results.
- Item 5 Adjusted PIP Goal: 66.4%
- Item 5 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 69.0% – PIP GOAL MET.
- Item 5 ongoing CQI Reviews (Apr-2022 – Sep-2022): 70% – This represents a 27.3% improvement over the 2015 CFSR3 results and continued improvement over PIP goal.
    - Current results show that DCF either filed or joined a termination of parental rights petition in a timely manner (or prior to the PUR), or an exception was applied in 90.0% of the 40 applicable cases.
        - Permanency goals in effect during the period under review were appropriate to the child's needs for permanency and to the circumstances of the case in 81.7% of the 60 applicable cases.
        - Permanency goals in effect during the period under review were established in a timely manner in 78.3 of the applicable cases.
    - Performance was impacted by challenges with delayed Permanency Planning Conferences, deferred decisions on changing permanency goals, and assessing parental capacities.
    - **Addressing Challenges:**
        - DCF has created and will staff a Permanency Practice Unit. The unit is comprised of a Permanency Manager and five Permanency Specialists tasked with supporting and providing consultation to Area and Regional staff regarding permanency goals and decision-making.
        - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
        - Additionally, performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 6 because 50% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP included targeted strategies and activities anticipated to improve performance.
- Item 6 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 45.2% of 42 applicable cases. This represents a 9.6% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address permanency for children in its care.
- Item 6 Adjusted PIP Goal: 52.2%
- Item 6 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 59.5% – PIP GOAL MET.
- Item 6 ongoing CQI Reviews (Apr-2022 – Sep-2022): 28.3% – performance has been directly impacted by the COVID-19 pandemic.
    - Current results show that DCF achieved Reunification in a timely manner in 27.8% of 18 applicable cases, Adoption in 18.5% of 27 applicable cases, Guardianship in 30.0% of 10 applicable cases, and

APPLA in 80.0% of 5 applicable cases.

- Performance was impacted by challenges related to delays in establishing timely permanency goals, delays in court processes related to the pandemic, and identifying adoptive resources for children with special needs.
- **Addressing Challenges:**
  - DCF created and will staff a Permanency Practice Unit. The unit is comprised of a Permanency Manager and five Permanency Specialists tasked with supporting and providing consultation to Area and Regional staff regarding permanency goals and decision-making. DCF anticipates that the Permanency Planning Unit will have a positive impact on timely and appropriate establishment of goals.
  - In FY2022, the legal division received authorization to add 14 staff attorneys, 11 paralegals and 5 clerks. This addition of staff is expected to streamline production of discovery and assist attorneys with trial preparation as well as increase capacity related to the filing of Adoption and Guardianship Petitions.
  - DCF is piloting a permanency tool used by managers to assist in ensuring that social workers and supervisors are collecting and considering all relevant information needed to inform timely and effective permanency planning for every child in care at the key decision points in a case: response, IPR, FCR and PPC. In part, the development of the questions used in the permanency tool were informed by common barriers identified in the quarterly adoption reviews. By prompting staff to take action that eliminates commonly identified barriers to permanency earlier in the process, permanency can be achieved more quickly. The tool has been piloted in 5 offices during the last quarter of CY2022. In the first quarter of CY2023, five additional offices will be receiving training on the tool.
  - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
  - The Department is currently revising the array of permanency services that can be offered to children/families by DCF contracted community providers. Services will be paid for by DCF with a focus on meeting permanency goals and timeframes. Under the new contract, services including permanency mediation, specialized adoption recruitment, and clinical consultation will be expanded to assist area offices reach goals for children (Specifically Adoption and Guardianship) in a timelier manner. These contracts are projected to go out to bid in 2023.
  - Additionally, the Department created the "Manager of Adoption Contracts and Search" position to provide consultation for contracted adoption providers and to collaborate systemwide to promote timely permanency outcomes for children.
  - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

Foster Care Review – Progress Made Toward Achievement of the Permanency Plan Activities (also included in Item 21 response)

Reflective of somewhat different focus than the CQI reviews referenced above, Item 21/Table 15j summarizes Foster Care Review (i.e., periodic review) panel determinations regarding whether necessary actions and essential changes for achieving the Permanency Plan were demonstrated. These include consideration of federal Adoption and Safe Families Act (ASFA) guidelines such as:

- Reasonable efforts provided in a timely manner to reunify the family
- Filing of a Termination of Parental Rights (TPR) for children/youth under age 18 who have been in care for 15 of the past 22 months—unless there is a documented exception

- Timely recruitment

Item 21/Table 15j indicates that for FCRs convened during SFY2022, the FCR Panel determined that 92.1% of the reviewed Permanency Plans should be maintained. Conversely, 7.9% were determined to require an Area Office review and/or a Permanency Planning Conference (PPC).

Item 21/TABLE 15j. Determinations…	**SFY2020**	**SFY2021**	**SFY2022**
15j. The extent of progress made toward achievement of the permanency plan. ○ Were necessary actions and essential changes for achieving the child/youth/young adult's Permanency Plan demonstrated?			
MAINTAIN PERMANENCY PLAN	**92.0%**	**92.8%**	**92.1%**
Permanency Plan Achieved	**0.2%**	**0.1%**	**0.1%**
Sufficient/Maintain Permanency Plan	**42.7%**	**42.7%**	**39.8%**
Insufficient/Maintain Permanency Plan	**45.8%**	**46.7%**	**48.9%**
Permanency Plan Changed within the last 45 days	**3.3%**	**3.3%**	**3.3%**
CHANGE PERMANENCY PLAN	**8.0%**	**7.2%**	**7.9%**
Insufficient/Change Permanency Plan	**6.7%**	**5.9%**	**6.6%**
Permanency Plan does not reflect casework direction	**0.5%**	**0.5%**	**0.6%**
Circumstances Changed and Permanency Plan is no longer relevant	**0.9%**	**0.8%**	**0.7%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

DETERMINATION – Maintain Permanency Plan (92.1%)

- Sufficient: Of the children/youth/young adults reviewed during SFY2022, 0.1% had a Permanency Plan determined to have been achieved and 39.8% had a Permanency Plan determined to be sufficient and therefore should be maintained. A sufficient Permanency Plan is one in which the following criteria are met:
  - most but not all of the essential changes have been achieved to accomplish the Permanency Plan
  - tasks have been identified to achieve the remaining essential changes
  - progress is being made toward reducing or eliminating identified needs/dangers/risk
- Insufficient: In 48.9% of reviews, the FCR determined that there was insufficient progress towards the Permanency Plan but determined that circumstances warranted allowing additional time to complete tasks and demonstrate change within the existing Permanency Plan.
- Of the Permanency Plans active at the time of the FCR, 3.3% were in effect for 45 calendar days or less. As such, FCR Panel could not review progress and make a determination.

DETERMINATION – Change Permanency Plan (7.9%)

- The FCR Panel determined that 6.6% of the reviewed Permanency Plans should be changed.
  - Though DCF provided services and despite allowing reasonable time, necessary or essential changes for achieving the Permanency Plan were not made, or successfully completed, and a new Permanency Plan is needed to meet the child/youth/young adult's need for permanency.
- The FCR Panel determined that 0.6% of the reviewed Permanency Plans should be changed because the Permanency Plans did not reflect casework direction.
- The FCR Panel determined that in 0.7% of the reviews convened during FY2022, circumstances had changed and therefore the Permanency Plan was no longer relevant and should be changed.

Foster Care Review – Assessment of Placement Activities (also included in Item 21 response)

DCF is required to complete all tasks and activities recommended at the Initial Placement Review—also known as the 6-Week Placement Review—for achieving child safety, permanency, and well-being. As summarized in Item 21/Table 8, "follow-up-activities" from the Initial Placement Review were completed by DCF prior to the Foster Care Review (i.e., periodic reviews) meeting in 74.1% of applicable reviews in SFY2022. The Department reformed its Initial Placement Review process during SFY2021 and focused on developing a collaborative process for assessing the immediate needs of the child in placement and creating a plan to return the child safely to their home. This process includes clear directives to identify follow up activities and develop recommendations. In 92.1% of applicable reviews, FCR panels found that relatives were notified within 30-days of a child's placement.

ITEM 21/TABLE 8. Placement Activities…	SFY2020	SFY2021	SFY2022
Were "Follow Up Activities" from the Initial Placement Review completed by DCF? ○ Along with mining the electronic case record for documentation, DCF's completion of "follow-up activities" is assessed through direct inquiry of the social work team, family, and key participants during the FCR meeting.	**77.2%**	**76.7%**	**74.1%**
Were relatives notified of child/youth's placement within 30-days? ○ Pursuant to MGL c. 119, §23C: Whenever the Department places a child/youth in foster care, the Department shall immediately commence a search to locate any relative of the child/youth, including the parents of siblings who have custody of the siblings, or another adult who has played a significant positive role in that child/ youth's life in order to determine whether the child/youth may be safely placed with that relative or adult if, in the judgment of the Department, that placement would be in the best interest of the child/youth. ○ Written notice is required within 30 days after the child/youth is removed from the parent's custody unless the kin or other adult could not be approved as a foster parent due to known family or domestic violence.	**91.5%**	**93.4%**	**92.1%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

PERMANENCY OUTCOME 2:

The Continuity of Family Relationships and Connections Is Preserved for Children

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

Permanency Outcome 2 – Item 7: Placement with Siblings

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 7 because 64% of the 40 applicable cases were rated as a Strength. The MA CFSR3 PIP included targeted strategies and activities anticipated to improve performance.
- Item 7 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 56.7% of 30 applicable cases. This represents an 11.4% decrease in performance relative to the 2015 CFSR3 results. The Department is working to address placement with siblings for children in its care.
- Item 7 Adjusted PIP Goal: NONE ESTABLISHED
- Item 7 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 66.7% – though not a PIP item, performance represents a 17.6% improvement over baseline.
- Item 7 ongoing CQI Reviews (Apr-2022 – Sep-2022): 75% – This represents a 17.2% improvement over the 2015 CFSR3 results and continued improvement over PIP goal evidenced.
    - Performance was impacted by availability of non-relative placements that could accommodate sibling groups, physical standards requirements and re-assessment of foster home, and sibling group needs.
    - **Addressing Challenges:**

        - DCF is implementing a new Family Resource Policy to increase the ability to identify, license, train, support, and manage the agency's foster care system.
        - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 8 because 59% of the 29 applicable cases were rated as a Strength. In 62% of the 13 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation with a sibling(s) in foster care who is/was in a different placement setting was sufficient to maintain and promote the continuity of the relationship. In 73% of the 26 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her mother was sufficient to maintain and promote the continuity of the relationship. In 44% of the 9 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her father was sufficient to maintain and promote the continuity of the relationship.
- Item 8 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 77.5% of 40 applicable cases. This represents a 31.4% improvement over 2015 CFSR3 results.
- Item 8 Adjusted PIP Goal: NONE ESTABLISHED
- Item 8 PIP Review Quarters 7&8 Performance (Jul-Oct 2019): 90.2% – though not a PIP item, performance represents a 16.4% improvement over baseline—approaching a solid area of strength.
- Item 8 ongoing CQI Reviews (April-2022 – Sep-2022): 51% – performance was directly impacted by the COVID-19 pandemic.
    - The frequency and quality of visitation for child was sufficient to maintain and promote the continuity of the relationship with mother in 70.3% of 37 applicable cases; with father in 62.5% of 24 applicable cases; and with siblings in 54.8% of 31 applicable cases.
    - Performance in providing frequent and quality visits for children with parents was impacted by lack of transportation for parents, and difficulty in providing visits outside of business hours.
    - Siblings' visit frequency and quality was found to be impacted by geographic distance, willingness of foster parents to facilitate visitation, and perceived mental/behavioral health impact of visits on children.
    - Visitation was impacted by the pandemic, which often required virtual visits that impacted quality of visits, particularly for younger children.
    - **Addressing Challenges:**
        - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
        - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

Foster Care Review – Assessment of Parent-Child Visitation (also included in Item 21 response)

Reflective of somewhat different focus than the CQI reviews referenced above, Item 21/Table 10 shows that the Department's Foster Care Review (i.e., periodic reviews) panels determined that visits between parents and their children were found to be maintained in 78.6% of reviews.

ITEM 21/TABLE 10. Parent-Child Visitation…	SFY2020	SFY2021	SFY2022
Were visits maintained between parents/caregivers and their placed children/youth? ○ Per DCF Permanency Planning Policy (#2013-01), regular and ongoing visitation between the parent/caregiver and child/youth is to be arranged throughout the child's placement—as long as there are no clinical or safety contraindications. ○ In general, parent and child/youth visitation should take place at minimum once-per-week unless a different schedule is indicated by the child/youth's age, the needs of the child/youth, the safety of the child/youth, or if parental rights have been terminated by the court.	**81.0%**	**77.8%**	**78.6%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Permanency Outcome 2 – Item 9: Preserving Connections

- Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.
- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 9 because 74% of the 38 applicable cases were rated as a Strength.
- Item 9 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 90.2% of 41 applicable cases. This represents a 21.9% improvement over 2015 CFSR3 results.
- Item 9 Adjusted PIP Goal: NONE ESTABLISHED
- Item 9 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 95.2% – though not a PIP item, performance represents a 5.5% improvement over baseline and evidences a solid area of strength.
- Item 9 ongoing CQI Reviews (Apr-2022 – Sep-2022): 71.7% – performance has been directly impacted by the COVID-19 pandemic.
    - Sufficient inquiry was conducted to determine whether a child may be a member of, or eligible for membership in, a federally recognized Indian Tribe in 96.7% of 60 applicable cases.
    - Performance in this area was impacted due to the frequency in which children were placed outside of their home communities and difficulty maintaining connections with extended family members and siblings not in foster care placements (e.g., adopted, in guardianship and adult siblings).
    - **Addressing Challenges:**
        - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
        - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

Permanency Outcome 2 – Item 10: Relative Placement

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 10 because 71% of the 38 applicable cases were rated as a Strength.
- Item 10 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 85.4% of 41 applicable cases. This represents a 20.3% improvement over 2015 CFSR3 results.
- Item 10 Adjusted PIP Goal: NONE ESTABLISHED
- Item 10 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 94.9% – though not a PIP item, performance represents a 10.9% improvement over baseline—nearing a solid strength.
- Item 10 ongoing CQI Reviews (Apr-2022 – Sep-2022): 75% – This represents a 5.6% improvement over 2015 CFSR3 results.
    - Current or most recent placement with a relative was stable and appropriate to the child's needs in 96.6% for the 29 applicable cases.
    - **Addressing Challenges:**
        - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
        - DCF has developed and is working to implement a new Family Resource Policy to increase the ability to identify, license, train, support and manage the agency's foster care system. As part of the new policy, specific kinship workers will be assigned for all kinship resources to offer relative placements education and support through the foster care process.
        - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 11 because 64% of the 28 applicable cases were rated as a Strength. In 68% of the 28 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother. In 60% of the 10 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.
- Item 11 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 63.2% of 38 applicable cases. This represents a 1.3% decrease in performance relative to 2015 CFSR3 results. The Department is working to promote, support, and/or maintain positive relationships between children in foster care and their parents/primary caregivers.
- Item 11 Adjusted PIP Goal: NONE ESTABLISHED
- Item 11 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 66.7% – though not a PIP item, performance represents a 5.5% improvement over baseline.
- Item 11 ongoing CQI Reviews (Apr-2022 – Sep-2022): 42.9% – performance has been directly impacted by the COVID-19 pandemic.

- Concerted efforts were made to promote, support, and otherwise maintain a positive, nurturing relationship between the child in foster care and mothers in 51.1% of 37 applicable cases, and between children and fathers in 41.7% of 24 applicable cases.
- Performance in this area was impacted due to Covid-19 protocols limiting parents' participation for in-person medical appointments; lack of transportation for parents to attend activities and appointments; difficulty engaging fathers; and parents not being invited to attend/participate in meetings or contact providers.
- **Addressing Challenges:**
  - DCF currently has an Agency Improvement Leadership Team (AILT) tasked with implementation of Initial Placement Reviews (IPR) for children that enter DCF care/custody. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, and placement resources. The focus of the IPR is to review the reasons for the child's placement, identify and plan for the child's needs, identify services and supports to stabilize placement resources, visitation plans, identify potential relative placements and establish a goal that is in the child's best interests.
  - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Examples of relevant data: case record review results, administrative data such as participation in family team meetings, caseworker visits with children and parents, children receiving timely well-child visits; service utilization rates. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on child well-being outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or problem?
- What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

C. Well-Being

Well-Being Outcomes 1, 2, and 3

State Response:

WELL-BEING OUTCOMES:

A child and family's well-being is directly related to their safety and permanency, and encompasses a range of other factors that contribute to quality of life. The Department is committed to the well-being of the children and families it serves. As such, DCF has been focusing attention on assisting families in the identification and development of the skills, connections and self-identity that contribute to a positive sense of personal worth.

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

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

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

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

WELL-BEING OUTCOME 1:

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

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

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

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

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

Status: The Department received an overall rating of Area Needing Improvement for Item 12 because 38% of the 65 cases were rated as a Strength. Item 12 was rated as Strength in 35% of the 40 foster care cases, 43% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP includes targeted strategies and activities which are anticipated to improve performance.

- Item 12 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 38.6% of 70 applicable cases. This represents a 1.6% improvement over the 2015 CFSR3 results.
- Item 12 Adjusted PIP Goal: 43.8%
- Item 12 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 58.6% – PIP GOAL MET.
- Item 12 ongoing CQI Reviews (Apr-2022 – Sep-2022): 24% – performance has been directly impacted by the COVID-19 pandemic.
    - Sub-Item 12A, Needs Assessment and Services to Children, was rated a Strength for 71% of 100 applicable cases.
        - Performance for foster care cases was higher (76.7% of 60 applicable cases) than for in-home cases (62.5% of 40 in-home applicable cases).
        - The primary factor impacting performance for this item was related to the lack of service provision to meet children's needs.
    - **Addressing Challenges:**
        - DCF is currently developing an updated Case Practice Policy with a goal of improving assessment and service provision to children.
    - Sub-Item 12B, Needs Assessment and Services to Parents, was rated a Strength for 27.0% of 89 applicable cases.
        - Performance for foster care cases (34.7% of 49 applicable cases) was higher than for in-home cases (17.5% of 40 applicable cases).
        - Performance was impacted by challenges in assessing and providing services to fathers. Concerted efforts to assess and address needs rated higher for mothers (41.5% of 82 applicable cases) than for fathers (25.0% of 72 applicable cases).
    - **Addressing Challenges:**
        - DCF is currently developing an updated Case Practice Policy with a goal of improving assessment and service provision to families.
        - DCF's employs other strategies to strengthen engagement of out of home parents, particularly fathers.
            - The DCF Family Advisory Committee (FAC) maintains an active role in promoting and supporting the Father Engagement work of the agency. In addition to increasing the number of fathers on the Committee, the parents actively participate in Area Office FELT, the Regional Father and Family Networks and Inter-Agency Fatherhood Workgroups.
            - The core member of the Fatherhood Sub-committee works closely with DCF to facilitate Nurturing Fathers Programs and Young Fathers Support Groups. Members participate in and help to coordinate and host the Annual Massachusetts Fatherhood Summit and the New England Fathering Conference.
    - Sub-Item 12C, Needs Assessment and Services to Foster Parents, was rated a Strength for 66.7% of 54 applicable cases.
        - Factors that impacted performance in this area included delays in service provision, inconsistent

placement visits, and ensuring foster parents were aware of children's needs.

- **Addressing Challenges:**
  - DCF is implementing a new Foster Care Policy (i.e., Family Resource Policy) to increase the ability to identify, license, train, support and manage the agency's foster care system.
  - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 13 because 58% of the 62 applicable cases were rated as a Strength. Item 13 was rated as Strength in 68% of the 37 foster care cases, 48% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. In 73% of the 41 applicable cases, the agency made concerted efforts to involve child(ren) in case planning. In 72% of the 54 applicable cases, the agency made concerted efforts to involve mothers in case planning. In 58% of the 33 applicable cases, the agency made concerted efforts to involve fathers in case planning. The MA CFSR3 PIP included targeted strategies and activities anticipated to improve performance.
- Item 13 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 61.4% of 70 applicable cases. This represents a 5.9% improvement over the 2015 CFSR3 results.
- Item 13 Adjusted PIP Goal: 66.7%
- Item 13 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 71.4% – PIP GOAL MET.
- Item 13 ongoing CQI Reviews (Apr-2022 – Sep-2022): 43.3% – performance has been directly impacted by the COVID-19 pandemic.
  - Item 13 was rated as a Strength in 54.4% of 57 applicable foster care cases and 27.5% of 40 applicable in-home cases.
    - In 72.1% of the 68 applicable cases, the agency made concerted efforts to involve child(ren) in case planning.
    - In 61.3% of the 80 applicable cases, the agency made concerted efforts to involve mothers in case planning.
    - In 36.1% of the 61 applicable cases, the agency made concerted efforts to involve fathers in case planning.
  - **Addressing Challenges:**
    - DCF has worked to fully implement and train staff on the 2021 update to the Family Assessment and Action Planning (FAAP) Policy, with the goal of strengthening engagement of children and families in the case planning.
      - The update highlighted the FAAP as a "living document" that should evolve and be updated as family circumstances change, rather than solely based on periodic timeframes. The update emphasizes collaboration with the family, clarifies the need to engage out of home parents and partners of caretakers, as well as the requirement for staff consultation when working with families reluctant to engage in the process.
    - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

Foster Care Review – Assessment of Engagement in Action Planning (also included in Item 21 response)

Item 21/Table 15b indicates that for SFY2022, the Foster Care Review (i.e., periodic review) panel determined that 67.5% of reviewed parents/caregivers participated and/or engaged in the actions, tasks, services, or

supports outlined in the Action Plan (case plan). Reviews further revealed that 54.3% of parents/caregivers demonstrated the changes specified in their Action Plan for promoting the safety, permanency, and well-being of their children—including demonstrable behavioral changes needed to reduce or eliminate the identified needs/dangers/risks.

ITEM 21/TABLE 15b. Determinations…	SFY2020	SFY2021	SFY2022
15b1. Did the parent/caregiver participate/engage in the activities outlined in the Action Plan? ○ For every child/youth (0-18) whose parent/caregiver maintains parental rights—based on available information at the review—the FCR Panel determines whether the parent participated in the actions, tasks, services, and supports, identified in the Action Plan. ○ This determination is not intended to be a rating of compliance with tasks. ○ A determination is not made if the parent is incapacitated or has a disability status such that they are unable to participate.	**72.5%**	**69.6%**	**67.5%**
15b2. Did the parent/caregiver demonstrate observable changes that reduce or alleviate danger, or the need for placement, or achieve the desired outcomes to improve the child/youth's safety and well-being? ○ A "yes" is selected if the parent/caregiver demonstrated behavioral changes which support the outcomes that promote the safety, permanency, and well-being of the child/youth. ○ A "yes" answer indicates that progress was made to increase parental capacities but does not necessarily indicate that all areas of focus have been resolved. ○ A determination is not made if the parent is incapacitated or has a disability status such that they are unable to participate.	**59.1%**	**55.7%**	**54.3%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

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

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 14 because 74% of the 65 applicable cases were rated as a Strength. Item 14 was rated as Strength in 83% of the 40 foster care cases, 61% of the 23 in-home services cases, and 50% of the 2 in-home services alternative/differential response cases. The MA CFSR3 PIP included targeted strategies and activities anticipated to improve performance.
- Item 14 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 81.4% of 70 applicable cases. This represents a 10.0% improvement over the 2015 CFSR3 results.
- Item 14 Adjusted PIP Goal: 85.6%
- Item 14 PIP Review Quarters 6&7 Performance (Jul-Dec 2018): 90.0% – PIP GOAL MET.
- Item 14 ongoing CQI Reviews (Apr-2022 – Sep-2022): 72.0% – performance has been directly impacted by the COVID-19 pandemic.
  - In 84% of the 100 applicable cases, the typical pattern (frequency) of visits with children was sufficient.
  - In 76% of the 100 applicable cases, the quality of the visits with children was sufficient.
    - Case reviews rated as a strength found consistent and quality visitation with children in both foster care (71.7% of 60 applicable cases) and in-home cases (72.5% of 40 applicable cases).
    - Case reviews rated as an ANI showed that performance was impacted due to challenges with visiting children consistently and meeting alone with children to discuss safety and case planning.
  - **Addressing Challenges:**
    - To improve performance in this area, DCF is currently in the process of developing an updated Case Practice Policy to improve assessment and service provision to families.
      - Clarifies that frequency of visits with children is based on the level of need of the family rather than solely on a monthly schedule. Social workers and supervisors, utilizing a

Structured Decision-Making Risk Assessment tool, determine the risk and complicating factors to guide the level of frequency for family contact and visits. Additionally, the minimum required monthly in-person contact was shortened to 30-days rather than "monthly."
    - Emphasizes the quality of visits with children and provides guidance to strengthen practice, including recommended content to be covered by case workers. Additionally, supervisor roles are clarified that highlight the requirement to review case records and topics discussed in supervision with staff.
  - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 15 because 44% of the 54 applicable cases were rated as a Strength. Item 15 was rated as Strength in 45% of the 29 foster care cases, 48% of the 23 in-home services cases, and 0% of the 2 in-home services alternative/differential response cases. In 59% of the 54 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient. In 47% of the 32 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient. The MA CFSR3 PIP included targeted strategies and activities anticipated to improve performance.
- Item 15 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 55.2% of 67 applicable cases. This represents a 25.5% improvement over the 2015 CFSR3 results.
- Item 15 Adjusted PIP Goal: 60.7%
- Item 15 PIP Review Quarters 1&2 Performance (Jan-Jun 2018): 69.7% – PIP GOAL MET.
- Item 15 ongoing CQI Reviews (Apr-2022 – Sep-2022): 43.2% – performance has been directly impacted by the COVID-19 pandemic.
  - In 66.7% of the 81 applicable cases, both the frequency and quality of caseworker visitation with the mother were sufficient.
  - In 34.4% of the 61 applicable cases, both the frequency and quality of caseworker visitation with the father were sufficient.
    - Inconsistent or absent attempts to engage fathers was identified as a factor in 84% of the 50 applicable cases rated as an ANI.
    - Additional areas impacting agency performance were inconsistent visitation with parents at their place of residence and engagement/assessment of all household members.
  - **Addressing Challenges:**
    - DCF is developing an updated Case Practice Policy to improve assessment and service provision to families.
      - Clarifies that frequency of visits with parents is based on the level of need of the family rather than solely on a monthly schedule. Social workers and supervisors, utilizing a Structured Decision-Making Risk Assessment tool, determine the risk and complicating factors to guide the level of frequency for family contact and visits. Additionally, the minimum required monthly in-person contact was shortened to 30-days rather than "monthly."
      - Emphasizes the quality of visits with parents and provides guidance to strengthen practice, including recommended content to be covered. Additionally, supervisor roles are clarified

that highlight the requirement to review case records and topics discussed in supervision with staff.

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

Foster Care Review – Assessment of Social Worker Contact (also included in Item 21 response)

The Foster Care Review (i.e., periodic review) process accesses DCF social worker contact with placed children, families, and foster parents/group care providers. Reflective of somewhat different focus than the CQI reviews referenced above, Item 21/Table 9 shows that the Department's Foster Care Review panels determined that DCF social workers were found to have maintained contact with 96.7% of assigned children, youth, and young adults. Contact with parents/caregivers was maintained in 45.6% of reviews. Social Worker contact with foster parents and group care providers was maintained in 96.8% of reviews.

ITEM 21/TABLE 9. Social Worker Contact…	**SFY2020**	**SFY2021**	**SFY2022**
For children/youth/young adults in placement on the FCR review date, did the DCF social worker maintain required contact with assigned children/youth/young adults during the review period? o DCF social worker face-to-face contact with a child/youth/young adult in placement is required by policy at a minimum of once-per-month.	**97.3%**	**98.2%**	**96.7%**
Did the DCF social worker maintain required contact with the parents/caregivers? o DCF social worker contact with a parent/caregiver is required at a minimum of once per month. o Per policy, in discussion with the family and in consultation with the supervisor, the social worker determines the frequency, location, and method of the contacts.	**52.4%**	**52.5%**	**45.6%**
Did the child/youth's social worker maintain required contact with foster parents/group care providers? o DCF social worker contact with foster parents or group care providers is required at a minimum of once-per-month. o Per policy, the DCF social worker in discussion with the family, foster parent or group care provider, and in consultation with the supervisor, determines the frequency, location, and method of the contacts.	**96.8%**	**98.4%**	**96.8%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

WELL-BEING OUTCOME 2:

Children Receive Appropriate Services to Meet Their Educational Needs

- **Status CFSR3:** As evidenced in the 2015 CFSR3, the Department was not in substantial conformity with Well-Being Outcome 2. The outcome was substantially achieved in 90% of 42 applicable cases reviewed.

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

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 16 because 90% of the 42 applicable cases were rated as a Strength. Item 16 was rated as Strength in 92% of the 36 applicable foster care cases, 80% of the 5 applicable in-home services cases, and 100% of the 1 applicable in-home services alternative/differential response case.
- Item 16 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 94.1% of 51 applicable cases. This represents a 4.6% improvement over 2015 CFSR3 results.
- Item 16 Adjusted PIP Goal: NONE ESTABLISHED
- Item 16 ongoing CQI Reviews (April-2022 – Sep-2022): 78.3% – performance has been directly impacted by the COVID-19 pandemic.

- DCF performed better at assessing and addressing children's education needs in Foster Care cases than In-home cases.
  - The agency was found to have made concerted efforts to accurately assess children's educational needs in 92.3% of the 52 applicable Foster Care cases and 58.8% of the 17 applicable In-home cases.
  - The agency was found to have made concerted efforts to address children's educational needs through appropriate services 85.7% of the 41 applicable Foster Care cases and 47.1% of the applicable In-home cases.
  - A common issue related to educational needs of children for In-home cases was school truancy after the return to school from remote/hybrid learning related to the pandemic. Of note, school truancy was chronic for all students—not just those students involved with the Department.
    - DCF's ability to address truancy issues was impacted due to lengthy waitlists for community-based service providers and the limited overall availability of services due to the COVID-19 pandemic.
- **Addressing Challenges:**
  - Performance is anticipated to improve as case/legal practice and educational services return to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

Education is critical to a child's healthy growth and development and sense of well-being. The Department's efforts to ensure that children are receiving appropriate education services were identified as an area of strength in the 2015 CFSR3 Report. An ongoing focus in this area continues to support children's academic achievement. Recognizing that educational achievement is impacted by CPS involvement, the Department proactively works with teachers and school departments to ensure that children in its care or custody receive appropriate educational services and are making progress toward achievement of educational or vocational goals.

The Department tracks a number of education-related indicators:

- High School Four-Year & Five-Year Cohort Graduation Rates
- Massachusetts Comprehensive Assessment System (MCAS) Passage Rates
- Students with High Needs
- Attendance Rates

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

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

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 (4) years by the total number in the cohort. This rate provides the percentage of the cohort that graduates in four (4) years or less.

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

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

Chart W1a.	4-Year Graduation Rate Numerator / Denominator	5-Year Graduation Rate Numerator / Denominator
2016	231 / 403	167 / 287
2017	201 / 317	219 / 330
2018	218 / 392	217 / 341
2019	235 / 414	249 / 364
2020	196 / 387	233 / 349
2021	191 / 337	aging

NOTE: Numerators/denominators prior to the 2016 school year were not readily available.

Chart W1 shows that while the Four-Year Graduation Rates between academic years 2013 and 2021 are below the established target, extending the timeframe to graduation by one (1) year results in an additional 16.2% of cohort students receiving acknowledgment for graduating in 2020. Of note, the Four-Year Graduation Rate increased by 12.9% between 2012 and 2019.

In 2020, the four-year and five-year graduation rates declined to 50.6% and 66.8%, reflecting the impact of the COVID-19 pandemic on academic achievement. The 2021 four-year graduation rate of 56.7% is equivalent to pre-pandemic rates.

Chart W1b compares the 2021 four-year graduation rate for students in DCF custody with the rate for all Massachusetts students.

Chart W1b.	Massachusetts All Students 2021	Students in DCF Custody 2021
4-Year Graduation Rate	89.8%	56.7%

Massachusetts Comprehensive Assessment System (MCAS) Competency Determination Rates

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

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

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

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

^MCAS Competency Determination Rate: Denominator is now limited to children who have taken EACH of the 3 MCAS subtests.
**Science and Technology/Engineering subject area was adopted in academic year 2012.*
***MCAS was revamped for academic year 2019. The MCAS was not administered in 2020 due to the COVID-19 pandemic. MCAS competency determination rates were not final at time of SWA production.*
Data Source: MA data exchange between DCF and ESE

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

Chart W3 reflects significant differences in MCAS performance for students in DCF custody compared to all Massachusetts students.

Chart W3.	**Massachusetts All Students 2019**	**DCF Custody Students 2019**
^MCAS Competency Determination Rate	74%	33.0%
ELA – *proficient or higher*	89%	57.5%
Mathematics – *proficient or higher*	76%	34.3%
***Science/Tech./Eng.** – *proficient or higher*	93%	71.2%

^MCAS Competency Determination Rate: Denominator is now limited to children who have taken EACH of the 3 MCAS subtests.
**Science and Technology/Engineering subject area was adopted in academic year 2012.*
***MCAS was revamped for academic year 2019. The MCAS was not administered in 2020 due to the COVID-19 pandemic. MCAS competency determination rates were not final at time of SWA production.*
Data Source: MA data exchange between DCF and ESE

Students with High Needs

DESE reports on students identified as High Needs. A student qualifies as High Needs if they are designated as either low income/economically disadvantaged, English learner/former English learner, or a student with disabilities/IEP. In school year 2021-22, Chart W4 reveals that 84.8% of children in DCF custody were identified by DESE as High Needs students. This is in contrast to 56.2% for all Massachusetts students.

Chart W4. Students with High Needs	**Massachusetts All Students 2021-22**	**DCF Custody Students 2021-22**
Students with High Needs	56.2%	84.8%
	High Need Factors	
Low Income/Economically Disadvantaged	43.8%	66.7%
English Learner	11.0%	8.7%
Former English Learner	23.9%	15.3%
Student with Disability*	19.1%	48.1%

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

School Attendance Rates

Chart W5 shows that during school year 2021-22, children in DCF custody attended 86.8% of their enrolled school days. This was comparable to the 89.7% attendance rate for Massachusetts students identified by DESE as High Needs students.

Chart W5. School Attendance Rates	**Massachusetts All Students 2021-22**	**Massachusetts Students with High Needs 2021-22**	**Students in DCF Custody 2021-22**
Student Attendance Rates	91.5%	89.7%	86.8%

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

Foster Care Review – Education Needs (also included in Item 21 response)

Foster Care Reviews (i.e., periodic reviews) ascertain whether education needs are being met. Of children under 3 years of age who were deemed eligible following an Early Intervention assessment, the FCR Panel ascertained that 89.2% were receiving Early Intervention services. Of children, youth, and young adults determined to be appropriate for enrollment in an educational program, 97.6% were enrolled in an educational or vocational program. Of children, youth, and young adults determined to be appropriate for enrollment in an educational program—based on available information at the review, 89.8% were found to have necessary educational supports in place (e.g., appropriate Individualized Education Program (IEP) as needed, education surrogate parent for support and advocacy as needed, stable educational setting, vocational training as appropriate.

ITEM 21/TABLE 11. Health, Education and Well-Being Needs…	SFY2020	SFY2021	SFY2022
EDUCATION			
If applicable, is child in DCF placement receiving Early Intervention services? ○ The federal Child Abuse Prevention and Treatment Act (CAPTA) requires DCF to refer families to Early Intervention if there is a supported 51B (abuse and/or neglect) investigation on a child who is under 3 years of age. ○ DCF also supports access to Early Intervention services for any other family with a child under the age of 3 when it appears that such services might be beneficial. Under these circumstances, DCF works with the family to determine whether the family will contact the Early Intervention services provider directly or whether DCF will complete a referral. ○ For children within the appropriate age cohort who were deemed eligible following an Early Intervention assessment, the FCR Panel ascertains whether the children are receiving Early Intervention services.	**92.4%**	**87.5%**	**89.2%**
If applicable, is child/youth/young adult in DCF placement enrolled in an educational program? ○ For every child/youth/young adult (3-22) determined to be appropriate for enrollment in an educational program, the FCR Panel ascertains whether the child/youth/young adult is enrolled in an educational or vocational program.	**97.7%**	**97.7%**	**97.6%**
Are educational needs being met for children/youth/young adults in DCF placement? ○ For every child/youth/young adult (3-22) determined to be appropriate for enrollment in an educational program—based on available information at the review—the FCR Panel ascertains whether educational supports are in place as needed (e.g., appropriate Individualized Education Program (IEP) as needed, education surrogate parent for support and advocacy as needed, stability of the educational setting, vocational training as appropriate).	**90.6%**	**89.5%**	**89.8%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

WELL-BEING OUTCOME 3:

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

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

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

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

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 17 because 85% of the 47 applicable cases were rated as a Strength. Item 17 was rated as Strength in 85% of the 40 foster care cases, 83% of the 6 applicable in-home services cases, and 100% of the 1 in-home services alternative/differential response case.
- Item 17 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 84.9% of 53 applicable cases. This represents a 0.1% decrease in performance relative to 2015 CFSR3 results. The Department is working to address the physical health/dental needs of the children in its care.
- Item 17 Adjusted PIP Goal: NONE ESTABLISHED
- Item 17 PIP Review Quarters 3&4 Performance (Jul-Dec 2018): 91.1% – though not a PIP item, performance represents a 7.3% improvement over baseline.
- Item 17 ongoing CQI Reviews (Apr-2022 – Sep-2022): 70.8% – performance has been directly impacted by the COVID-19 pandemic.
    - The primary area needing improvement for this item was related to the oversight of prescription medication, Item 17B (69.6% of 23 applicable cases).
    - DCF's ability to assess and ensure needed dental services were provided was hindered due to dental service providers closing or limiting patient access related to the pandemic.
    - **Addressing Challenges:**
        - In August 2022, DCF created Medication Administration Program (MAP) Director and Coordinator positions to support the oversight of prescription medication for children in DCF placement.
        - Performance is anticipated to improve as case/legal practice returns to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

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

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

- **Status CFSR3:** The Department received an overall rating of Area Needing Improvement for Item 18 because 62% of the 37 applicable cases were rated as a Strength. Item 18 was rated as a Strength in 62% of the 26 applicable foster care cases, 60% of the 10 applicable in-home services cases, and 100% of the 1 applicable in-home services alternative/differential response case.
- Item 18 PIP Baseline Performance (Jul-Dec 2017): A Strength rating was evidenced for 69.0% of 42 applicable cases. This represents an 11.3% improvement over 2015 CFSR3 results.
- Item 18 Adjusted PIP Goal: NONE ESTABLISHED
- Item 18 PIP Review Quarters 8&9 Performance (Oct 2019-Mar 2020): 80.0% – though not a PIP item, performance represents a 15.9% improvement over baseline.
- Item 18 ongoing CQI Reviews (Apr-2022 – Sep-2022): 49.1% – performance has been directly impacted by the COVID-19 pandemic.
    - DCF had more success in assessing the mental/behavioral needs of children (75.5% of 53 applicable cases) than providing appropriate services (49.1% of 53 applicable cases) for both Foster Care and In-home cases.
    - The most common issue related to DCF's ability to provide appropriate mental/behavioral health

services was due to lengthy waitlists for community-based service providers and limited availability of services due to the COVID-19 pandemic.

- There was a 2% improvement in performance for Foster Care cases (62.9% of 35 applicable cases) to CFSR3 Foster Care cases (61.5% of 26 applicable cases).
- **Addressing Challenges:**
  - SEE ARRAY OF SERVICES AND RESOURCE DEVELOPMENT SYSTEMIC FACTOR SECTION OF SWA. Examples include:
    - Specialty Units – e.g., Domestic Violence, Mental Health, Substance Abuse, Disability
    - Advocacy and Collaboration with sister agencies – e.g., Department of Mental Health, Family Resource Centers, MassHealth Children's Behavioral Health Initiative (CBHI))
    - Massachusetts Behavioral Health Roadmap – expected to improve access to mental health counseling and substance use screening and treatment
    - Support & Stabilization RFR- anticipated in early 2023
  - Performance is anticipated to improve as case/legal practice and access to mental/behavioral health services return to pre-pandemic levels consequent to continued reductions in COVID-19 positivity rates.

Foster Care Review – Health Needs (also included in Item 21 response)

Foster Care Reviews (i.e., periodic reviews) ascertain whether health and well-being needs are being met. As found in Item 21/Table 11, medical needs were met in 93.8% of reviews, and dental needs in 84.3%. Rogers Guardianship Orders were found for 93.9% of children in DCF custody placed on antipsychotic medications.

A permanent lifelong connection (i.e., an adult already known to the child/youth/young adult who has made a commitment to be a permanent support) was in place for 97.1% of the reviewed children, youth, and young adults.

ITEM 21/TABLE 11. Health and Well-Being Needs…	SFY2020	SFY2021	SFY2022
HEALTH			
Medical needs met for all open consumer children/youth/young adults? ○ For each child/youth/young adult reviewed, the FCR Panel ascertains whether the child/youth/young adult received all routine and any needed follow-up medical care. ○ Routine medical care is to be provided according to the age-specific schedule indicated in the Bright Futures/ American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (aka Periodicity Schedule).	**94.0%**	**93.8%**	**93.8%**
Dental needs met for all open consumer children/youth/young adults? ○ For children/youth/young adults (3-22), routine dental exams are required every six months. ○ For every child/youth/young adult (3-22), the FCR Panel ascertains whether the child/youth/young adult received all routine and any needed follow-up dental care.	**86.7%**	**81.9%**	**84.3%**
For children/youth in DCF custody receiving antipsychotic medications, is there a Rogers Order? ○ A Rogers Order is required for each child/youth in the custody of DCF through a Care and Protection (C&P) petition or through Probate Court, who is currently prescribed antipsychotic medication.	**93.5%**	**93.0%**	**93.9%**
WELL-BEING			
Does child/youth/young adult in DCF placement have a permanent, lifelong connection? ○ The FCR Panel ascertains if a permanent lifelong connection (i.e., someone who has made a commitment to be a permanent support for the child/youth) has been established. ○ The lifelong connection may include family and other significant individuals in the child/youth/young adult's life—it need not be an adoptive parent or guardian.	**96.6%**	**96.8%**	**97.1%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Section IV: Assessment of Systemic Factors

The statewide assessment includes a review of 18 items associated with 7 systemic factors that are used to determine the CFSR ratings for substantial conformity for each factor. For CFSR Round 4, the expectation is that the statewide assessment team will use relevant, well-constructed, valid, and defensible evidence that speaks to how well each systemic factor requirement functions across the state.

The Children's Bureau recognizes that in many states the information systems that house data submitted to the federal government for AFCARS and NCANDS also contain a wealth of administrative data that could be considered when evaluating the systemic factors. Where possible, we recommend that states make use of these and other available data sets to demonstrate systemic factor functionality.

Whether quantitative or qualitative evidence is used to demonstrate the functionality of systemic factor items, states are strongly encouraged to use systematic processes to assess state performance, include explanations regarding how well the data and/or information characterizes statewide functioning, and provide information regarding the scope of the evidence used.

If the federal review team determines that the statewide assessment does not conclusively demonstrate substantial conformity, the team may collect additional information through stakeholder interviews during the onsite phase of the CFSR. Stakeholder interviews on the Service Array and Case Review systemic factors, jointly conducted by the federal-state team, will be held in all states.

States are encouraged to review the CFSR Round 3 Systemic Factors report for examples of the combination of evidence used to demonstrate systemic factor functioning in Round 3, and the CB information briefs developed for each systemic factor (https://www.acf.hhs.gov/cb/report/systemic-factors-results-cfsrs-2015-2018) that provide additional ideas and suggestions for demonstrating functionality.

A. Statewide Information System

Item 19: Statewide Information System

For this item, provide evidence that answers this question:
How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to how end users experience the statewide information system?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

A. Statewide Information System

Item 19: Statewide Information System

State Response:

CFSR Round 3 Performance: In the June 2015 CFSR Round 3, Massachusetts received an overall rating of Strength for Item 19 based on information from the statewide assessment and stakeholder interviews.

- In the statewide assessment, Massachusetts provided information on the processes that support the statewide information system's capacity to provide the required information on children in foster care. Stakeholders confirmed that the statewide information system is able to identify the status, demographic characteristics, location, and goals for children in care, and that the data are timely and accurate.

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

Background

Information Systems

Since February 1998, the Massachusetts Department of Children and Families has operated a Statewide Automated Child Welfare Information System (SACWIS). Known as FamilyNet, the statewide information system served as the system of record for the Department and for all persons receiving services. FamilyNet included demographic information, a history of physical addresses for children and adults involved with the agency, as well as placement information for children in foster care. In addition, FamilyNet captured referrals for all paid services, and interfaced with the Office of the Comptroller's Massachusetts Management Accounting and Reporting System (MMARS) to initiate payment and to track receivables and collections in the event of an overpayment.

In 2006, FamilyNet's platform expanded to the Internet to support collaboration between the Department, hospitals, and placement service providers to help move/place children into less intensive treatment settings as appropriate. The Department's comprehensive transition to the web-based application of FamilyNet, now known as i-FamilyNet, will be completed in FFY2023. The i-FamilyNet system was initially developed and continues to be maintained in-house with Executive Office of Health and Human Services (EOHHS) IT resources dedicated to support the needs of MA DCF.

The i-FamilyNet system includes structured data elements pertaining to children in foster care, in-home children and families, and has robust capabilities to support the primary child welfare domains and functions of the agency. These areas are represented in i-FamilyNet through separate tabs in the header of the landing screen. Tabs include:

- Intakes

- Cases
- IV-E
- Resources
- Legal
- Fair Hearing
- ICPC (Interstate Compact on the Placement of Children)
- BRC (Background Record Check)
- Finance
- FCR (Foster Care Review)
- Children and Families
- Facilities

Access to the specific features and data elements within each tab is controlled through security and permission sets which are tied to user role and functional need. In addition, access is also dependent on the user's assigned region/area/unit. Role/functional need also limits user "write access" permission for entering or modifying the data. Intakes and Cases are more widely available to field staff, while tabs associated with specific units such as Resources, Legal, Fair Hearing, ICPC, BRC, Finance, and FCR are limited to staff from those units. Group care providers enter treatment plans and progress reviews in the Children and Families tab and document incident reports in the Facilities tab.

Entries into i-FamilyNet are generally initiated by DCF Screeners through the intake process, whether through a 51A Report (i.e., report of abuse and/or neglect), court-order, or voluntary. At intake, consumer (adult and/or child) demographic information is entered into i-FamilyNet by the Screener. The Screener can edit the intake throughout the screening process. If the intake is protective and requires an investigation/response, the Response Worker adds additional case information, including updating demographics and adding additional case members as needed. If a child requires removal from the home during the response, the Response Worker enters the Home Removal Episode (HRE). The service referral, which documents the placement location, can be entered by multiple entities. For group care and contracted foster care the service referral is entered by the lead agency once the case is assigned to them. For Departmental Foster Care it is entered by the Intake/Response Supervisor. Non-protective intakes and concluded responses that open for case services are assigned to an Ongoing Social Worker. The Ongoing Social Worker updates consumer demographics, adds/removes case members as appropriate, documents home removals, and updates placement locations. For intakes and/or responses on an open case, the Ongoing Social Worker maintains the primary assignment on the case and the Screener and/or the Response Worker assumes secondary assignment on the case—permitting "write access" for both workers as needed. If an ongoing case turns into an adoption case or a child enters DCF as an adoption, an Adoption Social Worker assumes assignment on the case. The Adoption Social Worker is then responsible for maintenance of the case record. **Each touchpoint throughout a child/family's engagement and history with the Department, affords an opportunity for staff to address/validate the quality of DCF data collection and documentation.** These efforts are supported by regularly disseminated data reports to management and field staff, including fidelity to policy metrics.

In addition to i-FamilyNet, the Department developed and implemented a *Salesforce* database in Oct-2020 as a supplemental information system for specific units. As of FFY2023, the Ombudsman's Office, Foster Parent Recruitment, Kinship Navigator, and Subsidy Unit utilize *Salesforce* in conjunction with i-FamilyNet. The strength of *Salesforce* as a supplemental system lies in its customer relationship management services. The Department was initially drawn to this cloud-based system because of its capacity to track external inquiries related to becoming a foster parent, and then turning those inquiries into active foster homes as appropriate through “customer” engagement. Additionally, *Salesforce* allows the Department to track the success of its foster parent recruitment campaigns and adjust strategies as necessary.

Technology

In Jul-2014, the Department distributed nearly 2,500 4G-enabled iPads to increase out-of-office access to i-FamilyNet. In an effort to further improve system access and compatibility, the Department deployed 4G-enabled Surface Pros to all Department social workers, supervisors, and their managers between FFY2020 and FFY2021. These Surface Pro devices have replaced both iPads and in-office desktops and allow staff to view and update information in i-FamilyNet from anywhere with a cellular or secured Wi-Fi signal.

In FFY2022-FFY2023, the Department began implementing Natural Language Processing (NLP) technology within i-FamilyNet. Natural Language Processing is a branch of artificial intelligence technology that systematically analyzes and recognizes patterns within written text, similar to how people understand and interpret connections within conversations. The Department hopes that NLP will support critical thinking and informed decision-making through the life of a case. In i-FamilyNet, Natural Language Processing assists staff in quickly identifying patterns and key areas of focus throughout a case’s dictation, or notes. As an example, a caseworker searching for the term “school” will return related terminology such as “IEP,” “attendance,” “teacher,” and “grades.” Beginning in FFY2023, the Department launched the initial phase of implementation through a pilot program with supplemental training to promote engagement and effectiveness within area offices.

With an anticipated rollout in Jan-2023, the Department is actively developing and expanding its data visualization capacities using interactive data visualization software. This software will increase the availability of outcomes and management reporting across the agency, while reducing the amount of time required to produce reports. Internal users will be able to drilldown to more relevant data displays by applying slicers/filters and date ranges. The Department is also actively designing a public-facing dashboard which will enhance accessibility, usability, and transparency.

Data and Information on Children in Foster Care

The i-FamilyNet system functions as the primary mechanism for the collection, storage, and access of information for children in foster care. Within a child’s profile or case, the “Primary Demographics” screen, “Address” screen, “Legal Status” screen, “Placement Settings” screen, and “FAAP” (Family Assessment and Action Plan) screens contain the necessary data elements related to a child’s status, demographic characteristics, location, and permanency goal(s). These screens are available in real-time and reflect in-the-moment entries/updates. “Write

access” is protected through permission rules and generally limited to staff with a current assignment (e.g., the Screener/Response Worker during intake and the Ongoing Social Worker once a case is open for services).

Previously entered data is typically accessed through a staff person’s case assignments or through several search screens in which various identifiers or data elements can be used to narrow the results. For example, a person can be searched by PID (Person ID#), first name, middle name, last name, date of birth, social security number, or address. Once the correct individual/case/intake/resource/etc. is identified, the staff person can click on the entry and be brought to detailed information and screens relevant to the search. Per standard security protocol, results are only accessible to staff with the appropriate role. When seeking information on the most current status of an individual or case, opening the case record and reviewing the case information in i-FamilyNet is the best, most efficient mechanism.

Data Validation

The Department regularly validates the information within i-FamilyNet to ensure accurate and reliable data through various sampling audits, including quantitative and qualitative reviews. Sampling audits are prompted by policy updates, IT system releases, ad hoc data requests and Public Records Requests (PRRs), and Data Fellows/CQI projects. As part of the validation process, the Office of Management Planning and Analysis (OMPA) strategically reviews relevant data extracts for accuracy and consistency, and as appropriate, provides sample data for the Continuous Quality Improvement Unit (CQI) for in-depth i-FamilyNet case reviews. If a technical system logic error is identified, OMPA notifies the IT Unit and logs the extract updates within data report manuals. If a practice-related issue is identified, AILT is notified and actively works to support field staff with updated policy guidance, policy reviews, or arranges further training.

As an example, in September 2016, the Department implemented the Missing and Absent policy. The policy differentiated a child reported as missing with their whereabouts unknown and a child reported as absent with their whereabouts known. In response, an i-FamilyNet system release created the placement type Missing/Absent Child and added the specific setting types of Missing Child (Whereabouts Unknown) and Absent Child (Whereabouts Known). OMPA concurrently developed the *Weekly Missing and Absent Report*, distributed to Central Office and Regional/Area Office staff, identifying each child with the status of Missing or Absent. In 2019, the policy was updated to include children who are reported as missing from home, and not in DCF custody. From 2016 to 2019, OMPA continued extensive data validation through extract reviews, the weekly report, and PRRs to ensure the policy was implemented accurately and consistently across offices.

In October 2020, OMPA developed the *Weekly DCF/DYS Report* in response to a Data Fellows project and subsequent PRR on DCF youth dually involved with DYS. The purpose of the report remains to be a weekly validation check between DCF/DYS sent to CQI and Regional Directors to ensure a Non-Referral Location (NRL) is accurately entered for each dually involved youth. Prior to the Data Fellows project, the cross-validation and identification of dually involved youth occurred on an annual basis between DCF and DYS.

For more information on CQI initiatives, please see Item 25.

Reporting

The Executive Office of Health and Human Services' (EHS) Information Technology Reporting Unit (ITRU) and the Department's Office of Management Planning and Analysis (OMPA) jointly develop and distribute reports using information from i-FamilyNet to ensure consistency and compliance with data collection. Of these reports, the comprehensive *Quarterly Profile* provides information on each of the primary data elements related to a child's status, demographic characteristics, location, and permanency goal(s). Further, these data elements are presented at multiple levels: statewide, regional, and area office. The report is published on the Department's website on a quarterly basis. Efforts to enhance the visualization of the report are underway through the development of a public-facing data dashboard. Internally, reports containing the above data elements are distributed on a more frequent basis (i.e., daily, weekly, and monthly) for both quality assurance and management purposes (see *Reporting* for further information).

The SFY2023 Q1 Quarterly Profile (07/01/2022-09/30/2022) was utilized as the primary data source for the sections that follow (https://www.mass.gov/doc/quarterly-profile-fy23-q1-0/download).

Status (In Foster Care or No Longer in Foster Care)

Within i-FamilyNet, a child's status (placement and legal) is captured using an explicit Home Removal Episode (HRE) for each period of out-of-home care. The applicable HRE must be started (start-date) before a referral for a placement service can be activated or a location not requiring a service referral (non-referral location (NRL)) can be recorded for a child in the care or custody of DCF. Additionally, the HRE start-date is dependent on the child's legal status (i.e., voluntary, court ordered, emergency removal), start-date, and custody type (i.e., temporary, permanent, CRA), as legal status must be entered first.

Data required to be recorded at the start of an HRE include:

1. DCF authority to place child (whether child is in DCF care or custody, also referred to as the child's legal status);
2. Date of removal from home;
3. Caretaker(s) from whom the child was removed;
4. Reason(s) for removal; and
5. Whether the child was previously adopted, including details of the prior adoption (e.g., disrupted adoptions)

HREs are end-dated by an automated weekly batch process derived from a combination of the child's legal status, placement end-dates, end-reasons, and the child's age. When a child returns home from placement and custody is returned to the parent, the HRE automatically ends on the date of reunification. If the child returns home but DCF retains custody, a Trial Home Visit (THV) is initiated. The THV lasts for six months for children under the age of 18, and 30 calendar days for young adults 18 and older. The HRE is end-dated automatically by the system at the end of the THV. The automation process of HRE end-dates improves the accuracy, consistency, and timeliness of entry.

Consumer Children in Caseload (9/30/22)			
Children Under 18	Not In Placement	31,170	79.51%
	In Placement	8,034	20.49%
	Total Consumer Children <18 in Caseload	**39,204**	**100.00%**
Children 18+	Not In Placement	519	24.11%
	In Placement	1,634	75.89%
	Total Consumer Children 18+ in Caseload	**2,153**	**100.00%**

Source: Quarterly Profile SFY2023 Q1

The Department tracks the length of time between the HRE start-date and the date the HRE was entered into i-FamilyNet. In practice, workers enter HRE start dates within one week. For HREs with a start-date in September 2022, 74% were entered within one calendar day, 82% within three calendar days, and 91% within seven calendar days. Similarly, in October 2022, 74% were entered within one day, 84% within three days, and 94% within seven days.

By the end of SFY2023, the Department will implement the Placement Support Policy, outlining specific requirements for HRE and placement data entry to improve timeliness and consistency. As an example, Family Find Social Workers (FFSW) will be required to enter kinship placement service referrals within the same day as the placement start date, or the following day if the placement occurred after-hours.

In addition to policy development, the Office of Management Planning and Analysis (OMPA) regularly distributes several reports to management and field staff as a quality assurance mechanism related to the timeliness and consistency of HREs and a child's status. Examples include:

1. ***Weekly HRE without Service Referral Report*** - Distributed weekly to Central Office and Regional Administrative Managers (RAMs), this report includes all children with an HRE start date within the week prior without an active service referral. RAMs further distribute the report to area offices as a reminder notice to prompt the appropriate staff person to enter the applicable service referral. The report serves as a mechanism to improve the timeliness of service referral entries.
2. ***Monthly Children in Placement Report*** - Distributed monthly to Central Office and regional/area office managers and supervisors, this report includes all children in custody/placement. Children remain on the report until their HRE is closed (end-dated). The report serves as a quality assurance check for caseworkers to confirm HRE and placement entries are appropriately entered.

Additionally, Family Assessment and Action Plans (FAAP) have a direct dependency on HREs. The FAAP process is initiated/activated by an HRE or placement triggering event. Interim FAAPs are required to be completed within five working days if a child is entering their initial placement prior to the completion of the Initial FAAP. If a child enters their initial placement after the Initial FAAP has been completed, the Ongoing FAAP must be updated within 45 calendar days of placement. For this reason, FAAP fidelity/tracking reports are dependent on the accuracy of HREs. This serves as a further quality check for caseworkers. *Please see Item 20 for additional information on FAAPs.*

The accuracy of HRE start- and end-dates is also monitored by the DCF revenue provider as part of their IV-E eligibility determinations. Identified errors are reviewed by a DCF staff person, logged, and corrected as appropriate. Corrections can include updating legal status types, dates, and end-reasons, HRE start- or end-dates and end-reasons, as well as adding missing unpaid placements. Because of the tight integration of legal status, HRE and placement data entry, problems with HRE start-dates are generally identified by the caseworker or supervisor when recording a child's initial placement. This is reflected in the low number of timeliness errors for the Removal Transaction Date.

Timeliness errors for the AFCARS 2022B submission were:

0.42% -- Element 22 – Removal Transaction Date

9.40% -- Element 57 – Foster Care Discharge Transaction Date

Demographic Characteristics

i-FamilyNet captures the following demographic characteristics:

1. Full Name
2. Chosen Name*
3. Dates of Birth (Actual and Estimated)
4. Birth Sex
5. Gender Identity*
6. Sexual Orientation*
7. Primary Language
8. Disability Status*
9. Race (American Indian/Alaskan Native, Asian, Black, Native Hawaiian/Other Pacific Islander, and White; or Declined or Unable to Determine)
10. Ethnicity (Hispanic/Latinx)
11. Tribal Affiliation
12. Religion
13. Medical Alerts

*The Department recently implemented the collection of these demographic characteristics to ensure the child's necessary information is considered throughout the history of the case. See below for related policy and system changes.

Through the development and revision of policies, the Department continues to make considerable strides towards improving the collection of demographics. In addition to policy, the Department's Information Technology Unit regularly implements i-FamilyNet design and interface updates to support both effective case practice and data validation. As an example, safety alerts based on medical diagnoses and certain observed behaviors appear as a flag wherever the case member is listed to ensure caseworkers are made aware of critical safety information regarding consumer children

As part of the initial FAAP policy implementation in 2017, efforts were focused on improving the collection, documentation, and reporting of consumer race and ethnicity. In the SFY2023 Q1 Quarterly Profile, 5% of children under the age of 18 and 1% of young adults 18 and older were without a documented race/ethnicity. Of those in placement, documentation improved with approximately 0.02% of consumers without a documented race/ethnicity. On a larger scale, the

documentation of race/ethnicity for both all consumers (both child and adult) has improved with 9% missing in SFY2017 Q4 and 5.6% missing in SFY2022 Q4.

Race of Consumer Children (9/30/2022)								
Race/ Ethnicity	**All Children Under 18**		**Children Under 18 In Placement**		**All Young Adults 18 and Older**		**Young Adults 18 and Older In Placement**	
White [1]	13,906	35%	3,117	39%	769	36%	593	36%
Hispanic/Latinx [2]	13,383	34%	2,587	32%	732	34%	543	33%
Black [1]	5,094	13%	1,125	14%	422	20%	326	20%
Asian [1]	425	1%	56	1%	38	2%	30	2%
Native American [1]	61	*	27	*	2	*	2	*
Pacific Islander [1]	12	*	1	*	1	*	-	*
Multi-Racial [1] [3]	2,564	7%	850	11%	120	6%	98	6%
Unable to Determine/Declined	1,674	4%	269	3%	56	3%	42	3%
Missing	2,085	5%	2	*	13	1%	0	*
Total Consumers	**39,204**	**100%**	**8,034**	**100%**	**2,153**	**100%**	**1,634**	**100%**

Source: Quarterly Profile SFY2023 Q1 ** = less than 1% after rounding*

(1) Excluding Hispanic/Latino; (2) Hispanic/Latinx includes all races; (3) Multi-Racial: two or more races

As a method of verifying birth dates and parental relationships, caseworkers are required to obtain birth certificates for children in placement, including newly issued birth certificates at various junctures in the life of a court case. As shown below, the SFY2023 Q1 Quarterly Profile confirms each child in placement, both under 18 and youth 18 and older, had a date of birth entered in i-FamilyNet. The child's age is auto calculated based off the date of birth as a means of supporting data quality.

Age Groups of Child Consumers in Placement (9/30/2022)					
Children Under 18			**Young Adults 18 and Older**		
0 - 2 Years Old	1,550	19.29%	18 - 19 Years Old	738	45.17%
3 - 5 Years Old	1,378	17.15%	20 - 21 Years Old	710	43.45%
6 - 11 Years Old	2,201	27.40%	22 - 23 Years Old	180	11.02%
12 - 17 Years Old	2,905	36.16%	24 and Older	6	*
Unspecified	0	*			
Total Under 18 In Placement	**8,034**	**100.00%**	**Total 18+ In Placement**	**1,634**	**100.00%**

Source: Quarterly Profile SFY2023 Q1 ** = less than 1% after rounding*

In Apr-2022, a system update to i-FamilyNet implemented a requirement to document Sexual Orientation and Gender Identity and Expression (SOGIE) for all consumers aged three-years and older. To ensure compliance, both "soft stops" and "hard stops" have been integrated in i-FamilyNet at multiple junctures throughout the life of a case. Response Workers are presented by i-FamilyNet with a prompt to review/update demographic information (e.g., birth/assigned sex, sexual orientation, gender identity, and race and ethnicity) during the investigation process. While the Response Worker's prompt is a "soft stop," the prompt will encourage entry as it must be purposefully bypassed before the protective response is submitted for approval. However, SOGIE information must be entered prior to completing an Initial or Ongoing Family Assessment and Action Plan (FAAP). Any attempt to complete an FAAP absent SOGIE information will result in a "hard stop" (i.e., the FAAP cannot be approved/completed). In

SFY2023 Q1, approximately 99.8% of child consumers in placement had a documented birth sex.

Birth Sex of Child Consumers in Placement (9/30/2022)				
	Child Under 18		Young Adults 18 and Older	
Female	3,933	48.95%	891	54.53%
Male	4,099	51.02%	741	45.35%
Intersex	0	*	2	*
Missing	2	*	0	*
Total In Placement	**8,034**	**100.00%**	**1,634**	**100.00%**

Source: Quarterly Profile SFY2023 Q1 ** = less than 1% after rounding*

As a result of the i-FamilyNet system update in April 2017, improvement within the documentation of gender identity and expression has improved. For children in placement as of 09/30/2022, 19% of children ages 3-17 and 15% of young adults 18 and older were without a documented gender identity/expression. Moving forward, as of 12/31/2022, rates improved to 7% and 4% respectively.

Gender Identity/Expression of Child Consumers in Placement (9/30/2022)				
	Children Ages 3 -17		Young Adults 18 and Older	
Androgynous	6	*	2	*
Female	2,335	36.00%	722	44.00%
Gender Nonconforming	38	*	9	*
Genderqueer	2	*	0	*
Male	2,462	38.00%	586	36.00%
Non-Binary	21	*	3	*
Questioning	33	*	3	*
Transgender (Female to Male)	29	*	23	1.00%
Transgender (Male to Female)	4	*	9	*
Two Spirit	0	*	0	*
Not Listed/Other	154	2%	11	*
Does Not Wish to Answer	199	3%	22	1%
Missing	1,201	19%	244	15%
Total In Placement	**6,484**	**100.00%**	**1,634**	**100.00%**

Source: Quarterly Profile SFY2023 Q1 ** = less than 1% after rounding*

The documentation of sexual orientation for children in placement has also improved between FY2023 Q1 and FY2023 Q2. As of 09/30/2022, 21% of children ages 3-17 and 17% of young adults 18 and older were without a documented sexual orientation. As of 12/31/2022, rates improved to 8% and 5% without documentation respectively.

Sexual Orientation of Child Consumers in Placement (9/30/2022)				
	Children Ages 3 -17		Young Adults 18 and Older	
Asexual	89	1.00%	31	2.00%
Bisexual	124	2.00%	60	4.00%
Gay	30	*	35	2%
Lesbian	22	*	28	2%

Pansexual/Omnisexual	26	*	8	*
Queer	4	*	3	*
Questioning	90	1%	11	*
Straight/Heterosexual	2,441	38.00%	927	57.00%
Not Listed/Other	921	14%	76	5%
Does Not Wish to Answer	1,351	21%	175	11%
Missing	1,386	21%	280	17%
Total In Placement	**6,484**	**100.00%**	**1,634**	**100.00%**

Source: Quarterly Profile SFY2023 Q1

** = less than 1% after rounding*

In addition to the Quarterly Profile, OMPA develops and implements fidelity metrics with the rollout of policy updates and new policies. These fidelity metrics help to ensure that information is being reliably documented and the policy is having the expected outcome. OMPA actively looks for unexplained upturns/downturns in the data. These strategies serve as additional opportunities for data validation.

The Department implemented a Disability Policy, effective Jan-2022, to provide guidance on the process points at which disability information should be collected. At the screening phase, the screener is responsible for recording available information in the medical/behavioral conditions section of the demographics screen. The assigned ongoing case worker is responsible for regular updates in consultation with their supervisor. In addition, before an FAAP can be approved, i-FamilyNet has a system checkpoint that requires the case worker to either:

- ensure a medical/behavioral condition was entered as a disability (with documentation), or
- explicitly indicate that the person has no known disabilities.

Upon hire, new social workers undergo New Social Worker Pre-Service Training (NSWPT). This training includes instruction on policy as well as strategies for appropriately engaging with consumers and the importance of collecting accurate demographic information. These efforts are aimed towards supporting the importance of data integrity and reliability. While NSWPT is a one-time activity, the Department recognizes the importance of ongoing/routine quality trainings and support for new policy and policy updates—especially as it relates to worker engagement with families (including conversations about demographic characteristics such as disabilities, SOGIE, and race/ethnicity). Toward this end, the Department created a new staff position: Policy Implementation Specialist. Reporting to the Policy Director, these five (5) specialists will be situated in the field (one per region) where they will be primarily responsible for supporting the implementation of new and/or updated policies and ensuring practice fidelity. While the hiring process began in FFY2022, full staffing and rollout is not expected until early FFY2023.

Location

i-FamilyNet captures a history of the child's placements (name of provider, start-date, end-date, type of placement) and a history of the child's placement addresses. Placement types include paid placements, documented by a service referral, as well as unpaid placements. Paid placement types are described by a taxonomy which includes a category, program, and model. The placement taxonomy is a description of the clinical and programmatic services provided by

the placement service. Unpaid placements are tracked using less prescriptive categories, which nonetheless distinguish between placement in family settings—both kinship and non-kinship, residential, group homes, institutions, and hospitals. Hospital admissions as well as missing or absent episodes are tracked using non-referral locations (NRL).

When the service referral for a paid placement is "activated" by recording the actual start-date, or a non-referral location, the child's address history is automatically updated with the child's placement address. A placement address is identified as a Full-time Placement, Part-time Placement or NRL address. Placement addresses are automatically end-dated when the actual end-date is added to a service referral, or the end-date added to an NRL. If a placement record is data entered retroactively, the placement address is still automatically created.
The Department monitors the timeliness of service referral activations using the *Service Referral Activation and Closing Report*. Distributed monthly to Central Office and regional staff, this report contains all placement service referrals (both initial and placement changes) activated and closed within the reporting month. A service referral is "activated" when the date the child entered the placement ("actual start-date") is recorded. The data entry timestamp is also included in the report allowing managers to track both the time between the child's actual start-date and data entry of the service referral and the time between the actual start-date and data entry of the actual start-date (activation). In practice, workers regularly enter service referral activations within two weeks.

As shown below, the September 2022 *Service Referral Activation and Closing Report* reveals 75.3% of service referrals activated within the month were activated within 0-7 days of placement, closely followed by 12.4% activated within 8-14 days. This is an improvement as compared to September 2017, with 65.5% activated within 0-7 days of placement and 16.8% activated within 8-14 days.

Days between Placement and Service Referral Activation									
Placement Type	0 to 7 Days		8 to 14 Days		15 to 28 Days		29+ Days		Total Count
	Count	%	Count	%	Count	%	Count	%	
Dept FC*	671	72.10%	133	14.30%	65	7.00%	62	6.70%	931
CFC**	86	86.00%	8	8.00%	5	5.00%	1	1.00%	100
Congregate Care	226	82.20%	21	7.60%	13	4.70%	15	5.50%	275
Grand Total	**983**	**75.30%**	**162**	**12.40%**	**83**	**6.40%**	**78**	**6.00%**	**1,306**

Source: RP178 Service Referral as of 10/4/22 (Service Referrals Activated September 2022

** Departmental Foster Care includes placement with kin and other resources identified by the family.*

***Comprehensive Foster Care, formerly known as Intensive Foster Care (IFC). This service purchased from provider agencies*

Similar to HRE start-date entry, the upcoming implementation of the Placement Support Policy will support the timeliness of service referral activation entries.

Internally, the Office of Management Planning and Analysis distributes the following reports to various Central Office, regional office, and area office staff related to placement. Among other administrative functions, these reports provide staff with opportunities for data validation and continuous quality assurance:

1. Monthly Children in Placement Report

2. Weekly Missing and Absent Report
3. Monthly Missing and Absent Dashboard
4. Weekly DYS List
5. Weekly Hospital List
6. Monthly Emergency Residence Aging Report
7. Monthly Emergency Residence Discharge Report
8. Statewide Initial Kinship Report
9. Monthly Congregate Care Snapshot
10. Fiscal Year Placement Report

For further information on the above reports, please refer to the Reporting Section of Item 19.

Placement Type of Child Consumers in Placement (9/30/2022)				
	Children Under 18		Young Adults 18 and Older	
DFC - Foster Care - Kinship	2,529	31.48%	71	4.35%
DFC - Foster Care - Child-Specific	604	7.52%	67	4.10%
DFC - Foster Care - Unrestricted	1,840	23%	70	4%
DFC - Foster Care - Pre-adoptive	515	6%	4	*
DFC - Foster Care - Independent Living	4	*	837	51.22%
Comprehensive Foster Care - IFC (Contracted)	1,042	12.97%	122	7.47%
Congregate Care - Treatment Residence	574	7%	111	7%
Congregate Care - Medically Complex Residence	8	*	1	*
Congregate Care - Residential School	345	4%	2	*
Congregate Care - Emergency Residence	245	3%	86	5%
Congregate Care - Youth and Young Adult	19	*	217	13.28%
Non-Referral Location (e.g., hospital, other state agency)	187	2.33%	37	2.26%
Missing/Absent from Approved Placement	122	2%	9	*
Total In Placement	**8,034**	**100%**	**1,634**	**100%**

Source: Quarterly Profile SFY2023 Q1 ** = less than 1% after rounding*

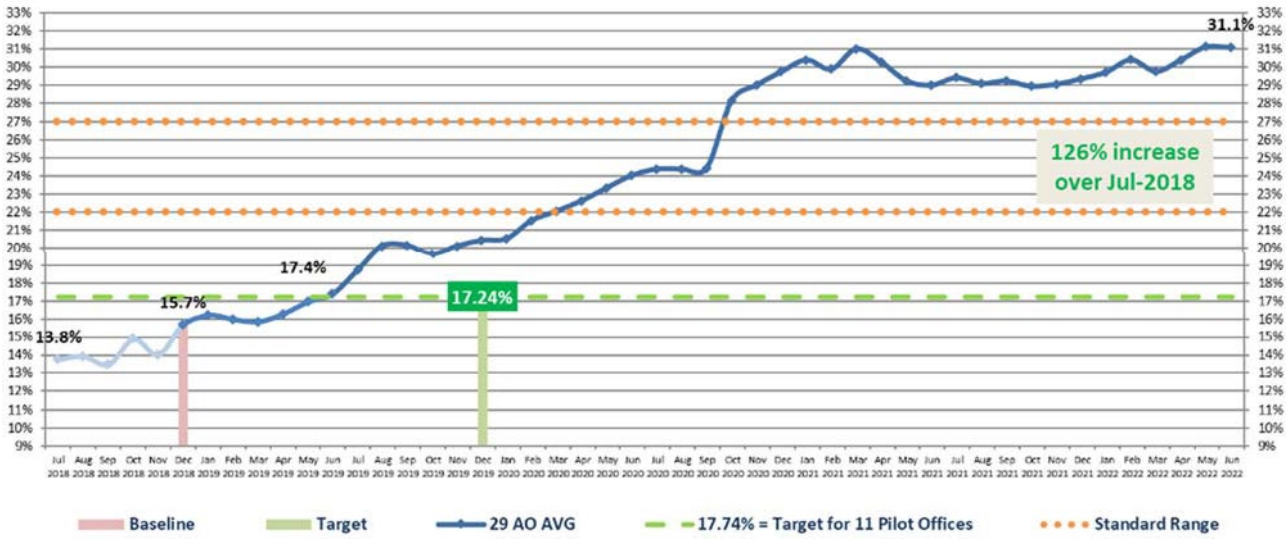
Continuous Time in Placement for Child Consumers in Placement (9/30/2022)				
	Children Under 18		Youth 18 and Older	
0.5 Years or Less	1,615	20.10%	76	4.65%
>0.5 Years - 1 Year	1,331	16.57%	92	5.63%
>1 Year - 2 Years	1,994	25%	239	15%
>2 Years - 4 Years	2,039	25%	500	31%
>4 Years	1,055	13.13%	727	44.49%
Total In Placement	**8,034**	**100.00%**	**1,634**	**100.00%**

Source: Quarterly Profile SFY2023 Q1

While the preceding tables demonstrate the array of placement services available and length of continuous time in placement, the Department closely tracks kinship placements. DCF is making concerted efforts to increase the use of kinship placements in an effort to address placement stability and time to permanency. In particular, the *Statewide Initial Kinship Report* (summarized in Figure 49a) provides a mechanism for tracking the use of "kin first" (i.e., placing with kin as the initial placement location) as well as the overall rate of placements at the end of

the reporting period that are with kin. This report has the secondary benefit of serving as a quality assurance mechanism for validating data entry.

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



In addition, paid placements are carefully tracked by regional and Central Office finance staff using the *AuthoCost Report* and other financial reports. Serving as another quality assurance check, service costs/expenditures are closely monitored by the Department of Administration and Finance (ANF) staff in an effort to identify unusual activity.

Please see the following sections for additional information regarding placement services in relation to permanency:

- *Items 29-30 (Service Array and Resource Development)*
- *Items 33-36 (Foster and Adoptive Parent Licensing, Recruitment, and Retention)*

Permanency Goals

The Department tracks the following permanency goals:

1. Stabilize Intact Family
2. Reunification
3. Adoption
4. Guardianship
5. Permanent Care with Kin
6. Alternative Planned Permanent Living Arrangement (APPLA)

Within i-FamilyNet, permanency goals are recorded within the child's permanency goal record, also known as the permanency goal table, and then displayed and reviewed throughout the Permanency Planning Conference (PPC) and Family Assessment and Action Plan (FAAP). If a child's permanency goal changes, the updates are simultaneously reflected across the board.

As part of the Family Assessment and Action Plan (FAAP), Ongoing FAAPs are reviewed and updated at least every six months. If a child's permanency goal changes during an update, the FAAP will automatically update with the correct goal. If a child's permanency goal remains the same, i-FamilyNet retains the original goal start date. Action plans are easily accessible by area and regional office staff who can view the permanency goals for children living at home or in placement.

Permanency goals are also reviewed every six months for children in placement as part of the Foster Care Review (FCR) process. The FCR ascertains whether the currently active goal remains appropriate.

Children receiving services at home have a goal of Stabilize Intact Family. The initial permanency goal for children in placement is generally Reunification. Subsequent goals are set during a Permanency Planning Conference (PPC). A child's first PPC occurs within nine months of the child's entry into placement. Area office staff are provided with a monthly report to support scheduling timely initial PPCs. A child's initial PPC is used to determine if DCF should pursue termination of parental rights (TPR) on behalf of the child, and if not, to record why a TPR is not appropriate. If the decision of the initial PPC was not to pursue TPR and the child remains in placement for 15 of the first 22 months, another PPC is required to reconsider the decision not to request a TPR. Subsequent PPCs are held at the request of clinical or legal staff or when a Foster Care Review (FCR) determines the child's current permanency goal is inappropriate.

Given the frequency of the review and process points identified above, permanency goals are highly visible. Additionally, routinely distributed reports contain both detail and summary permanency goal counts. Staff responsible for a child's wellbeing are thus afforded multiple opportunities throughout the life of a case to review and update permanency goals that are no longer appropriate. Examples of reports include:

1. Monthly Children in Placement Report
2. Monthly Goal of Guardianship Report
3. Monthly Goal of Adoption Report

Further, the Department monitors the accuracy of permanency goals through the identification of goal misalignment within quantitative data as well as reviews done by the Continuous Quality Improvement (CQI) Unit. For example, as of September 2022, 7% of children with an adoption case type have a permanency goal of "Stabilize Intact Family," leading to the assumption of goal misalignment. This is an improvement compared to September 2018, with 9% of adoption cases having misaligned goals. As a result, OMPA is in the process of developing a report to identify these instances to the field and are beginning to track probable inaccuracies with expected timelines correction. Additionally, as part of the ongoing CQI reviews completed in September 2022, 82% of the permanency goals reviewed were both accurate and appropriate.

The Department has updated its FAAP policy to ensure that permanency goals are reviewed on a timely basis. Prior to reunification, the FAAP policy requires that the permanency goal reflect reunification, signaling the shift of focus to planning for a successful and safe return from placement. The *FAAP Fidelity Metrics Report* is being updated as a quality assurance check to

ensure that the child's permanency goal matches the action plan. In FFY2022, the Department implemented an interim reunification policy focused on permanency planning, with the full policy rollout scheduled for Spring FFY2023.

The Department establishes adoption and guardianship targets for each SFY. The annual recast of these targets provides an additional opportunity for the Director of Adoption and Assistant Commissioner for Permanency to validate documented adoption and guardianships goals.

The Department continues to refine existing reports and develop new reports and data collection mechanisms to ensure required process points related to permanency are completed timely and accurately. As an example, an *Initial Placement Review Cohort Report* and *Initial Placement Review Aging Report was* recently placed into production. These reports track due and overdue initial PPCs and Initial Placement Reviews (aka: 6-week reviews), as well as the timeliness of completed reviews. In recognition of an area needing improvement (ANI), the Department has plans to add structured data elements related to permanency goal changes. These structured data elements will allow caseworkers to document the PPC's rationale for changing permanency goals.

Permanency Plans for Child Consumers in Placement (9/30/2022)				
	Children Under 18		Youth 18 and Older	
Family Reunification	2,989	37.20%	44	2.69%
Adoption	3,092	38.49%	11	*
Guardianship	613	8%	13	*
APPLA - Alternative Planned Permanent Living Arrangement	379	5%	1,300	80%
Stabilize Intact Family	565	7.03%	109	6.67%
Permanent Care with Kin	234	3%	143	9%
Unspecified as of run-date	162	2.02%	14	*
Total In Placement	**8,034**	**100%**	**1,634**	**100%**

Source: Quarterly Profile SFY2023 Q1
** = less than 1% after rounding*

Other i-FamilyNet Functionality

Family Resource/Foster Homes

Family Resource home-studies, annual re-evaluations, and license renewals along with required background record checks are recorded in i-FamilyNet for homes licensed by DCF and DCF contracted providers. The Department is actively updating its foster care policy with an anticipated rollout in Jan/Feb-2023. Several i-FamilyNet system enhancements are underway to support the new policy. Of note, IT has created a visual aid (status bar) which depicts the timeline of events required to onboard and maintain a foster home. This visual aid will help keep workers focused on maintaining tight timeframes throughout the onboarding process and more easily flag areas in need of improvement (e.g., delay points). Ideally, similar visual aids can be incorporated into additional areas of case practice, such as the foster care placement process.

Foster Care Reviews (i.e., Periodic Reviews)

Foster Care Reviews (FCRs) occur every six months for children who have been in placement at least six months. FCRs are recorded in i-FamilyNet and FCR reports can be viewed by users with access to the case. A batch process automatically creates review records three months prior to the FCR due date. These extracts and ticklers support the review scheduling and invitation process. DCF field staff must review the proposed invitation list and update i-FamilyNet as needed to ensure mandated attendees are invited. Invitation letters are sent through an automated process once an FCR has been scheduled. In addition to the determinations and supporting narratives, FCR records include the names of all persons who were invited and who attended the FCR. A report of the FCR is sent to applicable attendees through an automated process.

In Mar-2019, the latest Foster Care Review policy was implemented. Throughout 2018, while the policy was being drafted, EHS IT was concurrently developing the i-FamilyNet application modifications required to support the policy changes and reporting requirements. The new i-FamilyNet application was piloted in Jan-2019 and full implementation of the first round of changes was completed by the end of FY2019.

Additionally, in Dec-2018, at the request of the Joint Committee on Children, Families and Persons with Disabilities, DCF and Office of the Child Advocate (OCA) agreed to collaborate to improve the FCR program. Three main areas of concern were identified: adequate and timely notice for all required attendees; ensuring that all foster care reviews have the three-member panel of reviewers with a special need for volunteer reviewers and second party (i.e., area office) reviewers; and improvements to the substance and quality of the review.

In support of the improvement goals, a major development effort to provide the FCR unit with quantitative data to measure the core processes and improvement in the areas prioritized within FCR was completed. Reports are available online through *JasperReports* and additionally through OMPA monthly reports. Metrics include:

- ***Foster Care Review Management Report*** (worker level, monthly)
  - Review Meetings Due vs. Convened
  - FCR Narrative Reports Due vs. Completed (Submitted, Not approved)
  - FCR Narrative Reports Due vs. Approved
- ***Foster Care Review and Minority Opinions*** (statewide, monthly since Jan-2019)
  - Timeliness of Reviews
  - Participant Attendance
    - Meeting Panel
    - All other invitees/participants
  - FCR Results
    - Action Plan
    - Placement Follow up Activities
    - Visitation (Social worker and Family)
    - Health
    - Education
    - Lifelong Connections
    - Youth/Young Adult activities
    - Systemic barriers

- Determinations
- Minority Opinions

These reports served to inform and support the improvements made to the FCR process. Further, these reports served as a means for demonstrating these quality improvements. Some of these major improvements include:

- The number of FCRs with a volunteer panel member increased from 51% in the quarter ending Mar-2019, to 94% in the quarter ending Mar-2022.
- The number of FCRs with a three-party panel increased from 15% in the quarter ending Mar-2019, to 85% in the quarter ending Mar-2022.

For more information, please see Case Review System (Item 21)

ICPC

ICPC requests are documented within i-FamilyNet. ICPC 100A and 100B documents received from other states are scanned into i-FamilyNet and associated with a child's ICPC request. ICPC 100A and 100B documents are generated directly from i-FamilyNet when Massachusetts is the sending state.

	Count of ICPC Home Studies by Category on the Initial ICPC Application							
	2018		2019		2020		2021	
Initial Report Category	Receiving	Sending	Receiving	Sending	Receiving	Sending	Receiving	Sending
1 - Parent Home Study	105	285	63	218	53	246	60	251
2 - Relative Home Study	64	45	81	49	52	40	45	31
3 - Public Adoption Home Study	27	110	50	140	47	82	33	113
4 - Private Adoption Home Study	1	5	2	7	2		6	1
5 - Foster Home Study	214	454	137	423	132	340	130	429
Not Applicable	177	159	207	190	184	298	145	263
Not Applicable - Private Agency	56	10	86	10	77	5	48	6
Grand Total	**644**	**1068**	**626**	**1037**	**547**	**1011**	**467**	**1094**

For more information, please see State Use of Cross-Jurisdictional Resources for Permanent Placement (Item 36).

Legal

Court case records moved to i-FamilyNet in Nov-2014. DCF attorneys can access and update court cases remotely using Surface Pros. This includes entering legal dictation, court dates/actions, and court results. Additionally, the legal unit has access to a Legal Dashboard online through *JasperReports* (i-FamilyNet). Metrics available within the Legal Dashboard include cases last accessed, cases opened and closed during the month, cases open as of the last day of the month, and cases with no court dates. This information is provided across regions, courts, and attorney.

Major efforts are underway to develop a more expansive array of legal reports on a routinely scheduled basis. Recognizing the need to support this effort, a senior management analyst is being hired and is expected to be onboarded in Jan-2023.

Provider Services

The capacity for service providers to access portions of the i-FamilyNet case record has been in place since 2006. The capacity for recording incident reports, treatment plans, and treatment plan reviews has been available to service providers since 2008. Security protocols are in place such that this information is only available to providers and Lead Agencies while they are providing services to a particular consumer. DCF staff can access these documents through the consumer's case record.

IV-E Eligibility Determinations

The revenue provider for DCF conducts and documents IV-E eligibility reviews in i-FamilyNet. Additionally, i-FamilyNet retains a history of all eligibility determinations including those which were rolled-back when information becomes available which might change an eligibility determination. The IV-E eligibility function has dedicated tables in the i-FamilyNet database, some of which are copies of the production tables for demographics, court cases, legal status, etc. This allows data to be updated or notes added without altering the source data.

After-Hours Intakes/Investigations

The Department contracts with the Baker Center for Children and Families (previously Judge Baker Children's Center or JBCC) to operate the *Massachusetts Child Abuse Emergency Line* to receive, screen, and respond to allegations of abuse and neglect. Before CY2021, the Office of the Inspector General (OIG) engaged in work regarding the administration of the Baker Center contract with DCF. In early 2021, a partnership with the Office of the Child Advocate (OCA) was established. Through 2021, quarterly meetings with all four parties (OIG, OCA, DCF and the Baker Center) produced recommendations for reviewing hotline performance and improving after-hours services. Many of these recommendations were developed and implemented by DCF and the Baker Center. An iterative process ensued to develop a set of performance tracking metrics and detail lists to be used for quality assurance purposes.

These metrics looked specifically at:

- Documentation of consultations with the DCF On Call Supervisor—used to help determine whether a report warrants an emergency response, and
- Documentation of shift reviews for reports warranting a non-emergency response by DCF.

The Department may change the Baker Center for Children and Families' screening decision—often because DCF has access to relevant case information and/or greater access to collaterals during normal business hours. In an effort to use these as learning opportunities, OMPA provides a list of these reports to the Baker Center for Children and Families for their quality review.

To date, significant improvement has been observed regarding the documentation of consultations with the DCF On Call Supervisor. Compared to SFY2021 Q4, documentation of consultations has gone from 81% to 93% in SFY2022 Q4.

Reporting

Data are collected and available to DCF staff as described above. Data dissemination and distribution occurs in many ways. The primary means to distribute data are as follows:

- **i-FamilyNet Online Queries** (e.g., Caseworker Consumer Contacts, Caseworker Caseload)
- **Email** (e.g., Caseworker Consumer Contacts, Medical Visits, Children in Placement, Fidelity Metrics (Intake, Response, FAAP and FCR))
- **Shared Folders** (e.g., Emergency Residence Discharge and Aging Summary, Congregate Care Analysis)
- **JasperReports** (e.g., AuthoCost, Legal and FCR dashboards)
- **Intranet** (e.g.,12 Month Intake/Investigation Summary, DCF-DESE Summary, Caseworker Caseload Summary/Detail)
- **Internet** (e.g., DCF Quarterly Profile, DCF Annual Report)

Online reporting is typically utilized by supervisors and caseworkers as these reports permit caseworker level detail. Apart from reading case records in i-FamilyNet, online reporting affords the closest opportunity to examine near real-time data, as it is generally refreshed every 24 hours, if not more frequently.

Most reports are distributed via email using distribution lists maintained by OMPA. These are primarily management level reporting for regional/area office management. Most reports contain summarized counts by region and area and a handful summarize by unit and caseworker. Case or consumer detail is generally provided along with the summary. This detail allows for regional/area management to parse-out the detail and disseminate the information that is most responsive to the end users' operational needs.

Approximately 100 reports are distributed monthly according to agency function/role. These reports are sourced directly from the i-FamilyNet database, via data warehouse tables or batch data extracts.

While most reports fulfill multiple functions, many serve a primary function for the agency. These include:

- **Operational** – reports indicating status, performance, timeliness, due/overdue tasks, ticklers, etc.
- **Analytical** – trends, multi-variable data elements that when seen together "tell a story"
- **Quality Assurance** – while serving operational and/or analytical functions, these reports also serve to ensure accuracy and/or data reliability

These i-FamilyNet/OMPA reports serve as a robust mechanism for providing feedback to the field. DCF central/regional/area offices utilize this feedback to address casework, policy, and practice quality. They also serve as a primary feedback mechanism for ensuring data quality.

At the most basic level, **operational reports** describe what work is being completed and if so, is it being completed according to policy and/or practice guidelines. These reports serve as the "first loop" of a double feedback loop. Workers/supervisors/managers utilize these reports to monitor and improve performance on task completion—including missing steps and/or documentation of the process. Interventions for driving operational improvement tend to be relatively straightforward and actionable.

Analytical reports often display trends over discrete time periods utilizing multiple data elements. While these reports generally require closer examination and user sophistication (instruction) and may reveal complex practice elements that may be challenging to act upon, they hold the potential to drive significant positive area/regional/statewide practice improvement. Example:

- A set of discrete reports which present intakes, responses, case openings/closings, and caseloads as separate practice/decision points might lead to the forgone conclusion that a rise in intakes will automatically result in larger caseloads (i.e., more intakes → larger caseloads).
- An **analytical report** which tracks intakes, responses, case openings/closings, and caseloads as a set of interrelated activities supports development and implementation of targeted interventions at each practice/decision point (e.g., screening rates, response support rates, case opening/closing rates)—equipping the field with the necessary information for driving positive casework practice while maintaining manageable caseloads.

Analytical reports ensure the establishment of quality improvement feedback loops. When observed feedback directs DCF to move beyond simple interventions and toward the examination of long-held assumptions, the "second loop" of the feedback loop is completed.

The *Consumers to Be Seen Report* is as an example of a feedback loop mechanism in use at DCF. Policy dictates that an in-person contact is to occur no less frequently than once per month for every consumer open in a DCF case. To encourage monthly contacts, the *Consumers to Be Seen Report* is run each Monday. This report includes an indicator for recorded in-person contacts made within the report month (as of the report run date), along with an indicator highlighting consumers with no recorded contact within the report month. Supervisors and workers utilize this **operational report** to strategize how best to complete all required contacts for the report month (i.e., "first loop" in a double feedback loop).

Serving as the "second loop" of a double feedback loop, the *Worker Level Dashboard* is used to address more systemic issues. The *Worker Level Dashboard*—an **analytical report**—displays a 12-month view of a worker's tasks/activities. These include:

- Weighted Caseload (ratio)
- Assigned Families (count)
- Assigned Children (count)
- Children In Placement (count)
- Monthly FTE (Full-Time Equivalent)
- Completion Rates of Work Tasks (e.g., Consumer Contacts, FAAPs)
- Timely Rates of Work Tasks

This dashboard facilitates a comprehensive review of a worker's (or unit's) overall workload rather than a narrow view of a single metric (e.g., consumer contact rate). Furthermore, rather than focusing on worker performance during an outlier month, the dashboard shifts the focus to patterns or trends in performance-over-time. More importantly, since the dashboard presents a worker's overall workload (i.e., multiple tasks/activities) rather than a single task/activity, the supervisor/manager is able to view performance within the context of potential workload imbalance (e.g., high caseload). Serving as the "second loop" of a double feedback loop, supervisors/managers can easily examine the various tasks/activities assigned to a worker over

time and identify the likely root causes for decreased performance within the context of caseload increases. This root cause analysis may serve to challenge the assumptions regarding the equitable assignment of tasks/activities. Thus, the “second loop” feedback can lead to practice improvement beyond the individual worker (e.g., staff retention and turnover).

The *Consumers to Be Seen Report* and the *Worker Level Dashboard* are examples of separate reporting mechanisms for providing feedback. The former is an **operational report** which leads to a targeted though limited intervention. The latter is an **analytical report** which examines multiple factors leading to robust feedback at a system level. Both reports have value.

While **quality assurance** summaries are built into many operational and analytical reports, there are reports designed specifically to address data quality. The following reports serve multiple purposes, but they are also routinely used to prompt data entry and ensure timeliness: quality:

1. ***Weekly HREs Without Service Referral Report*** – prompts the documentation of a service referral or non-referral location (contains placement location) in i-FamilyNet
2. ***DYS Weekly Intakes*** - prompts the documentation of a non-referral location for DCF youth placed in a DYS Institution
3. ***Weekly Hospital List*** - prompts the documentation of a non-referral location for DCF children/youth placed in a medical or psychiatric hospital/institution
4. ***Weekly Missing and Absent Report and Monthly Missing and Absent Dashboard*** – prompts the end dating of missing/absent non-referral events for children who return to care/home, and for determining if a service referral should be kept open or be closed.
5. ***Monthly Children in Placement Report*** – prompts the validation of the placement location of children in DCF custody
6. ***Monthly Emergency Residence Discharge Report*** - tracks discharges from an emergency residence and lengths-of-stays.
7. ***Service Referral Activation Report*** - tracks timeliness of service referral activation

Area offices are responsible for reviewing the data and actively notifying the appropriate staff person to complete the data entry or corrections as necessary. Often, corrections are done without notifying OMPA, and therefore, are not systematically tracked. However, OMPA does actively review and analyze data for trends and does see improvements as a result of updated data entry.

In addition to routine production reports, OMPA responds to ad-hoc data requests. These requests generally come to the attention of OMPA through the *OMPA Data Request Form*. Though anyone may submit a data request, they requests must first be approved by an area office, regional, or Central Office director. This helps direct OMPA resources to mission-focused data reporting requests. OMPA will generally fulfill an ad-hoc data request provided that:

- Structured data elements are available in i-FamilyNet (or other OMPA accessible database), and if the
- Turnaround date for the data is doable.

Most requests that allow for a two-week turnaround are met. Resource intense and/or requests requiring IT coding are discussed with the requester in an effort to meet their expectations. Ad-hoc area specific requests have been converted into routine production reports when determined to be useful to the Department statewide. The Agency Improvement Leadership

Team (AILT) agile process also identifies many short-term and long-term data needs. What may begin as a short-term analysis of an issue may evolve into an ongoing report requirement. Ongoing review of policy and recommendations from audits resulting from high profile cases provide opportunity for the agency to enhance reports and improve data quality. While reporting on the core processes of DCF is solid and robust, there is always opportunity for improvement. New staff, ongoing research, and advancing technology enhance the agency's casework practice and administrative processes. These lead to a continuously evolving set of reporting requirements. That being said, the Department's core processes are systematically and accurately captured in i-FamilyNet, and these data can be extracted with relative ease.

Accordingly, new reports are continuously under development to support DCF's evolving needs. Reports related to Family Assessment and Action Plans (FAAPs) are being revised to support the most recent FAAP policy updates. Through FFY2023, reports related to foster care, family resource, and reunification will continue to be updated to support upcoming policy revisions. The planned expansion of legal reporting to support the work of DCF's legal staff will help support fidelity to policy as it relates to permanency and facilitate improvement in time to permanence.

Data Quality

DCF provides caseworkers, supervisors, clinical managers, legal managers, and family resource licensing staff with tools and multiple opportunities to verify the accuracy of data contained in i-FamilyNet. Additionally, natural opportunities for validating (and correcting) data quality are afforded by Central Office units and providers who routinely utilize i-FamilyNet in the course of their workday. The agency has made concerted efforts to promote a culture of data accuracy by displaying pertinent detailed data elements in all reports and on windows throughout the i-FamilyNet application. Administrative reports on routine/periodic case management events provide multiple opportunities for staff most familiar with a case to review/update/correct the data recorded in i-FamilyNet. These events and reports include but are not limited to the following checkpoints:

Activity
Intake:
- Initial data entry of demographics and status
- Demographics not required
- Child status is required (e.g. child in home, child not in home)
- Initial data entry of location if HRE occurs at this stage
Response:
- Additional entry of demographics and status
- Demographics not required, warning if not entered by response approval
- Child status is required (e.g. child in home, child not in home)
- Initial data entry of location if HRE occurs at this stage
Family Assessment & Action Plan (FAAP):
- Initial data entry of location if HRE occurs at this stage
- Initial data entry of permanency goals
- Permanency goal required, FAAP approval not allowed without permanency goal
- Additional entry of demographics
- Demographics required, FAAP approval not allowed without required demographic data
Frequency:
- At beginning of case opened for services (New FAAP)
- Whenever a child is removed from the home (Interim FAAP)
- Every 6 months from completion of last FAAP (Ongoing FAAP)
- One month prior to reunification
Home Removal Episode (HRE):
- Initial data entry of status/location
- Close of Out of Home status - closed automatically through weekly batch process, six months after the placement end date for children under 18 and one month for children over 18
QA Check:
- Weekly HRE without Service Referral Report
Service Referral (SR) for Placement or Non-Referral Location:
- Initial data entry of location
QA Check:
- Each time a new placement is recorded, either by activating a service referral or entering a non-referral location, FamilyNet checks to see if there is a Home Removal Episode and custody record in effect on the start date of the placement.
- Weekly HRE without Service Referral Report
- DYS Weekly Intakes
- Weekly Hospital List
- Weekly Missing/Absent Report
- Service Referral Activation Report

Activity
IV-E Eligibility Determination:
QA Check:
- Demographic data
- Status/location
Frequency: Shortly after home removal and every 3 months for children found to be IV-E eligible
Initial Placement Review (IPR) and Permanency Planning Conferences (PPC):
QA Check:
- Demographic data
- Status/location
- Permanency Goal
Frequency:
- Initial Placement Review: 6 weeks after start of placement;
- PPC: 9 months after start of placement or as required by changed circumstances or Foster Care Review recommendation
Foster Care Reviews (FCRs):
QA Check:
- Demographic data
- Status/location
- Permanency Goal
Frequency:
- Every six months while child is in placement
Quarterly Adoption Reviews:
QA Check:
- Status/location
- Permanency Goal
Frequency:
- Quarterly for children with a goal of Adoption
Permanency Hearings (PH):
QA Check:
- Demographic data
- Status/location
- Permanency Goal
Frequency:
- Annual
AFCARS Validation Data
QA Check:
- Demographic data
- Status/location
- Permanency Goal
Frequency:
- Semi- Annual
NCANDS Validation Data
QA Check:
- Demographic data
- Status/location
Frequency:
- Annual
NYTD Validation Data
QA Check:
- Demographic data
- Status/location
Frequency:
- Semi- Annual

Data quality regarding demographics, status, location, and goals continues to improve. System edits coded in i-FamilyNet ensure demographic information for consumers and family resource providers is being entered at junctures when the information should be known (i.e., at the completion of FAAP and during Family Resource licensing) and encourages entry sooner at intake or response. Multiple **operational reports** have been developed over the last 5 years. Among other objectives, these **operational reports** help to ensure accuracy and the timely

entry of placement and non-placement locations. As such, these reports have brought attention to areas needing improvement. Notable areas beyond those mentioned earlier (Disability, SOGI, etc.) include the following:

- **Missing/Absent Pilot Program**
  - Implemented in the regional offices, this pilot established a social worker position dedicated to locating missing children and maintaining contact with absent children. The pilot program also established a Central Office Missing/Absent Coordinator position. These staff provided significant input into the development and ongoing refinement of reports created by OMPA to support their efforts. Refinements included report logic changes regarding the documentation of contiguous runs, specifying youth as being either missing from placement (whereabouts unknown) or absent from placement (whereabouts known), and reporting on fidelity to the Missing/Absent Policy (e.g., convening Area Clinical Review Team (ACRT) meetings).
- **Family Find Pilot Program**
  - Implemented in 11 pilot offices in Jul-2018, this initiative seeks to increase initial placements with kin. As evidenced in Figure 49a (p.11), initial placement with kin across all offices has increased by 126%, and 225% for the pilot offices (Figure 49b below). Of note, while this initiative has increased overall kin identification, it has also led to the identification of fathers earlier in the removal and placement process. The Department continues to anticipate a positive correlation between these increases and achievement of more timely permanency.

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

As DCF policy and practice evolve, existing i-FamilyNet drop-down lists may become out-of-sync with the expanded universe of potential choices/options. Generally, a relatively simple fix is available given i-FamilyNet's table structure. Example:

- Early in the COVID-19 pandemic, the need to document videoconference contacts was identified—this contact type was added to i-FamilyNet within days.

- Recently, sexual orientation and gender identity drop-down list choices were amended in collaboration with the Massachusetts LGBTQ Youth Commission—these amended values were added to i-FamilyNet with minimal effort.
- Policy updates have driven changes to drop-down lists for Foster Home Closing Reasons and FAAP Transfer Conferences/Joint Visits—these changes were implemented in i-FamilyNet with minimal effort.

Data quality ANIs and barriers continue to surface. More often than not, this occurs when the data are unstructured rather than structured i-FamilyNet data elements. Targeted for implementation in CY2023, the NLP tool—with its inherent ability to perform character and word searches—will be useful for identifying unstructured data that should be incorporated as structured data elements in i-FamilyNet. This is expected to expand opportunities for improving data quality.

More complex changes to i-FamilyNet are prioritized and put into a build schedule that is developed jointly with EHS IT and DCF management. This process is monitored and managed monthly during an IT Governance meeting.

While still in early stages of requirement development and feasibility determination, the following enhancements have been proposed by stakeholders:

- **Confirmed Reason for Removal**
  - Defined after the intake (perhaps at the 72-hour hearing or the initial placement review) this *confirmed reason for removal* would provide a shared understanding of the minimum circumstances for removal beyond the intake allegation.
- **Timeliness of Reports Required for Court Cases**
  - A court case report is required to be submitted prior to a 29B Permanency Hearing. Currently, 83% of these reports are submitted timely. While this information is routinely reported and exists in structured data, its production is labor intensive requiring a combination of i-FamilyNet data and data logged in Excel spreadsheets.
  - Identification of this ANI is timely as the Legal Data Analyst to be onboarded shortly will address this and other opportunities to improve access and transparency of DCF legal data.

Data quality at DCF is a continuously evolving and expansive process which permeates the entire agency. Data points are collected at all levels of the agency to ensure data quality and accuracy (reliability and validity).

Within DCF's Central Office, the Deputy Commissioner of Quality Improvement was recently appointed in Jan-2022. This role was created for the purpose of uniting and bringing a common focus to existing quality associated units within the agency. The elevation of this position indicates the agency's commitment to quality improvement and its importance to the agency. Several initiatives described below also demonstrate this commitment.

The Quality Improvement Division consists of the following:

- Case Investigation Unit (CIU)

- Child Welfare Institute (CWI)
- Continuous Quality Improvement (CQI) Unit
- Foster Care Review (FCR) Unit
- Office of Management, Planning and Analysis (OMPA)

These units provide service to the entire agency, by providing insight and oversight to the field and Central Office (including EHS IT) regarding the availability, accessibility, quality, and accuracy of data within i-FamilyNet and other peripheral data sources.

Additional internal sources for promoting data quality improvement include the DCF Division of Administration and Finance, Ombudsman's Office, and Quality Assurance Supervisors. External sources include interagency data exchanges with MassHealth, Department of Youth Services (DYS), and the Department of Elementary and Secondary Education (DESE). Additionally, partnerships and membership on interagency committees promote data quality. These include partnerships with the Office of the Child Advocate and the Office of the Inspector General, membership on the Massachusetts Court Improvement Program (MACIP) and Juvenile Justice Policy and Data Board (JJPAD).

Case Investigation Unit

The CIU reviews critical incidents and investigates child fatalities by performing case reviews, case worker interviews and preparing fatality review reports. The fatality review panel, which is composed of central office and field management, as well as specialist management staff (domestic violence, mental health, substance abuse, etc.) contributes to the final fatality review report and recommendations. As with any ANI, recommendations involving individuals or units can be addressed through local area office management. More systemic issues are addressed statewide often through the AILT agile process. Findings inform policy development, practice guidance, and agency training through CWI.

Continuous Quality Improvement Unit

Created in late 2015 with an initial staff of five (5) CQI Specialists and one (1) Director, the CQI Unit conducts systematic statewide case reviews (with interviews) using the CFSR Onsite Review Instrument, focused reviews on fidelity to policy and practice guidance, and area/regional/statewide CQI projects. Demonstrating and reinforcing its commitment to quality improvement, in 2021 the CQI Unit expanded to ten (10) CQI Specialists and three (3) Managers (1 Director; 2 Quality Managers who oversee projects and staff). Since its inception, the CQI unit has been pivotal to informing the field about data quality with its primary focus on CFSR (OSRI-based) case reviews and has been jointly involved with the OMPA and the DCF Data Fellows program and its leadership on a variety of statewide, regional and area office CQI projects. Findings inform policy development, practice guidance, agency training through CWI, and IT development/enhancement. Identified data quality issues are generally resolved directly with area office staff.

Foster Care Review Unit

The FCR unit has increased internal efficiencies with its processes and has implemented improvements initiated through collaboration with external stakeholders at the Office of the Child Advocate (OCA). In the first half of 2019, the FCR policy was updated and i-FamilyNet was

enhanced to accommodate these policy changes. In the fall of 2019, monthly FCR fidelity metric reporting began tracking adherence to policy and FCR processes. This enhanced reporting has supported the unit's efforts to improve the quality of foster care reviews (e.g., timely scheduling, full panels, panel member engagement/voice, robust recommendations/determinations, and streamlined alert/notification protocols), and increase participant attendance and engagement.

FCR management reports were developed to closely track FCR assignments, including caseloads and timeliness of report submission/completion. FCR metrics enable FCR managers to identify strengths and areas needing improvement (ANI) within the unit and with statewide practice. As an example, a recent review has identified that while there is a systematic method for FCR to identify safety alerts, the process is cumbersome. An IT enhancement is underway to streamline this process through the use of a structured data element. Systemic findings inform policy development, practice guidance, agency training through CWI, and IT development/ enhancement.

Office of Management, Planning and Analysis

While the CIU, CQI, and FCR units primarily focus on qualitative issues, OMPA's primary focus is quantitative data. OMPA serves as the primary liaison between EHS IT developers and DCF management and staff. As a general rule, most of the Department's administrative data is processed by OMPA staff prior to internal/external distribution. The unit is presently composed of ten (10) Management Analysts, one (1) Data Analyst and one (1) Director.

Data cleanup of duplicate person identifiers and case identifiers is the primary role of OMPA's single Data Analyst. In a system of over one million consumers, it is inevitable that duplication occurs. Since there is a need to retain all the data within each identifier, data clean-up to consolidate these duplicate identifiers is a laborious, time-consuming, and hands-on process.

OMPA Management Analysts receive data extracts from the IT Reporting Unit through a fixed extract specific schedule (e.g., daily, weekly, monthly). Data extracts may contain from 20 to 200 columns of raw data. The day-to-day primary function of these analysts is to translate the valuable *inputs* entered by field staff (into i-FamilyNet) into meaningful reports which provide actionable *outputs*. The data elements displayed in these OMPA reports are utilized by field/legal staff and management to better understand and guide workflow, adherence to policy, and process and outcome information on children and families.

Key reports for the field include a variety of worker contact with consumer reports, children in placement, timeliness completion of intakes, responses and FAAPs, social worker caseload, family resource net gain/loss, etc. These reports all contribute to the essential feedback loops which help inform data quality. Typically, the reports at the worker level are used to address data issues; the worker is very conscientious of receiving credit for work completed and will point out where they are not receiving due credit. The OMPA unit can typically address these data issues by communicating the time of data entry versus report run date, correcting documentation of structured data elements required for credit, and in rare cases bringing the issue to IT for resolution.

DCF Data Fellows

At the behest of agency leadership, OMPA and CQI jointly developed and implemented the DCF Data Fellows Institute in the fall of 2017. Its purpose is to develop staff capacity to better understand and utilize data to improve practice and outcomes for the children and families served by the agency. Data Fellows has prepared supervisors and managers to "manage with data" and to increase their comfort level with using and interpreting data reports. Since 2017, four (4) Data Fellow cohorts have completed the core program and more than 180 individuals have graduated. The program has become a sought-after training for many staff.

True to the spirit of continuous quality improvement, the most recent cohort of graduates experienced a revised and much improved Data Fellows program than previous cohorts. Additional coursework was introduced which more explicitly demonstrated the alignment of management reports with policy requirements/fidelity. Data Fellows faculty provided more intensive guidance and hands-on practice opportunities in the use of existing near-real-time DCF management reports to improve casework practice.

Data Fellows has proven to be an effective strategy for equipping supervisors and managers with the necessary skills and tools for performing their own data analyses, as well as introducing them to strategies for increasing efficiencies in their daily work. Furthermore, through relationship building, Data Fellows establish direct channels of communication to OMPA/CQI. These direct communication channels are used to report data quality and reporting issues more directly and efficiently. An unintended consequence has been the partnerships that have developed between the field and Central Office—all in effort to align data and reporting with field needs. Furthermore, Data Fellows serve as local mentors championing data-driven decision making.

More recently, the CQI and OMPA directors have applied the Data Fellows model to full and half-day area office trainings on Managing with Data. The primary goal of these sessions has been to raise comfort levels and expertise in utilizing and interpreting data to inform casework practice. An observed benefit of these sessions is the field's increased attention to quality data *inputs* so that the data displayed (*outputs*) in reports is reliably reflecting case practice.

Regional and Area Quality Assurance

To date, Data Fellows has graduated an average of four (4) Data Fellows per area office. These Data Fellows obtain a level of data quality expertise which they bring to their work. In addition, each region has a minimum of two Quality Assurance (QA) Supervisors who support the region in several ways. While the focus of the QA Supervisor is primarily on regionally based activities—foster care recruitment, regional clinical reviews, the family find pilot, and the coordination of Hotline activities—on any given day their work includes the review of quantitative and qualitative information. These include overdue family resource license applications, 51A hotline intake dispositions, and Central Office Incident Notifications (COINs). QA Supervisors also work on longer term quality improvement projects. Examples of past projects include use of substantiated concern as a response decision, fidelity to the intake policy, and informing foster care recruitment with the demographic make-up of foster families and children requiring placement in the region. These efforts may uncover area or unit differences in practice regarding data entry. Interventions, such as practice guidance or additional trainings can be

implemented quickly by the regional office. Regional offices and area offices often have their own processes to ensure data accuracy. The Central MA Office region uses a weekly consumer not seen list for the area offices to track and report on. While this list is primarily utilized to troubleshoot difficult to reach consumers, it also serves to expose instances where consumers have been seen, but the visit is improperly documented in i-FamilyNet. Acting on these discoveries further enhances data quality.

Cross-Agency Collaboration

DCF engages in cross-agency collaboration focusing on individual consumers/families as well as broader cross-agency initiatives focused on data interchanges, improving outcomes for children/youth who are dually involved, data and reporting, and overall continuous quality improvement (QA/QI). Regardless of the focus, this cross-agency collaboration contributes to the accuracy, completeness, and robustness of DCF's administrative data—permitting a more wholistic understanding of consumers/families.

Examples of cross-agency collaboration and the stakeholders involved include:

Regular Data Interchanges

- MassHealth – enrollment and claims for children/youth in DCF custody
- Department of Youth Services – committed and detained youth in DCF custody
- Department of Elementary and Secondary Education – school enrollment, attendance, standardized test scores, and disciplinary actions for children in DCF custody
- Department of Early Education and Care – childcare vouchers
- MA Juvenile Court – CRA cases

Joint Initiatives

- Massachusetts Child Abuse Emergency Line QA/QI
    - Baker Center for Children and Families
    - Department of Children and Families
    - Massachusetts Office of the Inspector General
    - Office of the Child Advocate
- Foster Care Review Program
    - Department of Children and Families
    - Office of the Child Advocate

Cross Agency Meetings

- Juvenile Justice Policy and Data Board (JPAD)
    - Children's League of MA
    - Citizens for Juvenile Justice
    - Committee for Public Council Services
    - Department of Children and Families
    - Department of Youth Services
    - Department of Public Health
    - Department of Mental Health
    - Executive Office for Education
    - Massachusetts Chiefs of Police Association

    - Massachusetts Juvenile Court
    - Massachusetts Legislature
    - Massachusetts Probation Service
    - Massachusetts Juvenile Court
    - Office of the Child Advocate
- Massachusetts Court Improvement Program (MACIP)
    - Committee for Public Council Services
    - Department of Children and Families
    - Massachusetts Juvenile Court
    - Massachusetts Probate and Family Court
- Data Work Group
    - Department of Children and Families – co-chair
    - Office of the Child Advocate – co-chair
    - Children's League of Massachusetts
    - Committee for Public Counsel Services
    - Harvard University, Kennedy School of Government
    - House/Senate Chairs of the Joint Committee on Children, Families, and Persons with Disabilities
    - Massachusetts Law Reform Institute, Inc.

Data quality is complex. While it includes data entry errors and reporting errors, it also includes gaps in processes and systems. Addressing these requires a systemic approach, requiring the involvement of internal and external partners—from initial point of information gathering, documentation in i-FamilyNet, supervisor review, manager approval, report development, validation and distribution, and internal/external report user review and ongoing use. DCF's quantitative and qualitative efforts with our partners demonstrate that the statewide information system requirements are being met statewide and has the flexibility and capacity to remain responsive to the everchanging child welfare landscape both internal and external to the Department.

The Department of Children and Families offers that we have achieved substantial conformity for Item 19.

B. Case Review System

Item 20: Written Case Plan

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the three components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to families' experience with the case planning process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

B. Case Review System

Item 20: Written Case Plan

State Response

CFSR Round 3 Performance: In the 2015 CFSR Round 3 review, Massachusetts received an overall rating of Area Needing Improvement for Item 20 based on information from the statewide assessment and stakeholder interviews.

- In the statewide assessment, Massachusetts described the state's policies for case plan development and provided data on service plan completion.
- In interviews, stakeholders reported that joint development of the case plan with parents is inconsistent, and that plans are often developed without input from the parents and presented to them.

The Department's written case plan is referred to as the Family Assessment and Action Plan. In 2017, the Department implemented the Family Assessment and Action Planning policy, which serves as the primary policy and framework for case planning on open cases. The Department's information management system, i-FamilyNet, was also updated in 2017 to support the new policy and included the development of a revised electronic template for written case plans, so all written case plans are documented and tracked electronically. Policy fidelity metrics to support implementation and inform quality improvement were also developed. The policy was further revised in 2021 to include clearer timeframes, practice guidance on case planning for families with disabilities, the use of structured decision-making tools in conjunction with the family's case plan, and emphasis on written case plans as evolving documents that are updated as a family's strengths and needs evolve.

The policy emphasizes that written case plans are developed in collaboration with children, youth, young adults, parents, caregivers, and collaterals and focuses on engaging family members in an integrated and dynamic process of exploring their unique strengths and needs for two important and related purposes:

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

Family Assessment and Action Plan Scope

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

- *Family Profile and Functioning:* Focuses on understanding how caregiver/family history and current functioning is related to the reason(s) for the current involvement with the Department. Consideration is given to the family's personal history, any past involvement with the Department or another state's child welfare agency, if known, and

supports (both formal and informal) that may be in place to address the child's needs for safety, permanency, and well-being.

- *Parental Capacities:* Focuses on understanding the caregiver's capacity to provide for each child's safety, permanency, and well-being and is used to identify the focus areas for interventions and supports. The protective factors that will be addressed include:
    - knowledge of parenting and child development;
    - building social and emotional competence of children (nurturing and attachment);
    - parental resilience;
    - social connections; and
    - access to/utilization of concrete support in times of need.

- *Child Safety, Permanency, and Well-being:* Focuses on a brief profile of each child, their role in the family, their unique strength and needs, and a summary of their permanency plan. The factors to be assessed include:
    - safety;
    - health and development;
    - cognitive and academic functioning; and
    - social and emotional functioning.

- *Clinical Formulation*: succinctly summarizes the Family Profile and Functioning, the Parental Capacities and the Safety, Permanency, and Well-being of each child. In the clinical formulation, the Social Worker states whether continued Department involvement is being recommended or not and the reason(s) for this recommendation; and identifies the priority areas of focus for the Action Plan to enable the family to provide for the safety, permanency and well-being of each child.

Statewide Case Review System Functioning for Written Case Plans

The Department's case review system includes utilizing quantitative data at the state, regional, and area office level to inform the Department's understanding of policy and practice fidelity statewide. Each policy has a set of key metrics established that align with the goals of the policy. The Department also conducts qualitative case reviews through the Department's Continuous Quality Improvement Unit to further inform policy and practice fidelity and potential barriers to compliance. Additionally, the Department's information management system, i-FamilyNet supports operationalizing policy and practice.

For written case plans, the Department utilizes quantitative metrics established in the Family Assessment and Action Planning Policy Fidelity Metrics to determine whether Family Assessments and Action Plans are developed in a timely manner and include contacts with children and parents as outlined in the policy.

i-FamilyNet was updated in 2017 to operationalize the Family Assessment and Action Planning policy. New features included the ability to obtain signatures on Action Plans from youth, young adults, and parents. Additionally, for placement cases, mandatory text fields require the Social Worker to document the following:

- a discussion of the child's placement, maintaining safety, while being the least restrictive and closest placement to the child's home.

- a discussion of how the placement is within the best interests of the child and can best meet the child's needs
- a description of the services offered and provided to prevent removal of the child from the home and to reunify the family
- For cases where a goal changes, a description of the steps to finalize a placement when the case plan goal is or becomes adoption, guardianship, or an alternative placement goal.

CQI Case Review

The Department utilizes data from qualitative reviews completed by the DCF Continuous Quality Improvement Unit to assess whether children and parents were engaged during the case planning process. Results from the unit's most recent OSRI case reviews conducted Apr/Sep-2022 demonstrate the following:

	All Cases	Strength	ANI	NA	
Item 13	**Child and Family Involvement in Case Planning**	43.3% n = 42	56.7% n = 55	n = 3	n = 97

	Foster Care Cases	Strength	ANI	NA	
Item 13	**Child and Family Involvement in Case Planning**	54.4% n = 31	45.6% n = 26	n = 3	n = 57

Item 13: Child and Family Involvement in Case Planning

Practice Description	Data Source(s)	Performance (of applicable cases)			
		Foster Care	In-Home Services	In-Home Services - DR/AR	All Case Types
The agency made concerted efforts to actively involve the child in the case planning process.	A – Yes	78.4% (29) of 37	64.5% (20) of 31	-	72.1% (49) of 68
The agency made concerted efforts to actively involve the mother in the case planning process.	B – Yes	66.7% (28) of 42	55.3% (21) of 38	-	61.3% (49) of 80
The agency made concerted efforts to actively involve the father in the case planning process.	C – Yes	46.9% (15) of 32	24.1% (7) of 29	-	36.1% (22) of 61

Review Dates: Apr 1, 2022 – Sep 30, 2022
PUR Start Dates: Jan 2021; Apr 2021
PUR End Dates: date of review (12+ months)

Analysis, Observations, and Findings

Data sources utilized in this analysis include case reviews completed by the Continuous Quality Improvement Unit utilizing the CFSR R3 OSRI and entered into OMS. The CQI Unit reviewed 100 randomly selected cases with period under review (PUR) start dates of Jan-2021 and Apr-2021. Reviews occurred between 4/1/2022 – 9/30/2022. The PUR covered 12+ months. A limitation to this data set is that it is a somewhat limited sample size and may not fully represent practice statewide. Results indicate that:

- The Department made concerted efforts to actively involve 78.4% of children in foster care (placement), and 64.5% of in-home children in the case planning process (72.1% overall).
- The Department made concerted efforts to actively involve mothers in case planning in 66.7% of foster care cases, and 55.3% of in-home cases (61.3% overall).
- The Department made concerted efforts to actively involve fathers in case planning in 46.9% of foster care cases, and 24.1% of in-home cases (36.1% overall).

Findings suggest that the Department is more likely to make concerted efforts to involve children and parents in case planning for foster care cases than in-home cases. The Department is more likely to involved children and mothers in the case planning process than fathers.

Foster Care Review

The Department utilizes data obtained through Foster Care Reviews to assess whether parents were involved in the case planning process.

Item 21/Table 15b indicates that for SFY2022, 67.5% of reviewed parents/caregivers participated and/or engaged in the actions, tasks, services, or supports outlined in the Action Plan.

ITEM 21/TABLE 15b. Determinations…	SFY2020	SFY2021	SFY2022
15b1. Did the parent/caregiver participate/engage in the activities outlined in the Action Plan? ○ For every child/youth (0-18) whose parent/caregiver maintains parental rights—based on available information at the review—the FCR Panel determines whether the parent participated in the actions, tasks, services, and supports, identified in the Action Plan. ○ This determination is not intended to be a rating of compliance with tasks. ○ A determination is not made if the parent is incapacitated or has a disability status such that they are unable to participate.	**72.5%**	**69.6%**	**67.5%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

The Department's performance in child and family engagement in case planning has decreased since CFSR Round 3 PIP. Some possible contributors to the performance shift include a global pandemic and shifts in staff tenure, turnover, and caseload.

To improve practice, the Department revised the Family Assessment and Action Planning Policy in 2021. The agency's ongoing social workers received focused training on these FAAP policy changes in 2022, as well as training on family engagement best practices. Additionally, the Department is piloting an assessment program in 13 area offices that assigns dedicated social workers to completing a family's initial Family Assessment and Action Plan with the goal of improving child and family engagement in case planning.

Item 21: Periodic Reviews

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the periodic reviews process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

B. Case Review System

Item 21: Periodic Reviews

State Response:

CFSR R3 Performance: In the 2015 CFSR Round 3 review, the Massachusetts case review system was found to be functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

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

DCF operates a case review system functioning statewide that ensures that a periodic review for each child occurs no less frequently than once every 6 months through administrative review.

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

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

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

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

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

- Member of the Foster Care Review Unit (i.e., case reviewer) who convenes the meeting
- Second party reviewer, who is a manager or supervisor from the Area Office that is not the manager or supervisor assigned to the case under review
- Volunteer case reviewer, a citizen/community member 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

Volunteer Coordinators

Volunteer coordinators are FCR staff whose function is wholly dedicated to recruiting, onboarding, training, and developing volunteer case reviewers (VCRs). The volunteer coordinator job description lists “recruit VCRs to match the ethnic and racial background of the DCF clients within each designated geographical area” as the function’s top duty. Given the importance of diversity in recruitment efforts, an Excel spreadsheet is utilized to track where each volunteer coordinator focuses their efforts each month.

While volunteer case reviewers (VCRs) are recruited to represent the various socio-economic, racial, and ethnic groups of the community served by the Department, Item 21/Table 1 shows that White volunteer case reviewers are overrepresented and Hispanic/Latinx, Black, Asian, and Multi-Racial volunteer case reviewers are underrepresented relative to the Massachusetts child population.

ITEM 21/TABLE 1. Race/Ethnicity of Children Compared to Volunteer Case Reviewers [1]	**Massachusetts Child Population [2] (0-17)**		**Volunteer Case Reviewers**	
White	3,183	59%	400	76%
Hispanic/Latinx (of any race)	2,637	20%	22	4%
Black	1,133	9%	39	7%
Asian	54	8%	13	2%
Native American	21	*	1	*
Pacific Islander	-	*	2	*
Multi-Racial (two or more races)	820	4%	5	1%
Unable to Determine/Declined	289	-	5	1%
Missing	6	-	38	7%
Total in Placement FY2022 End	**8,143**	**100%**	**525**	**100%**

[1] All races exclude children of Hispanic/Latinx origin. [2] *Child Maltreatment 2021* *Less than 1% after rounding.

Recognizing that the recruitment efforts have fallen short of desired diversity needs, the volunteer coordinators focus recruitment efforts on spaces/organizations known to be diverse. Examples from Dec-2022 include: 30 Barber Shop’s in the Lowell/Leominster area, Bridgewater State University—Lewis and Gaines Center for Inclusion and Equity, Cape Verdean Association of Brockton, Cambodian Baptist Church of Lynn, and the MA Latino chamber of Commerce of Springfield.

For recruitment purposes, the unit works to promote diversity along several population variables (i.e., gender, race, ethnicity, religion, sexual orientation, disability, and veteran status). This effort is supported through online postings (http://volunteermatch.org) where the following tag line is used: “We strongly encourage volunteers who are people of color, indigenous, LBGTQ+ and people with disabilities to apply.” Recruitment materials updated in 2020 (e.g., flyers, postcards, and banners), purposefully include photos representative of the diversity of Commonwealth citizens.

Volunteer coordinator recruitment efforts are reinforced through a monthly email distribution which provides summary statistics on VCRs onboarded in the prior month (e.g., average age, gender, and ethnic/racial diversity distribution) as well as through ongoing staff training, monthly team meetings, and individual supervision.

Minority Opinions

When an FCR is conducted by a three-party panel and there is a lack of agreement among panel members on a given determination, a majority of two prevails. The opinion of the FCR Panel member with a differing determination is documented as a minority opinion. Minority opinions provide greater insight into these robust discussions and ensure all viewpoints are documented

To promote the inclusion of a variety of perspectives, the Department invites and encourages attendance by biological families, children in placement who are age 14 and older, foster parents, and the child's and parents' attorneys. Young adults who turn 18 in foster care and continue to engage in supportive services from the Department up to age 22 also receive and participate in FCRs.

Under the umbrella of agency reforms, DCF began its overhaul of Foster Care Review in 2018 in collaboration with the Office of the Child Advocate (OCA) and members of the Legislature. DCF revised the Foster Care Review Policy and related regulations in March 2019, to:

- Emphasize permanency planning at every review
- Clarify the roles of DCF social workers and the parents'/child's attorneys in preparing parents for the review
- Establish a process for stakeholders, including parents'/child's attorneys, to transmit documents to DCF 10 days in advance to ensure they are incorporated into the review
- Enhance recruitment and training for volunteer reviewers

Information Technology Enhancements

To operationalize these revisions, the Department made corresponding changes to its i-FamilyNet system (i.e., SACWIS) to establish metrics for measuring outcomes and adherence to new policy. FCRs are included in the Department's Continuous Quality Improvement (CQI) efforts to produce quantitative and qualitative information about case practice, case outcomes, and systems processes.

This IT solution includes an automated system for scheduling case reviews and documenting findings and recommendations. The FCRU Volunteer Case Reviewer program website—located within mass.gov—was revised in July 2018, to include an automated electronic volunteer application. Leveraging current technology, active ongoing recruitment efforts for volunteer case reviewers was expanded to include social media outlets. Other technology upgrades include immediate access to interpreters by telephone and virtual platforms (i.e., WebEx, Zoom, etc.) for conferencing parties unable to attend in person.

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

Foster Care 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 (FAAP) 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
- Recommendations, when needed, for action planning during the next six months

The outcome of the FCR 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, foster parents, youth, and young adults may challenge determinations made by the Foster Care Review Panel if they disagree with the decision, as can attorneys representing young adults and children ages 22 and under.

Convened Foster Care Reviews

Item 21/Table 2 shows that there were 10,631 FCRs due in SFY2022, of which 10,561 (99.3%) were convened. FCRs are conducted at the family level and therefore may involve one or more children.

ITEM 21/TABLE 2. FCR Meetings Due and Convened	SFY2022
FCR Meetings Due (denominator)	**10,631**
FCR Meetings Convened (numerator)	**10,561**
% FCR Meetings Due that were Convened	**99.3%**

Timeliness of Convened FCR Meetings

The initial FCR is scheduled to occur by the sixth calendar month following the date the first child, youth, or young adult in the family enters placement. Subsequent FCRs are scheduled every six months from the initial FCR date, as long as a child, youth, or young adult up to age 22 remains in placement. The period under review (PUR) for subsequent FCRs covers the period of time since the prior review.

In any given month, the FCRU convenes reviews carried over from prior months, reviews due in the current month, and reviews coming due in the next month. As evidenced in Item 21/Table 3, the FCRU convened 10,561 reviews during SFY2022, of which, 73.8% (7,798) were convened timely (e.g., initial review occurred within 6-months of placement in foster care; if subsequent review it occurred within 6-months of the last FCR). When a review cannot be convened in the month it is due (e.g., illness or schedule conflicts such as court hearings for participating parties), the FCRU makes every effort to schedule the review in the following month. As such, 2,763 of the 10,561 convened reviews were carried over from prior months.

While the Department had been evidencing an increase in timeliness of convened FCRs (SFY2020 = 90.8%), the COVID-19 pandemic impacted the scheduling and convening of FCRs. This was most notable early on in the pandemic. FCRs were not convened between 3/13-3/26/2020 while the FCRU developed and rolled out a plan for convening videoconference reviews during the COVID-19 pandemic. Scheduling challenges continued through early April of SFY2020 as the FCRU shifted to virtual FCRs. The FCRU gradually ramped up to pre-pandemic workflow but this ramp-up resulted in a larger number of convened FCRs that were actually due in prior months in SFY2021.

Shifting to a virtual platform removed many obstacles to convening reviews during the pandemic and thereafter. Subsequently, workforce retention and recruitment challenges were exacerbated by the pandemic-resulting in increased vacancies within the FCRU.

Concurrent with concerted efforts to backfill vacant FCR positions, the Department allocated funding for an additional FCR team. The FCRU now consists of 8 units (plus 1 volunteer recruitment/support unit), each staffed with a manager and 5-6 case reviewers. Recruitment and onboarding efforts are ongoing. Of note,

recruitment and onboarding efforts have resulted in improvement—84.1% of FCRs convened between Jun-2022 and Oct-2022 were timely. The FCRU is expected to be fully staffed by January 2023.

ITEM 21/TABLE 3. Timeliness of Convened FCR Meetings	SFY2020	SFY2021	SFY2022
FCR Meetings Convened (denominator)	**12,420**	**12,329**	**10,561**
FCR Meetings Convened Timely (numerator)	**11,282**	**7,204**	**7,798**
FCR Meetings Convened (due in prior months)	**1,138**	**5,125**	**2,763**
% FCR Meetings Convened that were Timely	**90.8%**	**58.4%**	**73.8%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Duration of FCR Meetings

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

As summarized in Item 21/Table 4, reviews were completed within an average of 64 minutes during SFY2022. This represents a 14% increase over the SFY2020 average (median duration increased 20%).

ITEM 21/TABLE 4. Duration in Minutes of FCR Meetings	SFY2020	SFY2021	SFY2022
Average Duration in Minutes	**56**	**62**	**64**
Median Duration in Minutes	**50**	**59**	**60**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

While FCR meetings are generally convened within a one-hour window, FCR Case Reviewers hold many responsibilities prior to, during, and after the review. These include:

- Pre-reviewing sufficient documentation in the electronic and physical case record
- Providing Panel members with a copy of the Action Plan(s) in effect during the period under review, and when applicable, a copy of the last Foster Care Review report
- Chairing the FCR meeting
- Ensuring that all participants have the opportunity to have their views heard
- Facilitating alternative participation methods for invitees as needed (e.g., tele/videoconference)
    - Initiated during the COVID-19 pandemic, FCRs are now convened utilizing videoconference technology
- Ensuring the Youth Readiness Assessment Tool, when applicable, is reviewed by the panel
- Sharing any materials or information received from invitees who are not able to be present at the FCR
- Documenting the FCR and forwarding Area Office alerts/memos/notifications as needed

FCR Meeting Panel Composition

An FCR is conducted by a three-party 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 FCRU (i.e., Case Reviewer) who convenes the meeting
- Second Party Case Reviewer, who is a manager or supervisor from the Area Office who is not the manager or supervisor assigned to the case under review
- Volunteer Case Reviewer, a member of the community who has been recruited and trained by the FCRU
    - 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

Three-party panels allow for greater independence and depth of review. Item 21/Table 5 shows the FCR meeting panel composition for SFY2020 and SFY2022. Data reflects the impact of the Department's concerted efforts to increase three-party panels. The active ongoing recruitment of volunteer panel members has led to a 17.1% increase in volunteer panel member attendance and 16.1% increase in three-party panels.

ITEM 21/TABLE 5. FCR Meeting Panel Composition	SFY2020	SFY2022	Increase SFY2020 to SFY2022
FCRs with a Volunteer Panel Member in Attendance	**79.0%**	**92.5%**	**+17.1%**
FCRs with a Second Party Panel Member in Attendance	**90.5%**	**91.9%**	**+1.5%**
FCRs with a Three-Party Panel [(1)]	**73.1%**	**84.9%**	**+16.1%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

[(1)] Three-Party Panel = Volunteer Panel Member, Second Party, and Case Reviewer (an FCR cannot be convened without a Case Reviewer)

Mandated FCR Participant – Invited and Attended

Participation is paramount to FCRs and prompted the Department to encourage video conferencing and other options in accord with the ADA. Historically, FCRs took place at area offices. The COVID-19 pandemic required the Commonwealth to expand its capacity for video conferencing. This had the added benefit of eliminating travel time constraints and to increase participation.

- Video conferencing technology provides flexibility for volunteer reviewers to participate in reviews across the Commonwealth—not just in area offices closest to them.
- Increased participation leads to a broader array of perspectives being heard and more thorough reviews.
- Hearing from all parties involved with the child's case also supports the FCR panel in making more informed determinations and identifying barriers to reunification while offering recommendations to resolve these barriers.

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 putative or unwed fathers
- Youth 14 years of age and older, and young adults
- Foster parents and group care providers
- Children, youth, and young adults' attorneys
- Parents' attorneys
- Social workers and supervisors assigned to the family
- DCF attorneys
- Family resource, adoption, and adolescent outreach social workers, as assigned
- Other parties identified by the parent/youth/young adult and others as indicated (e.g., probation, GAL)

Item 21/Table 6 presents mandated FCR participant invitee and attendee rates for SFY2020 and SFY2022. With the exception of *youth/young adults – in placement*, attendance increased across participant types with the utilization of videoconference technology introduced in SFY2020, Q4.

Digging Deeper: The decrease in participation for youth/young adults – in placement from SFY2020 to SFY2022 is believed to be due to an increase in *normalcy* post-COVID-19 pandemic.

- School instruction was halted at the start of the COVID-19 pandemic. Instruction was reintroduced initially via virtual modalities and then via hybrid modalities. As an unintended benefit, youth/young adults were afforded expanded opportunities for accommodating a FCR within their schedules.
- By Sep-2021, schools opened with fulltime in-person instruction—including extra-curricular activities. This return to *normalcy* resulted in a contraction of opportunities for accommodating FCRs afforded during the height of the pandemic.
    - **Addressing Challenges:** FCR managers, reviewers, and administrative staff continue to work in collaboration with Area Offices to encourage teen/young adult participation.

- FCR attempts to schedule reviews for youth/young adults according to their availability or after school/works hours.
- If a youth/young adult reaches out regarding a conflict, FCR staff work to accommodate the youth/young adult's schedule.

ITEM 21/TABLE 6. Mandated FCR Participant – Invited and Attended	SFY2020 Invited	SFY2020 Attended	SFY2022 Invited	SFY2022 Attended	Attended % Increase SFY2020 to SFY2022
Youth/Young Adult (14-22) – in placement	99.7%	34.1%	99.6%	28.3%	-17.0%
Youth/Young Adult (14-22) – not in placement*	96.3%	8.1%	98.4%	9.9%	+22.2%
Child/Youth/Young Adult's Attorney	98.2%	29.2%	99.0%	50.1%	+71.9%
Parent/Legal Guardian	98.6%	55.7%	99.0%	64.5%	+15.8%
Parent's Attorney	95.7%	34.9%	97.7%	58.2%	+66.8%
DCF Case Representative (e.g., social worker, supervisor, APM)	100%	98.7%	100%	99.4%	+0.7%
Placement Resource (i.e., foster parent/group care provider)	87.2%	67.6%	83.3%	79.7%	+17.9%

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable (exception: parent/child attorneys may be underreported)

*Non-placed siblings of children/youth in placement may be invited to the FCR. Young adults who terminate their voluntary placement agreement may be invited to a FCR in an effort to ensure that they have necessary documents, services, and information.

Digging Deeper: While "invited" parent/child attorneys are reliably captured in structured data within the i-FamilyNet FCR module, attorneys attending at the behest of the parent/child's attorney may not be recorded as such in i-FamilyNet. As such, parent/child attorney attendance may be underreported.

- **Addressing Challenges:** Beginning with SFY2023, these "delegated" parent/child attorneys are now captured in structured data. This is expected to yield higher parent/child attorney attendance rates in SFY2023.

Digging Deeper: Assigned DCF social workers/attorneys are responsible for updating the electronic case record (i-FamilyNet) with the names, addresses, email, and telephone numbers of individuals invited to the FCR. One known challenge is the accuracy of information regarding assigned parent/child attorneys.

- **Addressing Challenges:** In an effort to address/improve the accuracy of invitations sent to parent/child attorneys and other invitees, the following steps are in place:
  - At the start of each month, FCR managers reach out to area office social workers with an upcoming review to ensure that invitee lists are accurate.
  - Prior to sending out invitations, FCR managers run an exception report identifying invitees with missing information.
  - FCR managers reach out to area office social workers and/or DCF attorneys to obtain missing information.
  - When a parent/child attorney or other invitee communicates that they received an invitation in error, the FCR manager/case reviewer reaches out to the assigned DCF attorney and/or social worker to correct the assignment in i-FamilyNet. An invitation is subsequently sent to the appropriate invitee.

Digging Deeper: Stakeholder focus groups were convened to address *stakeholder experience* with the FCR process. The following information was obtained:

- **Youth Focus Group**
  - Virtual reviews facilitate attendance and were well organized.
  - Expressed a desire to be invited and spoke to the value of the FCRs and the importance of attending/participating.
  - For one youth, FCRs are neither a positive nor negative experience—but tedious.
  - Much positive discussion, but follow-through is more important.
- **Parent Focus Group**
  - FCRs can be traumatizing for parents—important to acknowledge the efforts made by parents.

    - Invitation was received within 3-weeks of the review—important to provide sufficient time to gather information from collaterals.
- **Parent/Child Attorney Focus Group**
    - Generally good experience and well run—some reviewers are better prepared than others.
    - Positive change in format—parents are no longer being judged.
    - Virtual makes it easier for everyone to attend—including parents, but reviews tend to be longer. Some reviewers are better at keeping everyone on task.
    - Virtual is less threatening for teenagers.
    - Access to interpreters can be a challenge.
    - Some reviewers "less deferential" to parents than other reviewers.
    - Clients are frustrated when recommendations do not appear to be heard/addressed.
- **Foster Parent Focus Group**
    - FCRs are "needed and a good experience."
    - Meeting is more meaningful when both the bio-parent and foster parent are present.
    - Positive experience for foster parents but not for bio-parents—feels like privacy is being violated.
    - Setting of permanency dates seems unrealistic at time.
- **Provider Focus Group**
    - Ample one-month notice is usually received.
    - Virtual meetings allow for greater participation—convenient and decreased safety concerns.
    - Virtual makes it easier for 14+ year olds to attend—less triggering and challenging to attend.
    - Process seems to be more streamlined and efficient over the past 6-months.
    - Sometimes challenging to obtain meeting link.

Digging Deeper: Stakeholder focus groups were convened to elicit ideas about *increasing participation* in the FCR process. The following information was obtained:

- **Youth Focus Group**
    - Breakout during the meeting so that the youth can talk openly without parents being present.
    - One-to-one conversations with social workers are less threatening than a group FCR.
    - Convene FCRs after school hours.
    - Improved communication about the purpose of the FCR.
    - Gifts cards for attendance.
- **Parent Focus Group**
    - Increased notice.
    - Distribute a set of questions in advance of the FCR in order to prepare—minimize DCF-speak.
- **Parent/Child Attorney Focus Group**
    - Follow-up notices as reminders.
    - Virtual makes it easier to attend, but the 9-10:30am time slot should be avoided due to court commitments.
    - The FCR Portal is a "huge gamechanger." Allows attorneys to enter their availability prior to the FCR being scheduled.
    - "Attorneys can only show up if invited." Important to keep the attorney assignments up-to-date.
- **Foster Parent Focus Group**
    - Capacity to send information in writing to the reviewer in advance of the review.
    - Foster parents play a vital role in providing information about the foster child and also about parental interaction during supervised visits.
    - Provide language translators for non-English speaking foster parents.
- **Provider Focus Group**
    - Early notification.
    - Virtual makes it easier to attend.
    - "Being referenced/cited in the FCR report is usually enough motivation to participate in the FCR

meeting."
- Greater structure and pre-planning.

DCF Action Plan

When DCF begins working with a family, policy dictates that a comprehensive Family Assessment and Action Plan (FAAP) is to be jointly completed with the family. The Family Assessment followed by the Action Plan prioritizes child safety and parental capacities and centers on engaging family members in an integrated and dynamic process of exploring their unique strengths and needs for two important and related purposes:

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

As summarized in Item 21/Table 7, an Action Plan was in effect during the period under review for 98.9% of the reviews convened during SFY2022. In 88.6% of the reviews, FCR panel members found that the Action Plan addressed all identified concerns to reduce risk and achieve desired outcomes. DCF's visits with family members were found to focus on the Action Plan in 82.3% of the reviews. Collateral contacts were used to assist in assessing the family's progress in 84.5% of reviews. The Action Plan was written in the primary language of the family/young adult in 97.5% of applicable reviews.

ITEM 21/TABLE 7. DCF Action Plan…	SFY2020	SFY2021	SFY2022
Was there a DCF Action Plan in effect during the period under review?	99.2%	99.5%	98.9%
Does the Action Plan address all identified concerns to reduce risk(s) and achieve desired outcomes? ○ Per the DCF Family Assessment and Action Planning Policy (#2017-01), the Action Plan should: ○ Address the reason(s) for the family's involvement with the Department ○ Include the areas of focus, as identified through the Family Assessment ○ Include the actions, tasks, services, and supports required to accomplish the goals identified with the family in order to maintain child safety and well-being, achieve the child's Permanency Plan, and/or to close the case ○ If all identified concerns are not included in the Action Plan, the FCR Panel recommends updating the Action Plan.	91.6%	93.5%	88.6%
Did DCF's visits with family members focus on the Action Plan? ○ DCF social worker visits with family members should focus on the Action Plan actions, tasks, services, and supports that must be accomplished via the Action Plan in order to maintain child safety and well-being, achieve the child's Permanency Plan, and/or to close the case.	86.0%	86.4%	82.3%
Is the Action Plan written in the primary language of the family/young adult? ○ For bilingual family members, the ability to read and understand the Action Plan in English is assessed through direct inquiry during the FCR. If the family does not understand the Action Plan in English, the FCR Panel recommends that the Action Plan be translated into the family's primary language.	97.4%	97.8%	97.5%
Was collateral contact used to assist in assessing the family's progress? ○ Sufficient contact with collaterals should be maintained and utilized for ongoing assessment of the family's progress and emerging needs.	91.7%	89.4%	84.5%

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Placement Activities

DCF is required to complete all tasks and activities recommended at the Initial Placement Review—also known as the 6-Week Placement Review—for achieving child safety, permanency, and well-being. As summarized in Item 21/Table 8, "follow-up-activities" from the Initial Placement Review were completed by DCF prior to the FCR meeting in 74.1% of applicable reviews in SFY2022. The Department reformed its Initial Placement Review process during SFY2021 and focused on developing a collaborative process for assessing the immediate needs of the child in placement and creating a plan to return the child safely to their home. This process includes clear directives to identify follow up activities and develop recommendations. In 92.1% of applicable reviews, FCR panels found that relatives were notified within 30-days of a child's placement.

ITEM 21/TABLE 8. Placement Activities…	SFY2020	SFY2021	SFY2022
Were "Follow Up Activities" from the Initial Placement Review completed by DCF? ○ Along with mining the electronic case record for documentation, DCF's completion of "follow-up activities" is assessed through direct inquiry of the social work team, family, and key participants during the FCR meeting.	**77.2%**	**76.7%**	**74.1%**
Were relatives notified of child/youth's placement within 30-days? ○ Pursuant to MGL c. 119, §23C: Whenever the Department places a child/youth in foster care, the Department shall immediately commence a search to locate any relative of the child/youth, including the parents of siblings who have custody of the siblings, or another adult who has played a significant positive role in that child/ youth's life in order to determine whether the child/youth may be safely placed with that relative or adult if, in the judgment of the Department, that placement would be in the best interest of the child/youth. ○ Written notice is required within 30 days after the child/youth is removed from the parent's custody unless the kin or other adult could not be approved as a foster parent due to known family or domestic violence.	**91.5%**	**93.4%**	**92.1%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Social Worker Contact and Parent-Child Visitation

The Foster Care Review process accesses DCF social worker contact with placed children, families, and foster parents/group care providers. As found in Item 21/Table 9, DCF social workers were found to have maintained contact with 96.7% of assigned children, youth, and young adults. Contact with parents/caregivers was maintained in 45.6% of reviews. Social Worker contact with foster parents and group care providers was maintained in 96.8% of reviews.

ITEM 21/TABLE 9. Social Worker Contact…	SFY2020	SFY2021	SFY2022
For children/youth/young adults in placement on the FCR review date, did the DCF social worker maintain required contact with assigned children/youth/young adults during the review period? ○ DCF social worker face-to-face contact with a child/youth/young adult in placement is required by policy at a minimum of once-per-month.	**97.3%**	**98.2%**	**96.7%**
Did the DCF social worker maintain required contact with the parents/caregivers? ○ DCF social worker contact with a parent/caregiver is required at a minimum of once per month. ○ Per policy, in discussion with the family and in consultation with the supervisor, the social worker determines the frequency, location, and method of the contacts.	**52.4%**	**52.5%**	**45.6%**
Did the child/youth's social worker maintain required contact with foster parents/group care providers? ○ DCF social worker contact with foster parents or group care providers is required at a minimum of once-per-month. ○ Per policy, the DCF social worker in discussion with the family, foster parent or group care provider, and in consultation with the supervisor, determines the frequency, location, and method of the contacts.	**96.8%**	**98.4%**	**96.8%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Item 21/Table 10 shows that visits between parents and their children were found to be maintained in 78.6% of reviews.

ITEM 21/TABLE 10. Parent-Child Visitation…	SFY2020	SFY2021	SFY2022
Were visits maintained between parents/caregivers and their placed children/youth? ○ Per DCF Permanency Planning Policy (#2013-01), regular and ongoing visitation between the parent/caregiver and child/youth is to be arranged throughout the child's placement—as long as there are no clinical or safety contraindications. ○ In general, parent and child/youth visitation should take place at minimum once-per-week unless a different schedule is indicated by the child/youth's age, the needs of the child/youth, the safety of the child/youth, or if parental rights have been terminated by the court.	**81.0%**	**77.8%**	**78.6%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

DCF is anticipating that these indicators of good case practice will improve with the upcoming release of a revised Protective Case Practice Policy, which emphasizes the requirements for social workers to maintain contact with children/youth/young adults, parents/caregivers, and foster parents/group care providers, as well as facilitating visits between parent/caregivers and their placed children/youth.

Health, Education, and Well-Being Needs

FCRs ascertain whether health, education and well-being needs are being met. As found in Item 21/Table 11, medical needs were met in 93.8% of reviews, and dental needs in 84.3%. Rogers Guardianship Orders were found for 93.9% of children in DCF custody placed on antipsychotic medications.

Of children under 3 years of age who were deemed eligible following an Early Intervention assessment, the FCR Panel ascertained that 89.2% were receiving Early Intervention services. Of children, youth, and young adults determined to be appropriate for enrollment in an educational program, 97.6% were enrolled in an educational or vocational program. Of children, youth, and young adults determined to be appropriate for enrollment in an educational program—based on available information at the review, 89.8% were found to have necessary educational supports in place (e.g., appropriate Individualized Education Program (IEP) as needed, education surrogate parent for support and advocacy as needed, stable educational setting, vocational training as appropriate.

A permanent lifelong connection (i.e., an adult already known to the child/youth/young adult who has made a commitment to be a permanent support) was in place for 97.1% of the reviewed children, youth, and young adults.

ITEM 21/TABLE 11. Health, Education and Well-Being Needs…	SFY2020	SFY2021	SFY2022
HEALTH			
Medical needs met for all open consumer children/youth/young adults? ○ For each child/youth/young adult reviewed, the FCR Panel ascertains whether the child/youth/young adult received all routine and any needed follow-up medical care. ○ Routine medical care is to be provided according to the age-specific schedule indicated in the Bright Futures/ American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (aka Periodicity Schedule).	94.0%	93.8%	93.8%
Dental needs met for all open consumer children/youth/young adults? ○ For children/youth/young adults (3-22), routine dental exams are required every six months. ○ For every child/youth/young adult (3-22), the FCR Panel ascertains whether the child/youth/young adult received all routine and any needed follow-up dental care.	86.7%	81.9%	84.3%
For children/youth in DCF custody receiving antipsychotic medications, is there a Rogers Order? ○ A Rogers Order is required for each child/youth in the custody of DCF through a Care and Protection (C&P) petition or through Probate Court, who is currently prescribed antipsychotic medication.	93.5%	93.0%	93.9%
EDUCATION			
If applicable, is child in DCF placement receiving Early Intervention services? ○ The federal Child Abuse Prevention and Treatment Act (CAPTA) requires DCF to refer families to Early Intervention if there is a supported 51B (abuse and/or neglect) investigation on a child who is under 3 years of age. ○ DCF also supports access to Early Intervention services for any other family with a child under the age of 3 when it appears that such services might be beneficial. Under these circumstances, DCF works with the family to determine whether the family will contact the Early Intervention services provider directly or whether DCF will complete a referral. ○ For children within the appropriate age cohort who were deemed eligible following an Early Intervention assessment, the FCR Panel ascertains whether the children are receiving Early Intervention services.	92.4%	87.5%	89.2%
If applicable, is child/youth/young adult in DCF placement enrolled in an educational program? ○ For every child/youth/young adult (3-22) determined to be appropriate for enrollment in an educational program, the FCR Panel ascertains whether the child/youth/young adult is enrolled in an educational or vocational program.	97.7%	97.7%	97.6%
Are educational needs being met for children/youth/young adults in DCF placement? ○ For every child/youth/young adult (3-22) determined to be appropriate for enrollment in an educational program—based on available information at the review—the FCR Panel ascertains whether educational supports are in place as needed (e.g., appropriate Individualized Education Program (IEP) as needed, education surrogate parent for support and advocacy as needed, stability of the educational setting, vocational training as appropriate).	90.6%	89.5%	89.8%
WELL-BEING			
Does child/youth/young adult in DCF placement have a permanent, lifelong connection? ○ The FCR Panel ascertains if a permanent lifelong connection (i.e., someone who has made a commitment to be a permanent support for the child/youth) has been established. ○ The lifelong connection may include family and other significant individuals in the child/youth/young adult's life—it need not be an adoptive parent or guardian.	96.6%	96.8%	97.1%

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Youth/Young Adults

Of placed youth and young adults for whom employment was deemed appropriate, Item 21/Table 12 shows that 38.9% were employed. Placed youth and young adults should be receiving Preparing Adolescents for Young Adulthood (PAYA) training to assist in developing the life skills needed to live independently and transition successfully to adulthood. This was found to be the case for 79.9% of reviewed youth and young adults. In 68.1% of the reviews, youth and young adults agreed with the FCR panel's Permanency Plan determination.

ITEM 21/TABLE 12. Youth/Young Adults in DCF Placement…	SFY2020	SFY2021	SFY2022
Is youth/young adult employed? ○ Answered for placed youth/young adults (14-22) for whom employment is appropriate.	37.8%	32.7%	38.9%
Is youth/young adult receiving life skills training? ○ Placed youth/young adults (14-22) should be receiving training such as Preparing Adolescents for Young Adulthood (PAYA) to assist in developing the life skills needed to live independently and transition successfully into adulthood.	80.2%	82.6%	79.9%
Does youth/young adult agree with Permanency Plan determined to be most appropriate by the FCR panel? ○ If the youth/young adult (14-22) is not present at the FCR, their agreement regarding the permanency plan is sought within the electronic case record, as well as from family and key participants at the review.	73.4%	73.0%	68.1%

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Systemic Barriers

Another important component of the Foster Care Review is the assessment of supportive services provided to children/youth/young adults and their families. Following a home removal, DCF first tries to reunify children with their biological parents, who must engage in services to build their capacity to safely care for their children as a condition of the Department and the Court.

The FCR Panel identifies specific systemic barriers for addressing the areas of focus and achieving safety, permanency, and well-being. While FCRs indicate the majority of child/youth/young adult and parent service needs are being met:

- Item 21/Table 13 indicates that 19.2% of reviewed children/youth/young adults were found to have one-or-more systemic barriers identified in SFY2022 reviews.

ITEM 21/TABLE 13. Systemic Barriers – Child/Youth/Young Adult	SFY2020	SFY2021	SFY2022
CHILDREN/YOUTH/YOUNG ADULTS WITH ONE OR MORE SYSTEMIC BARRIERS.	**10.6%**	**12.1%**	**19.2%**
Ranked Top 12 Systemic Barriers:			
Individual (child) Counseling	2.2%	1.8%	4.3%
Individual (adolescent) Counseling	0.6%	0.5%	1.5%
Housing	0.6%	0.6%	0.7%
Family Counseling/Treatment	0.6%	0.5%	0.7%
Psychiatric Evaluation	0.1%	0.3%	0.3%
Intensive In-Home Family Intervention	0.2%	0.1%	0.3%
Child Care	0.1%	0.1%	0.2%
Department of Developmental Services (DDS)	0.1%	0.3%	0.2%
Transportation Services	0.2%	0.1%	0.2%
Life Skills Training	0.2%	0.2%	0.2%
Job Skills Training	0.2%	0.1%	0.2%
Department of Mental Health Services (DMH)	0.1%	0.2%	0.1%

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

- Item 21/Table 14 indicates that 24.3% of reviewed parents/caregivers were found to have one-or-more systemic barriers identified in SFY2022 reviews.

ITEM 21/TABLE 14. Systemic Barriers – Parent/Caregiver	SFY2020	SFY2021	SFY2022
PARENTS/CAREGIVERS WITH ONE OR MORE SYSTEMIC BARRIERS.	**24.3%**	**24.3%**	**24.4%**
Ranked Top 12 Systemic Barriers:			
Housing	**6.5%**	**6.2%**	**6.7%**
Individual Counseling	**2.6%**	**2.6%**	**3.2%**
Parenting Evaluation	**1.1%**	**1.3%**	**1.3%**
Transportation Services	**1.8%**	**0.9%**	**1.2%**
Parenting Education Services	**1.6%**	**1.8%**	**1.0%**
Substance Use Treatment	**1.3%**	**1.7%**	**1.0%**
Domestic Violence Treatment	**1.0%**	**1.6%**	**0.9%**
Psychiatric Evaluation	**0.3%**	**0.8%**	**0.8%**
Insurance for Treatment	**0.9%**	**0.8%**	**0.7%**
Family Counseling Treatment	**0.8%**	**0.7%**	**0.7%**
Substance Use Screening	**0.4%**	**0.7%**	**0.6%**
Nurturing Parent Support Group	**0.6%**	**0.5%**	**0.3%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

FCR Determinations

At the completion of the FCR, the FCR Panel makes determinations (formal decisions) regarding what is working well, what is not, and what needs to change in order to achieve the child, youth, or young adult's permanency plan by a projected date. Determinations are binding on the Area Office and guide the next period of action planning, decision-making and casework with the child, youth, young adult, and family.

Determinations made by the Foster Care Review panel include:

- Whether concerns for the child, youth, or young adult's safety were identified through the review process
- Whether the child, youth, or young adult's placement is necessary as of the review date
- Whether the child, youth, or young adult's current placement is appropriate
- Whether the placement resource (i.e., foster parent/group care provider) fulfilled expectations to meet the child, youth, or young adult's needs
- Whether the Department has taken steps to ensure the child, youth, or young adult's placement resource followed the Reasonable and Prudent Parent Standard
- Whether the Department has taken steps to ascertain whether the placement resource offered the child, youth, or young adult regular ongoing opportunities to engage in age or developmentally appropriate activities—working to help develop their special talent/interest/gift
- Whether the Department adequately addressed the needs of the family
- The participation of each individual as follows for the period under review:
    - Did the parent/guardian, youth, or young adult participate in the Action Plan?
    - Did the parent/caregiver demonstrate behavioral changes to reduce or alleviate danger, or need for placement, or to achieve desired outcomes?
    - Did the youth or young adult demonstrate observable changes to achieve desired outcomes for their safety, permanency, and well-being?
- The extent of progress made toward achievement of the child/youth/young adult's Permanency Plan
- The child, youth, or young adult's most appropriate Permanency Plan determined by the FCR panel
- The projected date for achieving the child, youth, or young adult's Permanency Plan

Safety concerns of varying degrees may be identified at an FCR meeting. Safety concerns may be due to the child demonstrating unsafe behaviors, a reduction in parent/caregiver capacity (e.g., recent substance use relapse by a parent/youth), or that the foster parent/group care provider is not able to keep the child/youth safe.

If a safety concern is identified during the FCR, the FCRU Case Reviewer immediately informs the FCRU manager, who sends an alert notice to the Area Director/designee responsible for the case. This notice necessitates a response by the Area Director within one working day. The FCRU manager also follows-up with the Area Director/designee to ensure action is taken to secure the safety of the child/youth (see Item 21, Foster Care Review Follow-Up Activities).

Item 21/Table 15a indicates that a safety concern was identified in 2.4% of SFY2022 reviews.

ITEM 21/TABLE 15a. Determinations…	SFY2020	SFY2021	SFY2022
15a. Were concerns for the child/youth/young adult's safety identified through the review process? ○ Safety concerns require an immediate alert notification to the Area Director.	**3.1%**	**2.1%**	**2.4%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Item 21/Table 15b indicates that for SFY2022, 67.5% of reviewed parents/caregivers participated and/or engaged in the actions, tasks, services, or supports outlined in the Action Plan. Reviews further revealed that 54.3% of parents/caregivers demonstrated the changes specified in their Action Plan for promoting the safety, permanency, and well-being of their children—including demonstrable behavioral changes needed to reduce or eliminate the identified needs/dangers/risks.

ITEM 21/TABLE 15b. Determinations…	SFY2020	SFY2021	SFY2022
15b1. Did the parent/caregiver participate/engage in the activities outlined in the Action Plan? ○ For every child/youth (0-18) whose parent/caregiver maintains parental rights—based on available information at the review—the FCR Panel determines whether the parent participated in the actions, tasks, services, and supports, identified in the Action Plan. ○ This determination is not intended to be a rating of compliance with tasks. ○ A determination is not made if the parent is incapacitated or has a disability status such that they are unable to participate.	**72.5%**	**69.6%**	**67.5%**
15b2. Did the parent/caregiver demonstrate observable changes that reduce or alleviate danger, or the need for placement, or achieve the desired outcomes to improve the child/youth's safety and well-being? ○ A "yes" is selected if the parent/caregiver demonstrated behavioral changes which support the outcomes that promote the safety, permanency, and well-being of the child/youth. ○ A "yes" answer indicates that progress was made to increase parental capacities but does not necessarily indicate that all areas of focus have been resolved. ○ A determination is not made if the parent is incapacitated or has a disability status such that they are unable to participate.	**59.1%**	**55.7%**	**54.3%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Item 21/Table 15c indicates that for SFY2022, 82.7% of reviewed youth aged 14 and older participated in the actions, tasks, services, or supports outlined in the Action Plan. Furthermore, 80.8% demonstrated the changes specified in their Action Plan for supporting the achievement of outcomes promoting their safety, permanency, and well-being.

ITEM 21/TABLE 15c. Determinations…	SFY2020	SFY2021	SFY2022
15c1. Did the youth/young adult (14-22) participate in the Action Plan? ○ Based on available information at the review, the FCR Panel determines whether the youth participated in the actions, tasks, services, and supports identified in the Action Plan. ○ This determination is not intended to be a rating of compliance with tasks. ○ A determination is not made if the youth/young adult is incapacitated or has a disability status such that they are unable to participate.	**83.2%**	**85.4%**	**82.7%**

15c2. Did the youth/young adult (14-22) demonstrate observable changes that reduce or alleviate danger, or the need for placement, or achieve the desired outcomes to improve the youth/young adult's safety and well-being? ○ A "yes" is selected if the youth/young adult demonstrated behavioral changes which support the outcomes that promote their safety, permanency, and well-being. ○ A "yes" answer indicates that progress was made to achieve desired outcomes but does not necessarily indicate that all areas of focus have been resolved. ○ A determination is not made if the youth/young adult is incapacitated or has a disability status such that they are unable to participate.	**79.4%**	**83.9%**	**80.8%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Item 21/Table 15d summarizes FCR Panel determinations regarding whether placement is necessary as of the date of the FCR. This determination is anchored by concerns of imminent risk/danger. Item 21/Table 15d indicates that for 98.3% of children/youth/young adults, their placement status—whether "in placement" or "not in placement" on the day of the FCR—was determined to be appropriate. Placement was determined not to be necessary for 0.2% of the children/youth/young adults in placement. Placement was determined to be necessary, for 0.5% of the children /youth/young adults not in placement.

On the FCR date, 1.0% of the reviewed children/youth/young adults were missing (0.6%, whereabouts unknown) or absent (0.4%, whereabouts known) from an approved placement.

ITEM 21/TABLE 15d. Determinations…	**FY2020**	**FY2021**	**FY2022**
15d. IS PLACEMENT NECESSARY AS OF TODAY? ○ For every child/youth/young adult reviewed—based on all available information at the review—the FCR Panel determines whether placement is necessary as of the review date. ○ Necessity of placement may be due to either concerns of imminent risk/danger related to the absence of parental capacity, child/youth/young adult's needs/behavior, or a permanency plan has not yet been achieved.			
Yes – child/youth/young adult is in placement.	**83.8%**	**85.4%**	**85.1%**
Not in placement – child/youth/young adult does not need placement.*	**14.7%**	**13.5%**	**13.2%**
PLACEMENT NEED AFFIRMED	**98.6%**	**98.9%**	**98.3%**
Child/youth/young adult in placement – placement not necessary.	**0.1%**	**0.1%**	**0.2%**
Child/youth/young adult not in placement – but should be in placement.	**0.3%**	**0.3%**	**0.5%**
Child/youth/young adult Missing (whereabouts unknown) from approved placement.	**0.6%**	**0.5%**	**0.6%**
Child/youth/young adult Absent (whereabouts known) from approved placement.	**0.4%**	**0.3%**	**0.4%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

*Reasons for potentially selecting this determination: FCRs convened for children/youth who recently attained permanency. Non-placed siblings of children/youth in placement. Young adults who terminate their voluntary placement agreement invited to a FCR in an effort to ensure that they have necessary documents, services, and information.

Item 21/Table 15e summarizes the FCR Panel's determination regarding whether the approved placement is designed to meet the specific needs of the child/youth/young adult. For 95.9% of reviews convened during SFY2022, the foster parent/group care provider was determined to be meeting the child/youth/young adult's needs.

ITEM 21/TABLE 15e. Determinations…	**SFY2020**	**SFY2021**	**SFY2022**
15e. Is current placement appropriate? ○ For every child/youth/young adult in placement—based on all available information at the review—the panel determines whether the child/youth/young adult's current placement is appropriate. ○ Factors to be considered in determining if a placement is appropriate: ○ Child/youth/young adult's best interests—including those related to safety, permanency, and well-being ○ Continuity of significant relationships ○ Least restrictive setting available to meet the child/youth/young adult's individual needs ○ If the FCR Panel determines a placement is inappropriate, documentation is provided as to why the placement is inappropriate and whether the panel recommends that the child/youth/young adult should remain in the current placement or be moved to an alternate placement.	**97.0%**	**96.9%**	**95.9%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

NOTE: If the needs of the child/youth/young adult cannot be met by the foster parent/group care provider, or if these needs are not addressed and/or resolved, the FCR Case Reviewer submits an FCR Memo to the Area Director/designee within one working day of the review outlining the identified concerns**.**

Item 21/Table 15f summarizes the FCR Panel's determination regarding whether the foster parent/group care provider adhered to the Child Placement Agreement and fulfilled all expectations for meeting child/youth/young adult needs. For 99.0% of reviews convened during SFY2022, the foster parent/group care provider was determined to be meeting their needs.

ITEM 21/TABLE 15f. Determinations…	SFY2020	SFY2021	SFY2022
15f. Has the foster parent/group care provider fulfilled all placement expectations to meet the child/youth/young adult needs? ○ For every child/youth/young adult in placement—based on all available information at the review—the FCR Panel determines whether the foster parent/group care provider provided for the child/youth/young adult's safety, permanency, and well-being. ○ Expectations of the foster parent/group care provider include but are not limited to: ○ Providing a safe environment ○ Promoting physical, mental, and emotional well-being ○ Assisting the child/youth/young adult in maximizing their potential ○ Meeting the child/youth/young adult's individual needs related to their racial, ethnic, linguistic, cultural, and religious background ○ Supporting reunification with the family, or an alternative permanent plan as indicated on the Action Plan	**98.7%**	**99.1%**	**99.0%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Item 21/Table 15g summarizes the FCR Panel's determination regarding whether the Department took steps to ensure that the foster parent/group care provider followed the Reasonable and Prudent Parent Standard.

- *This standard is characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child/youth/young adult while at the same time encouraging their emotional and developmental growth, that a caregiver shall use when determining whether to allow a child/youth/young adult in foster care to participate in extracurricular, enrichment, cultural, and social activities* (42 U.S. Code § 675).

For 99.3% of reviews convened during SFY2022, the FCR Panel determined that DCF worked with the foster parent/group care provider to ensure the resource followed the *Reasonable and Prudent Parent Standard*.

ITEM 21/TABLE 15g. Determinations…	SFY2020	SFY2021	SFY2022
15g. Has DCF taken steps to ensure child/youth/young adult's foster parent [1] followed the Reasonable and Prudent Parent Standard? ○ "Yes" is selected if DCF has worked with the foster parents to ensure that the Reasonable and Prudent Parent Standard was followed (i.e., careful and sensible parental decisions that maintain the health, safety, and best interest of children/youth/young adults while at the same time encouraging their emotional and developmental growth).	**99.1%**	**99.5%**	**99.3%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

[1] Reasonable and Prudent Parent Standard is presently limited to children/youth/young adults placed in a family setting (i.e., departmental foster home or contracted foster care).

Item 21/Table 15h indicates that for 97.9% of reviews convened during SFY2022, the FCR Panel determined that DCF made efforts to ascertain whether the foster parent offered the child/youth/young adult regular ongoing opportunities to engage in age or developmentally appropriate activities.

ITEM 21/TABLE 15h. Determinations…	SFY2020	SFY2021	SFY2022
15h. Has DCF taken steps to ascertain whether the foster parent offered the child/ youth/young adult regular opportunities to engage in age or developmentally appropriate activities, working to help develop the child/youth/young adult's special talent/interest/gift? ○ For every child/youth/young adult in foster care placement (including contracted foster care), the FCR Panel determines whether DCF took steps to ascertain whether the foster parent offered the child/youth/young adult regular ongoing opportunities to engage in age or developmentally appropriate activities, working to help develop this child/youth/young adult's special talent/interest/gift.	**97.8%**	**98.0%**	**97.9%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Age or developmentally appropriate activities include:

- *Activities or items that are generally accepted as suitable for children/youth/young adults of the same chronological age or level of maturity, or that are determined to be developmentally-appropriate for a specific individual—based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group* (42 U.S. Code § 675).

Item 21/Table 15i summarizes the FCR Panel's determination regarding whether the Department completed tasks required by policy, including but not limited to:

- Meeting with family members
- Assessing family needs
- Engaging the family in the development of an Action Plan that identifies what must be accomplished in order to attain and maintain child/youth/young adult:
    - Safety
    - Permanency
    - Well-Being
    - Case closing
- Giving youth 14+ an opportunity to identify two persons to assist them in the development of the Action Plan
- Ensuring a birth certificate has been secured for the child/youth/young adult
- Ensuring the father named on the birth certificate, and/or any named father is assessed and included in Action Planning
- Recommending paternity testing as needed
- Completing needed referrals

For 87.7% of reviews convened during SFY2022, the FCR Panel determined that DCF completed the tasks required by policy to address the needs of the family in order to support child/youth/young adult safety and well-being, and the tasks related to achieving the Permanency Plan for the child/youth/young adult.

ITEM 21/TABLE 15i. Determinations…	**SFY2020**	**SFY2021**	**SFY2022**
15i. Has DCF completed the necessary steps to address the needs of the family, during the period under review?	**90.7%**	**92.6%**	**87.7%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Item 21/Table 15j summarizes FCR Panel determinations regarding whether necessary actions and essential changes for achieving the Permanency Plan were demonstrated. These include consideration of federal Adoption and Safe Families Act (ASFA) guidelines such as:

- Reasonable efforts provided in a timely manner to reunify the family
- Filing of a Termination of Parental Rights (TPR) for children/youth under age 18 who have been in care for 15 of the past 22 months—unless there is a documented exception
- Timely recruitment

Item 21/Table 15j indicates that for FCRs convened during SFY2022, the FCR Panel determined that 92.1% of the reviewed Permanency Plans should be maintained. Conversely, 7.9% were determined to require an Area Office review and/or a Permanency Planning Conference (PPC).

Item 21/TABLE 15j. Determinations…	**SFY2020**	**SFY2021**	**SFY2022**
15j. The extent of progress made toward achievement of the permanency plan. ○ Were necessary actions and essential changes for achieving the child/youth/young adult's Permanency Plan demonstrated?			
MAINTAIN PERMANENCY PLAN	**92.0%**	**92.8%**	**92.1%**

Permanency Plan Achieved	0.2%	0.1%	0.1%
Sufficient/Maintain Permanency Plan	42.7%	42.7%	39.8%
Insufficient/Maintain Permanency Plan	45.8%	46.7%	48.9%
Permanency Plan Changed within the last 45 days	3.3%	3.3%	3.3%
CHANGE PERMANENCY PLAN	**8.0%**	**7.2%**	**7.9%**
Insufficient/Change Permanency Plan	6.7%	5.9%	6.6%
Permanency Plan does not reflect casework direction	0.5%	0.5%	0.6%
Circumstances Changed and Permanency Plan is no longer relevant	0.9%	0.8%	0.7%

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

DETERMINATION – Maintain Permanency Plan (92.1%)

- Sufficient: Of the children/youth/young adults reviewed during SFY2022, 0.1% had a Permanency Plan determined to have been achieved and 39.8% had a Permanency Plan determined to be sufficient and therefore should be maintained. A sufficient Permanency Plan is one in which the following criteria are met:
    - most but not all of the essential changes have been achieved to accomplish the Permanency Plan
    - tasks have been identified to achieve the remaining essential changes
    - progress is being made toward reducing or eliminating identified needs/dangers/risk
- Insufficient: In 48.9% of reviews, the FCR determined that there was insufficient progress towards the Permanency Plan, but determined that circumstances warranted allowing additional time to complete tasks and demonstrate change within the existing Permanency Plan.
- Of the Permanency Plans active at the time of the FCR, 3.3% were in effect for 45 calendar days or less. As such, FCR Panel could not review progress and make a determination.

DETERMINATION – Change Permanency Plan (7.9%)

- The FCR Panel determined that 6.6% of the reviewed Permanency Plans should be changed.
    - Though DCF provided services and despite allowing reasonable time, necessary or essential changes for achieving the Permanency Plan were not made, or successfully completed, and a new Permanency Plan is needed to meet the child/youth/young adult's need for permanency.
- The FCR Panel determined that 0.6% of the reviewed Permanency Plans should be changed because the Permanency Plans did not reflect casework direction.
- The FCR Panel determined that in 0.7% of the reviews convened during FY2022, circumstances had changed and therefore the Permanency Plan was no longer relevant and should be changed.

Foster Care Review Follow-Up Activities

The FCRU has three formal opportunities to follow up and address the findings of the FCR. Each opportunity serves as a feedback mechanism for improving case-specific practice.

1. The first is within the FCR meeting itself, including the robust conversation about the case and what has happened since the last FCR.
2. The second opportunity is through the alert notice and FCR memo processes. All Items flagged in the alert notice and FCR memo require resolution by the area office. The feedback loop is closed once the FCRU or manager receives notification that the issues have been resolved and/or a plan is in place for resolving the alert and memo.
3. The third opportunity is through the written FCR report which is transmitted to multiple parties including the area office. This memorializes the identified strengths and areas needing improvement and serves as an additional opportunity for relevant parties to address any concerns. This report is used at the

subsequent FCR to identify areas that need to be reviewed or assessed during the FCR. The area office is then charged with addressing any issues or determinations requiring remedial action.

FCR Documentation: Immediately following the FCR, the case reviewer is responsible for summarizing all determinations and recommendations; identifying each panelist's agreement or disagreement with each of the determinations; and documenting this information in the electronic case record. The FCR manager reviews and approves the documentation of the FCR in the electronic case record and notifies and distributes the copies to the assigned Social Worker, parent(s)/guardian(s); adult guardian for an incapacitated person; youth or young adult; child, youth, or young adult's attorney; parent's attorney; the placement resource; and the guardian ad litem, if assigned. The assigned social worker is responsible for working with the family, youth, and young adult to update the Action Plan for the next six months based on the FCR's determinations.

Permanency Planning Conference: If the determination is made that a child, youth, or young adult's permanency plan be changed or when a majority opinion cannot be reached by a three-member panel, the area director/designee coordinates with the regional counsel to convene a Permanency Planning Conference.

Alert Notice: If concerns for a child, youth, or young adult's safety are identified during an FCR, the case reviewer immediately notifies the FCRU manager of the concern. The FCRU manager sends an Alert Notice immediately to the area director. The area director responsible for the case is required to document a response to the Alert Notice within one working day. The feedback loop is considered closed once the FCRU manager receives notification that the issues have been resolved and/or a plan is in place for resolving the alert. The FCRU is working with IT to develop a systematic approach for automating the tracking of safety concern alert resolution. This will permit the development and reporting of metrics. Until then, the FCRU is responsible for ensuring follow-up on all safety concern alerts.

FCR Memo: For all other concerns identified during a Foster Care Review, the case reviewer completes a Foster Care Review Memo (FCR Memo) that describes the concerns. Issues identified for an FCR Memo include, but are not limited to:

- clinical issues regarding the child or youth's placement that need immediate review;
- visitation issues, including insufficient visits to the child(ren), youth, or young adult by the social worker;
- concerns regarding medical needs;
- 51A filed by the case reviewer;
- significant delay/barrier to achieving permanency for the child(ren), youth or young adult;
- issues related to Interstate Compact;
- no legal custody of a child or youth in placement;
- no active Voluntary Placement Agreement for a young adult in placement; and
- no approved licensed home study of a family resource.

The FCR Memo is sent within one working day to the area director responsible for the case and any other agency manager who can assist in the resolution of the issue identified. The FCR Memo is also reviewed by an FCRU manager to determine if an Alert Notice is needed. The area director responsible for the case must document a response to the FCR Memo within 30 calendar days and indicate the action taken to resolve the issue.

For situations where concerns were identified at the last FCR and no action was taken, the FCRU Director sends a notice to the area director or regional counsel based on the items identified by the FCR within 10 calendar days after the Foster Care Review. The area director or regional counsel must then document a response to the notice within 30 calendar days and indicate any new action taken to resolve the concern first identified and what barriers, if any, are present that prevent the resolution of the concern.

The Department of Children and Families offers that we have achieved substantial conformity for Item 21.

Item 22: Permanency Hearings

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the permanency hearing process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

B. Case Review System

Item 22: Permanency Hearings

State Response:

Laws, Policies and Established Practices in Place:

The Massachusetts General Laws requires the Court to schedule a permanency hearing within 12 months of the original grant of custody and every 12 months thereafter to review the permanency plan for the child. *MGL c. 119, § 29B(a)*. If the Court determines that reasonable efforts to preserve and reunify the family are not required, the permanency hearing is held within 30 days of that determination. The Massachusetts Trial Court has also established uniform rules to provide a consistent procedure for these hearings. *Trial Court Rule VI: Uniform Rules for Permanency Hearings.* Juvenile Court Standing Order 1-18 requires the Court to send a list of the scheduled hearings to the Department 90 days prior to the scheduled hearing date. Within 30 days of the receipt, DCF reviews the list and notifies the court of children who are no longer in the care or custody of the Department or have returned home for more than 6 months. No less than 45 days prior to the scheduled date for the permanency hearing, the court notifies all parties of the permanency hearing date and within 30 days of the scheduled date DCF is required to file a permanency hearing report.

In addition to the lists received from the Court, DCF has its own monitoring system to determine when permanency hearings are due for each child in DCF custody. DCF runs a monthly report of all children in placement, with key information such as the child's age, permanency goal, the last permanency hearing date, the due date for the next permanency hearing and the next scheduled permanency hearing date if available. This report provides a monitoring mechanism to assist with scheduling timely permanency hearings on an annual basis, particularly where the date the child entered placement and the date the court granted custody to DCF are not always the same. In 2017, DCF hired a team of paralegals to monitor permanency hearings, including establishing procedures for obtaining and filing permanency hearing reports with the court, prior to the scheduled hearing date.

The Department's Permanency Planning Policy also specifies when Permanency Hearings are to be conducted. These include (1) within and no later than 12 months after the court grants the Department custody, the child enters placement or a Voluntary Placement Agreement (VPA) is signed—whichever occurs first (or within 60 calendar days after court extends a VPA); (2) every 12 months thereafter as long as child remains: (a) in placement, including young adults over 18; or (b) in Department custody even if at home for less than 6 months; or (c) within 30 calendar days after a judicial determination that reasonable efforts to reunify the family are not required. The Court's and Department's processes provide a 60-day buffer from the date a child has entered foster care as that is defined under Title IV-E of the Social Security Act.

- **What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.**

The Department used SFY2022 data from AFCARS, as well as data entered into the Department's case management system, i-FamilyNet, to inform the observations contained herein. Specifically, the Department focused on two groups of children from AFCARS:

1. **Cohort 1** – Children who entered placement prior to July 1, 2021, and placement start date was less than 12 months from the start of SFY2022 (e.g., the first permanency hearing is expected to occur during SFY2022); and
2. **Cohort 2** – Children who entered placement prior to July 1, 2021, and placement start date was more than 12 months from the start of SFY2022 (e.g., at least one subsequent permanency hearing is expected to occur during SFY2022).

For the first cohort of children, the Department reviewed the data in i-FamilyNet to see if the children had a permanency hearing scheduled within the first 14 months of placement. For the second cohort of children, the Department reviewed the data in i-FamilyNet to identify the last permanency hearing scheduled prior to July 1, 2021, then identified the "next" scheduled permanency hearing to determine if these children had a subsequent permanency hearing scheduled within 12 months.

- **Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.**

The Department relies on attorneys and/or legal support staff (e.g., paralegals or clerks) to input court dates, including permanency hearings, into the Department's electronic record. The information extracted from i-FamilyNet is reliable (i.e., reflects what has been entered). However, not all court dates may be entered into i-FamilyNet, as some of the Department's staff may use off-line techniques to manage their schedules. In addition, there may be inconsistency in documenting permanency hearings in i-FamilyNet. Specifically, in the Department's Central MA Region, some attorneys have recorded the first permanency hearing as an "interim permanency" as the court has required the first permanency hearing to be scheduled within 6 months. In other regions, the use of "interim permanency" is limited to status hearings involving youth in permanent custody and no findings are made related to plan or goals for the child. Since this is not consistently entered, data related to "interim permanency" hearings has been excluded. These inconsistencies in documentation have been addressed and should not impact data collection going forward.

Improved data sharing between the trial court's docketing system and the information in i-FamilyNet would more reliably reflect the permanency hearings scheduled.

Other limitations, include:

- Delays in scheduling the initial permanency hearing, as some courts may not schedule the initial permanency until the conclusion of the temporary custody hearing. Although these hearings should occur within 72 hours of the original grant of custody to the Department, several factors have resulted in temporary custody hearings taking weeks or months to conclude; and
- Courts do not routinely schedule permanency hearings for children that enter DCF custody through applications for Children Requiring Assistance.

- **What does the evidence show with respect to the system functioning statewide?**

Cohort 1

- For children who entered placement prior to July 1, 2021, who had been in placement for less the 12 months, 62.4% had a documented permanency hearing scheduled within 12 months of the date that the child is considered to have entered foster care (i.e., within 14 months of the placement start date).
- An additional 7.5% had their initial permanency hearing scheduled, but the court date was outside the required timeframe, but within 12 months of the timeframe.
- The remaining 30.1% of children did not have a scheduled permanency hearing documented in i-FamilyNet.

Cohort 2

- For children in placement for more than 12 months as of July 1, 2021, 70.6% had a documented subsequent permanency hearing scheduled within 12 months of their previous permanency hearing.
- An additional 10.4% had a permanency hearing scheduled in SFY2022, but the court date was outside the required timeframe, but within 12 months of the timeframe.
- The data also shows that 16.2% of the children had a previously scheduled permanency hearing, but the date was more than 12 months in the past with no future permanency hearing dates scheduled.
- Lastly, 2.8% of the children in Cohort 2 have no history of a scheduled permanency hearing documented in i-FamilyNet in SFY2022.

- **What does the evidence identify as areas of strength?**

The evidence shows that 62.4% of the children placed in foster care prior to the start of SFY2022, but for less than 12 months as of July 1, 2021, had permanency hearings scheduled within the first 14 months of the children's placement, and that an additional 7.5% had the initial permanency hearing scheduled in SFY2022 even though it was not within the 14-month timeframe. In total, 69.9% of children in this cohort had their initial permanency scheduled in SFY2022, even though the first hearing may not fall within the initial 14 months of the child's placement.

Furthermore, 70.6% of the children who remained in placement for more than 12 months had subsequent permanency hearings scheduled within 12 months of their previous hearing, and an additional 10.4% had their subsequent hearing scheduled in SFY2022, but beyond the 12-month target. In total, 81.0% of children in placement for more than 12 months had permanency hearings scheduled, even if the subsequent hearing did not occur within 12 months.

- **What does the evidence identify as areas in need of improvement?**

Improved data quality would ensure that the Department's case management system more reliably reflects all of the permanency hearings scheduled in the courts. In an effort to address this, the Department recently hired a dedicated data management analyst who is tasked with improving legal reporting. The data management analyst will work with the DCF Office of the

General Counsel to develop targeted reports for legal managers. These reports will be utilized to:

- Ensure data reliability.
- Identify performance measures to better understand where and why permanency hearings are not occurring timely—with the goal of reducing those barriers.

In addition, data quality would vastly improve if there was improved data sharing with the Juvenile Court. For example, the Department and the Juvenile Court currently share data related to new Child Requiring Assistance cases, so that the legal cases are populated in i-FamilyNet. Collaboration between the Department and the courts could ensure that all court dates are populated in i-FamilyNet, as opposed to relying on the existing system of written notices and manual data entry.

- **What does the evidence show with respect to stakeholders' experience with the permanency hearing process?**

Evidence related to the permanency hearings was shared with a subgroup of external stakeholders (i.e., Stakeholder Engagement Committee). These stakeholders included: court personnel, attorneys for parents and children, judges, and provider groups. While the i-FamilyNet data did not invoke any comments or concerns, some members expressed that the permanency hearings felt more meaningful when the hearings were scheduled throughout the month, as opposed to the courts that dedicated one or two days per month for permanency hearings. Specifically, individuals noted that scheduling the hearings for a specific day reduced the hearings to an administrative function, as opposed to an opportunity to truly review the plan and the services provided by the Department.

One stakeholder subgroup member offered the following:

> *"There are many issues with the permanency hearings: Trial Court rules not consistently followed, court being flexible regarding scheduling (e.g., delayed scheduling due to future trial dates), reports from social workers not being filed timely, and lack of youth participating in hearings. In my opinion the court does not value the hearings as an important tool to timely permanency."*

On the whole, the stakeholder subgroup asked if there was any data from a national level, which demonstrated that compliance with the requirement improved permanency outcomes. If such data existed, it could help change the mindset of all interested parties regarding the importance of these hearings.

In addition to the external stakeholder subgroup, the Department convened targeted focus groups to better understand stakeholder experience with permanency hearings. Toward this end, separate meetings were convened with: (1) child and parent attorneys; (2) unrestricted foster parents; and (3) kinship foster parents.

With respect to increasing children's attendance at permanency hearings, it was clear that there is inconsistency in this area. The general consensus among the child/parent attorney group was that not all courts encouraged children to attend or if they were encouraged to attend, obstacles—including transportation and the timing of the hearings, made attendance impractical. Other issues identified by the attorney focus group included: (1) courts conducting permanency hearings administratively absent an objection from one of the parties; and (2)

social worker reports were delayed, incomplete, unchanged or submitted too early based on court rules (e.g., the goal changed to adoption after the report was submitted).

In speaking with foster parents, common themes related to permanency hearings included: (1) foster children were not consistently encouraged to attend by their attorneys; (2) inconsistent notice to foster parents; (3) administrative hearings presented challenges for foster parent involvement; and (4) lack of understanding the outcomes of permanency hearings or trials, as foster parents are not parties to the case.

- **How do the findings compare to CFSR Round 3 performance (Sep-2015) in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?**

Compared to the 2015 CFSR Round 3, the timeliness of permanency hearings has greatly improved. The Department has increased the rate of timeliness of initial permanency hearings from 52.1% to 62.4% (19.8% improvement), and the rate of timeliness of subsequent permanency hearings from 47.3% to 70.6% (49.3% improvement).

By hiring a team of paralegals to track the permanency hearing process, the Department has better documented hearing dates and submission of court reports. Improvements could likely be made by leveraging data transfers between the courts and the Department's i-FamilyNet system—eliminating a manual documentation process.

Overall, the Department asserts that there are sufficient laws, policies and controls to ensure that permanency hearings occur in accordance with the requirements set forth in both State and Federal law. All stakeholders see opportunity for improvement to ensure there are no gaps in the system and to make progress towards more meaningful permanency hearings for parents, children, and foster parents.

Item 23: Termination of Parental Rights

For this item, provide evidence that answer this question:
How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the TPR process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

B. Case Review System

Item 23: Termination of Parental Rights

State Response:

Laws, Policies and Established Practices in Place:

The Massachusetts General Laws[1] establish a requirement that DCF file for termination of parental rights (TPR) for any child who had been in placement for 15 of the past 22 months, unless the Department had documented in its case plan a compelling reason not to.

Policy with Structured Data entered into Electronic Case System:

The Department's permanency planning policy requires that a permanency planning conference (PPC) occur when a child is in care for at least 9 months, unless a conference already occurred. The goal of adoption and resultant filing of a TPR is considered at all PPCs. An area office manager chairs the PPC and the family's social worker and supervisor, area adoption supervisor, family resource worker and supervisor as well as the Department attorney assigned to the case or a legal manager attend. The conference and its outcome are documented in i-FamilyNet.

In conjunction with the policy, if a child's goal is not changed to adoption at the permanency planning conference a compelling reason must be documented in the Department's electronic case record.

The TPR exceptions include the following and must be approved by the Area Director or designee:

1. Child in Department custody placed with kin; neither they nor any other kin is currently interested in adoption/guardianship, and it is in child's best interests to remain with current kin caregiver.
2. Critical services, identified in the Action Plan and necessary for child's safe return home within specified timeframe, have not been available.
3. Department has documented compelling reason why TPR action is not in child's best interests, i.e.:
    - parents are utilizing services productively and eliminating/ameliorating circumstances requiring placement; will enable child to return home within 6 months or less;
    - for older child, permanency plan other than adoption offers highest possible level of family connection, including physical/emotional/legal permanence;
    - child requires placement due to emotional/ behavioral/physical needs; parents are involved/determined to be fit, responsible and committed to being child's permanent family; or
    - any other compelling reason established by Regional Clinical Review Team and approved by Regional Director or their designee.

A report (RP210 Children in Placement) is generated from the structured data entered in i-FamilyNet as a result of the PPC and distributed on a monthly basis to the clinical and legal

[1] M.G.L. c. 119 s. 26(4)

mangers of the agency. As of November 30, 2022, there were 6,536 children in placement for 15 of the past 22 months. Of those, 60.16% were either freed for adoption (1,413), had a TPR filed (1,545), or had an exception for not filing (974).

Based upon Item 5 (Permanency Goal for Child) practice performance on OSRI reviews conducted by the DCF CQI Unit between April 1, 2022 and September 30, 2022, DCF either filed or joined a termination of parental rights petition in a timely manner, or an exception applied in 90.0% of the 40 applicable cases.

While the OSRI data is an indication that the Department's system to identify cases in which a TPR petition must be filed is functioning well, the OSRI results are discrepant from the Children in Placement Report. The Department relies on attorneys/paralegals to indicate when a TPR is filed, and it is possible that the court case type has not been changed in all instances once a TPR is filed. In addition, the decision to change a permanency goal may be deferred at the conclusion of a PPC which may also contribute to the discrepancy; the number of deferrals are not available in structured data.

Additional areas of strength are the permanency reviews and initiatives described below which (a) serve as opportunity to ensure that a TPR is filed once a child's goal changes to adoption and (b) identify and remove barriers early in the case which contribute to delays once a goal of adoption is identified:

Reviews which ensure a TPR has been filed:

Quarterly Adoption Reviews:

DCF conducts a review of all children with a goal of adoption on a quarterly basis – an ongoing practice since 2012. Reviews are conducted in each region and include regional office staff from both the clinical and legal divisions as well as staff from the adoption support unit and area office. The quarterly reviews are designed to identify barriers to achieving the goal of adoption, which includes ensuring that a TPR was filed timely, especially in cases where a Court entered an adjudication of unfitness previously and the Department must file a Motion for Review and Redetermination to proceed with a TPR trial pursuant to M.G.L. c. 119 s. 26(c).

Foster Care Reviews:

Foster care reviews (FCR) which occur every six months also provide an opportunity for DCF to ensure a TPR is timely filed. If a foster care review panel identifies a delay in attaining permanency during the FCR, the Director of the Adoption Unit is alerted of the delay. The Director then reviews and follows up with the Area Office and FCR staff when appropriate. The Director of Adoption also communicates with the General Counsel or other relevant legal management when further legal review is indicated.

Reviews which ensure barriers to delays are removed early:

Initial Placement Reviews:

An initial placement review (IPR) is conducted in all cases when a child comes into the custody of DCF. Initial Placement Reviews are held within 45 days of children entering placement and involve agency staff, parents, attorneys for the parents and children and placement resources. The focus of the IPR is to evaluate the reasons for the child's placement, identify and plan for

the child's needs, identify services and supports to stabilize placement resources, identify potential relative placements, and establish a goal that is in the child's best interests.

In May of 2019, Initial Placement Reviews were piloted in 5 area offices[2]. Prior to the onset of the pandemic in March of 2020, the IPR process was rolled out in 10 area offices. Implementation of the remaining offices was delayed due to the COVID pandemic and concluded in June 2021. Initial placement reviews were codified into the Department's interim reunification policy issued May 28, 2021. The Department's Agency Improvement Leadership Team (AILT) permanency workgroup is tasked with ensuring IPR's occur consistently across all area offices for children that enter DCF care/custody. A structured data report (HREs Needing Initial Placement Review-Aging Report) was placed into production in December of 2022 and is being used to determine baseline compliance with this policy requirement and to establish targets for increased compliance.

Managers Permanency Tool:

DCF is piloting a permanency tool for managers to assist in ensuring that social workers and supervisors are collecting and considering all relevant information needed to inform timely and effective permanency planning for every child in care at the key decision points in a case: response, IPR, FCR and PPC. In part, the development of the questions used in the permanency tool were informed by common barriers identified in the quarterly adoption reviews. By prompting staff to take action that eliminates commonly identified barriers to permanency earlier in the process, permanency can be achieved more quickly. The tool is being piloted in 5 offices during the last quarter of CY2022. In the first quarter of CY2023, 5 additional offices will receive training on the tool.

Additional Strategies:

Staffing investments:

DCF created and will staff a Permanency Practice Unit. The unit is comprised of a Permanency Manager and five Permanency Specialists tasked with supporting and providing consultation to Area and Regional staff regarding permanency goals and decision-making.

In SFY2022, the legal division received authorization to add 14 staff attorneys, 11 paralegals and 5 clerks. This addition of staff is expected to streamline production of discovery and assist attorneys with trial preparation as well as increase capacity related to the filing of Adoption and Guardianship Petitions.

Digging deeper – Identified Barriers to Permanency:

While the filing of TPR proceedings occurs in accordance with required provisions, both the rate of finalized adoptions within 24 months and the median time to adoption suffered in SFY2021, likely due to the pandemic and resultant reduction in court operations during the pandemic height. SFY2022 saw a slight improvement over SFY2021 as demonstrated in the data extracted from i-FamilyNet, below.

[2] Prior to Initial Placement Review the department conducted a 6 week placement review. The IPR is a more focused and inclusive review to ensure that there is clarity of expectations and sets forth the ideal that all decisions be made in the best interest of the child.

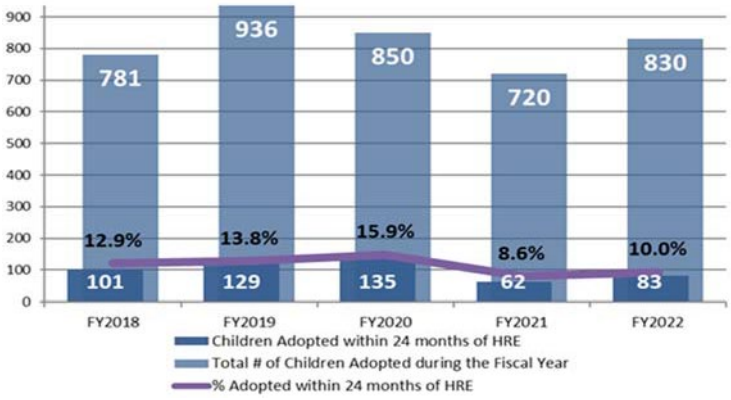
Permanency Outcome – Adoptions – CFSR-2

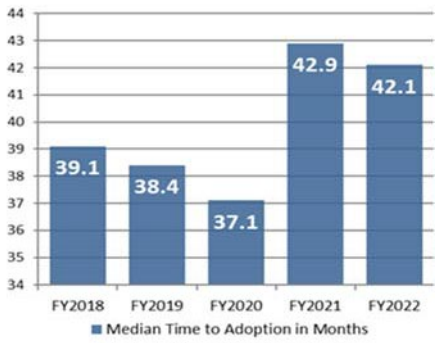
Table 1/Figure 1 shows that the rates of adoption within 24 months of HRE increased between SFY2018 and SFY2020. Notwithstanding the COVID-19 pandemic-related suspension of adoption legalizations between March 16 and May 4, 2020, 850 adoptions were legalized in SFY2020. The pandemic's impact on adoption legalizations was most evident in SFY2021. SFY2022 ended with 830 adoption legalizations – 110 more adoptions than SFY2021 (a 15% increase from the prior year).

TABLE 1. Timeliness of Adoptions – CFSR2	**SFY2018**	**SFY2019**	**SFY2020**	**SFY2021**	**SFY2022**
Total # of Children (0-17) Adopted during the Fiscal Year (denominator)	781	936	850	720	830
Children (0-17) Adopted within 24 Months of Home Removal (numerator)	101	129	135	62	83
Measure 2.1: Of all children who were discharged from foster care to a finalized adoption during the 12-month period ending with the selected Fiscal Year, what percent were discharged in less than 24 months from the date of the latest removal from home?	**12.9%**	**13.8%**	**15.9%**	**8.6%**	**10.0%**
Measure 2.2: Median Time to Adoption in Months	**39.1 mos.**	**38.4 mos.**	**37.1 mos.**	**42.9 mos.**	**42.1 mos.**

Measure 2.1 – higher score is preferable
Measure 2.2 – lower score is preferable

FIGURE 1. Timeliness of Adoptions





Stakeholder Focus Groups

A focus group of foster parents reflected the frustration felt when Care and Protection proceedings do not occur timely; in the words of one foster parent: "As far as dates [for trial], it's laughable – we had a child that moved in at age 9 and adoption didn't happen until 14. Another child moved in when she was 7, she's looking at guardianship now, and she's going to be 14 in March."

A focus group of attorneys appointed to represent both parents and children in Care and Protection Proceedings identified the following barriers to achieving timely resolution of cases:

- Insufficient amount of time devoted to trials; temporary custody hearings required at the outset of the case[3] take priority and there is a backlog of cases waiting to go to trial as a result of the pandemic

[3] See M.G.L. c. 119, s. 24

- Inadequate number of Judges
- Inadequate number of court investigators[4]
- Lack of timely and accessible services for parents
- Court cases remaining open longer than they need to be; a child has returned home to a parent, yet DCF is unwilling to dismiss the Care and Protection
- Inability to receive timely discovery from DCF
- Inadequate number of defense counsel to accept appointments for representation of parents and children
- Lack of frequent and meaningful family time
- Poorly skilled attorneys resulting in a lack of advocacy for parents and children
- Inadequate opportunities for counsel to collaborate in an effort to settle cases short of trial
- Inflexibility in parameters of open adoption agreements; majority of agreements allow for two parent-child visits a year rather than taking into consideration the specifics of the parent-child relationship

The Administrative Office of the Trial Court convened a permanency work group in Sep-2022 with stakeholders from the child welfare system, including Juvenile Court Judges, Court Clerks, DCF Legal and Clinical Staff, CPCS Legal and Clinical Staff and the Office of the Child Advocate to identify both barriers and solutions to permanency. The group meets monthly and is in the process of recommending what barriers should be targeted for resolution along with proposed solutions.

How do the findings compare to the 2015 CFSR Round 3 performance in this area?

The Department received an overall rating of Area Needing Improvement for Item 23 based on information from the statewide assessment and stakeholder interviews. During the onsite review, results indicated that for one-third of the children who were in care for 15 of the most recent 22 months, the required provisions for filing of termination of parental rights or documentation of a compelling reason had not occurred. Although stakeholders largely believed that filing was occurring timely, case review information collected during the CFSR review did not support this hypothesis. The MA CFSR3 PIP included targeted strategies and activities to improve performance.

Based upon the most recent OSRI review, in 90% of the cases reviewed, a TPR was filed or an exception to filing was documented in a timely fashion. This indicates notable improvement in performance for this systemic factor.

[4] A court investigation is required to be filed in every Care and Protection Petition pursuant to M.G.L. c. 119, s. 24, which states, "Upon the issuance of the precept and order of notice, the court shall appoint a person qualified under section 21A to investigate the conditions affecting the child and to make a report under oath to the court, which shall be attached to the petition and be a part of the record."

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address both components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with the hearing and review notification process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

B. Case Review System

Item 24: Notice of Hearings and Reviews to Caregivers

State Response:

CFSR R3 Performance: In the 2015 CFSR Round 3 review, Massachusetts received an overall rating of Area Needing Improvement for Item 24. Findings were determined based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Massachusetts described challenges in ensuring that caregivers of children in foster care are notified of and have a right to be heard in any review or hearing. Stakeholders reported that caregivers are typically notified of and invited to attend reviews and hearings by caseworkers or by written notice.

Notice and Right to be Heard at Trial on the Merits, Permanency Hearings

Massachusetts General Laws c. 119 s. 29D establishes the right of foster parents, pre-adoptive parents and relative caregivers to be provided with notice of and the right to be heard at both trials on the merits and permanency hearings.

The Department uses several mechanisms to ensure that foster/pre-adoptive and kinship foster parents are aware of their rights under this requirement and of the dates the cases of children in their care are in court, including the following:

1. Foster/pre-adoptive parents are informed during the Massachusetts Approach to Partners in Parenting (MAPP) training they attend before they are licensed as foster parents;
2. Foster/pre-adoptive parents are given a resource guide, which includes a section on the right to attend hearings and the right to be heard;
3. Family resource workers and the social workers for the children placed in the home conduct routine home visits, during which they inform the foster/pre-adoptive parents about upcoming court dates;
4. The DCF legal department sends a formal notice to the current caregiver for both permanency hearing dates and trial on the merits dates. A template letter is available in i-FamilyNet to facilitate this requirement. The letter pre-populates with the current caregiver based on placement data in i-FamilyNet. This helps to ensure that as children's placements change, there is not an additional burden on either the legal or clinical staff to send the notice to the correct caregiver;
5. The Department has created a Foster Parent Portal. Once licensed, a foster parent receives a welcome email that introduces FosterMA Connect, and automatically creates an account. Their username/temporary password is sent to them with a link to log in. Foster/pre-adoptive parents who choose to use the portal have access to a calendar of upcoming dates, including permanency hearings and trials;
6. In addition to DCF, the children's lawyers can also be a source of information to the current foster or pre-adoptive parents about the court process and notification of upcoming hearing dates. The child's attorney is required to visit the child client in the placement at least every quarter, and more often if needed.

The notice generated in i-FamilyNet:

- Notifies the caregiver that they have the right to attend and be heard at the upcoming permanency hearing or trial,
- Provides the name of the DCF attorney assigned to the case with a telephone number to contact the attorney, and
- Reminds the caregiver of the name of the child's social worker assigned to the case along with a phone number to reach the worker in the event the caregiver has questions.

Sources of Data/Evidence

The legal division does not collect structured data regarding notice of permanency hearings and trial dates. While notices are uploaded as a .pdf into the electronic documents section of each individual legal case upon being "sent" to the caregiver, these uploaded documents are not searchable in i-FamilyNet. The DCF legal division is consulting with IT to change permanency hearing and trial date notices to caregivers from unstructured to structured data elements. This will permit reliable data reporting.

The legal division hired a data analyst in Jan-2023 to develop data reports and conduct data analysis for the legal division on key performance measures, including notification to caregivers (dependent in IT changes).

The Juvenile Court does not have reliable data regarding attendance of caregivers at court hearings. Caregiver attendance at court is documented as "foster parent" or "other." There is no ability to discern how often "other" is used in place of "foster parent."

Caregiver Experience

The Department convened a foster parent focus group to assess their experiences related to Item 24. Members of the foster parent focus group reflected that the receipt of notices for permanency hearings or trials was inconsistent and while the notice stated that they have the right to attend and be heard, in practice social work staff did not encourage foster parents to attend the trial. The focus group's consensus was that the notification of the right to attend and be heard in contrast to what occurs in practice, sends a mixed message to foster parents.

Moving to Solutions

The notices issued by the legal department were impacted by the COVID pandemic, as the Court reduced its operations for a period of time. As COVID restrictions have lifted, these notices have been reinstituted by the legal division.

The existing process relies on DCF legal staff to enter hearing and trial dates into i-FamilyNet once these dates are scheduled by the Court. The Department's administrative staff are unable to generate a notice if these dates are not documented in i-FamilyNet. Further, if hearings are virtual, the assigned DCF attorney must ensure that the Zoom link is provided to the staff generating the notice so that the link is included with the notification. Otherwise, the caregiver is unable to join the virtual hearing.

Additional staffing investments are currently underway in the legal offices to hire 14 additional attorneys and 11 paralegals. This will permit all five legal regions to work on increasing data

entry of court events and ensure a standard process is followed by administrative staff to generate and send trial notices.

Increased use of the foster parent portal will also assist in the receipt of notification of reviews and hearings, given that foster/pre-adoptive parents who register to use the portal have access to upcoming hearing and trial dates through the portal.

The Department has proposed a solution which would increase consistency of hearing and trial date notification to caregivers. This proposal would establish “read only” access between DCF and the Mass Courts electronic docket. With this level of access, DCF administrative staff could directly access court events contained in the Mass Courts system. Thereby eliminating the reliance on DCF staff attorneys to enter permanency hearing and trial dates in i-FamilyNet. This proposed solution would eliminate a potential point-of-failure and would support consistent and timely notification to caregivers. While this solution has been broached with the Court, it is not clear that the Court has the ability to allow secure read-only access to Care and Protection cases given the highly confidential content of the Court docket and the limitations of the Court’s current IT system.

Notice of Foster Care Reviews

The Department’s regulations require that notice of the 6-month Foster Care Reviews (FCR) be sent to the substitute caregiver for the children in placement, which includes their right to attend the review. 110 CMR 6.12(4).

Every month the assigned social worker is provided with a list of cases that are due to have a FCR scheduled within two months. The notice to the social worker provides a list of invitees for the social worker to review and update. The list always includes the parents if open and the current foster parent or congregate care provider, depending on the child’s placement. The list is reviewed by the Foster Care Review Unit (FCRU), which schedules the date of the FCR. The Foster Care Review Unit completes scheduling at least thirty days prior to the review month in order to allow for timely notice. Upon scheduling completion, FCR invitations are mailed to the child’s foster parent or congregate care provider. A Webex invitation is subsequently provided to each placement resource in order to join the virtual review meeting.

The Foster Parent Portal, which was piloted in the fall of 2020 and implemented for all foster families in September 2021, displays scheduled foster care reviews for any children placed in the foster parent’s home. Use of the portal by foster parents continues to increase as additional functionality and information becomes available on the portal, which in turn incentivizes its use.

Following the review, the FCRU case reviewer writes a report detailing what occurred in the review. This report is forwarded electronically to the social workers as well as parent and child attorneys. The report is mailed to the parents and the foster parents or congregate care providers, even if they did not attend the review.

The FCRU utilizes a report which provides data on the number of foster parents invited to reviews each month as well as the number who attended the review.

In the periodic review section, Item 21, it is noted that in SFY2020, 87.2% of caregivers were invited to the foster care review and 67.6% attended. In SFY22, 83.3% of caregivers were invited to the foster care review and 79.7% attended. This is an increase in attendance of

17.9%. A possible explanation for the increase in attendance in SFY22 is the shift from in person to virtual foster care reviews. Participants no longer must physically travel to an area office to attend a review which facilitates attendance.

ITEM 21/TABLE 6 redux. Mandated FCR Participant – Invited and Attended	**SFY2020**			**SFY2022**			**Attended % Increase SFY2020 to SFY2022**
	Invited	**Attended**		**Invited**	**Attended**		
Placement Resource (i.e., foster parent/group care provider)	**87.2%**	**67.6%**		**83.3%**	**79.7%**		**+17.9%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

C. Quality Assurance System

Item 25: Quality Assurance System

For this item, provide evidence that answers this question:
How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the five components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the QA/CQI process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

C. Quality Assurance System

Item 25: Quality Assurance System

State Response:

CFSR R3 Performance: In the June 2015 CFSR Round 3 review, Massachusetts received an overall rating of Area Needing Improvement for Item 25 based on information from the statewide assessment and stakeholder interviews.

- In the statewide assessment, Massachusetts described several components of the state's continuous quality improvement (CQI) system but was unable to demonstrate the integration of these components. The state's past qualitative reviews were ad hoc in nature and did not provide the state with information about the quality of its services and the strengths and needs of its service delivery system. The state is developing a new case review process that is currently in its foundational stage.
- Stakeholders confirmed that a functioning and integrated quality assurance system that uses data and information to inform practice changes or monitor performance is not yet in place.

In January 2014, the Massachusetts 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 the Department of Children and Families (i.e., Department or 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, included a CQI Director and five experienced social workers whose dedicated task was to 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 by end of SFY2019 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

The Department continues to advance the work through the AGILE Scrum framework. 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.

Building a CQI Infrastructure

Based on the information memorandum issued by the Administration for Children and Families dated August 27, 2012, the Department of Children and Families has enhanced its quality assurance processes to incorporate a continuous quality improvement approach. Continuous Quality Improvement (CQI) is:

> "…the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process."[1]

The Department recognizes the components and definitions within the Administration for Children and Families' information memorandum (ACYF-CB-IM-12-07) on *Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies* as a basis for implementation of its CQI system. "The Children's Bureau considers the following five components as essential to a State having a functioning CQI system in child welfare:

1. An administrative structure to oversee effective CQI system functioning,
2. Quality data collection,
3. A method for conducting ongoing case reviews,
4. A process for the analysis and dissemination of quality data on all performance measures, and,
5. A process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process."[2]

Highlighted by the CWLA external audit conducted just prior to the onset of CFSR R3, the Department of Children and Families recognized the need for strong quality assurance/improvement oversight and has subsequently dedicated a unit and staff to that activity. The Department's CQI Unit is dedicated to Quality Assurance/Improvement (QA/QI) across the entirety of DCF statewide.

Now under the leadership of the Deputy Commissioner for Quality Improvement, the CQI Unit is one of five (5) Central Office units within the Department's Quality Improvement Division consisting of:

- Case Investigation Unit (CIU) – reviews child fatalities through a quality assurance/improvement lens
- DCF Child Welfare Institute (CWI) – initial/ongoing staff training and professional development informed by quantitative and qualitative data through a quality improvement lens
- Continuous Quality Improvement Unit (CQI Unit) – primary collection and distribution of agencywide

[1] https://www.acf.hhs.gov/sites/default/files/documents/cb/im1207.pdf
[2] https://www.acf.hhs.gov/sites/default/files/documents/cb/im1207.pdf

quantitative and qualitative data
- Foster Care Review Unit (FCRU) – periodic review of children in DCF care/custody
- Office of Management, Planning and Analysis (OMPA) – serves as the primary liaison between EHS IT developers and DCF management and staff. As a general rule, most of the Department's administrative data is processed by OMPA staff prior to internal/external distribution.

Following an expansion in SFY2022, the CQI Unit now consists of the following thirteen (13) fulltime staff:

- CQI Director
- CQI Quality Manager (2)
- CQI Specialist (10) – social work supervisor-level position

The CQI Unit Director, two managers and ten specialists are Central Office positions. While CQI Specialists assume primary responsibility for their assigned region (two specialists per each of the five DCF regions), they engage in cross-regional QA/QI activities with their fellow CQI Specialists as needed. CQI Specialists report to the CQI Quality Managers, who in turn report to the CQI Director. The CQI Director is a direct report to the Deputy Commissioner for Quality Improvement.

The Department's Quality Assurance/Improvement system meets the five key components of a sound QA/CQI system as laid out in the ACF Information Memorandum. Overall Massachusetts believes that we have the structure and mechanisms in place to meet the following five components:

1. *Foundational Administrative Structure*
    - The Agency Improvement Leadership Team (AILT) is comprised of DCF executive and senior leadership, Regional Directors, and managers from across the state. The AILT serves as a primary foundational administrative structure for addressing complex challenges.
    - Massachusetts has dedicated QA/CQI staff housed in each of the five (5) DCF regions and supervised centrally.
    - CQI Specialists and Quality Managers have years of experience as direct care social workers across various roles within the Department (e.g., intake, response, ongoing, adoption and family resource). The CQI Specialist position is a promotional opportunity for case carrying social workers, and a lateral move for field supervisors. CQI specialists/managers are trained in the Massachusetts child welfare system, they know policy, and can easily navigate the DCF i-FamilyNet (electronic case management system). All CQI Unit hires must be licensed social workers.
    - CQI Unit meets minimally monthly and maintains routine communication via MS Teams (including its chat function). These meetings are used to maintain consistency of case review practice, plan for focused reviews/CQI projects, and problem solve challenges faced by the team.
    - The CQI Unit has clearly established job descriptions and a procedures manual which includes a detailed description of the CQI onboarding/training process and quality assurance strategies.
    - All CQI Unit staff receive Children's Bureau (CB) developed training on the CFSR Onsite Review Instrument (OSRI) and Online Management System (OMS) through completion of the OSRI item specific training modules to ensure that they are meeting the requirements for maintaining the integrity of the tool during case review. The CQI Director ensures that this training/certification is completed. Newly onboarded CQI staff are paired with more experienced CQI peers who mentor them as they complete their required trainings (e.g., OSRI item specific training modules, Data Fellows). CQI Quality Managers and the Director ensure that they receive the support needed to get them to a minimal level of proficiency.
    - The Children's Bureau regional staff provides routine and ongoing technical assistance and secondary oversight. Inter-rater reliability is maintained through first-level (by experienced CQI Specialists) and second-level quality assurance (by experienced Quality Managers), and secondary oversight is provided by the CB.
    - **Supporting detail is available in the "CQI UNIT STRUCTURE, EXPECTATIONS, AND TRAINING" and the "Data Fellows" sections of Item 25's response.**

2. *Quality Data Collection*
    - Massachusetts' i-FamilyNet is an ACF certified SACWIS.
    - Massachusetts has dedicated staff in each region and supervised centrally.
    - The DCF CQI Unit utilizes the OSRI as a review tool which provides clear instruction and guidelines on its use. The online training ensures consistent use. Children's Bureau regional staff provide routine and ongoing technical assistance and secondary oversight. CB staff provide regular feedback and answer questions presented by the DCF CQI Unit which promote reliable use of the OSRI across the CQI Unit staff. Feedback from CB indicates that the Department's CQI Unit is utilizing the OSRI with integrity.
    - The Deputy Commissioner for Quality Improvement provides overarching leadership to the CQI Unit and OMPA. This structure allows for close cooperation and coordination across these two data (qualitative/quantitative) collection and reporting units. The Deputy Commissioner is a member of the Department's Information Technology Governance committee which allows for active voice in quality data collection and reporting.
    - DCF utilizes an executive-level Agency Improvement Leadership Team (AILT) approach that employs an Agile Scrum methodology for agency problem identification and resolution. The AILT is organized into numerous sub-teams assigned to focus on specific agency challenges. The Deputy Commissioner for Quality Improvement captained the data and reporting team from the inception of AILT and continues to be an active member of the AILT. One of the core tenants of AILT is the availability and use of quality data to drive change/improvement.
    - The CQI Unit and OMPA utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. Data reports are tested for accuracy through a sampling audit (i.e., QA report validation).
    - Massachusetts has established systems and resources to utilize and monitor AFCARS data, NCANDS data, CFSR (including Statewide Data Indicators), and NYTD data.
    - **Supporting detail is available in the "CQI Unit Review Process – OSRI Case Reviews" section of Item 25's response, Assessment of Child and Family Outcomes, and Item 19's response.**

3. *Method for Conducting Ongoing Case Reviews*
    - CQI Unit routinely conducts comprehensive case reviews using the OSRI. Along with this, the CQI Unit conducts focused case reviews (e.g., fidelity to policy) and area office/regional/statewide CQI projects.
    - The CQI Unit is the team conducting the CFSR-style care review process which was developed as the means for Massachusetts to measure progress in its PIP following the 2015 Round 3 CFSR. This process has continued as a means for conducting quality case reviews following Massachusetts' completion of the CFSR Round 3 PIP. Specific activities have included routine case reviews (i.e., originally 70 per 6-months now extended to 100 per 6-months as of Jul-2022) as well as focused case reviews, and area/regional/statewide CQI projects. These activities provide valuable quantitative and qualitative data for quality assurance/improvement efforts. These data inform senior management, policy development, pre-service and ongoing staff training refinement on a multitude of child welfare practice points.
    - In preparation for the CFSR Round 4 State-led CFSR, the Department's sampling methodology was strengthened to better align with the federal CFSR methodology. The CB Measurement and Sampling Committee (MASC) has approved the sampling strategy now employed by the Department.
    - The Department utilizes multiple levels of quality assurance on CFSR-style case reviews:
        - First-level conducted by an experienced CQI Specialist peer,
        - Second-level conducted by a CQI Quality Manager, and
        - Secondary oversight conducted by the CB regional office.
    - **Supporting detail is available in the "CASE REVIEW SYSTEM, SAMPLING PLAN, AND PROCESS" section of Item 25's response.**

4. *Process for the analysis and dissemination of quality data on all performance measures*
    - The Department utilizes weekly/monthly/quarterly management reports to track process, policy fidelity and outcome performance measures. The i-FamilyNet system includes Jaspersoft reports which provide management reports on caseload, key process measures, local and federal outcome measures. Jaspersoft reports imbedded in i-FamilyNet include:
        - Adoption and Guardianship Dashboard
        - CFSR (Rounds 1-4) Outcome Measures
        - Foster Care Review Fidelity Matrix
        - Legal Dashboard
        - Medical Visits
    - The Department is in the process of standing-up a set of public- and agency-facing dashboards utilizing industry standard data visualization technology.
    - OMPA Management Analysts are qualified data professionals who aggregate and analyze data. These data are distributed as aggregated and/or disaggregated data at area/regional/statewide levels. Data can be viewed at varying degrees of detail (i.e., consumer, worker, unit, office, etc.).
    - Quality management and outcome data reports are distributed by OMPA to area/regional/state supervisors and managers on a weekly/monthly basis.
    - The Department's Data Fellows institute trains field staff to use data as a management tool.
    - AILT Weekly Metrics are produced and presented at weekly AILT Scrum-of-Scrum (SOS) meetings which include agency leaders and regional and area office managers.
    - The Department posts DCF Annual Reports and Quarterly Profiles which include outcomes on its public facing website.
    - The Department utilizes multiple internal and external stakeholder groups to provide feedback on data reporting (e.g., MA EOHHS, Office of the Child Advocate, Data Work Group, provider trade groups, etc.).
    - **Supporting detail is available in the "CASE REVIEW SYSTEM, SAMPLING PLAN, AND PROCESS" and the "Data Fellows" sections of Item 25's response.**

5. *Process for Providing Feedback to Stakeholders and Decision Makers and As Needed, Adjusting State Programs and Process*
    - Case practice debriefings (OSRI findings) are conducted with the AILT and at Statewide Mangers (SWM) Meeting. These are natural opportunities for providing systematic feedback and facilitating a continuous learning process throughout the agency.
    - Decision makers and key external stakeholders are formally apprised of agency performance through the CFSP/APSR and/or through the existing meeting structure.
    - The CQI Director and Quality Managers provide region/area office specific feedback during routine meetings with the field.
    - Leveraging the Department's robust data reporting infrastructure and the OMS reporting tools, reports detailing performance on the seven (7) outcomes and eighteen (18) items (and 84 sub-items) are readily available for distribution/presentation.
    - Findings are utilized by Department leadership to advocate for and promote statewide program improvements, new initiatives, evaluate training needs, and drive change in policy and practice in partnership with community partners—with the ultimate goal of improving outcomes for children and families.
    - Data informed policy updates have included:
        - Children Who Are Missing or Absent (2018)
        - Foster Care Review (2019)
        - Supplemental Security Income/Retirement, Survivors, and Disability Insurance (SSI/RSDI) (2019)
        - Protective Intake (2016; 2020)
        - Supervision (2021)

    - Family Assessment and Action Planning (FAAP) (2021)
    - Gender Affirming Medication Consent (2021)
    - Disability (2022)
    - Education (2022)
    - LGBTQIA+ (2022)
- Data informed policy updates slated for 2023
    - Reunification
    - Protective Case Practice
    - Licensing of Foster, Kinship, and Pre-adoptive Families
    - Placement Support
    - Protective Intake
    - Institutional Abuse
- The Department's planned public- and agency-facing dashboards will be leveraged to gain efficiencies for providing feedback to decision makers and key internal/external stakeholders.
- **Supporting detail is available in the "FEEDBACK AND CONTINUOUS LEARNING/IMPROVEMENT PROCESS" section of Item 25's response and Item 19's response.**

1. The Department's quality assurance system is operating in the jurisdictions (statewide) where the services included in the CFSP are provided.

As detailed above and throughout this response, the Department's quality assurance/improvement system is operating statewide – where the services included in the CFSP are provided.

2. The Department has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety).

As detailed above and throughout this SWA, Massachusetts developed and implemented standards to ensure that children in foster care are provided quality services that protect the health and safety of children. These standards are grounded in the CFSR OSRI and supplemented through Department specific metrics. The 2020-2024 CFSP includes strategies to support ongoing work to ensure the quality services are available to protect children.

3. The Department's quality assurance system identifies strengths and needs of the service delivery system.

As detailed above and throughout this response, the Department's quality assurance/improvement system and OMPA utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. Data reports are tested for accuracy through a sampling audit and/or report validation process. CQI Unit staff conduct comprehensive case reviews utilizing the CB OSRI/OMS on a routine schedule (100 per 6-months) and focused case reviews to support agency need for data (e.g., fidelity to policy).

4. The Department's quality assurance system provides relevant reports.

As detailed above and throughout this SWA, the Department's CQI Unit and OMPA provide relevant reports throughout the state at multiple levels (e.g., area office/regional/statewide). These reports provide actionable summaries and detail on service utilization, processes, practice and outcomes.

5. The Department's quality assurance system evaluates implemented program improvement measures.

As detailed above and throughout this response, the Department's quality assurance/improvement system has a process for the analysis and dissemination of quality data on all performance measures. Further the Department has a process for providing feedback to stakeholders and decision makers and as needed, adjusting state programs and process (i.e., implement program improvement).

DCF CONTINUOUS QUALITY IMPROVEMENT DESCRIPTION

Recognizing that the Department's *quality assurance system* was an *area needing improvement*, the Department established a robust CQI program just prior to the round three CFSR PIP period. This CQI program now supports DCF's capacity to measure the quality of child welfare services provided throughout the Commonwealth. Further, the CQI program ascertains the impact those services have on child and family level outcomes and functioning, and the effectiveness of processes and systems in operation statewide.

DCF CQI Program Vision

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

DCF's Continuous Quality Improvement program is a systemic approach to advancing the agency's mission and achieving its goals through continuous and integrated efforts to improve service delivery and overall agency function. The CQI program was instrumental to the successful closeout of the Department's CFSR R3 PIP.

DCF CQI Process

- ***Identifies, describes, and analyzes strengths and challenges.***
- ***Tests, implements, and revises solutions.***
- ***Relies on a culture that is proactive and supports continuous learning.***
- ***Is firmly grounded in the agency's mission, vision, and values.***

The CQI program is dependent upon the active inclusion and participation of:

- Staff at all levels of the agency
- Children, youth, and families
- Community partners
- Sister agencies and organizations
- Other stakeholders and community members

DCF works to establish outcome measures that reflect achievable positive impact on supports, services, policies, and practices for children, youth, and families. The ultimate intent of supports, services, policies, and practices is to improve children's safety, and permanence and well-being.

Clearly articulated, measurable outcomes are shared among the Department's staff and its partners who support and provide services to children, youth, and families. Outcome measures provide clear markers of success and of the need for alternative approaches when positive outcomes are not achieved.

Core Components of DCF Continuous Quality Improvement

The Department's CQI program incorporates the following components:

- Alignment with DCF's mission, vision, and values

- Structure and mechanisms for gathering quantitative and qualitative information about work processes, practice quality, and case outcomes
- Ongoing processes for examining, evaluating, and sharing information with those who need it, and for driving decision-making
- Mechanisms for making change based on findings of ongoing processes
- Processes for evaluating the effects of change
- Multiple opportunities and mechanisms for reporting results, including regular reporting on key measures, and special reporting on emerging or urgent issues

Open Continuous Quality Improvement Process

DCF leaders cultivate a positive culture and climate in which accountability, responsiveness, communication, continuous learning, and commitment to improvement are valued and rewarded. Quality improvement is clearly articulated and integrated into DCF's policies and procedures, staff evaluation processes, and customer/consumer satisfaction surveys.

As part of this process, DCF makes its quality improvement process available to its partners:

- Families, children, youth, and young adults receiving services
- Providers
- Stakeholders
- Legislators
- The Office of the Child Advocate
- Judicial/Legal CIP
- The general public

Quality Improvement vs. Quality Assurance

Historically in child welfare, quality improvement approaches are built upon quality assurance programs. While quality assurance systems have traditionally served as an audit function—monitoring and reporting on the extent of compliance with Federal and State regulations and requirements; quality improvement approaches are broader in scope—assessing child welfare practices and service outcomes as well as compliance. Moreover, quality improvement efforts are more utilization-oriented (i.e., data is used to improve and affect changes in service delivery). Finally, CQI programs engage a broader range of internal and external stake holders in the review and improvement process.

Quality improvement has benefits beyond an audit function:

- Provides feedback on the performance of the system of care and whether the services provided are of sufficient intensity, scope, and quality to meet the individual needs of children and their families.
- Identifies needs and recommends corrective actions necessary to improve services, capacity, and outcomes.
- Confirms strength, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved.

DCF CQI Core Principles

Five core principles underpinning a comprehensive quality improvement system underlie the Department's CQI system:

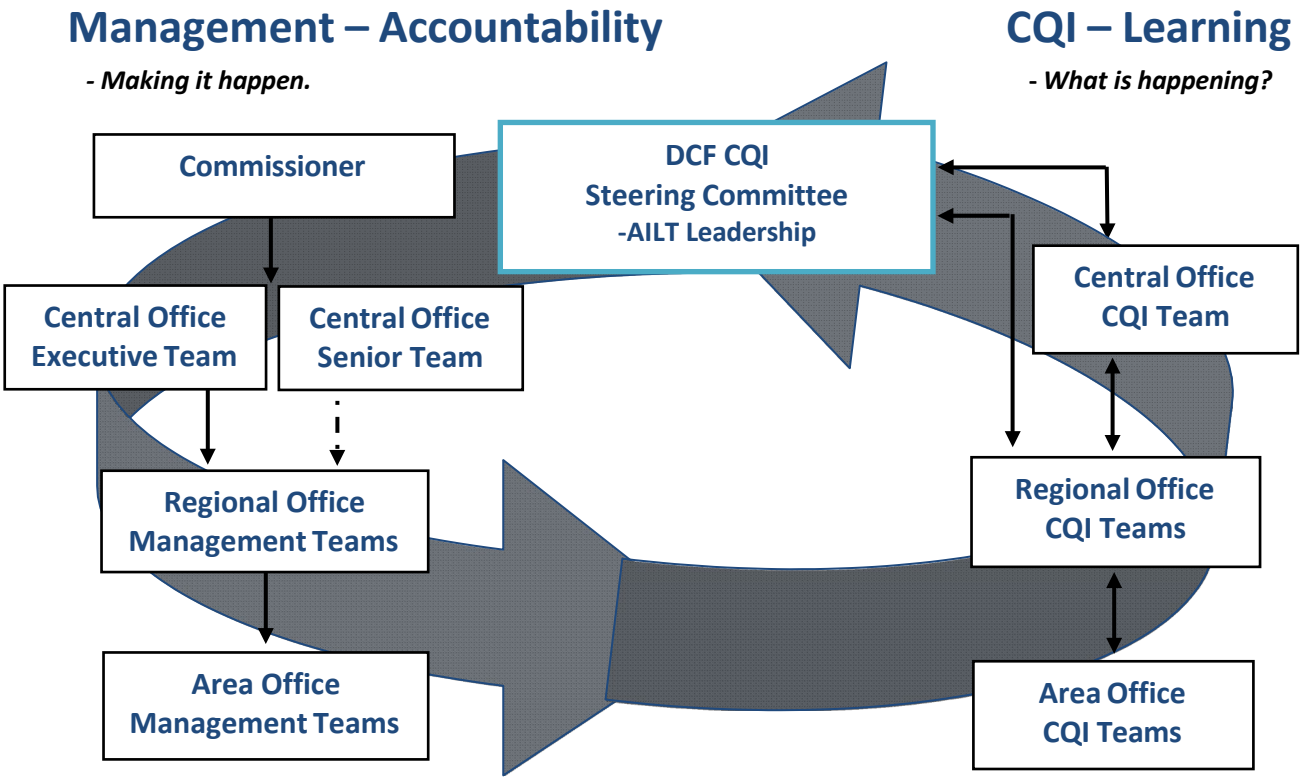
1. Provides for continuous learning at all levels of the Department and does not serve as either a compliance tool, or as an individual evaluation or accountability system.
2. Addresses the child welfare system as a whole, including DCF's formal partners, such as its providers and foster parents, and informal family, judicial/legal CIP, and community partners.

3. Identifies best or promising practices and promotes them for learning and appropriate spread across the Department.
4. Provides early warning of operational problems or challenges in any local office or in the larger system of care, promoting a proactive rather than a reactive response system.
5. Serves as the primary means by which DCF identifies needed programmatic or professional development to ensure the highest quality child welfare across the Commonwealth.

Cyclical Relationship of Management and CQI

There is an integrated and cyclical nature between *Management* and *CQI*. The cyclical nature of this relationship is a critical foundation for positive outcomes; reflecting the substantive communication and information flow that sustains fidelity to the agency's vision and goals. The management structures hold the ***accountability*** for ensuring that the processes and practices of the agency are efficient, effective, and result in positive outcomes for children and families. The CQI structures hold the responsibility for facilitating access to quantitative and qualitative information about those processes, practices, and outcomes, and ensuring that this information is used to enhance practice knowledge and promote ***learning*** throughout the agency. Figure 1 depicts the ongoing, integrated, and cyclical nature of these interrelationships.

Figure 1.



***Note**: The arrows on the management side are unidirectional reflecting accountability within the system. The arrows on the CQI side of the cycle are bi-directional to reflect the importance of shared information and learning. The chart reflects the circular and continuous integration of these two critical activities and the foundational commitment to shared accountability and learning at each level of the agency.*

Accountability and Learning

There is an ongoing cyclical relationship and communication flow between the accountability of management and the learning promoted by CQI. Figure 1 reflects the functional integration of management and CQI structures through the exchange of data and responsive feedback occurring during management oversight, as

well as formal and informal learning opportunities. The functional integration of these structures occurs at each level of the agency. The CQI Teams review qualitative and quantitative information on clinical, managerial, and systemic practices and related outcomes to gain an understanding of trends, practice challenges and promising practices. The knowledge gained through these efforts is then used by the Management Team as they guide and refine clinical, managerial, and systemic practices for which they are accountable.

CQI Team Functions and Composition

CQI Team functions include a wide range of activities that focus on a review of agency practices and outcomes, development of improvement plans, and promotion of a continuous learning environment. While not prescribed, CQI teams should consist of broad-based membership—with an intentionality to advance and enhance *diversity, equity, and inclusion.* This ensures a diverse array of perspectives and expertise across all facets of agency practice.

CQI efforts are the most effective when conducted by individuals/stakeholders closest to the locus of practice or process. Therefore, the DCF CQI program benefits from local CQI teams established in each area, region, and Central Office. As described in Figure 1, local Area Office CQI Teams receive guidance and focus from regional management and Regional Office CQI Teams—*learning* flowing in both directions. The CQI Steering Committee (AILT Leadership) guides and focuses the work of the Central Office, Regional and Area Office CQI teams—*learning* flowing in multiple directions.

CQI teams should consist of broad-based membership—with an intentionality to advance and enhance:

- **Diversity,**
- **Equity, and**
- **Inclusion**

Tables 1-3 provide potential team functions and composition for Area/Regional/Central Office CQI teams. These team functions and composition should not be considered prescriptive or comprehensive.

Table 1. AREA OFFICE CQI TEAM

Team Composition	***Team Functions***
• Area Office Managers • Supervisors and Direct Service Staff • Support Staff • CQI Specialist(s) • Family Member(s) • Youth • Provider and Community Representatives • Area Board Member(s)	• Review data related to caseload, practice, systems performance, and child/family outcomes on a regular/systematic basis (e.g., weekly). • Identify performance challenges and strengths and develop action plans in response to these. • Ensure that the review process is characterized by learning and reflection. • Develop and implement action/improvement plans, evaluate results, and modify plans accordingly in a process of continuous improvement. • Participate in regular/systematic (e.g., quarterly) regional office reviews of performance and action plan status. • Disseminate learnings about successes and challenges.

Table 2. REGIONAL OFFICE CQI TEAM	
Team Composition	***Team Functions***
• Regional Office Managers • Regional Counsel(s) • Regional Office Specialists and Support Staff • CQI Manager • CQI Specialist(s)	• Review data related to caseload, practice, systems performance, and child/family outcomes on a regular/systematic basis (e.g., weekly). • Organize and provide staff support for area office CQI reviews as indicated. • Conduct regular/systematic (e.g., quarterly) CQI reviews of regional office functions and services. • Ensure that the review process is characterized by learning and reflection. • Develop annual action plans addressing cross-area performance challenges. • Participate in regular/systematic (e.g., quarterly) Central Office reviews of performance and action plan status. • Disseminate learnings about successes and challenges.

Table 3. CENTRAL OFFICE CQI STEERING COMMITTEE	
Team Composition	***Team Functions***
• Executive Team • Senior Staff • AILT Captain's Team • CQI Director • Central Office Directors	• Conduct regular/systematic (e.g., quarterly) reviews of regional/area performance and action plan status. • Determine priorities for Area/Regional CQI Team Review as indicated. • Conduct regular/systematic (e.g., quarterly) CQI reviews of Central Office functions and services. • Ensure that the review process is characterized by learning and reflection. • Ensure that training, agency policies, and other resources support identified area/regional practice and system changes. • Identify exemplary practice and system improvements, and disseminate across areas and regions, and internal/external stakeholders as indicated.

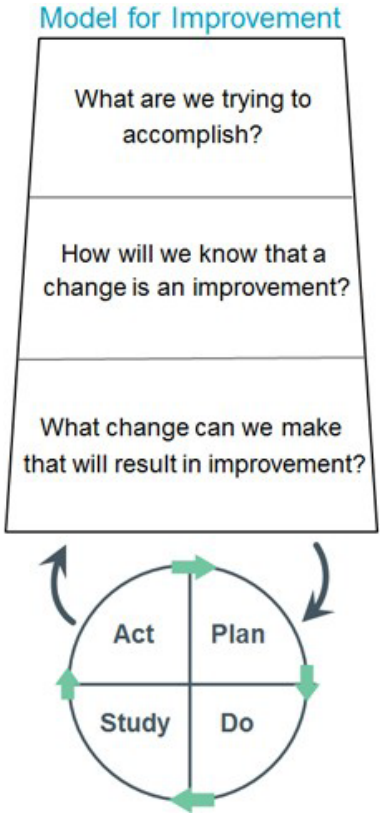
NOTE: Team Composition and Team Functions are not intended to be prescriptive nor are they comprehensive.

PDSA – Process and Content of CQI

CQI has at its central core the examination of process in relation to outcomes. The basic model of CQI is the "Plan-Do-Study-Act" (PDSA) method which was developed by W. Edwards Deming; an offshoot of Walter A. Shewhart's original, "Plan-Do-Check-Act" (PDCA) cycle. The PDSA cycle guides the ***test of a change*** to determine if the change is an improvement.

Associates in Process Improvement developed a **Model for Improvement**[3] which accelerates the standard PDSA model. As depicted in Figure 2, this model employs two main components: Three fundamental questions, which can be approached in any order; and the PDSA cycle which guides the test of change to determine if the change is an improvement.

- Figure 2.



Setting Aims – the aim should be time-specific and measurable; it should define the specific process, system or outcome that will be affected.

Establish Measures – qualitative and quantitative measures are used to determine if a specific change leads to improvement.

Selecting Changes – ideas for change may come from internal or external stakeholders, or from the child welfare guidance/ literature.

Testing Changes – the Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned.

Implementing Changes – after testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the CQI team may implement the change on a broader scale—through consultation with the area/regional/central office management team.

Spreading Changes – after successful implementation of a change or set of changes within a unit or an area office, successful change is spread throughout the region or statewide—utilizing the management/CQI structure within the agency.

Starting the CQI Process

While the **Model for Improvement** serves as the guiding template for the DCF CQI process, the ***setting aims*** starting point may be directed by the CQI Steering Committee and/or by the DCF Central Office or Regional/Area Office management structure. Driven by the Department's strategic priorities, mandates, and

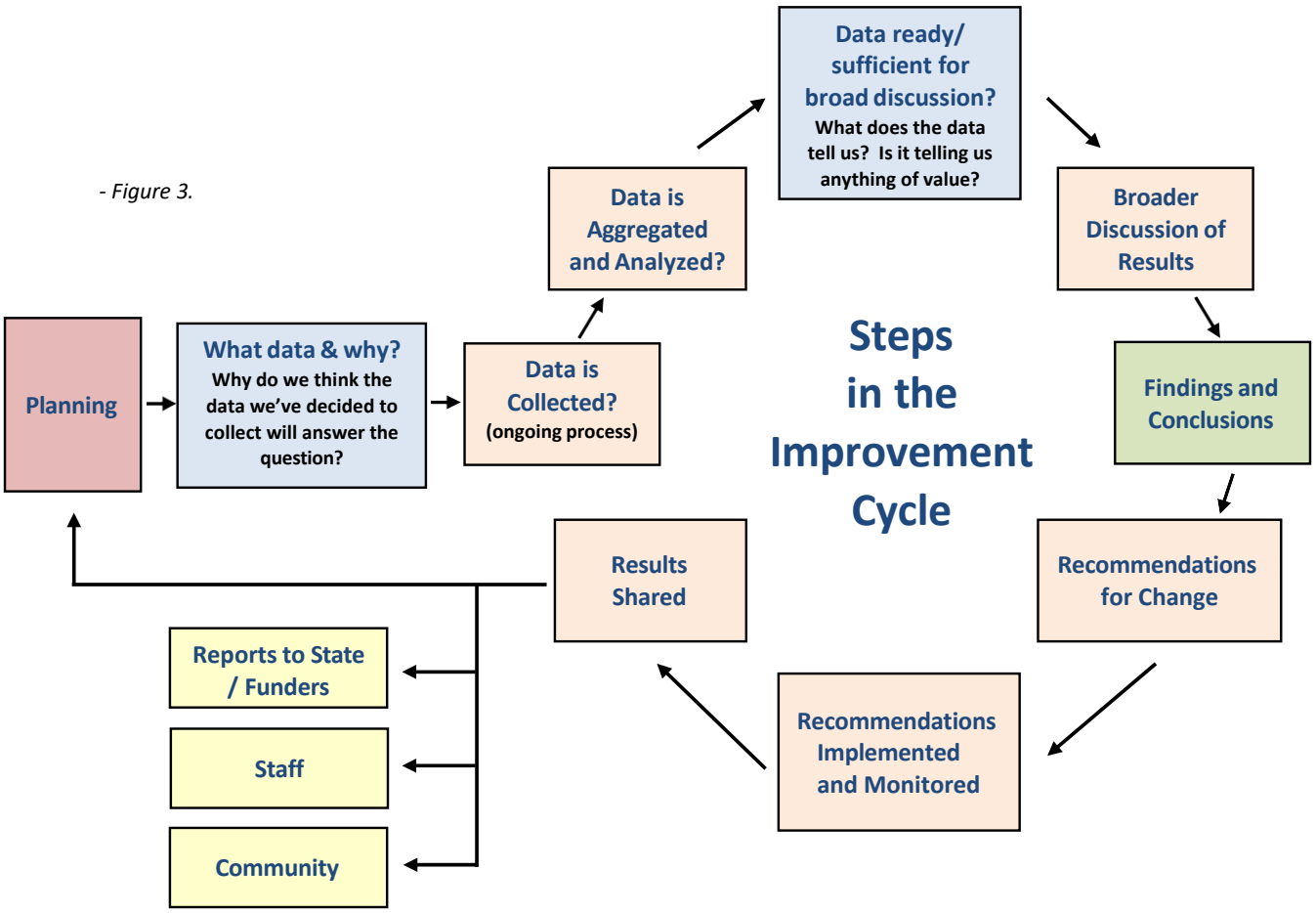
[3] Langley, G. L., Nolan, K. M., Nolan, T. W., Norman, C. L.., & Provost, L. P. (2009). *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition*). Jossey-Bass Publishers.

outcome goals, the CQI Steering Committee (aka: AILT Leadership) will identify and establish areas of inquiry/improvement for the Department (e.g., outcomes to be addressed, or work processes/practices to be improved).

Data Informed CQI

The Department's CQI program is dependent on reliable and valid qualitative and quantitative data to inform its focus, activities, progress, and refinement. The *Council on Accreditation* (COA) provides a comprehensive framework for effective utilization of data within the PDSA cycle. COA's framework is described in Figure 3 below:

- Figure 3.



Managing With Data

Data are facts on which decisions are to be based. Without facts, the Department would have nothing solid to base decisions upon. Managing with data consists of strategies which utilize facts to enhance the agency's work with children and families, as well as internal processes and practice.

Within a child welfare CQI structure, data is utilized to explore root causes for variations in clinical, managerial, and systemic practice. The Department's CQI program uses data to gain insight into the root causes for variation and performance on specific process and outcome measures related to safety, permanency, and well-being.

Data Fellows

Adapted from the *New Jersey Department of Children and Families (NJ DCF) Manage by Data Fellows* program, the Department's Data Fellows Institute (DFI) develops and expands staff capacity to better understand and utilize data to improve practice and outcomes for the children and families served by the agency.

The Department's DFI curriculum was developed and is continuously refined by DCF's Office of Management, Planning and Analysis (OMPA). The DFI faculty include the Deputy Commissioner for Quality Improvement, Data Analytics and Reporting, and Professional Development (aka: Deputy for Quality Improvement), the OMPA Director, and the CQI Unit Director. OMPA and CQI Unit managers and staff serve in a facilitative capacity and support the Data Fellows, especially as they develop, refine, and work through their data projects.

As of Jun-2022, the Department cycled through four DFI classes—graduating more than 180 Data Fellows.

Data Fellows Objectives

- Understand and demystify data.
- Learn quantitative and qualitative analysis techniques.
- Utilize data to identify strengths and opportunities for improvement.
- Utilize data to track and assess improvement.
- Champion "Managing with Data" tools and techniques at the local level.

Data Fellow Expectations and Anticipated Outcomes

- Participants commit to attending nine full day sessions (7-month duration).
- Participants serve as data champions and/or experts in their offices:
    - Demystifying data for their colleagues,
    - Encouraging its proper utilization, and
    - Supporting the efforts of others to identify and use data in their own work.
- Participants are better equipped to utilize existing data to:
    - Develop reports and/or reporting strategies at the regional/area level to improve processes/performance,
    - Identify strengths/opportunities for improvement/gaps in current reporting, and to request additional data from Central Office.

Data Fellow Candidates

Candidates are nominated from each level of the agency: Area, Regional, and Central Office. Data Fellow member selection rests with the OMPA Director who endeavors to establish a cohort of Data Fellows who represent a diverse range of agency functions (i.e., clinical, legal, and administrative managers and supervisors). With the exception of the Kickoff Session, DFI cohorts are split into two groups of 20-25 Data Fellows in order to facilitate an ideal instructor to Data Fellow ratio.

Data Fellows Session Overview

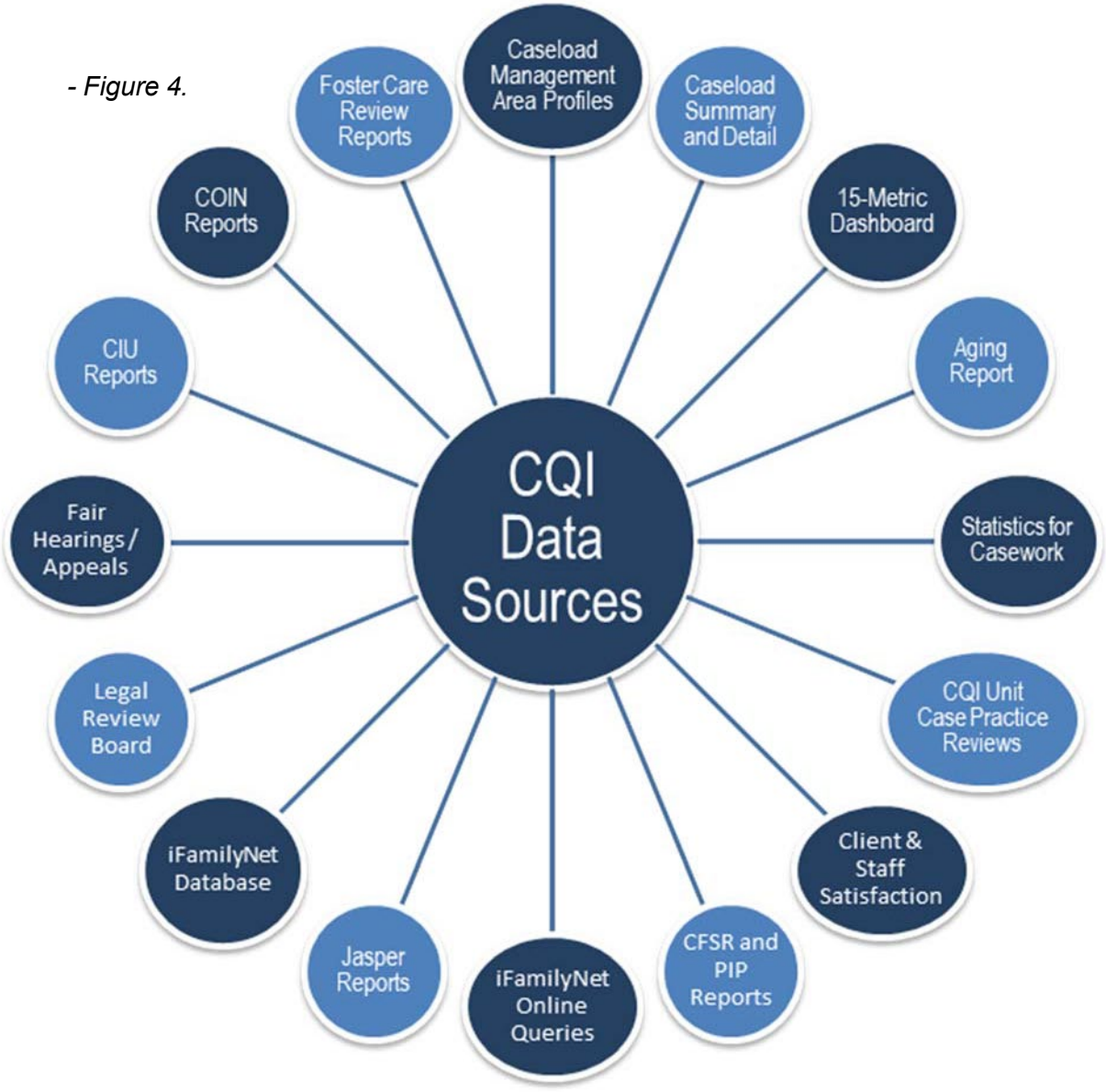
- **Kickoff Session:** defining data, 6-step basic analytic process, STATS 101, reliability and validity, CQI overview, PDSA walkthrough

- **CQI Tools, Methods, and Hands-on Exercises:** defining CQI, brainstorming, multi-voting, six-step effective problem solving, cause-and-effect (fishbone) diagrams, flowcharts, control charts, histograms, Pareto charts, run (trend) charts, case review modules use and development
- **Data Basics and Reports:** Excel walkthrough, writing formulas, pivot tables, graphs, understanding the story revealed in the data
- **Fidelity to Policy:** quantitative and qualitative approaches to assessing fidelity to policy
- **Managing with Data:** using and understanding reports
- **Project Work I:** data analysis and planning
- **Project Work II:** data analysis and planning
- **Project Work III:** summarizing and presentation development
- **Graduation:** project presentations to DCF leadership

Data Sources for CQI Activities

The Department maintains a rich collection of qualitative and quantitative data sources—some of which are extracted from the agency's electronic case management system (i-FamilyNet). These data sources serve as a primary means for informing the Department's CQI program. While incomplete, Figure 4 provides a high-level summary of these data sources.

- Figure 4.



CQI UNIT POLICY AND PROCEDURES

Working with the Deputy Commissioner for Quality Improvement, the DCF CQI Unit developed and operates within the parameters established in the *Department of Children and Families Continuous Quality Improvement Policy and Procedures Manual*. The manual includes the following:

- Federal Requirements for Quality Improvement
- DCF Continuous Quality Improvement Description
- CQI Unit Structure, Expectations, and Training
- Case Review System, Sampling Plan, and Training
- Feedback and Continuous Learning/Improvement Process
    - CQI Staff Qualifications
    - DCF CWI Unit Care Review Guide
    - Case Review Sampling Plan – OSRI Case Reviews
    - Case Elimination and Eligibility
    - DCF Policy Links

CQI UNIT STRUCTURE, EXPECTATIONS, AND TRAINING

Working with the Deputy Commissioner for Quality Improvement, the DCF CQI Unit developed and operates within the parameters established in the Department's *Continuous Quality Improvement Policy and Procedures Manual*.

The DCF CQI Unit consists of 13 full-time staff wholly dedicated to the CQI Unit and to its core functions:

- CQI Unit Director (1)
- CQI Quality Managers (2)
- CQI Specialists (10)

Each CQI Specialist—classified as a supervisor level position—reports to a designated CQI Quality Manager. The Quality Managers report to the CQI Unit Director, who reports to the Deputy Commissioner for Quality Improvement. While CQI Specialists are assigned a primary region, they are Central Office personnel whose workload may cross any of the Department's five regions. The CQI Unit Director is a direct report of the Deputy Commissioner for Quality Improvement.

Basic Expectations – CQI Specialists

- Possesses comprehensive knowledge of DCF policy and practice guidance.
    - Expected to review and incorporate new/updated policy and practice guidance and seek consultation from the CQI Quality Manager or CQI Director as needed.
- Functions independently/professionally to produce quality work products.
- Responsible for the timely:
    - Gathering of large amounts of information through case review and interviews,
    - Synthesizing findings within the context of policy and practice guidance,
    - Identifying root causes, and
    - Making appropriate recommendations for improvement.
- Employs effective oral, written communication and organizational skills to schedule reviews, gather information, conduct interviews, compile reports, and de-brief cases in a professional manner.
- Leads, facilitates, or participates in local/regional CQI teams with direction from the CQI Quality Manger or CQI Director.

Basic Expectations – CQI Quality Manager

- Meets and/or exceeds all expectations of a CQI Specialist.
- Demonstrates solid leadership and decision-making skills.
- Possesses supervisory experience and sound clinical skills.

Training/Onboarding – CQI Specialists and Quality Managers

CQI Specialists and Quality Managers are internal advancement opportunities. As such, these staff are well grounded in DCF policies, procedures, and casework practice prior to onboarding within the CQI Unit.

Upon transfer to the CQI Unit, the CQI Specialist—or Quality Manager onboarded directly from a DCF area/regional/central office rather than advanced from within the CQI Unit—is oriented to the unit and paired with an experienced peer mentor who provides direction and feedback throughout the onboarding process. The CQI Unit Director/Quality Manager or designee facilitates access to the CFSR E-Learning Academy on the CFSR Information Portal.

The CFSR E-Learning Academy is:

> *"The CFSR E-Learning Academy (ELA)* is *an online training resource designed to provide federal and state review team members with the information and skills needed to successfully participate in the Child and Family Services Reviews (CFSRs) as well as in state reviews related to a Program Improvement Plan (PIP) or Continuous Quality Improvement (CQI) efforts that use the federal Onsite Review Instrument and Instructions (OSRI) and the Online Monitoring System (OMS)."*[4]

Newly onboarded Specialists/Quality Managers complete the CFSR E-Learning Academy within the first 1-2 weeks of orientation. Obtaining direction and guidance from the assigned mentor, the following online coursework is mastered:

- The OSRI
- In-Home Services Mock Case I
- Foster Care Mock Case II & III

Upon completion of this CFSR E-Learning Academy coursework, Specialists/Quality Managers shadow their experienced peer mentors for 1-2 months as they conduct case practice reviews and interviews using the federal OSRI and the OMS. During this onboarding period, Specialists/ Quality Managers review completed OSRIs to gain familiarity with the instrument and process.

By months 2-3, recently onboarded Specialists/Quality Managers start to conduct case practice reviews and interviews on their own—with continued support, consultation, and first-level QA (i.e., third-party quality assurance by someone who has not reviewed the case) provided by their experienced peer mentor. Upon assurance of OSRI mastery and inter-rater reliability, these Specialists/Quality Managers are phased into full workloads.

In addition to ongoing support from the assigned mentor, newly onboarded Specialists receive additional support and guidance through ongoing supervision and peer support. Each newly onboarded Specialist meets with their Quality Manager for weekly individual supervision during their onboarding process. Ongoing group supervision which includes the assigned mentor and manager is also provided. Additionally, there are monthly CQI Unit meetings that feature peer support and trainings on the OSRI, OMS and inter-rater reliability.

New Specialists/Quality Managers also have access and are encouraged to participate in the CQI Unit online message board/forum dedicated to OSRI/OMS discussion. The forum provides peer support, guidance, and

[4] https://www.cfsrportal.acf.hhs.gov/e-learning

dialogue to support and strengthen OSRI and case review process and inter-rater reliability. The forum also acts as a clearinghouse for documents which support inter-rater reliability, such as CFSR Technical Bulletins, OSRI FAQ's, and Children's Bureau Item specific guidance. Operating in real time, CQI Unit staff are notified immediately (or at next logon) when a document or comment is uploaded into the forum. Additionally, themes and common issues are reviewed at monthly CQI Unit meetings and/or submitted to the Children's Bureau (CB) for clarification.

Upon completion of the CFSR E-Learning Academy coursework for OSRI Quality Assurance, the recently onboarded Specialists/Quality Managers start to conduct first-level QA—with oversight provided by their experienced peer mentor. Once fully trained/onboarded, Quality Managers take-on second-level QA—with oversight provided by their experienced peer mentor. Utilizing a collaborative approach, the reviewer, first-level QA, and second-level QA over-communicate in an effort to support the learning process and to ensure that ratings are accurate (inter-rater reliability) through a comprehensive review of cases.

To further support inter-rater reliability, a randomized QA assignment strategy is employed for first and second-level QA. This approach promotes/ensures consistency across the state, regions, and teams.

Newly onboarded CQI Specialists/Quality Managers are enrolled in the earliest available Data Fellows cohort. This ensures that these staff are fully versed in the tools and methods of CQI, data analysis and reporting, and managing with data (see **Data Fellows** section earlier in this response).

Ongoing Training for CQI Unit

Ongoing training/professional development are agencywide expectations, and fully supported within the CQI Unit. Agencywide mandatory trainings include:

- Conflict of Interest Law
- Disability Policy / ADA and Child Welfare
- Diversity, Equity, and Inclusion / Understanding Bias
- Human Service Worker Safety
- Information Security / Cybersecurity Awareness / Acceptable Use Policy
- Preventing Workplace Harassment and Violence

Children's Bureau Technical Assistance

The Department recognizes the Children's Bureau's role as a valuable resource and partner in the ongoing training and professional development of CQI Unit staff. As such, the CQI Unit requests and hosts the Children's Bureau for regular ongoing training and technical assistance on the CFSR, OSRI and OMS.

Specific to the OSRI, the CQI Unit requests/hosts annual "refresher" trainings on the OSRI and QA process, as well as general "Q&A" sessions. The frequency of these trainings and technical assistance may increase as needed. Additional technical assistance can/will be requested to address OSRI changes/updates or Technical Bulletins.

CQI Quality Managers maintain open communication and seek out consultation with Regional Children's Bureau Child Welfare Program Specialists whenever general or case specific issues arise. Additionally, the Children's Bureau provides feedback from their second-level oversight of OSRI case reviews to Quality Managers who then relay targeted feedback to CQI Specialists.

CQI Unit managers monitor the CFSR Information Portal for new/updated Technical Bulletins, OSRI FAQs, or other training resources and distribute these updates/documents to the CQI Unit staff.

CASE REVIEW SYSTEM, SAMPLING PLAN, AND PROCESS

A case review system is foundational to the DCF CQI process. The agency's case review system incorporates an ongoing case review component that includes reading case files and evaluating case practice for children served by the Department, and interviewing key individuals involved in the cases. The Department's electronic case management system (i-FamilyNet) serves as the primary source for gathering quantitative data on both process and outcomes, as well as to identify representative cases for qualitative case review. The Department utilizes the Children's Bureau's CFSR Onsite Review Instrument (OSRI) to conduct its comprehensive case reviews. Sample cases are drawn from the universe of in-home and out-of-home cases/children. Reviews are completed by the DCF CQI Unit and entered into the Children's Bureau's Online Management System (OMS).

Along with an ongoing/annual comprehensive case review system which utilizes the OSRI and adheres to its protocols and instructions, additional focused case reviews are periodically conducted by the DCF CQI Unit. These ad hoc case reviews utilize purpose-built case review modules developed by the DCF CQI Unit. These focused case reviews primarily target updated or new policies and/or practice guidance and serve to:

- Assess fidelity to policy/practice guidance.
- Shape policy/practice guidance refinement.
- Inform implementation and initial/ongoing training needs.

The Department's purpose-built case review modules include embedded instructions for systematic quantitative and qualitative review of new agency (e.g., Protective Intake, Case Closing, Family Assessment and Action Planning, Foster Care Review, Supervision, and Interim Reunification Guidance). These ad hoc reviews function as a primary feedback mechanism for informing the Department's Policy and Practice Unit. Most recently, the CQI Unit completed a focused review on the DCF Reunification Guidance and provided data and analysis to inform the development of a new Reunification Policy. Outcomes of CQI Unit focused reviews are also shared with the Child Welfare Institute (CWI) to inform initial and ongoing training needs of DCF staff. The CQI Unit and CWI have formed a workgroup that meets on a regular basis to share and discuss case review and focused review findings to understand trends, identify practice challenges and develop general and targeted staff training strategies.

CQI Unit Review Process – OSRI Case Reviews

Routine OSRI Case Review Schedule

The Department's CQI Unit reviews one hundred (100) cases every 6-months using the OSRI. Fifty (50, 50%) are In-Home cases and fifty (50, 50%) are Out-Of-Home cases.[5] Massachusetts DCF consists of five (5) regional offices. Boston Region accounts for 12-14% of the statewide caseload and includes Suffolk County—the largest metropolitan subdivision. As such, cases are stratified for the Boston Region (16% - 16 cases), and the remainder (84% - 84 cases) are drawn from the non-Boston Region statewide caseload. Using rolling quarterly sampling periods, the Department maintains a 12- to 15-month period under review (PUR).

Quality of Reviews and Quality Assurance

All cases have an initial review by a member of the CQI Unit—generally a CQI Specialist. CQI Unit members have experience and specialized training in conducting case reviews. The case review includes a review of the i-FamilyNet record (i.e., SACWIS), review of the paper record as needed, and interviews of case participants (e.g., family members, stakeholders, etc.). Cases are evaluated based on eighteen (18) items within seven (7)

[5] While the ratio of foster care to in-home services cases in Massachusetts is 20% (OOH) and 80% (IH), case review distribution is set at 50/50 because DCF places value on supplementary oversight of its foster care cases.

outcomes related to safety, permanency, and wellbeing. The OSRI is completed in its entirety for all reviewed cases.

The *Child and Family Services Reviews OSRI Quality Assurance Guide* is used by CQI Unit staff to ensure that OSRI data are accurate, complete, and consistent. This guide contains helpful information regarding general and item-specific issues to consider when conducting quality assurance that "encourages discussions with reviewers prior to completion of the OSRI instrument in addition to a final quality assurance review of the instrument once it is completed."[6]

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

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

Conflict of Interest/Bias Reduction

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

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

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

Interview of Key Individuals

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

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

Parents whose rights have been terminated (TPR) may still need to be interviewed. The parent-related questions are NA in cases in which the TPR was before the PUR, therefore no interview of the parent is required. Interview of a parent whose rights have been terminated would only occur in cases where parental rights were terminated during the PUR, or the parent remains involved in the child's life. In these cases, the DCF Social Worker will provide input about whether the parent should be interviewed.

[6] https://www.cfsrportal.acf.hhs.gov/document/download/xojejL

Concerted efforts to conduct the above interviews include:

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

Interviews are conducted in-person whenever possible.[7] Videoconferencing, telephonic, or email communication may be sought if in-person interviews cannot be conducted due to refusal on the part of school aged children/youth, parents/legal guardians, or former foster parents.

FEEDBACK AND CONTINUOUS LEARNING/IMPROVEMENT PROCESS

At the end of each 6-month case review period, case practice debriefings (OSRI findings) are conducted with the Agency Improvement Leadership Team (AILT) and at Statewide Managers (SWM) Meeting. These are natural opportunities for providing systematic feedback and facilitating a continuous learning process throughout the agency. Summaries/presentations are offered to the Administration, Legislature, and members of the Judiciary. Key external stakeholders are formally apprised of agency performance through the CFSP/APSR and/or through the existing meeting structure. The CQI Director and Quality Managers provide Region/Area Office specific feedback during their routine meetings with the field.

Leveraging the Department's robust data reporting infrastructure and the OMS reporting tools, reports detailing performance on the seven (7) outcomes and eighteen (18) items are readily available for distribution/presentation. Achievement is based on the national standard of 95% substantially achieved in each of the seven (7) outcomes and 90% in each of the eighteen (18) performance indicators. The outcomes can be readily stratified and/or disaggregated across various population characteristics including age, race/ethnicity, permanency plan, and geographic area. Findings are utilized by Department Leadership to promote statewide program improvements, new initiatives, evaluate training needs, and drive change in policy and practice in partnership with community partners—with the ultimate goal of improving outcomes for children and families.

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

- DCF Annual Report
- DCF Quarterly Data Profile
- DCF Foster Care Review Report

CQI Processes

Central Office Incident Notification Review Team. The Central Office Incident Notification (COIN) Review Team (CRT) was first convened in 2008 (formerly known as Critical Incident Review and Risk Management Committee). The CRT meets weekly to review COINs (i.e., critical incidents) that have been submitted by the area offices in accordance with the Department's COIN reporting protocol. These critical incidents may involve

[7] A declaration of a state of emergency may prohibit in-person interviewing.

fatalities, near fatalities, serious bodily or emotional injuries, or other incidents that receive media attention and involve families currently open with the Department, families previously known to the Department, as well as families on which the Department has a newly filed 51A. COINs are used individually/collectively to drive policy, practice, and training improvement.

Central Office Fatality Review Panel. All fatalities, regardless of whether the result of abuse or neglect, on any family currently opened or closed within the past six months are reviewed. The Department uses fatality reviews as a continuous quality improvement activity to review casework practice over the course of DCF involvement with the family. These reviews include analysis of all relevant documentation including the case record and interviews with DCF staff and collaterals involved with the family. The review results in a written report that contains a series of observations on effective case practice and opportunities for improvement related to engagement, progressive understanding, capacity building, and consolidating and sustaining gains. The report is reviewed by the Central Office Fatality Review Panel, the Deputy Commissioner for Quality Improvement, the Deputy Commissioner of Field Operations, the DCF Commissioner, and the Office of the Child Advocate (OCA). Area/regional leadership review the Child Fatality Review report and provide responsive feedback which includes:

- Identification of best case practices for shared learning and replication statewide; and
- Identification of practice and operational implement opportunities, and training needs.

Statewide Managers Meeting. Each Statewide Managers Meeting generally includes a quality improvement topic that is grounded in a review of data relevant to the topic for that month. Participants in the Statewide Managers meeting include Commissioner, Executive and Senior Staff, Regional Directors, Regional Counsels, Regional Clinical Directors, and Area Directors. These meetings occur monthly. The Commissioner determines the topic for the month and members of the Executive and Senior Team prepare the presentation points/analysis of the data for that topic. Participants engage in a dialogue about the presentation points/performance level indicated by the data and explore strategies for improvement. These discussions may include a panel presentation from area/regional offices that are performing well and achieving positive outcomes.

Area Clinical Review Teams. Each area office regularly convenes Clinical Review Teams that include the Area Clinical Manager, Area Program Manager, Supervisor and Social Worker involved with a particularly complex case. The Clinical Review Teams are either requested by a manager in response to a critical incident or may be requested by a social worker or supervisor seeking assistance in working with a particularly challenging family. Clinical Review Teams may be requested by the Foster Care Review Unit, the Deputy Commissioner of Field Operations, or the Commissioner. Clinical Review Teams review the clinical formulation, the family's strengths and needs, and the course of casework practice. The outcome of these reviews is a shared consensus on modifications to interventions or services to support more positive outcomes for the family.

Review of Three (3) or More 51As in 3 Months/12 Months. Regional Clinical Reviews are conducted when three or more 51A reports involving separate incidents have been filed on any child in a family within a three-month time period, regardless of whether the reports were screened in or out. Area Clinical Reviews are conducted when three or more 51A reports involving separate incidents have been filed on any child(ren) in a family within a 12-month period, regardless of whether the reports were screened in or out. These clinical and administrative reviews provide an important quality assurance activity as well as an opportunity to make modifications to the services or course of casework to improve outcomes for the family.

Foster Care Reviews. The Department's Foster Care Review Unit (FCRU) also performs a critical quality improvement function. The FCRU's semi-annual reviews of each child in placement focus on whether there is a need for continued placement, whether the child is in the appropriate placement, and whether sufficient progress is being made toward the child and family's goal. Among others, results of the Foster Care Review are shared with the social worker, supervisor, and managers to ensure that they are apprised of the outcome

and can make any needed changes in the interventions or service plan for the child and family. The FCR Annual Report is a source of valuable systemwide data on case practice.

IV-E Audits. These audits provide essential information on the Department's compliance with IV-E requirements and on the quality of casework practices and services.

Area Boards. All twenty-nine (29) area offices have an Area Board comprised of local community and family representatives. The composition and roles/functions of the Area Boards were set forth in the Massachusetts Acts of 2008 Chapter 176 legislation. Area Boards have access to data on current performance on a wide variety of indicators and outcome measures, including CFSR outcomes, and are encouraged to engage in a dialogue about how the area office might improve performance.

CQI Projects

The following is a summary list of CQI projects completed from CFSR R3 through completion of the CFSR R4 Statewide Assessment.

Statewide CQI Unit Projects

- Child and Family Services Review Comprehensive Case Review and Interviews Utilizing the OSRI
- Children and Parents with an Identified Disability—Safety/Risk Management and Service Provision
- Complex Case Review—High Risk Cases with Young Children
- DCF-DHCD MOU—Program Effectiveness
- DCF-DYS Involved Youth
- Family Find Pilot Offices—Analysis of Documentation in Case Records by FF Workers
- Fidelity: After Hours Emergency Line Intakes
- Fidelity: Case Closing Policy
- Fidelity: Case Closing Policy during COVID
- Fidelity: Foster Care Review—PPC Determination
- Fidelity: Protective Intake Policy
- Fidelity: Protective Intake Policy Fidelity Review during COVID
- Fidelity: Reunification Policy Guidance (Interim)
- Fidelity: Reunification Policy Guidance (Interim) – 6-month Follow-up
- Fidelity: Supervision Policy
- Foster Care Review – Evaluation of Virtual Reviews Post-COVID-19 Pandemic
- Intakes with Commercial Sexual Exploitation (CSEC) Allegations
- Intakes with Substance Exposed Newborn/NAS Allegations

Regional/Area Office CQI Projects Facilitated/Led by CQI Specialists

- 51As filed on Open Cases—Level of Collaboration with Ongoing Staff – Western Region
- Blind Intake Screening—Analysis of Racial/Ethnic Bias – Lawrence Area Office
- Care and Protection Checklist – Berkshire Area Office
- Care and Protection Comparison – Berkshire Area Office
- Case Closing Project I & II – Greenfield Area Office
- Children in Placement Focused Review – Robert Van Wart Area Office
- CSEC Intakes/Responses and MOA Policy – Western Region
- Diversity, Equity, and Inclusion in Supervision – Boston Region
- Family Find Engagement Module—Children in Congregate Care – Western Region
- Family Resource – Harbor Area Office
- Family Search and Engagement – Robert Van Wart Area Office; Springfield Area Office

- Fatherhood Engagement – Framingham Area Office
- Fidelity: CSEC Policy Fidelity at Intake/Response – Northern Region
- Fidelity: Supervision Policy – Lawrence Area Office
- Foster Home/Children—Initial HRE Comparisons for Recruitment Efforts – Northern Region
- Identifying All Parents/Caregivers during Screening – Haverhill Area Office
- Intake Project – Greenfield Area Office
- Intake Screening CQI – Cambridge Area Office
- Intake Screening/Response – Boston Region; Metro North Area Office
- Intake Screening/Response Documentation I & II – Lawrence Area Office
- Intake Strength Project I & II – Springfield Area Office
- Managing with Data – Burlington Area Office; Cambridge Area Office
- Missing/Absent Children Focused Review – Boston Region
- Placement Stability – Central MA Region
- Placement Visit CQI – Framingham Area Office
- Protective Intake/Response—Ages 0-3 – Western Region
- Resource Guide for Foster Parents – Western Region
- Quality of Collateral Contacts and Dictation – Central Region
- Quality of Contacts – Central MA Region; Southern Region; Brockton Area Office
- Quality of Visits and Dictation I & II – Cape and Islands Area Office
- Substantiated Concern Project – Cape Ann Area Office; Framingham Area Office
- SW/Response Worker Collaboration—Conducting Visits during Response – Haverhill Area Office
- Supervision—Using Data to Inform Supervision – Harbor Area Office

Data Fellows Projects Facilitated by OMPA/CQI Unit

- Analysis of Cases that Re-open within 6-Months of Closing
- Area Office Practice/Use of Substantiated Concern
- Budget Forecasting Area Office Template
- Case Closing by Race/Ethnicity
- Case Transfers: Fidelity to Policy
- Dually Involved Youth
- FAAP Timeliness and Recidivism
- Factors Contributing to Social Worker I and II Turnover
- Family Resource Tool Utilization—Survey/Findings
- Father Engagement during the Initial FAAP
- Impact of Quality and Consistent Supervision on Case Closing
- Initial Placement with Kin and Placement Stability and Time to Permanency
- Kinship Exploration/Engagement Activities
- Missing/Absent Practice—Pre/Post Policy Implementation
- Multiple Intake Review—Policy and Practice
- Permanency Hearing—Scheduling/Hearing/Results Documentation Compliance
- Placement Stability and Permanency by Race/Ethnicity
- Post-Adoption Reinvolvement
- Qualitative Review of Unrestricted Foster Home Closing Reasons
- Qualitative Review of Substantiated Concern Decision
- Reunifications and Subsequent Maltreatment
- Review of Supervision Policy Implementation
- Risk Assessments—Impact on Trajectory and Life of a Case
- STARR Utilization—Entries/Exits/Churn/Length-of-Stay

D. Staff and Provider Training

Item 26: Initial Staff Training

For this item, provide evidence that answers this question:
How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with initial training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

D. Staff and Provider Training

Item 26: Initial Staff Training

State Response:

CFSR R3 Performance: In the 2015 CFSR Round 3 review, Massachusetts was found not in substantial conformity with the systemic factor of Staff and Provider Training. None of the items in this systemic factor was rated as a strength.

- Massachusetts received an overall rating of Area Needing Improvement for Item 26 based on information from the statewide assessment and stakeholder interviews.
- In the statewide assessment, Massachusetts provided information on initial staff training for new workers including classroom-based, on-the-job, and in-service trainings, and the state's Web-based learning management system. During interviews, stakeholders were concerned that the training did not prepare staff to perform their job functions and that the state lacked methods to evaluate the effectiveness of this training.

In 2014, the Massachusetts Executive Office of Human Services engaged the Child Welfare League of America (CWLA) to conduct a review of the Massachusetts Department of Children and Families (i.e., Department or DCF). CWLA presented the Commonwealth with a series of recommendations to help enhance the work of this agency. The CWLA report provided a blueprint for the Department to follow on its path to reform and laid out initiatives for DCF to enact through SFY2018. The CWLA report remains one of the foundations of DCF's reform efforts, including many addressed in our CFSR Round 3 Program Improvement Plan (PIP). Among other areas of focus, the Department took on the work of ensuring social work staff are adequately trained and licensed.

To address reform with the urgency the children of the Commonwealth deserve, the Department embarked upon a major improvement initiative. The Agency Improvement Initiative was launched on Friday, September 11, 2015. This initiative utilizes a project management methodology called "Agile Scrum," which allows for implementation of significant change in rapid succession. Through a series of "releases" the Agency Improvement Initiative's areas of focus are intended to:

- provide a management infrastructure to support case oversight and strengthen overall agency operations;
- enhance the agency's policy, practice, and accountability; and
- strengthen workforce capacity.

At the helm of the Agile Scrum Agency Improvement Initiative process is the Agency Improvement Leadership Team (AILT), representing DCF Central Office, Regional, and Area Office Managers. AILT is charged with working with the Commissioner, the Secretary, and the Governor to realize goals and implement change. Specific topics and goals are assigned to Scrum Teams. Each Team has a specific area of focus and has both regular team members and "Subject Matter Experts" (SMEs) who work with the team as needed. Teams may include front line and supervisory field representatives, and family members. Each Team meets at least weekly, has daily telephone check-in "scrum calls," and tracks its progress through the AILT ASANA system.

CFSR R3 PIP and Work to Address Areas Needing Improvement

Massachusetts worked with the Children's Bureau (CB) to develop its PIP. Specific goals, strategies and key activities were included within the PIP to address areas needing improvement with the Department's staff and provider training. One such strategy was to improve pre-service (i.e., new worker) training for DCF staff provided by the DCF Child Welfare Institute (CWI). Key activities included:

- Review and assess current pre-service and on-going training provided by CWI, with the goal of improving skill-building, increasing depth of practice, building fidelity to policies, reinforcing agency emphasis on quality improvement, and promoting DCF as a learning organization.
- Identify the changes needed in training to increase DCF staff's understanding of the basic skills and knowledge required by their positions.
- Engage subject matter experts and obtain input from field operations (i.e., DCF regional and area offices).
    - CWI in collaboration with curriculum writing consultants initiated the review and assessment of the Department's pre-service training and materials from Jul-2017 to Oct-2017.
- Review and revise DCF new worker pre-service training curriculum and process. Develop a trainer guide and an on-the-job learning manual.
    - Revisions to the pre-service training curriculum with an emphasis on social work practice skills and application over theory were initiated in Oct-2017 and completed by Sep-2019. Field Operations Managers were included in the development and review team to facilitate a practice-based lens.
    - Content areas included:
        - Welcome to DCF
        - Introduction to Policy and Practice
        - Worker Safety
        - Child Development
        - Trauma-Informed Practice
        - Assessment
        - Engagement
- Create a cross-functional working group (i.e., workers, supervisors, managers, etc.) to review existing on-the-job learning (OJL), determine best practices and develop a framework for development and implementation agency-wide. The OJL strategy will describe the roles and responsibilities of the DCF CWI, the new worker trainees, and the local area offices.
    - While the pre-service training curriculum, training guide and on-the-job learning manual were completed by Sep-2019, the COVID-19 pandemic resulted in a re-work of the materials from in-person to a virtual and subsequently hybrid approach to training.
- Develop and implement a mechanism for evaluating the effectiveness of initial training—results will be utilized to refine curriculum and training strategies. A formal feedback process will be instituted that will include field operations (i.e., area office supervisors) and the DCF Child Welfare Institute. This formal feedback process will measure transfer of learning around key practice elements.
    - A pre-service training evaluation mechanism was developed to:
        - Evaluate the effectiveness of initial training
        - Refine classroom curriculum and training strategies
        - Refine on-the-job learning curriculum strategies
        - Provide feedback to trainers on their approach and skills
        - Self-assessment of new worker knowledge/skill attainment through pre-post training, and post 6-9 months
    - While these evaluation mechanisms were developed, they were partially implemented as the CWI was forced to pivot to a virtual training modality in response to the COVID-19 pandemic.

CWI Purpose

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

- promotes shared understanding and agreement about the Department's core practice values, commitments, and priorities;

- teaches the knowledge, skills, and tools of facilitative child welfare practice, which makes it more feasible for social workers to help families keep their children safe; and
- supports the continuous learning of social workers, supervisors, and managers as they lead agency initiatives and practice innovations.

CWI Context

The CWI is focused on a vision of providing high quality, evidence-informed, and professionally relevant training programs that support DCF social workers, supervisors, and managers across the Commonwealth in their efforts to ensure the safety, permanency, and well-being of children and families. The CWI consists of twelve (12) full-time staff members focused on training and professional development programs and one (1) full-time staff member who manages the CWI fiscal responsibilities:

- Director
- Associate Director
- Professional Development Managers (6)
- Fellowship/Certificate Program Manager
- Training Coordinator
- Program Coordinator
- Fiscal Coordinator
- Contracted Training Specialists (multiple part-time)

CWI professional development managers oversee the design, development, and implementation of agency training programs, coordinate the work of external trainers, and conduct in-person and virtual training. Framed by the major themes of the DCF Strategic Plan which are most connected to innovations in training and professional development; the CWI has developed and implemented a series of highly regarded programs. With a considered strategy to promote continuous learning and professional identity development for child welfare social workers, supervisors, and managers at DCF, the CWI promotes organizational effectiveness by developing training opportunities based on identified practice needs and monitoring training effectiveness.

Profile of DCF CWI Training Staff

CWI staff are dedicated, highly experienced and credentialed child welfare practitioners and innovative facilitators of learning opportunities for staff. Additional full-time staff joined the CWI in SFY2022:

- **CWI Director** – rounds-out the needs of the CWI by bringing relevant practice and training experience as well as a doctoral degree and expertise developing, facilitating, and evaluating social work education
- **Training Coordinator** – focused on training and coordination for MassAchieve, the agency wide learning management system

CWI Desired Outcomes

Broadly framed and organized by the DCF key strategic themes, the CWI training and professional development programs are focused on the following important outcomes:

- Social workers, supervisors, and managers will leave any learning experience with an increased sense of their capacity, competency, and confidence in child welfare practice.
- Participants will demonstrate child welfare practices that increasingly improve the level of safety, permanency, and well-being for children and families.
- Participants will embrace continuous learning as a key to professional growth, professional identity, and advancement in the agency.
- Learning experiences will be based on the current needs of the field.
- Learning experiences will be rigorously evaluated.

Scope of DCF Training and Professional Development Activities

The CWI has responsibility for providing training and professional growth opportunities for all agency staff. The learning programs available to staff through the CWI are varied and include:

- New Social Worker Pre-Service Training Program
- New Supervisor Training Program
- Protective Response Training Program
- New Area Program Manager Training
- In-Service Training
- MSW Fellowship Program
- Post-Masters Clinical Certificate Programs
- Professional Certificate Programs
- Licensing Test Preparation
- Professional Conferences
- Policy Implementation and Training

New Social Worker Pre-Service Training Program: Initial Staff Training

The New Social Worker Pre-Service Training (NSWPT) program is the primary training and on-boarding program for newly hired direct service social workers. All new social workers must complete this six (6) week comprehensive training series plus On-the-Job learning activities prior to being assigned cases. New social workers are expected to complete on the job learning activities during their preservice training period and throughout their probationary period. Cases are not assigned to new workers until they have fully completed preservice training.

Training over 4,300 new social workers since 2016, the NSWPT is the largest program implemented by the DCF Child Welfare Institute:

- 294 (99% of 297 of those who began training) new social workers completed NSWPT in SFY2023 (through Dec-2022)
- 532 new social workers completed NSWPT in SFY2022
- 425 new social workers completed NSWPT in SFY2021

In March 2020, in the context of the COVID-19 pandemic CWI staff transformed the newly revised New Social Worker Pre-Service Training from an in-person classroom-based program to a fully virtual learning model utilizing both synchronous and asynchronous online teaching approaches. Mirroring the agency's AGILE framework, this transformation was completed quickly and creatively, which allowed the CWI to train new social workers throughout the pandemic without interruption. The instructional re-design of the NSWPT was completed and tested by October 2021.

Though initially created in response to pandemic restrictions, the redesign's blend of real-time instructor led virtual sessions, peer learning virtual sessions and self-paced learning assignments has allowed for greater flexibility to meet different learning styles. An added benefit is that this new model readily supports concurrent cohorts of new social worker training. This has proven instrumental in that it has allowed CWI to meet increased training capacity needs brought on by the agency's ramped-up hiring rate. Nine NSWPT cohorts were run in SFY2022 (note: multiple cohorts were run concurrently). To support ramped-up onboarding of social workers, twelve (12) cohorts are planned for CY2023.

NSWPT Components

The NSWPT program is divided into twenty-three (23) learning modules, and each module has an identified learning path. The content and activities for each of the learning paths are topic focused and directly relevant to the day-to-day work of helping families keep their children safe. Each learning path includes in person instructor-led experiential training sessions, peer learning groups, eLearning resources, and self-paced

learning supports. All training materials are accessible in an on-line format through the DCF Virtual Gateway. This ensures that new social workers have immediate access to a comprehensive collection of learning resources. Training materials remain available to social workers throughout their career in the agency—permitting future reference as needed.

Learning modules include:

- Decision Making
- Abuse and Neglect
- Cultural Humility
- Impact of Trauma
- Safety
- Engagement
- Interviewing
- Assessment and Formulation
- Family Assessment and Action Planning
- Permanency
- Placement
- Dictation and Home Visits
- Legal
- Quality Contacts
- Licensing
- Professional Development

In addition to large group didactic and experiential learning activities, the NSWPT program contains multiple opportunities for small group learning and discussion. Each learning path includes pod learning sessions, which are small group learning experiences facilitated by an expert in child welfare practice. Pod learning sessions allow participants to dig deeper into essential child welfare practice topics through analyzing case scenarios and trying out new strategies and skills. The NSWPT also includes Professional Learning Communities (PLC) – small cohort groups focused on peer-to-peer interaction and collaboration. In these groups new social workers work together on group assignments and compile their own professional portfolios and conduct self-assessments. The pod learning sessions and PLCs provide a mechanism for testing whether social workers are retaining the knowledge and skills covered in training sessions. It also allows trainers the opportunity to test whether knowledge and skills have been effectively communicated. Instructors use small group discussions to test knowledge and also distribute knowledge check documents where trainees answer questions or complete activities. They are encouraged to do this collaboratively with either their small group learning community or their supervisor in the office.

Both mechanisms are utilized as strategies for reinforcing/supplementing/recalibrating instruction material as necessary.

On-the-Job Learning

On-the-Job Learning (OJL) is an integral part of training for new social workers. The NSWPT program includes days each week dedicated to on-the-job learning, and learning materials (videos, readings, and assignments) that new social workers complete and share with supervisors. Each learning path contains a corresponding OJL activity that allows the new social worker to apply what was learned in the “classroom” to the field. OJL materials are available via the DCF intranet and as an OJL manual to ensure that new social workers, supervisors, and field staff are each able to readily access the materials.

While the hybrid work model instituted through DCF has facilitated effective case practice with children and families, it has challenged the implementation of OJL. The agency’s hybrid work model naturally results in fewer staff in the area offices on any given day—thereby decreasing opportunities for establishing a consistent manager/supervisor/social worker presence for facilitating OJL.

Another current challenge is area office staffing levels. Workforce retention and recruitment challenges have been exacerbated by the COVID-19 pandemic, resulting in increased staff turnover and consequent vacancies. This further reduces capacity to support the Department's traditional OJL strategies.

Recognizing the need to onboard social workers as close to their "offer acceptance date" as possible so that they are not lost to the "hot" job market prior to their official start date, the Department implemented an *"Office-First" Orientation* strategy in Dec-2022. This strategy moves the new social worker hire date closer to the "offer acceptance date" (i.e., two weeks before the start of the next scheduled NSWPT cohort). In this model, newly onboarded social workers are paired with a local manager/supervisor who assumes a "coordinator" role, ensuring that the new hire is provided with a structured and intentional orientation plan. This structure includes end-of-day check-ins with a manager/supervisor and end-of-week debriefs with the "Coordinator." In this *"Office-First" Orientation* model, new social workers are assigned learning activities and given opportunities to shadow current staff. At the end of this two-week *"Office-First" Orientation* period, the new social worker begins their formal NSWPT program—albeit somewhat better prepared to absorb its content.

Ongoing OJL will build upon the supports provided by *"Office-First"* coordinators and the check-ins with managers/supervisors that were established prior to starting the NSWPT program. CWI is committed to developing an OJL strategy that can be successfully facilitated in the current work environment and will incorporate, and build-upon lessons learned from the *"Office-First" Orientation* strategy.

Case Assignment

While new social workers shadow seasoned social workers throughout NSWPT and OJL, cases are not assigned to them until they have completed NSWPT and requisite OJL components. This strategy helps to ensure that new social workers receive the basics skills and knowledge needed to carry out their duties prior to formal case assignment. Beyond this, new social workers receive close supervision/coaching during their extended onboarding (9-month probationary period). Supervisors complete EPRS (Employee Performance Review System) evaluations with new workers at the 6-month mark of their probationary period and consult with their Area Program Manager if they have concerns about a new social worker's performance or ability to assume duties at the end of their probationary period. Individual needs are addressed through supervision, ancillary training, or separation as warranted.

Case assignment ramps-up according to the following schedule:

- 1/3 caseload (5 cases) – post NSWPT and OJL completion to 74-days post onboarding
- 2/3 caseload (10 cases) – 75 to 104-days post onboarding
- Full caseload (15 cases) – 105-days or greater post onboarding

New Social Worker Training Evaluation Summary FY2022

New social workers complete this evaluation at the conclusion of their new social worker preservice training. The CWI Director is exploring the possibility of introducing post-NSWPT evaluations (e.g., 3 to 6-months post training) to determine strengths/gaps in the training curriculum as well as to assess acquired competencies.

Content Transfer to Job	Strongly Agree	Agree	Disagree	Strongly Disagree
Content was applicable to my role within the agency	48%	42%	9%	-
I plan to apply the info/techniques presented in this series to my current position	52%	42%	6%	-
The series increased my confidence to do the work	39%	33%	21%	6%

- **Content**: 91% of new social workers found the content of the NSWPT series to be applicable to their role.
- **Application**: 94% of new social workers plan to apply the information and techniques presented in the NSWPT series to their current position.

- **Increased Confidence**: 73% of new social workers indicated that the NSWPT series increased their confidence to do the work.

Materials/Content	Strongly Agree	Agree	Disagree	Strongly Disagree
Learning objectives were explained at the beginning of the series	48%	45%	6%	-
Learning objectives were clear	45%	42%	12%	-
Learning objectives were achieved by the end of the series	42%	36%	18%	3%
Exercises enhanced learning	42%	36%	18%	3%
Training materials and visual aids supported learning	45%	30%	21%	3%
Ample time was given to practice and/or demonstrate knowledge/skills	36%	42%	21%	-
Content presented at appropriate level to my background/experience	45%	45%	9%	-

- **Learning Objectives**: 94% of new social workers found that the learning objectives were explained at the beginning of the series, 88% found the objectives to be clear, and 79% indicated that the objectives were achieved.
- **Exercises**: 79% of new social workers indicated that the learning exercises enhanced learning.
- **Materials**: 76% of new social workers indicated that the training materials and visual aids supported learning.
- **Practice/Demonstrate Knowledge**: 79% of new social workers indicated that ample time was given to practice and/or demonstrate knowledge and skills.
- **Presentation of Content**: 91% of new social workers indicated that the content was presented at an appropriate level to their background and level of experience.

Instructor	Strongly Agree	Agree	Disagree	Strongly Disagree
Instructor encouraged participation	61%	33%	3%	3%
Instructor related subject content to my job	58%	30%	12%	-
Instructor presented material in a clear and understandable manner	48%	45%	6%	-
Instructor used effective time management	45%	36%	18%	-
Instructor answered questions clearly	61%	33%	3%	3%
Instructor demonstrated willingness to assist course attendees	64%	33%	3%	-
Instructor kept attendees involved/engaged	55%	39%	3%	3%
Instructor demonstrated good knowledge of course content	70%	27%	3%	-

- **Participation**: 94% of new social workers indicated that participation was encouraged.
- **Content**: 88% of new social workers indicated that the instructor related the NSWPT series content to their job.
- **Time Management**: 82% of new social workers indicated that the instructor utilized effective time management.
- **Responsiveness**: 94% of new social workers indicated that the instructor answered questions clearly and 97% indicated that the instructor supported learning.
- **Engagement**: 94% of new social workers indicated that the instructor engaged with them.
- **Knowledge**: 97% of new social workers indicated that the instructor demonstrated content knowledge.

Overall Evaluation of NSWPT Series	Very Good	Good	Fair	Poor
	36%	39%	21%	3%

- **Overall Evaluation**: 76% of new social workers rated the NSWPT series as good/very good.
    - **Top Takeaways**
        - Assessment tools
        - Family Assessment and Action Planning
        - Identifying/assessing danger and safety
        - Professionalism
        - Understanding of the social worker role

Improvement Opportunities

The DCF CQI Unit and CWI have formed a workgroup that meets on a regular basis to share and discuss case review and focused review findings to understand trends, identify practice challenges and develop general and targeted staff training strategies. This workgroup includes representatives from the Quality Improvement Division (i.e., CIU-Case Investigation Unit, CQI, FCR-Foster Care Review, OMPA-Office of Management, Planning and Analysis).

Current needs for improvement include evaluation of training effectiveness and on the job learning. The CWI currently utilizes a standardized evaluation tool for training participants. Participants complete evaluation surveys through a provided link. Training coordinators compile the survey data each quarter and share it with the CWI staff. These evaluation results provide ongoing feedback about individual trainers and necessary improvements/refinements to their training style or curricula.

Going forward, the CWI Director is ensuring that evaluation data is reviewed more globally to confirm that training is effectively meeting the needs of the agency. Toward this end, the CWI Director is meeting with field managers and supervisors—who are best equipped to report back on new social worker performance and observed knowledge gaps—to inform and improve NSWPT. Along with this, the CWI director is conducting interviews and focus groups with field staff regarding NSWPT and is stablishing feedback loops that can continually inform refinements/improvements to the program.

The CWI staff are collaborating to develop proposals for On-the-Job Learning models that are effective for new social workers and compatible with the hybrid work environment. Utilizing lessons learned from the *"Office-First" Orientation* strategy, these proposals will be carefully examined and vetted with agency leaders and field staff so that the current OJL model can be improved and fully implemented. As with evaluation, the CWI is working to develop more effective communication with area offices to support new social workers' learning both in the classroom and in the field. Toward this end, OJL Competencies (and rating sheet) that new social workers must achieve along with activities to support each competency are being developed. The OJL Competencies will help provide structure and accountability, as well as provide a systematic means for measuring how well new social workers are developing the skills necessary to assume case assignments.

Based on our assessment of the information outlined above, the Department of Children and Families offers that it is in substantial conformity for item 26 within this systemic factor.

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

"Staff," for purposes of assessing this item, also includes direct supervisors of all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required staff as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with ongoing staff training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

D. Staff and Provider Training

Item 27: Ongoing Staff Training

State Response:

CFSR R3 Performance: In the 2015 CFSR Round 3 review, Massachusetts was not in substantial conformity with the systemic factor of Staff and Provider Training. None of the items in this systemic factor was rated as a Strength.

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

CFSR R3 PIP and Work to Address Areas Needing Improvement

Massachusetts worked with the Children's Bureau (CB) to develop its PIP. Specific goals, strategies and key activities were included within the PIP to address areas needing improvement with the Department's staff and provider training. One such strategy was to improve training for ongoing (in contrast to new workers) DCF staff provided by the DCF Child Welfare Institute (CWI). Key activities included:

- Develop a statewide ongoing staff training system that provides staff with the skills and knowledge needed to carry out their duties.
    - Starting in Jan-2017, the CWI engaged line and management staff to create a comprehensive list of skill and knowledge needs. This was recognized as an ongoing process moving forward.
- Develop and implement a mechanism for evaluating the effectiveness of ongoing training.
- Identify metrics and process for evaluating and improving ongoing staff training.
    - Working with the DCF CQI Unit, CWI initiated on-line participant evaluations for ongoing training in Aug-2018.
- Develop and implement a mechanism for tracking the 30-hour per year requirement for ongoing training for social workers and supervisors.
    - Tracking of the 30-hour requirement was hampered by the limitations of the Department's learning management system (i.e., PACE). While the CWI explored alternative learning management systems, tracking continued at the individual worker level via ongoing supervision and quarterly/annual performance reviews.

Indirect PIP Key Activity Involving CWI Training and Support

- Provide training to all staff on assessing parental capacity and protective factors in advance of the Family Assessment and Action Planning (FAAP) and Case Closing policy rollouts.
    - Training equipped staff to increase their ability to engage families in examining parental capacity and protective factors. Training was completed Dec-2017.

Ongoing Training Overview

The DCF CWI offers several different opportunities for ongoing staff training; examples are described below**:**

New Supervisor Training

New Supervisor Training is required training for staff who are moving into a supervisor role. The series consists of nine (9) full days of training. New supervisors are expected to complete the training within two months.

These training days are currently being convened in-person at CWI's Training and Developing Center (TDC) in Southboro. The curriculum was developed to target key skills and knowledge areas needed by field supervisors. The following topics are covered:

- Principles of Supervision
- Enhancing Supervisory Skills
- Adjusting to the Role
- Human Resources
- Understanding the Legal System
- Navigating MassAchieve
- Supervision with a Lens on Substance Misuse
- Supervision with a Lens on Domestic Violence
- Recognizing the Importance of Self-Care and Ways to Promote Self-Care for Staff
- Cultural Responsiveness
- Human Trafficking
- Office of the Child Advocate (OCA) and COIN (Central Office Incident Notification) Reports
- Children's Justice Act (CJA) Grant Initiatives

The Supervisor Series is based on the Peer-to-Peer Learning Community model, an approach developed in partnership with the Capacity Building Center for States. This model allows supervisors to develop peer communities that they can continue to access throughout their career for ongoing learning and support. The program is offered four-to-five times per year to ensure that new supervisors can complete training within reasonable timeframes. From Jan-2021 through Dec-2022, 115 new supervisors have completed the training.

Numerous other in-service trainings are offered for supervisors. Below are a few examples of additional training opportunities:

- Building Capacity Series
- The Impact of Identity and Social-Media
- Trauma Informed Conflict Resolution (3-part series)
- Workgroup for Onboarding and Supporting New Staff
- Supervision Through a Trauma Informed, Culturally Sensitive Lens
- Motivational Interviewing – Helping People Change

New Supervisor Training Evaluation Summary FY2022

Participants in New Supervisor Training are asked to complete evaluations at the conclusion of the training course. The CWI Director is exploring the possibility of introducing post-New Supervisor Training evaluations (e.g., 3 to 6-months post training) to determine strengths/gaps in the training curriculum as well as to assess acquired competencies.

Years at DCF	0 - 3 years	4 - 6 years	7 - 9 years	10 years or more
	0%	36%	18%	45%

Content Transfer to Job	Strongly Agree	Agree	Disagree	Strongly Disagree
Content was applicable to my role within the agency	91%	9%	-	-
I plan to apply the info/techniques presented in this series to my current position	100%	-	-	-
The series increased my confidence to do the work	100%	-	-	-

- **Content**: 100% of Supervisors found the content of the New Supervisor training series to be applicable to their role.
- **Application**: 100% of Supervisors plan to apply the information and techniques presented in the New Supervisor training series to their current position.
- **Increased Confidence**: 100% of Supervisors indicated that the New Supervisor series increased their confidence to do the work.

Materials/Content	Strongly Agree	Agree	Disagree	Strongly Disagree
Learning objectives were explained at the beginning of the series	91%	9%	-	-
Learning objectives were clear	91%	9%	-	-
Learning objectives were achieved by the end of the series	91%	9%	-	-
Exercises enhanced learning	91%	9%	-	-
Training materials and visual aids supported learning	81%	18%	-	-
Ample time was given to practice and/or demonstrate knowledge/skills	91%	9%	-	-
Content presented at appropriate level to my background/experience	100%	-	-	-

- **Learning Objectives**: 100% of Supervisors found that the learning objectives were explained, clear and achieved.
- **Exercises**: 100% of Supervisors indicated that the learning exercises enhanced learning.
- **Materials**: 100% of Supervisors indicated that the training materials and visual aids supported learning.
- **Practice/Demonstrate Knowledge**: 100% of Supervisors indicated that ample time was given to practice and/or demonstrate knowledge and skills.
- **Presentation of Content**: 100% of Supervisors indicated that the content was presented at an appropriate level to their background and level of experience.

Instructor	Strongly Agree	Agree	Disagree	Strongly Disagree
Instructor encouraged participation	100%	-	-	-
Instructor related subject content to my job	100%	-	-	-
Instructor used effective time management	100%	-	-	-
Instructor answered questions clearly	100%			
Instructor demonstrated willingness to assist course attendees	100%	-	-	-
Instructor kept attendees involved/engaged	100%	-	-	-
Instructor demonstrated good knowledge of course content	100%	-	-	-

- **Participation**: 100% of Supervisors indicated that participation was encouraged.
- **Content**: 100% of Supervisors indicated that the instructor related the Supervisor series content to their job.
- **Time Management**: 100% of Supervisors indicated that the instructor utilized effective time management.
- **Responsiveness**: 100% of Supervisors indicated that the instructor answered questions clearly and supported learning.
- **Engagement**: 100% of Supervisors indicated that the instructor engaged with them.
- **Knowledge**: 100% of Supervisors indicated that the instructor demonstrated content knowledge.

Overall Evaluation of New Supervisor Series	Very Good	Good	Fair	Poor
	100%	-	-	-

- **Overall Evaluation**: 100% of Supervisors rated the New Supervisor series as very good.
    - **Top Takeaways**
        - Collaboration and connection with peers
        - Importance of documentation
        - Importance of self-care
        - Strategies for effective supervision
        - Strategies for supporting staff
        - Understanding of supervision policy

New Area Program Manager (APM) Training

The New APM Professional Development Program adopts a multimodal and hybrid learning approach, consisting of instructor-led online sessions, quarterly in-person peer-to-peer facilitated sessions on policy and clinical practice, asynchronous readings and webinars, and panel presentations. The program structure is as follows:

- Day 1: Program Orientation and Leadership Welcome and Vision
- Day 2: Management Fundamentals Part I and II
- Day 3: Trauma Informed Leadership
- Day 4: Labor Relations
- Day 5: Managing with Data and Management Fundamentals Part III
- Day 6: Policy & Clinical Practice and Peer-to-Peer Learning Community
- Day 7: Moving Forward with Equity Minded Practice & Cultural Responsiveness
- Day 8: Statewide Legal Team
- Day 9: COIN Reporting, Human Trafficking, Office of Child Advocate, and Medical Services Team
- Day 10: Peer-to-Peer Meeting
- Day 11: Panel on Collaborating with Specialty Units and Peer-to-Peer
- Day 12: Peer-to-Peer Meeting/Mentoring
- Day 13: Permanency
- Day 14: Topics and Topic Follow-Up Requested by Participants and Peer-to-Peer
- Day 15: Senior Leadership Presentations

New APM Professional Development Program participants are assigned a mentor. Mentors are identified through self-selection and approval by their senior managers. While mentors are self-equipped through seasoned experience to take on mentoring responsibilities, the APM CWI training manager is exploring opportunities for providing formal mentor training. The mentor and peer communities provide ongoing learning and support, so that knowledge and skill building is not limited to the training sessions but continues between sessions to support learning on the job. A recent focus group of new APM training participants provided positive feedback on the training structure, particularly the mentors and peer communities.

New APM Professional Development Program Evaluation Summary FY2022

Participants in New APM Professional Development Program are asked to complete evaluations at the conclusion of the training course. The CWI Director is exploring the possibility of introducing post-New APM Professional Development Program evaluations (e.g., 3 to 6-months post training) to determine strengths/gaps in the training curriculum as well as to assess acquired competencies.

Years at DCF	Under 1 year	7 - 9 years	10 years or more
	25%	5%	70%

Content	Strongly Agree	Agree	Disagree	Strongly Disagree
Content was applicable to my role within the agency	80%	15%	-	5%
I plan to apply the info/techniques presented in this series to my current position	75%	20%	-	5%
The series increased my confidence to do the work	50%	45%	-	5%
Content was presented at an appropriate level to my role and responsibilities	80%	15%	-	5%
Conversations supported learning	75%	20%	-	5%

- **Content**: 95% of APMs found the content of the New APM training series to be applicable to their role.
- **Application**: 95% of APMs plan to apply the information and techniques presented in the New APM training series to their current position.
- **Increased Confidence**: 95% of APMs indicated that the New APM series increased their confidence to do the work.
- **Presentation of Content**: 95% of APMs indicated that the content was presented at an appropriate level to their role and responsibilities.
- **Learning Conversations**: 95% of APMs indicated that the conversations within the New APM series supported learning.

Instructors	Strongly Agree	Agree	Disagree	Strongly Disagree
Instructors encouraged participation	90%	10%	-	-
Instructors related subject content to my job	95%	5%	-	-
Instructors relayed the material in a clear and understandable manner	95%	5%	-	-
Instructors responded to question asked	90%	10%	-	-
Instructors engaged attendees	85%	15%	-	-
Instructors demonstrated knowledge of content	95%	5%	-	-

- **Participation**: 100% of APMs indicated that participation was encouraged.
- **Content**: 100% of APMs indicated that the instructors related the APM series content to their job.
- **Clarity/Understandability of Material**: 100% of APMs indicated that the material was presented in a clear and understandable manner.
- **Responsiveness**: 100% of APMs indicated that the instructors were responsive to their questions.
- **Engagement**: 100% of APMs indicated that the instructors engaged with them.
- **Knowledge**: 100% of APMs indicated that the instructors demonstrated content knowledge.

Overall Evaluation of New APM Series	Excellent	Good	Neutral	Poor	Very Poor
	70%	30%	-	-	-

- **Overall Evaluation**: 100% of APMs rated the New APM series as excellent/good.
    - **Top Takeaways**

- Collaboration and connection with peers
- Concrete tips and strategies for the work
- Management strategies
- New knowledge on policy, data, and available resources

Data Fellows

At the behest of agency leadership, OMPA and CQI jointly developed and implemented the DCF Data Fellows Institute (DFI) in the fall of 2017. Adapted from the New Jersey Department of Children and Families (NJ DCF) Manage by Data Fellows program, the Department's DFI develops and expands staff capacity to better understand and utilize data to improve practice and outcomes for the children and families served by the agency. Data Fellows has prepared supervisors and managers to "manage with data" and to increase their comfort level with using and interpreting data reports. Since 2017, four (4) Data Fellow cohorts have completed the core program and more than 180 individuals have graduated. The program has become a sought-after training for many staff.

The Department's DFI curriculum was developed and is continuously refined by DCF's Office of Management, Planning and Analysis (OMPA). The DFI faculty include the Deputy Commissioner for Quality Improvement, Data Analytics and Reporting, and Professional Development (aka: Deputy for Quality Improvement), the OMPA Director, and the CQI Unit Director. OMPA and CQI Unit managers and staff serve in a facilitative capacity and support the Data Fellows, especially as they develop, refine, and work through their data projects.

True to the spirit of continuous quality improvement, the most recent cohort of graduates experienced a revised and much improved Data Fellows program than previous cohorts. Additional coursework was introduced which more explicitly demonstrated the alignment of management reports with policy requirements/fidelity. Data Fellows faculty provided more intensive guidance and hands-on practice opportunities in the use of existing near-real-time DCF management reports to improve casework practice.

Data Fellows has proven to be an effective strategy for equipping supervisors and managers with the necessary skills and tools for performing their own data analyses, as well as introducing them to strategies for increasing efficiencies in their daily work. Furthermore, through relationship building, Data Fellows establish direct channels of communication to OMPA/CQI. These direct communication channels are used to report data quality and reporting issues more directly and efficiently. An unintended consequence has been the partnerships that have developed between the field and Central Office—all in effort to align data and reporting with field needs. Furthermore, Data Fellows serve as local mentors championing data-driven decision making.

More recently, the CQI and OMPA directors have applied the Data Fellows model to full and half-day area office trainings on Managing with Data. The primary goal of these sessions has been to raise comfort levels and expertise in utilizing and interpreting data to inform casework practice. An observed benefit of these sessions is the field's increased attention to quality data inputs so that the data displayed (outputs) in reports is reliably reflecting case practice.

Data Fellows Objectives

- Understand and demystify data.
- Learn quantitative and qualitative analysis techniques.
- Utilize data to identify strengths and opportunities for improvement.
- Utilize data to track and assess improvement.
- Champion "Managing with Data" tools and techniques at the local level.

Data Fellow Expectations and Anticipated Outcomes

- Participants commit to attending nine full day sessions (7-month duration).
- Participants serve as data champions and/or experts in their offices:
    - Demystifying data for their colleagues,

    - Encouraging its proper utilization, and
    - Supporting the efforts of others to identify and use data in their own work.
- Participants are better equipped to utilize existing data to:
    - Develop reports and/or reporting strategies at the regional/area level to improve processes/performance,
    - Identify strengths/opportunities for improvement/gaps in current reporting, and to request additional data from Central Office.

Data Fellow Candidates

Candidates are nominated from each level of the agency: Area, Regional, and Central Office. Data Fellow member selection rests with the OMPA Director who endeavors to establish a cohort of Data Fellows who represent a diverse range of agency functions (i.e., clinical, legal, and administrative managers and supervisors). With the exception of the Kickoff Session, DFI cohorts are split into two groups of 20-25 Data Fellows in order to facilitate an ideal instructor to Data Fellow ratio.

Data Fellows Session Overview

- **Kickoff Session:** defining data, 6-step basic analytic process, STATS 101, reliability and validity, CQI overview, PDSA walkthrough
- **CQI Tools, Methods, and Hands-on Exercises:** defining CQI, brainstorming, multi-voting, six-step effective problem solving, cause-and-effect (fishbone) diagrams, flowcharts, control charts, histograms, Pareto charts, run (trend) charts, case review modules use and development
- **Data Basics and Reports:** Excel walkthrough, writing formulas, pivot tables, graphs, understanding the story revealed in the data
- **Fidelity to Policy:** quantitative and qualitative approaches to assessing fidelity to policy
- **Managing with Data:** using and understanding reports
- **Project Work I:** data analysis and planning
- **Project Work II:** data analysis and planning
- **Project Work III:** summarizing and presentation development
- **Graduation:** project presentations to DCF leadership

In-Service Training

CWI provides DCF staff with in-service training opportunities on various topics. These include advanced practice workshops**,** held either virtually or in-person at CWI's Training and Development Center, as well as eLearning modules, training series and other professional development activities. The introduction of the MassAchieve Learning Management System has allowed staff across the state to easily access virtual trainings and eLearning modules on topics ranging from advanced practice to new agency policies. In-service trainings are advertised on the MassAchieve platform, ensuring that all staff are aware of these ongoing professional development opportunities. Additionally, supervisors and managers can assign trainings in MassAchieve in order to address a training or professional growth need for a particular worker or group of workers. In FY2022, 3,841 staff enrolled in in-service training opportunities.

In-Service Training Evaluation Summary FY2022

In-service training participants are asked to complete evaluations at the conclusion of each training course.

Position	
Social Worker Technician	3%
Social Worker (Ongoing, Intake, Adoption, etc.)	59%

Supervisor	16%
Area Program Manager	3%
Area Clinical Manager	1%
Administration (ASC, RAM, AAM, Clerk, etc.)	4%
Other	14%

Years at DCF	0 - 3 years	4 - 6 years	7 - 9 years	10 years or more
	34%	21%	8%	38%

Material and Content	Strongly Agree	Agree	Disagree	Strongly Disagree
Learning objectives explained at beginning of course	71%	28%	1%	-
Learning objectives were clear	70%	28%	2%	-
Learning objectives achieved by end of course	69%	27%	4%	-
Exercises enhanced learning	60%	35%	5%	-
Training materials/visual aids supported learning	70%	28%	3%	.3%
Ample time given to practice and/or to demonstrate knowledge/skills	60%	33%	7%	.6%
Content presented at appropriate level to my background/experience	75%	23%	2%	.3%

- **Learning Objectives Explained**: 99% of respondents indicated that the learning objectives explained at the beginning of the course.
- **Learning Objectives Clear**: 98% of respondents indicated that the learning objectives were clear.
- **Learning Objective Achieved**: 96% of respondents indicated the learning objectives were achieved by end of course.
- **Exercises**: 95% of respondents indicated that the exercises enhanced learning.
- **Training Materials**: 97% of respondents indicated that the training materials and/or visual aids supported learning.
- **Time for Practice**: 92% of respondents indicated that ample time was given to practice and/or to demonstrate knowledge/skills.
- **Content Level**: 98% of respondents indicated that the content was presented at a level appropriate to their background and experience

Instructor	Strongly Agree	Agree	Disagree	Strongly Disagree
Instructor encouraged participation	81%	17%	3%	-
Instructor related subject content to my job	79%	19%	2%	-
Instructor presented content in a clear and understandable manner	81%	18%	1%	-
Instructor used effective time management	79%	20%	2%	-
Instructor answered questions clearly	80%	19%	1%	-
Instructor demonstrated willingness to assist course attendees	78%	21%	1%	-
Instructor kept attendees involved/engaged	77%	21%	2%	.3%
Instructor demonstrated good knowledge of course content	83%	16%	.3%	-

- **Participation**: 97% of respondents indicated that participation was encouraged.
- **Content**: 98% of respondents indicated that the instructor related the content to their jobs.
- **Clarity/Understandability of Content**: 99% of respondents indicated that the content was presented in a clear and understandable manner.
- **Clarity/Understandability of Material**: 98% of respondents indicated that the instructor demonstrated effective time management.
- **Answered Questions**: 99% of respondents indicated that their questions were answered clearly.
- **Willingness to Assist**: 99% of respondents indicated that the instructor demonstrated a willingness to assist attendees.
- **Engagement**: 97% of respondents indicated that they were kept involved/engaged.
- **Knowledge**: 100% of respondents indicated that the instructor demonstrated content knowledge.

Certificate Programs

CWI partners with area universities to offer graduate level certificate program opportunities for DCF staff. These are graduate level, intensive multiweek certificate programs that provide certification in a specialized practice area and allow staff to gain advanced knowledge and skills. Focus areas include equity minded practice and trauma informed practice. After completing these programs, staff use the knowledge and skills gained to improve agency practice. Another certificate program, the Suffolk University Certificate in Public Human Services Leadership and Management provides staff with the training and skills needed to advance into leadership positions within the agency.

- **Equity Minded Practice Certificate Program** – 71 DCF staff have completed or are currently enrolled through Bridgewater State University
- **Trauma Certificate Program** – 325 DCF staff have completed or are currently enrolled through Simmons University or Bridgewater State University
- **Certificate in Public Human Services Leadership and Management** – 57 staff have completed or are currently enrolled through Suffolk University

Social Worker Licensing

CWI has developed a blended learning approach for social workers to prepare for their social work licensure exams. This approach gives learners a combination of structured web based online resources, face-to-face traditional classroom learning, and self-paced study guides and materials, so they can develop their own individualized approach to learning. Licensure materials and information are all available through the MassAchieve learning management system and easily accessible for social workers. CWI's social work licensing prep/education supports field social workers in complying with the agency's requirement to be licensed before the end of their 9-month probationary period.

Licensure rates are tracked on a monthly basis. As of 12/05/2022, 98.2% (2,919) of 2,973 agency social workers beyond their probationary period hold an active license. For unlicensed social workers, the Department works to provide:

- Peer led licensure process support groups within area offices,
- Licensure education sessions within area offices, and
- Supervisor led individualized support and problem-solving opportunities for new workers who are nearing the end of their probationary period and are not yet licensed.

Tuition Reimbursement and Professional Development Funding

The Commonwealth offers tuition remission benefits to all employees who are attending degree programs at state colleges and universities. Through the DCF tuition support program, eligible staff members can receive a tuition reimbursement of up to $1,000 per year to assist with the costs of their graduate level education when they attend a private college or university. The CWI also provides funding—typically up to $200—for staff to attend training or conferences outside the agency. The CWI director and training coordinator are exploring ways to survey staff about how they have used these funds and the benefit of having this funding available.

- In SFY2022, CWI provided $44,660 in tuition reimbursement so staff could participate in courses or programming with university partners. Thus far in SFY2023 (through December 2022) CWI has provided $20,020 in tuition reimbursement.
- In SFY2022, CWI provided $3,707 in professional development to department staff so that they could attend outside trainings or conferences. Thus far in SFY2023 (through December 2022) CWI has provided $4,787 in professional development funding.

MassAchieve

These examples are a sample of the many progressive and meaningful learning programs led by CWI. All the programs designed and implemented by CWI are informed through a close connection to the field and direct participation from staff at all levels of the agency.

The statewide adoption of MassAchieve—the Commonwealth's new learning management system—has allowed CWI to offer a wide range of online and eLearning opportunities. These range from synchronous online trainings to eLearning modules that can be accessed from any place at any time. This has significantly increased staff's ability to access professional development opportunities and allowed staff to continually access ongoing training during the COVID-19 pandemic. Staff from other agency divisions, such as the policy unit or area offices, are also able to partner with CWI staff to create eLearning modules as needed. The combination of MassAchieve and the dedicated Training and Development Center in Southboro allow CWI to offer many of its ongoing training opportunities in a hybrid environment—both in-person and virtual components. Hybrid trainings offer increased accessibility through virtual technology, but also opportunities for in-person experiential learning and connecting with peers.

The addition of the MassAchieve learning management system facilitates the tracking of training registration and attendance. Agency staff register for ongoing training through MassAchieve. CWI staff utilize the platform to view and track attendance and completion rates.

MassAchieve serves as an efficient mechanism for tracking the completion of agency-sponsored training meeting the 30-hour training requirement for field staff. Supervisors and managers supplement these reports with information (i.e., external training and/or college coursework) gathered during supervision and at the annual EPRS (Employee Performance Review System).

MassAchieve is new to the Commonwealth. As such, the agency is developing/refining an efficient system for monitoring training completion. For example, new social workers have several "ongoing training" eLearning modules to complete after finishing their initial training. CWI is working with field leadership, managers, and supervisors to expand their use of MassAchieve to ensure that their staff are scheduled for training, attend training, and complete asynchronous eLearning modules. Concurrently, CWI is also refining MassAchieve generated reporting to support this endeavor.

CWI is working on strategies for maximizing attendance and participation in professional development opportunities outside of new social worker and other required training. CWI staff are developing more effective ways of marketing in-service training opportunities and ensuring that these opportunities accurately reflect the field's learning needs/wants. Improved communication with supervisors, managers, and directors is expected to increase training attendance/completion (i.e., supervisors and managers can encourage staff to attend

ongoing training, create opportunities for them to do so, and be more aware of when their staff are scheduled to attend training).

Improvement Opportunities

The DCF CQI Unit and CWI have formed a workgroup that meets on a regular basis to share and discuss case review and focused review findings to understand trends, identify practice challenges and develop general and targeted staff training strategies. This workgroup includes representatives from the Quality Improvement Division (i.e., CIU-Case Investigation Unit, CQI, FCR-Foster Care Review, OMPA-Office of Management, Planning and Analysis).

CWI has a system for evaluating ongoing training via a survey platform. While feedback is being generated, CWI is working on strategies for increasing response rates. CWI staff are building an evaluation tool into the MassAchieve platform such that participants must submit an evaluation prior to “completing” a training. This will improve response rates and streamline evaluation data collection. CWI staff will rigorously analyze this evaluation data and provide it to trainers in a timely manner so they can adapt/refine training materials and methods accordingly. CWI staff are convening focus groups and stakeholder interviews to evaluate ongoing training effectiveness, particularly in the context of field practice and job performance. The CWI director also regularly attends agencywide meetings to gather information on training needs and concerns. The CWI Director is requiring regular needs assessments to ensure that ongoing training is meeting the agency’s current and future needs.

Based on our assessment of the information outlined above, the Department of Children and Families is in substantial conformity for item 27 within this systemic factor.

Item 28: Foster and Adoptive Parent Training

For this item, provide evidence that answers this question:
How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required trainees as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with foster and adoptive parent training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

D. Staff and Provider Training

Item 28: Foster and Adoptive Parent Training

State Response:

CFSR Round 3 Performance: In the 2015 CFSR Round 3 review, Massachusetts received an overall rating of Area Needing Improvement for Item 28 based on information from the statewide assessment and stakeholder interviews.

- Information in the statewide assessment and confirmed during interviews with stakeholders indicated that foster and adoptive parents complete initial and ongoing training and that training is effective in providing them with the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. However, the state did not provide information to demonstrate whether staff of child care institutions receive training that effectively prepares them to carry out their duties.

CFSR R3 PIP and Work to Address Areas Needing Improvement

Massachusetts worked with the Children's Bureau (CB) to develop its PIP. Specific goals, strategies and key activities were included within the PIP to address areas needing improvement with the Department's staff and provider training. One such strategy was to improve training and support for foster and adoptive parents. Key activities included:

- Develop a Massachusetts Approach to Partnerships in Parenting (MAPP) training calendar detailing dates, locations, and language capacity of each MAPP group statewide from Sep-2016 – Jul-2017, with the goal of facilitating timely entrance to MAPP training for applicants who are ready to do so. The anticipated result will be lowered attrition rates between initial contact and beginning of MAPP training.
    - MAPP training calendar was completed. MAPP training is ongoing.
- Increase training and support for foster and adoptive parents to reduce the number of disruptions in foster and adoptive placements. DCF will work with the Massachusetts Alliance for Foster Families (MAFF) to improve training and services provided to foster and adoptive parents.
    - Foster Parent forums were held in each DCF region to solicit constructive feedback from foster and adoptive parents on services provided to them.
    - Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) Regional Directors and Family Resource Liaisons reviewed the information provided at the Foster Parent Forums and developed/prioritized the CY2018 and subsequent foster and adoptive parent training schedules based on identified need areas. Training schedules were distributed via the MSPCC website and the DCF foster parent email LISTSERV.
- Create a cohesive and comprehensive approach to retention of foster and kinship caregivers that assesses current barriers to retention and incorporates resources from the National Resource Center for Diligent Recruitment and best practices in the field of resource retention. DCF will track resource families' stated motivation at key points in licensing, ongoing training, and re-licensing to determine why families stay or exit during these stages. The approach will address statewide, regional, and local practices for retaining foster and kinship resources including, but not limited to, training content, support by DCF staff, participation in formal and informal support activities, and agency recognition.
    - Forums were held in each DCF region.
    - Phone calls are being placed to foster parents after each new placement.
    - Working with MSPCC to increase availability of ongoing training for foster and kinship families.
- Review and update, as needed, training content for foster and adoptive families, including both pre-service and in-service trainings. Compare current DCF training for resource families with nationally recognized curricula. Effectiveness of updated training will be assessed through a post-training survey that measures training satisfaction, and self-assessment of increased knowledge and skills.
    - MAPP evaluation process was revised, and new evaluation tool was developed which better informs training planning. Revised evaluation tool was implemented in Dec-2017.

- As of Aug-2018: MAPP evaluation system is in place and periodically reviewed to identify strengths and any areas in need of improvement (ANI). Findings (anonymous and/or de-identified) are shared with staff to enhance strengths and to address ANIs. Current assessment of training delivery is underway to determine components that can be transitioned to online training modules.

Foster and Adoptive Parent Training

DCF contracts with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) /KidsNet to provide a biannual schedule of opportunities for training foster/adoptive parents. DCF area and regional office staff and foster parents provide feedback on training topics and areas of need. Regional and area office-based in-person and virtual training courses are offered across the Commonwealth. Foster parents can go to any and all trainings offered. Trainings are offered at different times and days, to provide the opportunity for foster parents to attend trainings that best accommodate their schedules.

Training opportunities and schedules are communicated via the MSPCC website, through direct mail, and on the DCF foster parent portal, FosterMA Connect. MSPCC tracks participation through their internal system and shares this information with DCF on a quarterly basis. MSPCC provide certificates of completion to foster parents for their own records.

In SFY2022, MSPCC reported that 268 foster/adoptive parents attended trainings at the time of the original offering. Foster/adoptive parents are also able to access a library of recorded trainings. There is currently no mechanism for tracking the number of foster/adoptive parents who avail themselves of these recorded training opportunities. As such, the 268-count referenced above is an undercount.

Training opportunities provided in SFY2022 (bolded trainings = high attendance):

- **CPCS Regional Training: The Role of the Child's Attorney (5 sessions)***
- Caregiver Self-Awareness
- Overview of FosterMA Connect- Get Connected!
- Understanding Behavior through a Trauma Lens
- Emotional; Awareness: Grounding/Resourcing
- **De-escalation**
- Advocating for Education Needs
- **Supporting Birth Family Relationships**
- Navigating the Mental Health System: finding the right supports
- Marriage & Foster Parenting: Making It Work
- Birth & Foster/Adopted Children: Living Together
- What Happened to Them & Why It Matters: Part 1
- What Happened to Them & Why It Matters: Part 2
- Case Workers & Foster Parents: Working Together
- Aging Out of Foster Care
- Behavior Plans: Classic & Updated Understandings
- How Respite Care Supports Foster Families
- Crisis Planning & Response: Wraparound Approaches
- **Bonding & Attachment: Brain-based & Developmental Understandings**
- **The Stress Response: Sensitization, Tolerance & State Dependent Functioning**
- Parenting Through the Lens of Regulate, Relate, Reason: A Support Group Workshop for Foster Parents (8 session)
- LGBTQ+ (7 sessions)
- LGBTQ+ 101
- Supporting Caregivers of LGBTQ+ Children

- LGBTQ+ and Parent/Caregiver Panel

Additional training opportunities are made available to foster and adoptive parents through Adoption and Legal Guardian Incentive Program funds. These funds permitted 300 foster/adoptive parents to attend the virtual four day North American Council on Adoptable Children's (NACAC) annual conference in FFY2020, 2021 and 2022. Additionally, these funds have been accessed to provide virtual trainings with nationally renowned professionals as part of the DCF Permanency Series.

MAPP Training

MAPP (Massachusetts Approach to Partnerships in Parenting) training is currently a 30-hour curriculum that is required before foster parents complete licensing. MAPP training is currently offered virtually and in-person statewide. As a result of the COVID-19 pandemic, DCF quickly pivoted and adapted the MAPP curriculum to be delivered virtually. This allowed for families to participate in any MAPP cohort regardless of geographic location. Participants can choose to attend any scheduled MAPP that suits their scheduling needs. Participation in MAPP is currently documented in i-FamilyNet, and participants receive a certificate of completion for their records. Stakeholders have recently identified a need for more intensive training regarding the effects of trauma and other specific topics (see below) beyond the MAPP curriculum.

DCF has purchased a new learning management system (Absorb) that will house the MAPP curriculum. Absorb will permit DCF to better track training participation/completion. Absorb is anticipated to go live by March 1, 2023.

The Department is purchasing Foster Parent College to supplement the trainings already offered. FosterParentCollege.com provides interactive multi-media courses for adoptive, kinship, and foster parents. Courses are available 24/7. These courses include advanced parenting workshops, behavior management and parenting strategies. The projected start date is March 1, 2023.

DCF has developed a new comprehensive Kinship Orientation for kinship families. The Kinship Orientation consists of 2 online interactive courses and 7 topic specific videos. The topic videos include:

- Kinship Care Introduction
- Understanding and Working with DCF
- Licensing Process
- Family Time
- Prudent Parenting
- Safe Sleep
- Supports and Resources
- Frequently Asked Questions

The Kinship Orientation courses and videos are available in both English and Spanish. The videos are currently available to kinship families on the FosterMA Connect website. The Kinship Orientation courses will be online once Absorb is available.

Stakeholder Feedback

Feedback from a focus group consisting of unrelated and contracted foster/adoptive parents and the Departments CFSR Stakeholder Engagement Committee indicated that MAPP does a "pretty good job overall" but that "it is not enough."

Suggestions for additional "practical" training included:

- Educational plans
- Permanency meetings and hearings
- Expectations and role in foster care reviews,
- Role of the foster parent in court proceedings

Suggestions for intensive/specific training topics included:

- LGBTQIA+ issues including medical considerations
- Trauma responsive parenting
- Cultural considerations
- Ability limitations

Additionally, stakeholders requested that the Department adopt online on-demand training opportunities and expand the dates/times of instructor-led trainings to better accommodate family schedules.

Training Needs Assessment

The Department incorporates both qualitative and quantitative information to inform our decision making and planning for trainings. During SFY2022, the DCF Commissioner convened quarterly foster parent listening sessions. Regularly scheduled meetings (every two months) were held with the DCF Assistant Commissioner for Permanency, the Director of Adoption, and Director of Strategic Initiatives and the Massachusetts Alliance for Families (MAFF) and MSPCC leadership. These listening opportunities provide feedback and direction for training topic refinement/development, allowing foster/adoptive families to better meet the needs of children in care.

Foster parents report that they appreciate opportunities to attend trainings that are local or virtual. Virtual training opportunities are valued in that they allow participation from anywhere without the need to travel and/or arrange for childcare.

MSPCC/Kids Net data reports provide attendance data, including which trainings are well attended. This is used as a gauge for identifying which trainings are most relevant for foster/adoptive parents. Individual training needs of foster/adoptive parents are obtained through their annual reevaluations. Collectively, these individual assessments permit the Department to identify common training needs: e.g., trauma-informed training; tiered training based on the experience level and skills of the foster/adoptive parents.

New MAPP Curriculum

A new MAPP curriculum is in development. This includes transforming MAPP into a more comprehensive training for foster parents that includes self-guided learning, in-person opportunities to engage in conversation, and a greater focus on the Five Protective Factors (resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children).

Child Care Institution Staff Training

As a requirement of any contract or procurement with DCF, child care institutions must have a training plan for their staff to ensure they can effectively carry out their duties. Each plan is outlined in the respective contract and/or procurement. DCF's Congregate Care Network contracts have the following staff training requirements:

Include staff training on the following topics in the program's orientation and ongoing training programs:

- The program's mission, values, and policies, including where staff may access the policy manual;
- Staff members' responsibilities for contributing to the achievement of safety, permanency, and well-being for each youth served and how the program's CQI process informs those responsibilities;
- Staff members' responsibilities as mandated reporters of when to report suspected abuse or neglect to the Department (DCF), or to the Massachusetts Disabled Persons Protection Commission (DPPC), and the option to contact the Office of the Child Advocate
- The principles of trauma-informed care and the skills required to deliver trauma-informed care, including self-care, and addressing one's own trauma;
- Their responsibilities for and skills needed to:
    - Use personal and program technology and social media in responsible and safety-affirming ways;

- Maintain a therapeutic milieu;
- Understand and respond to aggressive behaviors as symptoms of trauma or of behavioral health disorders, such as neurodevelopmental, neurocognitive, trauma- and stressor related, and impulse control and conduct disorders;
- Prevent and respond to behavioral health crises, including outreach to the local ESP/MCI team;
- Serve as role models for prosocial behaviors, emotional regulation, and healthy habits;
- Identify personal internal biases and develop cultural humility when working with youth, families, and colleagues from cultural backgrounds different from their own;
- Work respectfully with family members, regardless of their histories or current functioning status;
- Identify family members with suspected behavioral health challenges, including substance use, and the process to escalate the suspicion internally so the needed collaboration between the program and DCF in connecting family members to needed services can occur;
- Identify youth with suspected alcohol, tobacco, or other substance use and the process to escalate the suspicion internally so the youth receives intervention or treatment, as needed;
- Identify and work effectively with:
    - gay, lesbian, bisexual, transgender and gender diverse, questioning, and non-binary youth;
    - youth who have experienced sexual exploitation or human trafficking; and
    - youth with different levels of neurodevelopmental disorders (e.g., language and communication disorders, learning disabilities, attention-deficit hyperactivity disorders, intellectual disability, developmental disability, and sensory impairments).
- Coach youth and family members during Family Time, and during individual work with a youth or family member, on functional communication and relationship skills, conflict resolution, and other strategies that will enhance families' capacities to care for and maintain positive relationships with their own children; and
- Supervise Family Time, when protective concerns require supervision, in a manner that builds youths' and family members' skills for safe interactions and emotional regulation.

The Department of Early Education and Care (EEC), as the licensing entity, also has staff training requirements for child care facilities. EEC regulations require that every residential program meet the following requirements and provide their policy for training (see below). Facilities are required to provide full time employees 24 hours of ongoing training per year and 12 hours for part time employees.

Orientation and Training.

(a) The licensee shall provide orientation for all new employees to acquaint them with the program's philosophy, organization, policies and services.

1. Each licensee shall describe in writing the program's plan for staff orientation, which shall include at a minimum, but not be limited to the characteristics of children served; symptoms and behavioral signs of emotional disturbance; symptoms of drug overdose, alcohol intoxication, or possible medical emergency; the program's emergency and evacuation procedures, procedures for reporting suspected incidents of child abuse and neglect, orientation in first aid and C.P.R., training in universal precautions and infection control procedures, and the program's policies regarding medication, runaway children, and behavior support.

    a. Each new employee (who may work with residents) of a program which utilizes restraint shall receive a minimum of 16 hours of training in the prevention and use of restraint, which shall address the needs and behaviors of the population served, relationship building, prevention of restraint, de-escalation methods, avoiding power struggles, thresholds for restraints, the physiological impact of restraint, monitoring physical signs of distress and obtaining medical assistance, legal issues, positional asphyxia, escape and evasion techniques, time limits, the process for obtaining approval for continued restraints,

procedures to address problematic restraints, documentation, processing with children, follow-up with staff, and investigation of injuries and complaints.

b. Prevention/restraint training shall include role-playing in de-escalation and demonstration of proficiency with each hold taught, and written post-training tests.

2. No new employee shall be solely responsible for children in care until he or she has received the minimum orientation described in 606 CMR 3.04(7)(a).

3. No employee shall participate in a restraint until he or she has successfully completed the required prevention/restraint training.

(b) The licensee shall train all child care staff in first aid procedures.

1. The training shall include, but not be limited to, information on: bleeding, bruises, choking, falls, poisoning, objects in the eye, animal and insect bites, and convulsions.

2. Such training shall occur within one month of a new employee's beginning work unless he or she can show evidence of current first aid training.

3. Each staff shall be certified in CPR and First Aid within six months of hire. Such certification shall be kept current.

(c) The licensee shall train all child care and clinical staff in universal precautions and infection control procedures. These procedures shall include, but not be limited to: requirements for isolation, disposal of or separate care of eating utensils and linens, and any specific precautions which may be required on a case by case basis.

(d) Child care and clinical staff shall be instructed about the nature of the medications administered to children, documentation procedures, potential side effects, and any special precautions or requirements that may need to be observed.

(e) The licensee shall provide child care staff with quarterly training on safety procedures, as provided by 606 CMR 3.08(2)(d).

(f) Programs utilizing unusual and extraordinary procedures shall train staff in all aspects of the procedures.

(g) The licensee shall provide ongoing staff training programs appropriate to the size and nature of the program and staff involved. Each licensee shall describe in writing the program's plan for staff training, including the curriculum for prevention/restraint training and refresher training, if applicable.

1. In any program which utilizes physical restraint, the plan for staff training shall include a minimum of eight hours' annual refresher training for each staff in effective de-escalation and safe restraint methods, written post-training tests, and regular review of restraints implemented.

2. Full time child care, professional and supervisory staff shall be required to attend a minimum of 24 hours of training per calendar year.

3. Part-time and weekend staff shall be required to attend a minimum of 12 hours of training per calendar year.

Based on our assessment of the information outlined above, the Department of Children and Families has demonstrated that the staff and provider training system is functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP and achieved substantial conformity for Item 28 within this systemic factor.

E. Service Array and Resource Development

Item 29: Array of Services

For this item, provide evidence that answers this question:
How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the availability, accessibility, and delivery of services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

E. Service Array and Resource Development

Item 29: Array of Services

State Response:

CFSR Round 3 Findings:

- In the 2015 CFSR Round 3 review, Massachusetts received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews.
- Information in the statewide assessment and obtained through interviews with stakeholders indicated that there are significant waiting lists for many services, and some services are unavailable in the more rural areas of the state or in the suburbs. In particular, stakeholders identified significant gaps for children and families, which include access to transportation services, independent living housing for older youth, and services for cognitively impaired parents.
- Stakeholders also identified long wait lists for intensive foster care homes, child psychological evaluation and treatment, substance abuse treatment services, and trauma informed services.

Understanding service arrays in Massachusetts starts with a look at data about the well-being of all children in the Commonwealth as compared to children in other states. Since 2018, the Annie E. Casey Foundation's annual Kids Count report rated Massachusetts' child well-being as first or second in the nation. The Kids Count website, https://www.aecf.org/work/kids-count, describes the calculation of a composite index of overall child well-being for each state by combining data across four domains: (1) Economic Well-Being, (2) Health, (3) Education and (4) Family and Community.

Looking at Massachusetts' rankings for each of the four domains included in the Kids Count metric shows that the two domains most responsible for Massachusetts' high rank are Health and Education, where the Commonwealth ranked 1st and 2nd in the nation, respectively. On the Family & Community indicator, the Commonwealth ranked 10th and on the Economic Well-Being indicator, the Commonwealth ranked 15th.

Looking at the underlying service arrays in health and education provides insights into how Massachusetts earns such high rankings from Kids Count for the well-being of the Commonwealth's children. In January 2022, the Association of American Medical Colleges (AAMC) issued a report on the physician workforce (2021 State Physician Workforce Data Report (aamc.org)) showing that the state with the most active physicians per resident is Massachusetts. The federal Health Services and Resources Administration maintains an on-line, interactive database (https://data.hrsa.gov/topics/health-workforce/shortage-areas) that shows Health Professional Shortage Areas (HPSAs) in the areas of primary care, dental care, and mental health. The overall ranking, which covers all three areas, shows Massachusetts as the state with the lowest number of HPSAs. On this ranking, lower numbers are better because they represent fewer shortages in health care professionals. These different sources – one from the Association of American Medical Colleges and the other from the federal government – both reveal robust physical health and behavioral care service arrays in the Commonwealth and inform understanding of the relationship between service array and outcomes for children as

measured by Kids Count.

As with health care, many Massachusetts children benefit from a robust educational infrastructure. Education expenditure data (https://www.census.gov/library/visualizations/2022/comm/spending-per-pupil.html) from the U.S. Census Bureau revealed that Massachusetts' per pupil public expenditures in 2022 of $18,733 exceeded the national average of $13,494 per pupil spending. In addition, some Massachusetts students benefit from private elementary and secondary education, with 12% of the Commonwealth's FY2020 student population enrolled in private schools compared to the national average of 9% (https://nces.ed.gov/programs/coe/indicator/cgc/private-school-enrollment) enrollment in private elementary and secondary schools. The children who benefit from private education opportunities are those whose parents are able to pay tuition or who obtain scholarships.

The availability of high-quality service arrays in Massachusetts underpins Kids Count's high rankings in well-being for the Commonwealth's children. These service arrays also underpin the following data showing that high rates of Massachusetts children are not involved with child welfare.

- **2019:** At the end of SFY2019, 45,058 children (0-17) were being served by DCF
    - At the end of SFY2019, **3%** of Massachusetts children (0-17) were being served by DCF
        - In 2019, there were 1,353,615 children (0-17) in Massachusetts
        - 45,058/1,353,615=.033287
- **2020:** At the end of SFY2020, 41,236 children (0-17) were being served by DCF
    - At the end of SFY2020, **3%** of Massachusetts children (0-17) were being served by DCF
        - In 2020, there were 1,385,886 children (0-17) in Massachusetts
        - 41,236/1,385,886=.029754
- **2021**: At the end of SFY2021, 44,465 children (0-17) were being served by DCF
    - At the end of SFY2021, **3%** of Massachusetts children (0-17) were being served by DCF
        - In 2021, there were 1,362,133 children (0-17) in Massachusetts
        - 44,465/1,362,133=.032644
- **2022**: At the end of SFY2022, 41,263 children (0-17) were being served by DCF
    - At the end of SFY2022, **3%** of Massachusetts children (0-17) were being served by DCF
        - In 2021, there were 1,362,133 children (0-17) in Massachusetts
        - 41,263/1,362,133=.030292 based on 2021 child census)

Source for DCF data: MA DCF Annual Reports 2019, 2020, 2021, 2022 (https://www.mass.gov/doc/dcf-annual-reportfy2019/download; https://www.mass.gov/doc/dcf-annual-reportfy2020/download; https://www.mass.gov/doc/dcf-annual-reportfy2021/download)

Source for population data: Annie E. Casey Foundation KidsCount Data Center https://datacenter.kidscount.org/

However, the high rankings from KidsCount and the high rate of children not involved with the Department mask the realities and challenges of obtaining effective services for subpopulations

of the Commonwealth's children, especially the 3% of Massachusetts children served by the Department at any point in time. The existence of a service array is necessary but not sufficient for ensuring access to services. For example, the AAMC report showing Massachusetts as the state with highest per capita physician rate does not mean that the services of those physicians are available to every Commonwealth citizen. The high costs of medical and behavioral health care and the agreements between health care providers and health insurance companies influence which medical and behavioral health services are actually accessible to which subgroups of the population.

Families with high amounts of discretionary income may choose to ignore insurance guidelines regarding "in-network" and "out-of-network" providers, which have consequences for the out-of-pocket expenditures a patient will be required to pay for medical care. A family with the means to cover out-of-pocket expenses faces the fewest barriers to accessing the entire array of available services, including the options to rely on health care professionals that do not accept any insurance payments. In contrast, a family living in poverty faces the most access barriers. With little to no discretionary income, service options for families living in poverty are limited to "in-network" providers covered by their insurance plan or to providers willing to serve the uninsured. Data documenting the robust service arrays in medical and behavioral health services in Massachusetts are evidence of availability but are not evidence of accessibility for all Commonwealth citizens.

Though significant, cost is not the only barrier to accessing services. There are multiple service arrays in the Commonwealth (e.g., services for domestic violence survivors, services for families caring for a child with a disability, at-home visiting services for new parents) available at no cost, yet even within these no cost service arrays, there are barriers to access.

Since CFSR Round 3, the Department has engaged in multiple efforts to deepen understanding not only about what service arrays are available but also about how to improve access to and benefits derived from services for children and families served by the Department. Listening to stakeholders has been a significant part of this work.

Stakeholder Input

The Department has conducted multiple outreach efforts with internal and external stakeholder groups to gain insights not only about strengths and gaps in service arrays, but also about barriers that prevent children and families involved with the Department from accessing available services.

In the Fall of 2019, the Department surveyed the contracted provider community, specifically those providers with contracts to deliver the Department's Support & Stabilization (S&S) service array. Services in the S&S service array are delivered by community-based providers contracted by the Department to deliver supports to families that will help families keep children safe at home and prevent the need for out-of-home placements. These services range from parent aides who visit a family one or more times a week to assist parents with household management to parenting education groups to intensive services available to respond to families 24/7 to evidence-based services, such as Youth Villages Intercept®, which is rated as Well Supported on the Title IV-E Prevention Services Clearinghouse. While most S&S services are focused on prevention – keeping a child safe at home without the need for out-of-home

placement, there are also youth support services, such as life coaches, mentors, tutors and enrichment activities for youth in the S&S service array.

The Department's Office of Management and Planning Analysis (OMPA) reported the utilization rate of S&S services for State Fiscal Year 2022 at 27% of families being served by the Department. Fifty-four percent (61 out of 114) of S&S providers responded to the online survey conducted in Fall 2019

Given the opportunity to pick multiple selections, the totals for the top three S&S needed services for children, as identified by providers, totaled more than 100%. S&S providers rated the top three needs for children served by the Department as: social skill development (92%), mental and behavioral health treatment (90%), and specialized services for commercially sexually exploited youth (89%). There was less agreement among providers about the top three service needs for parents and caregivers. S&S providers rated the top three service needs for parents/caregivers as: concrete supports (e.g., food, clothing, housing, and income assistance) (56%); substance use disorder treatment (54%); and in-home parent education programs (51%).

Further clarity about the specific types of mental and behavioral health treatment that the provider community views as needed by youth was obtained during a series of listening sessions conducted during 2019. During these sessions, representatives from providers who offer congregate care services were asked to rate the most pressing needs for youth served by the Department. Although these sessions focused on congregate care providers, several of the Department's congregate care providers are multi-faceted community organizations that also provide contracted S&S services. Of the 103 participants in these listening sessions, 85 (83%) rated "Youth with highly aggressive behaviors and youth involved with juvenile justice" as having the most pressing needs for which there are gaps in available services.

During the summer of 2019, the Department held focus groups with representatives from the Department's 29 Area Offices. Focus group participants were specialists whose primary daily responsibilities are assisting Departmental social workers and families with determining the best S&S service to meet a family's needs. These staff members have responsibility for sending referrals to S&S providers, entering referrals into the Department's CCWIS system, facilitating progress reviews, and documenting the ending of S&S referrals in the CCWIS system. Given these responsibilities, these internal staff have valuable perspectives about service needs, service availability, and access barriers.

These internal focus group discussions had a specific focus – gathering feedback about needs for and availability of services in the three categories used on the Title IV-E Prevention Clearinghouse – Parent Education, Mental Health, and Substance Use. Regardless of service type, the internal group stressed the importance of having services that provide families with 24/7 crisis assistance, with in-person assistance preferred by the focus group participants to phone assistance. These focus groups were conducted prior to the pandemic when use of virtual platforms became widespread. More recent, informal conversations with some of these staff members indicate that the preference for in-person, 24/7 assistance continues, with virtual platforms as second choice, and telephonic contact third. Participants also mentioned the need for S&S providers to be "looking out" for the safety of children in a home and making sure the Department knows about any safety risks for children. Focus group participants emphasized the

need for more services focused on the specialized needs of parents and children in families where there is intimate partner violence. With regard to access barriers, participants emphasized that children and families served by the Department need service delivery in their own homes rather than services delivered in locations to which consumers must travel.

During December 2020, the Department facilitated two focus groups with family members who serve on the Department's Family Advisory Council. During the summer and fall of 2020, the Department held listening sessions with foster parents. In addition, the Department publicly posted and disseminated a Request for Information (RFI) in October 2021 to obtain input about the design and procurement of prevention services (i.e., the Department's Support & Stabilization (S&S) service array) from a broad range of stakeholders. To inform development of the Department's Title IV-E Prevention Plan, the RFI included questions about evidence-based practices. The Department received more than 50 responses from individuals and organizations in the following stakeholder groups:

- Community-based service providers currently providing S&S services, interested in providing S&S services in the future, or motivated to provide insights regardless of status as a provider of S&S services,
- Families and individuals with experience receiving S&S services, families with experience in the child welfare system, and child advocacy organizations,
- Young adults and adolescents who have received S&S services, child advocates, and child advocacy organizations.

To assist the Department in obtaining input from multiple stakeholders, the Massachusetts Office of the Child Advocate arranged 10 focus groups during January through March 2022. Two of the groups were conducted in Spanish and one of the groups was conducted in Cape Verdean Creole. A total of 80 individuals participated in these groups. These individuals were family members who currently or in the past had an open case with the Department, worked as parent partners in a Family Resource Center, or was a member of an advocacy group supporting parents with involvement with child welfare.

To support the work of responding to Round 4 of the CFSR, the Department convened a Stakeholder Engagement Committee to provide input to and to review responses to CFSR systemic factors. Comments from members of the CFSR R4 Stakeholder Engagement Committee are integrated throughout responses to Items 29 and 30.

Given the different backgrounds, roles, responsibilities, and experiences of the various stakeholder groups from which the Department sought input as well as the different methods used to collect their input, there were differences in the viewpoints shared by different groups. There were also some striking similarities.

The internal focus group participants stressed the need for more services to include the availability of 24/7 in-person support in response to families' needs for assistance. The provider survey provided a way to begin quantifying what "more" would look like to fill this service gap perceived by internal staff. The survey of S&S service providers included a question about the type of 24/7 service availability included with a service. Providers responded that 20% (25 out of 123 services) provided 24/7 in-person support and 59% (73 out of 123 services) provided 24/7 phone support to families. For internal focus group participants this mix of in-person vs. telephonic 24/7 support is out of balance, with the need for a higher percentage of services to

include the 24/7 support in-person. The topic of 24/7 support was not mentioned in any of the sessions held with family members or foster parents. However, family members and foster parents emphasized the need for transportation assistance, highlighting that if a family does not have reliable transport the service is unavailable. Internal focus group participants recommended a transition to in-home service delivery to eliminate the transportation barrier. Providers identified parent education delivered in homes as one of the top services needed by families.

The internal focus group participants identified the needs for more services for families where there is intimate partner violence, for parents/caregivers and youth struggling with substance use or substance use disorders, and for teens who exhibit aggressive or criminal behaviors. Providers responding to the survey also identified the need for more services to support parents/caregivers with substance use disorders. Providers participating in listening sessions identified teens exhibiting aggressive behaviors or involved with juvenile court as the subpopulation for whom there is the largest gap in services. The service gap mentioned most often by family members or foster parents was substance use services.

In response to the 2019 survey, one of the S&S providers wrote, “DCF needs to educate families better on ways to engage with community services like ours.” This comment communicated the provider’s perspective that engagement work is the responsibility of the Department. In contrast, the internal focus group participants shared comments, (e.g., “Providers can’t just give up on families.”) that emphasized the providers’ role in engaging families. Parents and foster parents shared comments that highlighted the role that both the Department and providers could play in promoting families’ engagement with services. For example:

- “Include parents in decision-making about what services will work for their family.”
- “Promote agency and self-efficacy among caregivers by explaining the value of parenting classes.”
- “Enhance trainings for clinicians to ensure service delivery includes empathy, support, and is not judgmental.”

Consistent with the theme of empathetic service delivery, family members often mentioned a preference for receiving services from someone with lived experiences relevant to their own – someone who truly understands what they are going through.

All stakeholders mentioned the need to assist families with concrete resources, such as food, housing, utility bills, cash assistance, and transportation. All stakeholders also mentioned the need for services to be delivered in a family’s preferred language and with respect for a family’s cultural, racial, and ethnic background.

In collaboration with the National Center for State Courts and Casey Family Programs, the Massachusetts Trial Court started a process of child welfare mapping in the Commonwealth, beginning with a child welfare mapping summit in Hampden County, Massachusetts that was conducted in April 2021. A member of the CFSR R4 Stakeholder Engagement Committee provided the Department a copy of the Hampden County child welfare mapping report and stated that the Trial Court Department intends to replicate this child welfare mapping work in other counties across the Commonwealth. As that work expands to more locations in the Commonwealth, the information obtained can assist the Department with continuing to deepen

understanding of service availability and gaps that can be used to make improvements in both access and quality of services available to children and families served by the Department. The work of understanding and improving service arrays is dynamic and unending, but the purpose of the work is unwavering – to secure and make available services that meet children's and families' individualized needs, that support parental/caregiver protective capacities, and that have long-term, positive impacts on children's safety, permanency, and well-being.

More details about the Department's ongoing work into investigating, obtaining access to, and improving the service arrays for children and families involved with the Department is provided below in the responses to each of the four components of this question.

1. Services that enable children to remain safely with their parents when reasonable

At the end of SFY2021, 81% of children (0-17) open with the Department safely remained at home (Source: MA DCF 2021 Annual Report https://www.mass.gov/doc/dcf-annual-reportfy2021/download). There are multiple service arrays that underlie the success of 81% of families involved with the Department keeping children safe at home without the need for out-of-home placement. Some of these service arrays are procured and managed by the Department; some of the service arrays are procured and managed by sister agencies or other branches of government; and some of the services are provided by private nonprofit organizations with a presence in the Commonwealth.

Depending on where the service array is procured and managed, the Department uses different strategies for improving family access to and benefit from the services in the array. When a service array is procured and managed by a sister agency, the Department relies on partnership, advocacy, and internal specialty units within the Department to access and improve these services for families and children served by the Department.

Partnership and Advocacy with Sister Agencies

Medicaid coverage is one of the concrete supports for families that is associated with decreased rates of abuse and neglect. See for example: Brown, E.C.B., Garrison, M.M., Bao, H., Qu, P., Jenny, C., & Rowhani-Rahbar, A. (2019). Assessment of rates of child maltreatment in states with Medicaid expansion vs states without Medicaid expansion. *JAMA Network Open*, 2(6); Klevens, J., Barnett, S.B., Florence, C., Moore, D. (2015) Exploring policies for the reduction of child physical abuse and neglect. *Child Abuse and Neglect*, 40: 1-11.

The Commonwealth sets income eligibility for Medicaid at higher levels than many states, resulting in approximately 30% of the Commonwealth's citizens being eligible for Medicaid. In Massachusetts, Medicaid and the Children's Health Insurance Program (CHIP) are together referred to as "MassHealth."

Data Sources: MassHealth Enrollment Snapshot, February 2021, https://www.mass.gov/doc/masshealth-caseload-snapshot-and-enrollment-summary-february-2021-0/download; Medicaid and CHIP enrollment rates by state at https://www.medicaid.gov/state-overviews/scorecard/percentage-of-population-enrolled-medicaid-or-chip-state/index.html.

The comparatively high rate of MassHealth enrollment in the Commonwealth contributes to Massachusetts high ranking on the Kids Count indicator for health, which includes a measure of uninsured children.

The MassHealth service array in Massachusetts is the responsibility of the Office of MassHealth in the Executive Office of Health and Human Services and is managed by multiple Accountable Care Organizations, including the Massachusetts Behavioral Health Partnership (MBHP). On behalf of the Office of MassHealth, MBHP procures and manages behavioral health services for more than 500,000 MassHealth enrollees, including children in the custody of the Department.

Working and advocating with MassHealth and other sister agencies that procure and manage services that can assist families with keeping their children safe at home is an essential strategy the Department uses to promote improvements in service arrays that are not directly controlled by the Department but that nevertheless have significant implications for the children and families served by the Department.

Following are two examples that illustrate this strategy-

- Example 1: Representatives from the Department have served on the Secretary of Health and Human Services' interagency task force on mental and behavioral health since its inception in 2018-2019. The work of this task force resulted in the February 2021 release of a four-year Behavioral Health Roadmap for transforming the Commonwealth's ambulatory services for mental health and substance use, referred to collectively as "behavioral health." The goal is to improve access to ambulatory behavioral health services so that Massachusetts residents, regardless of age and location of residence, are able to receive behavioral health treatments when and where they are needed. The need for improvements was based on feedback collected by the Office of MassHealth from multiple stakeholders in different forums, including a series of eight listening sessions held in locations spread across the Commonwealth from June – August 2018. DCF sent a representative to several of these listening sessions to deepen understanding of stakeholder perspectives. Key points that informed creation of the Behavioral Health Roadmap included:
    - **Confusion.** Not knowing what service is needed for self or a family member or where to find out about services. Which of the many different websites and toll-free numbers should be used? What are all the acronyms?
    - **Waits.** Waiting for days for an appointment leads to missed opportunities for treatment. Some people give up if there are wait times.
    - **Disconnected services.** Going to one place for substance use services and another place for mental health counseling is burdensome.
    - **Not available when needed.** People need help with behavioral health at all times of the day and night – not only Monday-Friday from 9 a.m. – 5 p.m.

    The Behavioral Health Roadmap will restructure the Commonwealth's behavioral health response system for adults and children and will include:

    - a single, statewide behavioral health information and referral hotline,
    - a state-wide system of Community Behavioral Health Centers and urgent care behavioral health offices that offer expanded urgent care hours on par with those available for physical health conditions,

- same-day behavioral health evaluations and referrals for treatment,
- integration of mental health and substance use disorder treatments in the same location to address the high rates of comorbidity in these conditions, and
- a redesign of the mobile behavioral health crisis response units to ensure coordination with the new Community Behavioral Health Center system.

The implementation of services described in the Behavioral Health Roadmap has already started, with key programs in the Roadmap launching in January 2023. The restructuring is intended to improve access by making services available throughout the Commonwealth regardless of location and by expanding hours into evenings and weekends. Given the recent startup of programs within the Behavioral Health Roadmap, there is not yet information available about the functioning and effectiveness of this redesign in delivery of behavioral health services in the Commonwealth.

- Example 2: Representatives from the Department meet regularly with staff from the Department of Public Health (DPH) who manage the Massachusetts Home Visiting Initiative (MHVI), which is part of the national Maternal, Infant, and Early Childhood Home Visiting Program, with the goals of:
    1. Improving maternal and child health,
    2. Preventing child abuse and neglect,
    3. Encouraging positive parenting, and
    4. Promoting child development and school readiness.

    The MHVI includes 7 different models of home visiting, two of which — Healthy Families and Parents as Teachers — are rated as "Well-Supported" in the Title IV-E Prevention Services Clearinghouse https://preventionservices.acf.hhs.gov/index.php/. The Massachusetts Children's Trust is a partner in the MHVI. The Healthy Families model, which is procured and managed through the Children's Trust, blankets the Commonwealth, ensuring that parents in all 351 cities and towns have access to the Healthy Families service. The most recent data communicated from the Children's Trust show that:

    - Hospitals, the Department, and self-referrals are the three most frequent referral sources for Healthy Families services.
    - At initial contact, 91% of parents agree to participate in Healthy Families.
    - The actual completion rate for first visits is 76%. and
    - Average length of time that a family participates in Healthy Families is 15.7 months.

    In meetings with the Department of Public Health' MHVI managers, the Department discusses the following topics:

    - How to obtain data, comparable to the information available for Healthy Families about availability and retention, for all of the different home visiting models included in the MHVI,
    - How to reconcile the voluntary nature of the home visiting services available through MHVI with the Department's need to ensure that services are in place to prevent the need for out-of-home placement, and

- The role of providers of home visiting services in assessing child safety and risk and the arrangements for communicating those assessments to the Department's social workers and/or supervisors.

In addition to MassHealth and the Massachusetts Home Visiting Initiative, there are other services arrays in the Commonwealth that are procured and managed by sister agencies, not the Department. Nevertheless, these service arrays can assist families with keeping children safe at home without the need for out-of-home placement. Following are descriptions of service arrays available in the Commonwealth for:

- Domestic Violence Services
- Substance Use Services
- Child Care
- Supports for Families with Disabilities

Domestic Violence Services, including a statewide domestic violence assistance hotline

State agencies that procure and manage this service array: Massachusetts Office of Victim Assistance https://www.mass.gov/domestic-violence-services and the Department of Public Health's Division of Sexual and Domestic Violence Prevention Services https://www.mass.gov/sexual-and-domestic-violence-prevention-and-services

The Department of Public Health's Division of Sexual and Domestic Violence Prevention and Services procurement is with more than 50 community-based providers and includes 125 contracts to provide services that are organized into 8 service models:

- **General Community-Based Domestic Violence Services (GCBDVS)**
  34 programs provide advocacy and services designed to support the needs of survivors of domestic violence, their children, and/or other dependents.
- **Emergency Shelter (ES)**
  23 programs provide temporary refuge for domestic violence survivors, their children, and/or their other dependents who feel at imminent risk of violence or abuse. ES programs provide a range of activities and services designed to support the needs of survivors of domestic violence and their children/dependents.
- **Housing Stabilization (HS)**
  9 programs provide stable family housing and concrete support services to help program participants access and maintain permanent housing, locate employment and/or attend school, parent their children, and generally prepare for economic independence.
- **Domestic Violence, Substance Misuse, and Trauma Shelter (DVSMT)**
  1 program is providing refuge for survivors who need to leave an unsafe situation due to domestic and/or sexual violence and need longer-term recovery support to address substance misuse and/or trauma.
- **Children Exposed to Domestic Violence (CEDV)**
  13 programs address the needs of children and youth who have witnessed and/or been exposed to domestic violence. These services are offered in therapeutic individual and group settings, or through advocacy or group and family support services.
- **Supervised Visitation Services (SVS)**

12 programs work to maximize the safety and well-being of adult domestic violence survivors and children impacted by domestic violence by providing access to safe visitation locations and services and neutral exchange for non-custodial parents.

- **Sexual and Domestic Violence Services for Communities Experiencing Inequities (SDVEI)**
  18 programs serve populations that experience inequities in the prevalence of experience of IPV and access to culturally tailored IPV services.
- **Massachusetts certified Intimate Partner Abuse Education Program (IPAEP) services**
  17 programs work to promote the safety of domestic violence survivors through the provision of group intervention services for individuals who have used violence against an intimate partner.

When a family served by DCF receives DV services provided through the Department of Public Health's Division of Sexual and DV Prevention programs, the information may be documented in case dictation. It is not available in a structured format that is amenable to analyses that will yield frequencies or percentages of individuals or families receiving services.

Substance Use Services, a statewide system of prevention, intervention, treatment, and recovery support services, including services for the uninsured

State agency that procures and manages services: Department of Public Health's Bureau of Substance Addiction Services (BSAS) https://www.mass.gov/orgs/bureau-of-substance-addiction-services. DPH maintains a Helpline website https://helplinema.org/ and toll-free telephone number, 800-327-5050, to assist with finding services.

The BSAS adult substance use service array for adults is organized using the following framework from the American Society for Addiction Medicine (ASAM), which has defined, numbered levels of substance use disorder intervention and treatment.

- **Level 0.5 Early Intervention**. These services include:
  - Individual or group counseling
  - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- **Level 1.0 Outpatient**. Services at this level include:
  - Office-Based Opioid Treatment Program (OBOT). An outpatient program that provides FDA-approved medication for Opioid Use Disorder prescribing (Buprenorphine and Naltrexone) in combination with counseling and behavioral therapies.
  - Opioid Treatment Program (OTP). An outpatient program that provides daily Medication for Opioid Use Disorder by dispensing the FDA-approved medication Methadone and now also Buprenorphine in combination with counseling and behavioral therapies, to provide a "whole patient" approach to the treatment of substance use disorders.
  - Mental Health and Substance Use Outpatient Services. One-to-one or group counseling to assist individuals in attaining or supporting their recovery in the community.
  - Outpatient Withdrawal Management. Community-based withdrawal management for people stable enough to remain in the community.

- **Level 2.0 Intensive Outpatient**. Services at this level include:
    - Structured Outpatient Addiction Program (SOAP) or Intensive Outpatient Program (IOP) provide treatment to those with addiction while affording them the opportunity to maintain participation in the community, be a part of family life, and continue to work or attend school.
- **Level 3.1 Low Intensity Clinically Managed Residential**. Services at this level include:
    - Residential Rehabilitation Services (RRS) provides a structured and comprehensive rehabilitative environment that supports each resident's independence and resilience and recovery from alcohol, opiates and/or other drugs. The average length of stay is 90 days. Some programs are able to serve pregnant and postpartum women.
    - Residential Rehabilitation Services/Co-Occurring Enhanced (RRS/COE) provides a structured and comprehensive rehabilitative environment that supports each resident's independence and resilience and recovery from alcohol, opiates and/or other drug problems. This setting is for individuals who have both a moderate to severe substance use and mental health disorder. There are also beds set aside for perinatal women. Goal-oriented rehabilitative services are provided in conjunction with ongoing support and assistance for developing and maintaining an alcohol and/or drug-free lifestyle.
    - Family Residential Treatment provides a safe and supportive treatment environment for families when the caretaking parent(s) has a chronic substance use problem. Programs provide housing, coordination and case management of substance use treatment and other services for families in order to support and sustain sobriety. Families can be of varying sizes with children up to age 18. Pregnant, parenting and family programs are managed by IHR and can be accessed by calling 866-705-2807.
    - Transitional Support Services (TSS)- Short-term residential, support services for adult clients who need a safe and structured environment to support their recovery process after completing withdrawal management. These programs are designed to help those who need services between acute treatment and residential rehabilitation, outpatient, or other aftercare. Average length of stay is 4-6 weeks.
- **Level 3.5 Clinically Managed Medium Intensity Residential Services**
    - Clinical Stabilization Services (CSS) provides the needed service interventions and program support that enable clients to engage in a structured process and to plan and implement any services needed for a successful transition to the next level of substance use disorder treatment. CSS services enable clients to focus on recovery, increase treatment acceptance and readiness to change, while identifying skills and strategies to prevent continued use and/or to reduce risk of harm due to continued use. Designed to stabilize clients and increase their retention in treatment. The average length of stay is 12 days.
- **Level 3.7 Medically Monitored Intensive Inpatient Services Withdrawal Management**
    - Acute Treatment Services (ATS) Medically monitored inpatient withdrawal management services. Programs provide 24-hour nursing care, under the consultation of a medical doctor, to monitor an individual's severe withdrawal

from alcohol and other drugs and to alleviate symptoms. Length of stay is on average 4-5 days.

- **Level 4.0 Medically Managed Intensive Inpatient Services**
    - Medically Managed Inpatient Withdrawal Management (also referred to as "Detox") Programs provide 24-hour nursing care, under the consultation of a medical doctor, to monitor an individual's severe and unstable withdrawal from alcohol and other drugs and to alleviate symptoms. Length of stay is on average 4-5 days.

The BSAS service array of services for youth and young adults is organized into the following categories.

- **Parent and Family Support.** Support groups, psychoeducation, and web-based skills development for family members concerned about youth and young adult substance use.
- **Outpatient Counseling.** Many agencies are licensed by BSAS to offer outpatient individual, group, or family therapy for young people experiencing problems with alcohol, marijuana, and other drugs. Many providers deliver Adolescent Community Reinforcement Approach (A-CRA), which is a developmentally-appropriate behavioral treatment for youth and young adults 12-24 years old with substance use disorders.
- **Outpatient Treatment.** Services available in this category include:
    - Office Based Opioid Treatment/Office Based Addiction Treatment (OBOT/OBAT) Outpatient programs that provides medication for Opioid Use Disorder prescribing FDA-approved medications (Buprenorphine and Naltrexone) in combination with counseling and behavioral therapies. Buprenorphine is available starting at age 16, Naltrexone at 18.
    - Opioid Treatment Program (OTP) A daily outpatient program that provides medication for Opioid Use Disorder by dispensing the FDA-approved medication Methadone and often Buprenorphine in combination with counseling and behavioral therapies. Buprenorphine is available starting at age 16, and Methadone and Naltrexone at age 18.
- **Transitional Age Youth & Young Adult Residential Treatment Programs.** A structured environment for young people ages 16-25 in an alcohol and drug-free residential treatment setting. Services include assessment, comprehensive substance use treatment, mental health counseling referrals, case management and coordination, psycho-education on a variety of topics relating to health and wellbeing, life skills enhancement, vocational/educational support, recovery support, parent/caregiver support, and aftercare planning.

When a family served by DCF receives Substance Use services through the Department of Public Health's Bureau of Substance and Addiction Services or by services provided through health insurance, the information may be documented in case dictation. It is not available in a structured format that is amenable to analyses that will yield frequencies or percentages of individuals or families receiving services.

Members of the CFSR R4 Stakeholder Engagement Committee stressed that there are gaps in effective substance use disorder treatments, emphasizing that there is need throughout the

Commonwealth for substance use disorder treatment services that focus on the entire family and the role of parenting, especially family-residential programs.

Regional Partnership Grant

Through a Regional Partnership Grant (2018-2023), two of the Department's 29 Area Offices are participating in a collaborative project, called the Family Recovery Project, which is focused on serving families with open DCF cases that have children who have been removed from the family and have a goal of reunification or have children who are at imminent risk for removal because of parental substance use. During the five-year timeframe, this project aims to serve a total of 180 families from the two Area Offices located in Worcester, Massachusetts. According to the Department's Office of Management and Planning Analysis, serving 180 families across five years will represent service to 2.4% of the eligible families, with eligibility based on 1) location (i.e., served by the Department's two Area Offices based in Worcester, Massachusetts) and 2) parent need (i.e., parental substance use). The findings regarding the outcomes achieved through the Family Recovery Project will inform discussions and future planning of how best to serve families where there is a parent with a substance abuse challenge in ways that will result in safety, permanency, and well-being for children.

The Family Recovery Project Central (FRP) is a project of the non-profit organization, Institute for Health and Recovery (IHR). State partners are the Department and the Department of Public Health's Bureau of Substance Addiction Services (BSAS), and the BSAS funded, community-based, peer recovery center, Everyday Miracles, which is run by Spectrum Behavioral Health Systems.

IHR delivers services through two teams comprised of a licensed clinician and a peer recovery specialist who provide assistance based on a family's level of need. Services include delivering substance use disorder treatment, building parent-child attachment, healing the effects of trauma, stabilizing parental recovery, and helping children develop resilience and developmentally appropriate skills and behaviors. Case management services include assisting families in accessing a range of supportive services, including recovery support at Everyday Miracles and group-based interventions such as Seeking Safety.

Child Care

State agency that procures and licenses services: Department of Early Education and Care (EEC).

EEC's Supportive Child Care procurement contracts with licensed, center-based childcare providers throughout the Commonwealth for slots reserved for children in families being served in cases open to DCF. The age ranges for this service are ages birth – age 13 for neurotypical children and ages birth – age 16 for children with developmental delays, intellectual disabilities, or other neurodevelopmental disorders. In addition to these DCF-specific contracted slots, DCF-involved families are also able to access childcare vouchers through EEC's Child Care Resource and Referral (CCR&R) agencies. These vouchers can be used to access a larger network of childcare providers throughout the Commonwealth, thus increasing access to childcare. Currently, there are more than 10,000 DCF-involved children receiving childcare through this partnership with EEC.

Supports for Family Members with Disabilities

State agency that procures and manages services: Department of Developmental Services (DDS). DDS provides funding for family support programs and services across the Commonwealth to provide information, assistance, and an array of supportive services to families with children and adults with disabilities who are living at home.

Below are examples from this service array that are focused on helping families maintain children safely at home without the need for out-of-home placement. The source for this information is https://www.mass.gov/lists/dds-family-support-services-information#dds-family-support-directory-

- The system of **DDS Family Resource Centers** covers every area of the Commonwealth and offers information and referral to any family. For additional service offerings beyond information and referral (e.g., service navigation, trainings, mentoring, support groups, social & recreational activities, and flexible support funding) the family member with a disability must be found eligible for DDS services.
- The system of **Autism Support Centers** across the Commonwealth that specialize in serving families with a family member on the autism spectrum.
- **Intensive Flexible Family Support** programs support families with one or more members with a disability who are experiencing significant challenges, which are causing the child/individual to be at risk of out-of-home placement. This is a time-limited (9 to 18 months on average) and goal-oriented service providing more focused and intensive supports in response to identified areas of need and difficulty, and to build family capacity to support their child or young adult at home.
- **Medically Complex Programs** provide a family-driven model of care which supports families with children and young adults having significant cognitive, physical, and complex health care needs who are living at home. The goal is to provide comprehensive wrap-around supports, which consist of specialized case management activities that help families integrate the variety of resources and supports they are receiving in order to care for their family member at home. This program complements and is supplemental to MassHealth, state plan, and third-party insurers.

According to the Department's Office of Management and Planning Analysis, as of December 31, 2022, 18.6% of open cases with completed assessments included at least one consumer identified as having a disability.

As the preceding descriptions illustrate, there are several service arrays procured and managed by state agencies other than the Department of Children and Families in Massachusetts that can assist families with keeping children safe at home without the need for out-of-home placement. These services are available to all Massachusetts citizens, not only families involved with the Department. Sometimes these services can be accessed by and are effective for families involved with the Department. However, these service arrays are neither reserved for nor specialized for families involved with the Department, which yields gaps in service accessibility and effectiveness for families served by the Department.

The series of listening sessions hosted by MassHealth in 2019 yielded comments from stakeholders that are applicable not only to the service array for behavioral health but for other types of service arrays as well and help explain access barriers. Confusion can be a major deterrent. Even when there are available services to support families, it can be confusing not only for families but also for Departmental staff to know which services are needed or where and how to access them.

To navigate the multiple service arrays, the Department relies on an internal infrastructure of Specialty Units, which are described in the next section.

SPECIALTY UNITS WITHIN THE DEPARTMENT

For services to be accessible to families involved with the child welfare system, the child welfare workforce has to be knowledgeable about what the services are and how to connect families to the existing service arrays. As the preceding section of this response illustrates, there are multiple service arrays in the Commonwealth that are relevant for helping families keep children safe at home without the need for out-of-home placement. In-depth, up-to-date knowledge of these multiple service arrays and the focus, availability, and eligibility criteria of each service is beyond what can be expected of individual child welfare staff members. Therefore, the Department relies on an infrastructure of internal specialty units to serve as experts on specific service arrays, to be available to consult on child welfare cases that might benefit from a specific service array, and to assist with navigating a service array to investigate whether services from the array can be available for a family being served by the Department.

The primary way that Specialty Units keep Area Office staff informed of the availability of specialized services (e.g., Domestic Violence, Mental Health, Substance Use) is through the case-specific consultation that specialists provide when there is a family that needs specialized services. Specialty Units also communicate regularly with the 29 Area Resource Coordinators (ARCs). There is an ARC in each of the Department's 29 Area Offices. The ARC serves as a point of contact about available services for supervisors and social workers in each Area Office. ARCs may connect supervisors and social workers with staff in the Specialty Units, provide information about local community-based services that are unique to the location, or recommend a service that the Department procures from community-based providers the Request for Responses (RFR) process.

The Department maintains specialty units in Mental Health, Substance Use, Domestic Violence, Early Childhood, and Disabilities.These specialty units provide case consultation on the dynamics in families affected by these issues as well as assistance with navigating the applicable service arrays available in the Commonwealth, whether those service arrays are available through other state agencies or private nonprofit organizations that have a presence in the Commonwealth (e.g., for Disability Services private nonprofit organizations include Arcs, Autism Speaks, and the Autism/Asperger Network (AANE)). To build collaborations and to have opportunities to advocate for services for children and families served by the Department, staff in these specialty units serves as liaisons to sister agencies that procure and manage relevant service arrays and to private nonprofit providers of services.

The Department's internal Mental Health and Disabilities Specialty Units are organized with a Central Office Director and five Regional Specialists – one Specialist for each of the Department's geographic Regions. This structure yields both a Mental Health specialist and a

Disability specialist to serve each of the Department's five Regions.

The Early Children Unit focuses on navigating the EEC system of contracted slots and vouchers to secure childcare for families with an open DCF case. There is a Central Office Director, five Early Childhood Specialists – one for each of the Department's Regions, and 29 Early Childhood Coordinators – one for each of the Department's 29 Area Offices.

The Domestic Violence Specialty Unit is organized with a Central Office Director, three Central Office managers, and 10 Domestic Violence Specialists – two in each of the Department's five Regions.

The Substance Use Specialty Unit is organized with a Central Office Director, five Central Office managers, and 19 Substance Use coordinator positions to meet the needs of the Department's five regions and 29 Area Offices spread across those regions.

In addition, the Department recently hired a Director of LGBTQ+ services to head a new unit of specialized staff who will provide consultation to social workers and staff to support the needs of LGBTQ+ youth, families and caregivers. The office is already partnering with the Massachusetts Commission on LGBTQ Youth and other organizations to support training in support of the Department's Gender-Affirming care and LGBTQ+ policies.

Members of the CFSR R4 Stakeholder Engagement Committee raised questions regarding the extent to which DCF social workers and supervisors actually rely on their colleagues in the internal specialty units for consultation and assistance with navigating available service arrays. The Department has recently created the capacity to document consultations and anticipates that this data will help specialty units understand utilization patterns. The questions raised were motivated by perceptions of stakeholders that the services of the internal specialty units may not be used often enough, missing opportunities to fully support children and families with services known to specialists but not well understood by social workers and supervisors.

Promoting effective and full use of the internal specialty units is an opportunity for improvement by the Department. Members of the CFSR R4 Stakeholder Engagement Committee suggested adding questions about outreach to specialty units to the agendas of existing meetings, rather than creating separate meetings for this purpose. Making these questions a recurring, consistent portion of the agenda in existing meetings such as, weekly supervision of social workers, initial placement review meetings, and/or foster care reviews, could promote more widespread reliance on the internal specialty units. With more widespread use, the Department would need to gauge capacity of the internal specialty units and make decisions about the number of staff needed in each internal specialty unit.

GAPS AND BARRIERS - SERVICE ARRAYS TO SUPPORT FAMILIES WITH KEEPING CHILDREN SAFE AT HOME

Although there are multiple service arrays to help families keep children safe at home – those procured and managed by other state agencies as well as service arrays available through private nonprofit organizations – there are geographic gaps and access barriers in these service arrays.

Geographic Gaps

In southeastern Massachusetts there is an area referred to as "Cape Cod and the Islands,"

which consists of three counties – Barnstable, Dukes, and Nantucket. Both Dukes and Nantucket counties are islands that are not connected to the mainland via a bridge and are accessible only by water or air. Popular with tourists who treasure the geographic isolation and the ocean landscapes, the steep real estate prices and lack of affordable housing in theses counties create labor shortages for public services https://rb.gy/x0pijz and both labor shortages and real estate shortages for human service organizations. Cape Cod and the Islands face the most pervasive service gaps of any geographic area of the Commonwealth.

There are also rural pockets across Massachusetts that have a paucity of medical and behavioral health and human services, including portions of the four western counties – Franklin, Hampshire, Hampden, Berkshire – that do not include a large city or town and the Blackstone Valley in southern Worcester County.

The Department is organized geographically into five Regions, which are subdivided into 29 Area Offices. Each Area Office has a catchment area that defines its service boundaries. There are differences across service arrays in where service gaps are located. When asked to identify the DCF Area Offices that they would consider "under-resourced," staff from DCF's Specialty Units most often identified the following four Area Offices:

- Cape & Islands Area Office, located in Hyannis, MA
- Greenfield Area Office, located in Greenfield, MA
- Berkshire Area Office, located in Pittsfield, MA
- South Central Area Office, located in Whitinsville, MA

Given that the identification of "under-resourced" areas is based on qualitative information obtained from members of the Specialty Units, the term "under-resourced" is not necessarily based on the actual number of services available within an Area Office's catchment area. However, it is interesting to note that a member of the CFSR R4 Stakeholder Engagement Committee who, based on the professional position that she holds, is familiar with the service arrays across the Commonwealth concurred with this list of under-resourced areas of the Commonwealth.

Data provided by the Department's Office of Management and Planning Analysis in the following tables showed the racial and ethnic identifications of children and adults served on September 30, 2022, by the four, under-resourced Area Offices as well as the racial and ethnic identifications of children and adults served by the Department statewide. Compared to the statewide data representing racial and ethnic identification, children, youth, and adults served in the under-resourced Area Offices, which are rural geographies, are more likely to identify as White and less likely to identify as Hispanic/Latino/Latina, or Black.

	Statewide 9/30/22					
Race	**Child <18**		**Youth ≥18**		**Adults**	
White [1]	13,906	35%	769	36%	17,791	43%
Hispanic/Latino/Latina [2]	13,383	34%	732	34%	11,601	28%
Black [1]	5,094	13%	422	20%	6,053	15%
Asian [1]	425	1%	38	2%	605	1%
Native American [1]	61	*	2	*	69	*
Pacific Islander[1]	12	*	1	*	22	*
Multi-Racial [1] [3]	2,564	7%	120	6%	896	2%
Unable to Determine/Declined	1,674	4%	56	3%	2,191	5%
Missing	2,085	5%	13	*	2,031	5%
Total	**39,204**	**100%**	**2,153**	**100%**	**41,259**	**100%**

[1] Excludes Hispanic/Latino, * = less than 1% after rounding

[2] Hispanic/Latino/Latina includes all races [3] Multi-racial = two or more races

	Berkshire Area Office 9/30/22					
Race	**Child <18**		**Youth ≥18**		**Adults**	
White [1]	838	57%	50	58%	989	66%
Hispanic/Latino/Latina [2]	197	14%	14	16%	151	10%
Black [1]	90	6%	8	9%	136	9%
Asian [1]	4	*	0	*	12	*
Native American [1]	1	*	0	*	2	*
Pacific Islander[1]	0	*	0	*	1	*
Multi-Racial [1] [3]	204	14%	13	15%	55	4%
Unable to Determine/Declined	43	3%	1	1%	65	4%
Missing	82	6%	0	*	90	6%
Total	**1,459**	**100%**	**86**	**100%**	**1,501**	**100%**

[1] Excludes Hispanic/Latino, * = less than 1% after rounding

[2] Hispanic/Latino/Latina includes all races [3] Multi-racial = two or more races

	Cape Cod Area Office 9/30/22					
Race	**Child <18**		**Youth ≥18**		**Adults**	
White [1]	558	58%	36	55%	698	64%
Hispanic/Latino/Latina [2]	95	10%	8	12%	98	9%
Black [1]	79	8%	11	17%	116	11%
Asian [1]	5	*	2	3%	7	*
Native American [1]	10	1%	0	*	12	1%
Pacific Islander[1]	1	*	0	*	3	*
Multi-Racial [1] [3]	105	11%	8	12%	39	4%
Unable to Determine/Declined	32	3%	1	2%	37	3%
Missing	84	9%	0	*	86	8%
Total	**969**	**100%**	**66**	**100%**	**1,096**	**100%**

[1] Excludes Hispanic/Latino, * = less than 1% after rounding

[2] Hispanic/Latino/Latina includes all races [3] Multi-racial = two or more races

	South Central Area Office 9/30/22					
Race	**Child <18**		**Youth ≥18**		**Adults**	
White [1]	1,038	56%	48	64%	1,342	64%
Hispanic/Latino/Latina [2]	511	27%	17	23%	448	21%
Black [1]	51	3%	2	3%	88	4%
Asian [1]	7	*	2	3%	13	*
Native American [1]	0	*	0	*	0	*
Pacific Islander[1]	0	*	0	*	0	*
Multi-Racial [1] [3]	105	6%	4	5%	32	2%
Unable to Determine/Declined	83	4%	2	3%	123	6%
Missing	66	4%	0	*	50	2%
Total	**1,861**	**100%**	**75**	**100%**	**2,096**	**100%**

[1] Excludes Hispanic/Latino, * = less than 1% after rounding

[2] Hispanic/Latino/Latina includes all races [3] Multi-racial = two or more races

	Greenfield Area Office 9/30/22					
Race	**Child <18**		**Youth ≥18**		**Adults**	
White [1]	678	57%	44	75%	870	66%
Hispanic/Latino/Latina [2]	272	23%	9	15%	221	17%
Black [1]	55	5%	2	3%	63	5%
Asian [1]	7	*	2	3%	17	1%
Native American [1]	0	*	0	*	2	*
Pacific Islander[1]	3	*	0	*	1	*
Multi-Racial [1] [3]	84	7%	2	3%	27	2%
Unable to Determine/Declined	56	5%	0	*	66	5%
Missing	40	3%	0	*	47	4%
Total	**1,195**	**100%**	**59**	**100%**	**1,314**	**100%**

[1] Excludes Hispanic/Latino, * = less than 1% after rounding

[2] Hispanic/Latino/Latina includes all races [3] Multi-racial = two or more races

The Department and other sister agencies within the Executive Office of Health and Human Services are aware of geographic inequity in available services Massachusetts citizens and work to develop solutions to these gaps. Financial incentives to address these gaps must comply with the state regulations for rate setting and for procurement of services. To motivate and support providers in delivering services in the four DCF Area Offices listed above, the Department has been researching regulation compliant incentives and intends to incorporate incentives for serving historically under-resourced communities into the re-procurement of Support & Stabilization services RFR. The anticipated posting date for the Support & Stabilization re-procurement will be in early 2023.

The lock down phase of the Covid-19 pandemic in 2020 accelerated use of virtual platforms technology for service delivery of multiple different types of services in health care, mental health care, and human services. For consumers in historically under-resourced areas of the Commonwealth, reliance on virtual service delivery created access opportunities that were not available prior to the widespread use of virtual service delivery. However, there are still access

barriers when services are delivered virtually – most notably for consumers who do not have the technology or connectivity that virtual platforms require.

There are on-going discussions throughout the agencies under the Massachusetts Executive Office of Health and Human Services Secretariat about whether there is a need for virtual delivery standards, how to combine or balance in-person and virtual service delivery, and how best to structure payment rates for in-person, virtual, and hybrid service delivery. In addition to all the considerations that are similar across the Department and sister agencies, the Department's internal deliberations regarding virtual service delivery include considerations about children's safety and risk.

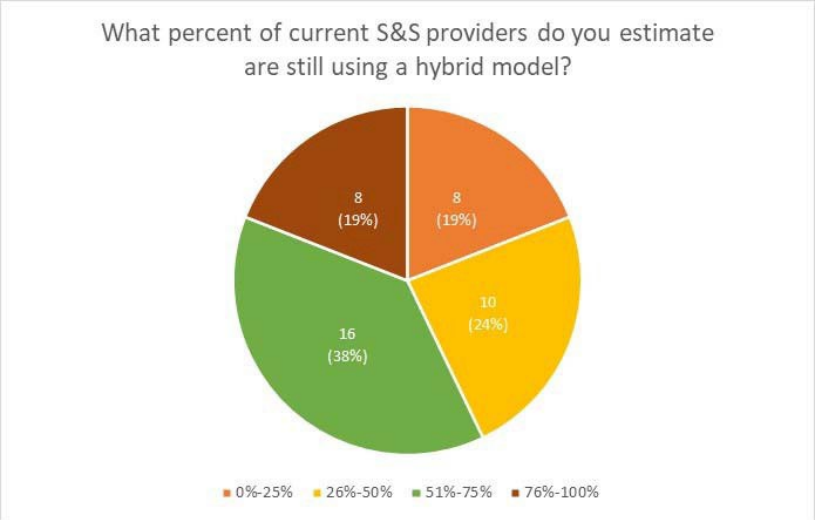
During August 2021, the Department held four meetings that included both on-line polling and focused discussions with internal staff and external stakeholders who have responsibilities for assisting DCF staff in Area Offices with identifying potential services to match families' needs and with submitting referral packets to contracted providers who deliver Support & Stabilization services, which is a service array procured and managed by the Department. The internal staff participants all held the job title of Area Resource Coordinator (ARC). Each of the Department's 29 Area Offices has one ARC. The external stakeholders all held Lead Agency positions. The Department contracts with external community-based human service providers for Lead Agency staff who are co-located in the Department's Area Offices and who specialize in assisting Area Office staff and families with identifying services to match identified needs, entering service referrals into the information technology system (i.e., iFamilyNet) and with conducting reviews of service progress.

Given their job responsibilities, ARCs and Lead Agency staff hold valuable knowledge about service arrays. The meetings held in August 2021, which included a total of 45 participants, were designed to tap into that knowledge base to inform thinking about the re-procurement of Support & Stabilization services, referred to as "S&S." The Department anticipates posting the new RFR for S&S early in 2023. Following is the quantitative and qualitative information collected about virtual service delivery during the August 2021 meetings.

When asked to respond to the statement "I think virtual services were effective for delivering S&S during the pandemic," 32 of 38 (92%) respondents agreed or strongly agreed. The table below summarizes comments that were shared during the discussions that followed this polling question.

What services worked well when delivered virtually?	***What services did not work well when delivered virtually?***
• **Increase in family participation**: virtual services removed barriers like scheduling, transportation, wariness regarding a provider entering the home • **Families and children engaged more deeply with providers**: more frequent meetings and more in-depth conversations • **More families served**: providers reduced their own travel time, leading to an increase in families served • **Allowed families to stay connected**: "Something is better than nothing."	• **Services for younger children**: difficult to keep them engaged with the screen • **High-risk families**: greater latitude to hide concerning issues, reducing transparency around issues affecting child safety and risk • **Building relationships**: decreased retention for teen mentorship programs, which should build bonds and develop skills in the community • **Parent aide and other skill-building services**: being in the family's home allows providers to see much more of how a family is progressing with skills. • **If the family has no technology –** not possible

In August 2021, the pandemic lockdown was over but virtual service delivery, combined with in-person service delivery, continued. The chart to the right shows how 45 participants responded to the question: "What percent of current S&S providers do you estimate are still using a hybrid model?"



Following is a summary of the comments that were shared during the discussions that followed this polling question:

- Hybrid delivery increases parental engagement. Benefits are:
  - Increased consistency by decreasing family cancellations
  - Clients feel more autonomous
  - Fewer opportunities to refuse services
  - Increased convenience: less travel time, ability for parents to call in during lunch hour
- Hybrid delivery extends services to geographic areas that were previously unserved
- Hybrid increases linguistic competency, expanding linguistic skills to family served by Area Offices that previously did not have that linguistic capacity
- Parent Groups (six weeks) and Father's Groups (eight weeks) were accessible to more families and very well attended. When groups are used to provide emotional support for parents, hybrid or all virtual can work well.

These insights are being used by the Procurement Management Team that is currently writing the re-procurement Request for Responses (RFR) for S&S.

Access and Service Design Barriers

Even in geographic areas where there are seemingly an adequate number of service providers, there are barriers to accessing services, including:

- Days and hours of service delivery that conflict with parents' working hours or children's school hours,
- Lack of an in-home service delivery option in which service providers go directly to consumers' homes,
- Locations for service delivery that are not amenable to use of public transportation,
- Required paperwork that is written in an unfamiliar language and/or at a high reading level,
- Lack of service provider staff who speak a family's preferred language,

- Lack of service provider staff with cultural, racial, or ethnic backgrounds similar to those of consumers,
- Wait times of many days or weeks prior to commencing services and/or wait times of more than an hour on the day of a service appointment,
- Lack of childcare during service delivery for any child(ren) not receiving the service,
- Eligibility criteria (e.g., children's ages, family composition) that limit who can receive services.

Family Barriers

It takes time, energy, and persistence to figure out what services are available and how to connect to them. Being notified that there is a waiting period before services can start can be discouraging and may dissuade some families from continuing to seek services. In addition, experiences of trauma and discrimination, fear of being judged, distrust of governmental agencies, and cultural beliefs can influence a family's willingness or abilities to search for a service. After the initial connection, staying engaged with a service for its full course of activities or until objectives are met requires energy and stamina.

Most families served by the Department face multiple, intersecting challenges. It is rare for a family to be faced with only the challenges associated with living in poverty or only the challenges of dealing with intimate partner violence. Yet, the organization for the majority of the service arrays described in the preceding sections of this response is based on addressing a single issue. A family dealing with the intersecting challenges of intimate partner violence, substance use, and mental health needs faces the overwhelming tasks of navigating multiple service arrays and of coordinating services from multiple providers. Most of the families served by the Department need help with this navigation and coordination work.

Strategies the Department will deploy to help address these barriers are described in the next section, which focuses on service arrays procured and managed by the Department.

SERVICE ARRAYS PROCURED AND MANAGED BY THE DEPARTMENT

Family Resource Centers

Launched in 2015, Family Resource Centers (FRCs) provide parents, teens, and children a community-based, one-stop source for an array of direct services - from parent education to support groups to classes in household financial management. FRCs also provide referrals to obtain services from services arrays mentioned previously, such as the MassHealth service array for mental/behavioral health treatments or the Department of Developmental Services service array of specialty services for families parenting a child with a disability.

The Department procures and manages 34 FRCs, which are geographically dispersed, with at least one in each of the Commonwealth's 14 counties. In addition, the Massachusetts Children's Trust operates six Family Centers that offer similar services and programming to the FRCs.

Decisions related to the specific locations of the FRCs and Family Centers were based on community indicators that are associated with increased risk of child abuse/neglect, including rates of poverty, crime, school discipline, single parent families, unemployment, and rate of families on the Department's caseload.

The Centers' services are available to the general public and include programs on universal topics of interest to parents, such as education about milestones in child development, parenting skills, family budgeting, and opportunities to connect with other parents for support and socialization. For families interested in and capable of reaching out for and engaging with services, the FRCs and Family Centers provide supports that can keep children safe at home without the need for out-of-home placement.

A member of the CFSR R4 Stakeholder Engagement Committee mentioned a lack of consistent service quality across the FRCs, providing as an example the skills and information that allow some, but not all, FRCs to serve as valuable resources for information and referral about local resources. Specific information about which FRCs provider higher quality information and referral than others is not available, suggesting an area for future information gathering.

Support & Stabilization Services

The Department's existing Support & Stabilization (S&S) procurement has contracts with more than 100 community-based providers that deliver an array of services to the children and families served by the Department. A large portion of these services are designed and used to support families with keeping children safe at home without the need for out-of-home placement.

The Department is in the process of writing a new S&S procurement and anticipates posting the new procurement in early 2023. The intention is to craft the new S&S procurement to help address existing gaps in service arrays that can help families keep children safe at home without the need for out-of-home placement. For example:

- Providing additional funding, within the parameters established by the Commonwealth's procurement regulations, for services delivered to children and families living in geographic areas identified as "under-resourced,"
- Requiring service providers to travel to children and families rather than requiring children and families to travel someplace to receive services,
- Requesting the provider community to bid services that will include peer support specialists, who will be. individuals with lived experiences that are relevant to the lives of children and families served by the Department,
- Requiring service providers to implement intentional strategies to engage children and families in services and to retain them until goals are achieved,
- Requiring service providers to deliver services using a trauma-informed framework, including recognition of racial and cultural trauma, using an approach of cultural humility, and being linguistically competent, and
- Requiring service providers to focus on building parents' protective capacities, to be alert to factors that affect children's safety, and to communicate progress in these areas to the Department in regular updates.

In summary, this section focused on the topic of services that enable children to remain safely with their parents when reasonable. Data reported in this section that provides insights into how well service arrays are supporting the goal of enabling children to remain safely with their parents include the following:

- From 2019-2021, approximately 97% of the Commonwealth's children ages 0-17 were not being served by the Department.

- At the end of SFY2021, 81% of children (0-17) open with the Department safely remained at home with their parents.

While these percentages can be interpreted to represent relatively robust service arrays that support the goal of enabling children to remain safely with their parents when reasonable, the Department is striving to improve service arrays in ways that will yield even higher percentages of the Commonwealth's children being able to remain safely at home with their parents. Key strategies that the Department will rely on when focusing on ways to improve both the availability of and access to service arrays that will support parents in keeping their children safely at home without the need for out-of-home placement include:

- Advocacy and collaboration with the multiple sister state agencies that procure and manage service arrays focused on the issues of domestic violence, substance use, and mental health, which are all challenges that if not addressed can lead to circumstances in a home environment that are not safe for a child. The advocacy and collaboration efforts are aimed at helping colleagues in other state agencies understand the dynamics of child abuse and neglect, design services that will alleviate factors associated with child abuse and neglect and increase access to services for families where there is a history of child abuse or neglect. Reliance on an internal infrastructure of specialty units focused on providing consultation on case direction and assistance with navigating service arrays for cases where there are needs for services to address domestic violence, substance use, mental health challenges, disabilities of children or parents.
- Continued management of the statewide network of Family Resource Centers that provide supportive services available to all families in the Commonwealth,
- Development of an updated Support & Stabilization Request for Responses (RFR) that will allow the Department to purchase services from contracted providers willing to design and deliver services specifically for the child welfare population, with an emphasis on supporting families to keep children safe at home.

2. Services that address the needs of families in addition to individual children in order to create a safe home environment

Responding to this item in the Service Array inquiry allows explanation of the structure in existing service arrays procured and managed by other state agencies that create gaps for families served by the Department. A description of the MassHealth Children's Behavioral Health Initiative (CBHI) will be used to illustrate the gaps.

The purpose of CBHI is to support families caring for children with serious emotional disturbances so that out-of-home placement can be prevented. CBHI consists of multiple home-based services that can be provided to families as an individual service or in combination based on the individualized needs of the family. The purpose of CBHI, the home-based service delivery model, and the ability to individualize which service or combination of services a family receives are all aspects of the CBHI service array that are aligned with principles that the Department prioritizes when designing services for families with open cases.

However, a deeper look reveals the misalignment between CBHI and the needs of many families served by the Department. Eligibility for CBHI requires meeting "medical necessity" criteria, which include:

- a comprehensive behavioral health assessment indicating , "… that a youth's clinical condition warrants this service,"
- the youth has a parent/guardian/caregiver who voluntarily agrees to participation,
- there is a determination that outpatient services alone would not be sufficient, and
- exclusion from service if the home or alternative community setting presents "…a serious safety risk…" to the professionals delivering the service or a youth "… displays a pattern of behavior that may pose an imminent risk to harm self or others …." (Sources for quoted material: https://www.masspartnership.com/pdf/IHTMNC.pdf https://www.masspartnership.com/pdf/TMMNC.pdf)

CBHI is designed to treat children's behavioral health needs and to support parents in managing the child's behaviors in the home environment. CBHI is not designed for families where parents themselves have mental or behavioral health needs. As a child-centered service, the CBHI service array is designed meet the induvial needs of children but not the needs of parents themselves who are challenged in creating safe home environments.

What is more, the medical necessity criteria of a comprehensive behavioral health assessment indicating "… that a youth's clinical condition warrants this service," is open for wide interpretation of eligibility and may exclude children being served by the Department who might benefit from the CBHI service array but are deemed not to meet this requirement. Excluding youth who display pattern of behavior that may pose an imminent risk to harm self or others excludes those children and youth served by the Department who exhibit as part of their trauma symptoms patterns of self-injurious, aggressive, or destructive behaviors. As mentioned in other places in this response, there are gaps in available and accessible services to meet the needs of children and youth who engage in aggressive or destructive behaviors and the exclusion language in the CBHI medical necessity criteria demonstrates why CBHI services do not fill the gaps.

For all of these reasons, CBHI – a service array that on the surface appears to a match for families involved with the Department – is often not a service option because children may not be eligible, the needs of parents are not addressed, or both.

In contrast to the CBHI service array, which is designed to meet children's needs, the adult substance use service array, procured and managed by the Department of Public Health's Bureau of Substance Addiction Services, consists of a few family-centered services but is comprised primarily of services focused on the one adult who is receiving treatment, not on other family members. Substance use treatment is one component of helping a family keep a child safe at home without the need for out-of-home treatment. The other components are promoting healthy family functioning, developing healthy attachments, meeting children's needs for food, clothing, and medical care, and building the parent's protective capacities during the recovery journey.

As described in the previous response regarding services to support families in keeping children safe at home without the need for foster placement, both the Family Resource Center system and the Department's Support & Stabilization procurement include services designed with a "whole-family" approach to support families in creating safe home environments. The services of Family Resource Centers are available to all families in the Commonwealth. S&S services are available to families involved with the Department.

Children and families that have experienced a home removal participate in the Foster Care Review process. Information collected during Foster Care Reviews provides insights into service needs and barriers not only for children, youth and young adults who have experienced a home removal, but also for their parents/caregivers. The Foster Care Review Panel identifies service barriers to achieving reunification that will provide for children's safety, permanency, and well-being. The tables below summarize service barriers identified through the Foster Care Review process during State Fiscal Years 2020 – 2022.

The service barrier information collected through the Foster Care Review process suggests that the majority of child/youth/young adult and parent service needs are being met; however, the information points to areas where improvements in service availability are needed.

- Item 21/Table 13 indicates that across the three years SFY2020-2022, the two barriers identified most often for children, youth, and young adults were individual counseling for children and individual counseling for adolescents.

ITEM 21/TABLE 13. Systemic Barriers – Child/Youth/Young Adult	SFY2020	SFY2021	SFY2022
CHILDREN/YOUTH/YOUNG ADULTS WITH ONE OR MORE SYSTEMIC BARRIERS.	**10.6%**	**12.1%**	**19.2%**
Ranked Top 12 Systemic Barriers:			
Individual (child) Counseling	**2.2%**	**1.8%**	**4.3%**
Individual (adolescent) Counseling	**0.6%**	**0.5%**	**1.5%**
Access to Housing	**0.6%**	**0.6%**	**0.7%**
Family Counseling/Treatment	**0.6%**	**0.5%**	**0.7%**
Psychiatric Evaluation	**0.1%**	**0.3%**	**0.3%**
Intensive In-Home Family Intervention	**0.2%**	**0.1%**	**0.3%**
Child Care	**0.1%**	**0.1%**	**0.2%**
Department of Developmental Services (DDS)	**0.1%**	**0.3%**	**0.2%**
Transportation Services	**0.2%**	**0.1%**	**0.2%**
Life Skills Training	**0.2%**	**0.2%**	**0.2%**
Job Skills Training	**0.2%**	**0.1%**	**0.2%**
Department of Mental Health Services (DMH)	**0.1%**	**0.2%**	**0.1%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

- Item 21/Table 14 indicates that across the three years SFY2020-2022, the two barriers identified most often for parents/caregivers were access to housing and individual counseling.

ITEM 21/TABLE 14. Systemic Barriers – Parent/Caregiver	SFY2020	SFY2021	SFY2022
PARENTS/CAREGIVERS WITH ONE OR MORE SYSTEMIC BARRIERS.	**24.3%**	**24.3%**	**24.4%**
Ranked Top 12 Systemic Barriers:			
Access to Housing	**6.5%**	**6.2%**	**6.7%**
Individual Counseling	**2.6%**	**2.6%**	**3.2%**
Parenting Evaluation	**1.1%**	**1.3%**	**1.3%**
Transportation Services	**1.8%**	**0.9%**	**1.2%**
Parenting Education Services	**1.6%**	**1.8%**	**1.0%**

Substance Use Treatment	**1.3%**	**1.7%**	**1.0%**
Domestic Violence Treatment	**1.0%**	**1.6%**	**0.9%**
Psychiatric Evaluation	**0.3%**	**0.8%**	**0.8%**
Insurance for Treatment	**0.9%**	**0.8%**	**0.7%**
Family Counseling Treatment	**0.8%**	**0.7%**	**0.7%**
Substance Use Screening	**0.4%**	**0.7%**	**0.6%**
Nurturing Parent Support Group	**0.6%**	**0.5%**	**0.3%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

The launch in early 2023 of the Massachusetts Behavioral Health Roadmap, including a 24/7 behavioral health hotline, is expected to improve access to mental health counseling and substance use screening and treatment for Massachusetts citizens of all ages. The Department's posting of a Support & Stabilization RFR, which is anticipated in early 2023, will solicit bids from community-based providers for other services included in these tables, such as parenting education and family-focused counseling.

In summary, this section focused on the topic of services that address the needs of families in addition to individual children in order to create a safe home environment. Given that service arrays procured and managed by other state agencies often tend to focus exclusively on children, without attending to the needs of parents, or exclusively on an adult, without attending to that adult's role as a parent, the Department's approach to the upcoming re-procurement of Support & Stabilization services, which are procured and managed by the Department, is to emphasize the need for contracted vendors with skills in delivering services with a "whole-family" approach focused on supporting parents/caregivers with building protective capacities, such as resiliency, knowledge of child development, ability to assist children with developing emotional competency, strong social supports, and access to concrete resources.

3. Services that assess the strengths and needs of children and families and determine other service needs

Assessment by the Department

The work of assessing the strengths and needs of children and families is conducted by the Department's social workers using the Department's Family Assessment tool and following the Family Assessment and Action Planning (FAAP) policy, which was updated in August 2021. The parent/caregiver section of the Family Assessment is built on the Five Protective Factors clinical framework and covers a parent's/caregiver's:

- Knowledge of parenting and child development
- Capacity to build the social and emotional competence of children
- Capacity for resilience
- Social connections, and
- Access to concrete resources.

The child/youth section of the Family Assessment includes sample behavioral questions that cover a child's safety at home, at school, in the community, a child's well-being as represented by their physical health and development, cognitive and academic functioning, and social and emotional functioning.

The following quote from the FAAP policy sets timeframe and location expectations for completing the initial Family Assessment and for creating an Action Plan that is based on the assessment of strengths and needs:

"The Family Assessment and Action Plan are completed within 60 working days following assignment. The Social Worker has a minimum of three face-to-face contacts with all case participants, two of which must take place in the family home. The Social Worker must visit the children in their home within five working days of assignment."

The assessment and planning process is dynamic with updates occurring every six months or whenever there is new information or an event that is relevant for a family's functioning, such as an out-of-home placement or completion of an Initial Placement Review, Foster Care Review, court permanency hearing or Permanency Planning Conference. Additional information about the assessment and planning process is included in the response to Item 20.

Specialized Parenting Capacity Evaluations

At times in child welfare work there is a need for a comprehensive and in-depth parenting capacity evaluation that assesses a parent's/caregiver's ability to meet the unique needs of every child in the family as well as the family as a whole. Prior to 2022, there was uneven access to high quality parenting capacity evaluations across the Department's 29 Area Offices. Given the crucial need in some cases for deep understanding of parenting capacity to guide case decision making, the Department posted a specialized Parenting Capacity Evaluation Request for Responses (RFR) in July 2021.

As the following quote from the Goals and Objectives section of the Parenting Capacity Evaluation RFR illustrates, the creation of this specialized RFR was motivated by the Department's intention to fill a gap in the service array –

"DCF seeks proposals from Bidders qualified to conduct culturally and linguistically competent and impartial parenting capacity evaluations. Approved Bidders will form a pool of provider resources across the Commonwealth available to conduct parenting capacity evaluations in response to referrals submitted by one of DCF's 29 Area Offices."

As of September 2022, the Department has awarded contracts to seven agencies and one individual practitioner to conduct the parenting capacity evaluation service. Through these contracts, parenting capacity evaluations conducted by trained and licensed mental health practitioners are now available to all 29 of the Department's Area Offices. The initial months of the launch of this new service have been dedicated to orienting providers new to working with the Department and supporting Area Offices with making the first referrals for this new service. There is not yet information about the utilization rate or quality of the Parenting Capacity Evaluation service.

The Parenting Capacity Evaluation contracts include an outline of topics that evaluators are expected to include in the final report they submit to the Department in response to a referral for a parenting capacity evaluation. The topic within the outline that is particularly relevant to this section of the Service Array response is called "Recommendations," which includes the following quote, "Suggest potential services, treatments, or interventions to improve, as needed, the fit between a parent's skills and abilities and a youth's needs. Link these recommendations to the family's unique strengths and needs as described in the responses to DCF referral

questions."

Assessment Responsibilities of Contracted Service Providers

Based on the pattern of strengths and needs identified in a Family Assessment, a corresponding, individualized Action Plan is created. The Action Plan may include linking the family and/or child to an external service. When that external service is a procured and managed by the Department, there is an opportunity to include a requirement for the provider to conduct assessments.

As the Department updates the portfolio of procurements (RFRs) that it manages, expectations for contractors' roles in the assessment process are being discussed as plans for each procurement are made. The Congregate Care Network (CCNET) RFR that was posted in February 2021 includes assessment and treatment planning expectations for this group of contracted providers. The following quote from the CCNET RFR illustrates how the Department is communicating to the contracted provider community about the importance of assessment as the foundation for treatment planning and service delivery:

"Assessment and treatment planning are complimentary, on-going processes, with assessment preceding and informing treatment planning. Re-assessments track progress, which necessitates updates in the treatment plan. This dynamic process of re-assessing and planning continues throughout a youth's tenure in the program. Use multiple methods to obtain information about a youth and family that will inform effective treatment planning, including:

- Observations of the youth in the program,
- Interviews with youth, family, family supports, and professionals, and
- Review of previous assessments."

Children are placed in congregate care settings when their behavioral health needs cannot be met in family-based settings. Given this level of behavioral health need, congregate care providers are required to conduct a range of assessments, including for trauma, substance use, behavioral histories, and to summarize the assessments into an individualized, comprehensive assessment that is used as the basis for treatment planning. The comprehensive assessment is to cover history, strengths, and needs in the areas of:

- Behavioral health,
- Rehabilitative needs for achieving life skills, emotional and symptom management, and social skills,
- Education and career planning,
- Medical health, and
- Family's caregiving capacity.

As the Department prepares for the re-procurement of Support & Stabilization (S&S) services, planning discussions include consideration of the expectations that contracted vendors will have for conducting assessments. In response to a 2019 survey of S&S providers, one of the respondents submitted a comment saying, "DCF asks my staff to be 'another set of eyes' in the home. I want to say that is not the role of our counseling service." In contrast, during internal focus groups exploring Departmental staff's expectations for S&S providers, the role of "looking out" for factors that affect children's safety and risk was mentioned as an important responsibility. In planning for the S&S re-procurement, the Department is reflecting on these

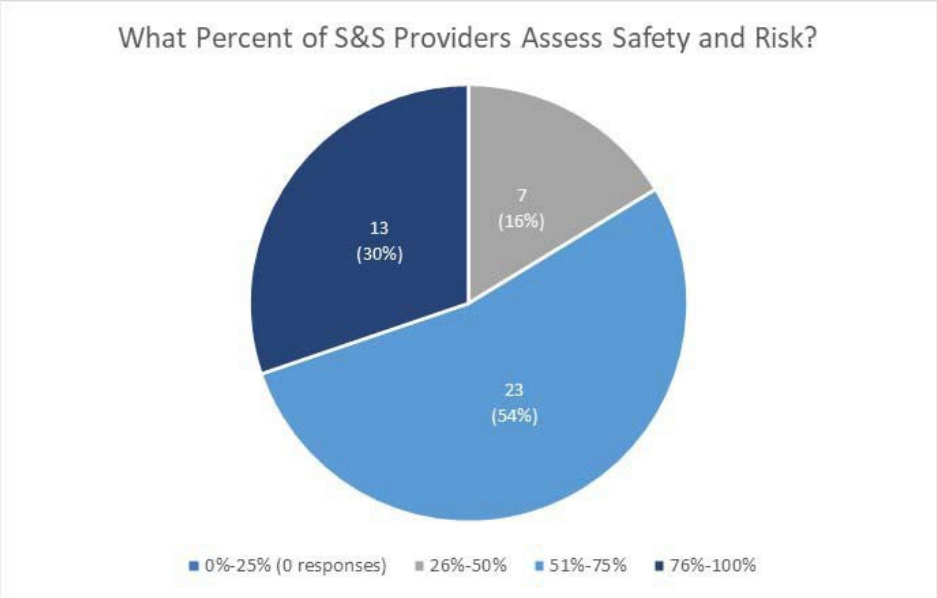
different perspectives and determining how to communicate expectations to contracted service providers.

The phrase “another set of eyes in the home” can have a negative connotation of surveillance and be associated with catching people doing something wrong. The Department’s intention is for contracted service providers to support parents in doing the right things and to strengthen parental protective capacities. Assessment is an important part of this work. Knowing which protective capacities a parent needs assistance with indicates a focus for service delivery. And on-going assessments provide an indication of what progress is being made. In this light, being “another set of eyes in the home” is part of a strengths-based framework that includes both initial and on-going assessments of parental capacity.

The provider’s comment about “eyes in the home” on the 2019 survey expressed a perspective that would be consistent with a counselor providing an adult individual therapy that focuses exclusively on treating the adult’s anxiety or depression without considering whether the adult is a parent or the relationship between the adult’s mental health and their ability to fulfill responsibilities in their home. As described in other sections of this response, there are multiple service arrays available in the Commonwealth that are not procured or managed by the Department. The other state agencies that procure and manage public service arrays do not have the same mission as the Department and are not focused on the issues of parenting capacity and child safety and risk. Contractors delivering services for other state agencies or in privately funded non-profit organizations are not obligated to incorporate considerations about parenting capacity and child safety and risk into their services. However, when the Department procures and manages a service array, it is important that the contracted providers understand their role, as partners with the Department, in applying a strengths-based framework to the responsibilities of protecting children and strengthening families. There are currently gaps in this understanding that are an area for ongoing improvement work for both the Department and contracted providers.

During the August 2021 sessions with ARCs and Lead Agency staff, which were described earlier in this response, participants were asked to respond to the question: “What percent of current S&S providers assess child safety and risk?” The following chart provides a summary of the responses from the 43 participants who answered this polling question. The discussions that followed this poll included these points:

- It seems that nearly all S&S providers understand their roles as mandated reporters of suspected child abuse or neglect.
- Assessing child safety and risk is different from filing a 51A report. The assessment of child safety and risk is more about prevention. The filing of 51A reports happen after something has happened.
- DCF is going to have to be explicit with S&S providers about the expectation to attend to factors that affect child safety and risk.
- Right now, many S&S providers do not realize that attending to child safety and risk is an expectation.



As plans are being made for the re-procurement of S&S services, the Department is considering what requirements for attending to child safety and risk will be included in the RFR to make these expectations clear to vendors that bid on the S&S RFR.

4. Services that help children in foster and adoptive placements achieve permanency

The most recent CFSR data for Massachusetts shows performance exceeding national performance for achievement of permanency in 12 months for recent entrants to foster care and performance trailing national performance for the other permanency indicators of stability, re-entry to foster care, and permanency in 12 months for children in foster care for 12-23 months, or in foster care for 24 months and longer.

As reported in the Department's FY2021 Annual Report https://www.mass.gov/doc/dcf-annual-reportfy2021/download, FY2021, the Department demonstrated significant improvement in placement stability, which increased 39% since FY2018. A combination of departmental reforms contributed to the rise in placement stability. An historic high of 57.4% of children in Departmental Foster Care (DFC) are placed in kinship foster homes due, in part, to the Department's Family Find pilot program which designates one social worker in an area office to locate family members who can foster their relatives' children. Comparatively, 47.6% of children in DFC foster care were placed with kin when the Department began tracking this metric in 2009. The lockdown and other disruptions that accompanied the Covid-19 pandemic of 2020-2021 and that continue to have ripple effects throughout the Department, contracted providers, and the community are external factors expected to exert an influence on performance on the quantitative CFSR measures.

This response describes policy initiatives as well as the service arrays used to support both stability and permanency for children in foster care. Although the goal of stability is not the same as the goal of permanency, the Department considers stability to be a component of the larger concept of permanency – just as the CFSR quantitative indicators for permanency include a measure of stability. In the following information about the CFSR quantitative indicators taken from the Child Welfare Capacity Building website

(https://capacity.childwelfare.gov/states/topics/cfsr/cfsr-data-syntax-toolkit). The highlights are added to illustrate the relationship between stability and permanency that is embedded in the CFSR quantitative indicators:

"CFSR Permanency Outcome 1—children have permanency and **stability** in their living situations

- Permanency in 12 Months for Children Entering Care
- Permanency in 12 Months for Children in Care 12 to 23 Months
- Permanency in 12 Months for Children in Care 24 Months or More
- Reentry to Foster Care
- **Placement Stability**"

The Department continues to make organizational improvements that will result in improved outcomes for children. Planning is underway for restructuring in ways that will allow Departmental staff to have more time to work with kinship caregivers and foster parents on accessing and coordinating services and on problem solving issues that put a child's stability at risk. New positions for "Kinship Workers" are being created and the roles and responsibilities of Family Support Workers, who work with foster families, are being restructured. To implement the changes, the Department anticipates completion and dissemination of new Family Resource policies early in 2023.

The service arrays that are available to support children in foster and adoptive placements achieve permanency are described below. A member of the CFSR R4 Stakeholder Engagement Committee mentioned the need for Departmental social workers to pay more attention to the voices of children and youth in foster care when they advocate for their own needs, especially when youth are expressing opinions and learning to speak for themselves about what types of therapies or interventions are most helpful to them.

Kinship Navigator

Massachusetts Kinship Navigator helps support strong, stable, and successful families for children being cared for by kin. Kinship Navigator is available to all Commonwealth kinship families, including informal arrangements as well as kinship placements facilitated by the Department. Kinship Navigator supports permanency by helping kinship families obtain the support and service that they need to keep children safe and stable without the need to move a child out of the kinship home.

Kinship Navigator staff help kinship families with cash assistance and food resources by connecting families with the Department of Transitional Assistance and with programs such as WIC (Special Supplemental Nutrition Program for Women, Infants, and Children).

Kinship Navigator staff help kinship families by connecting them with their local Family Resource Centers, resources for childcare, mental health providers, substance use treatment providers, support groups, and advocacy organizations, such as the Grandparents Commission.

The following tables show the Department's progress – from state fiscal year 2011 through state fiscal year 2022 – in increasing reliance on kinship care when there is a need for home removal and out-of-home placement for children.

Chart P7.	DCF Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Kinship Care Rate **Kinship as a % of all children in out-of-home placement**	≥ 28.5%	24.5%	26.0%	26.9%	29.4%	31.5%	32.4%	33.3%	36.0%	36.3%	39.5%	40.0%	38.9%

Data Source: MA DSSRP210 – Children in Placement

Chart P9.	DCF Target	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Kinship Care as a % of Departmental Foster Care*	≥ 55.0%	48.1%	51.4%	52.1%	53.1%	56.3%	56.4%	56.8%	55.7%	56.1%	57.8%	58.0%	57.0%

*Departmental Foster Care = foster family Data Source: MA DSSRP210 – Children in Placement

The following table, showing kinship care placement rates by race and ethnicity for State Fiscal Year 2022, reflects disproportionality, with White children more likely to be placed with kin than Black, Hispanic/Latinx, or Native American children.

Chart P8.	DCF Target	White	Hispanic /Latinx	Black	Asian	Native American
Kinship Care Rate by Race/Ethnicity **Kinship as a % of all children in out-of-home placement SFY2022**	≥ 28.5%	43.8%	36.2%	33.0%	44.4%	23.8%

Data Source: MA DSSRP210 – Children in Placement

MAFF– The Massachusetts Alliance For Families (MAFF) is an association of Departmental foster, adoptive, kinship and guardianship parents. MAFF provides advocacy and support for children and their caregivers.

Kid's Net Program– The Kids Net programs is delivered by the Massachusetts Society for the Prevention of Cruelty to Children. Kids Net provides services and supports to Departmental foster families, kinship families and pre-adoptive families. Each of the Department's 29 Area Offices has a Kids Net Family Resource Liaison. The Family Resource Liaison's role is to provide assistance and support in resolving concerns and accessing resources, including overnight respite care for children, short-term episodic childcare, support groups, and trainings focused on the unique opportunities and challenges of caring for children who are not living with their families of origin. There is a Behavioral Health Family Resource Liaison (BHFRL) available to families caring for a child who has behavioral health challenges. The Behavioral Health Family Resource Liaison provides individualized assistance focused on identifying appropriate services, navigating requirements for obtaining services, and connecting children and families with services. Kid's Net support includes an after-hours, toll-free helpline to assist caregivers when Department offices are closed. The Kids Net Program is described on the MSPCC website: https://www.mspcc.org/kidsnet/

The information below describes the Kid's Net services delivered from 7/1/21 – 7/31/22, including the number of consumers served listed in parentheses after each service:

- **After Hours Helpline**– An after-hours telephone helpline that provides emergency assistance to foster, kinship and pre-adoptive families when DCF offices are closed. The helpline is staffed by social workers experienced in foster care issues. They can provide telephone support to help resolve non-emergency situations. The helpline is open 5 P.M. to 9 A.M., Monday-Friday and 24 hours on weekends and holidays. (329 calls from foster parents)
- **Trainings**– Kid's Net provides training throughout the state with topics specific to the issues facing foster, adoptive and kinship families. (375 foster parents attended trainings)
- **Respite**– Respite is a planned time-out or vacation for DCF foster and pre-adoptive parents. Families can receive up to ten nights of paid respite each year. (1,202 foster parents utilized respite)
- **Short-Term Child Care**– Planned, short-term, day and evening care provided in licensed childcare homes or reimbursement of a DCF approved caretaker is available to allow foster, pre-adoptive and kinship families to attend to foster care-related or personal business; provide a break from parenting; and to meet other needs that impact the overall stability of the family. (155 foster parent utilized childcare)
- **Babysitting**– Babysitting reimbursement for DCF approved caregivers is available for up to 10 hours per month. (490 foster parents utilized babysitting)
- **Family Resource Liaisons**– Family Resources Liaisons (FRLs) are experienced foster, adoptive or kinship parents who offer information, support and mentoring to other parents. (4206 contacts with foster parents)

Payment Assistance Hotline– A toll-free telephone number is available for foster parents to call with questions or concerns about foster parent payments, including funding for holidays, birthdays, and clothing.

DCF Area Office Foster Parent Support Groups– The Department's 29 Area Offices provide monthly support groups for foster and adoptive parents.

DCF Medical Social Workers– Medical social workers help ensure that all children in the Department's custody get the medical, developmental, psychiatric, and dental care they need. Medical social workers can help schedule appointments, collect important health information such as immunizations and past medical history, provide care coordination, work with MassHealth and other insurers, and ensure that youth receive their prescribed medications.

Youth Permanency Connections– Through a Youth Permanency Connections procurement, the Department contracts with providers that specialize in matching adolescents with adults who develop mentoring and caring relationships with the youth and support them through the transition to adulthood and beyond.

Adoption Support– Through an Adoption procurement, the Department contracts with agencies to provide multiple supports and resources to families post-adoption to maintain stability and permanency for children in adoptive families. Resources and supports include:

- Support groups for parents
- Support groups for children
- Assistance with building a social network that can provide informal supports for parenting
- Trainings relevant for adoptive parents
- Identification and coordination of services being used by children and/or parents
- Regional Response Teams available to provide a range of services to adoptive families in different regions of the Commonwealth. Services range from brief support for problem solving to longer term intensive intervention services to stabilize the family.
- Toll-free telephone number available 24/7/365 for support and information & referral

In 2020, 489 adoptive families received supportive services and in 2021, 450 adoptive families received supportive services. Surveys conducted in 2020 and 2021 were sent to all adoptive families that had received services. In 2020, 122 (21%) of the families responded and in 2021, 148 (28%) of the families responded to the survey. When asked to rate their level of agreement regarding responsiveness to requests for assistance, 88% of adoptive families in 2020 and 92% of adoptive families in 2021 responded with a "Strongly Agree" or "Agree" rating. When asked whether services met their needs, 95% of adoptive families in 2020 and 92% of adoptive families in 2021 responded with "Strongly Agree" or "Agree."

The preceding list of resources and supports are designed to support children in family-based out-of-home placements and their caregivers. These supports help prevent placement moves, which promotes children's stability and permanency. Members of the CFSR R4 Stakeholder Engagement Committee provided examples of times when the services may have been available, but not accessible, or accessible, but not effective, in supporting kinship, foster, and adoptive families in providing children with stability, and eventually, permanency. The continuous improvement in the rate of children and families actually served, and served effectively, is an ongoing goal for the Department and contracted service providers.

Children are placed in congregate care settings when their behavioral health needs cannot be met in family-based settings. The following quote from the Congregate Care Network procurement is the message about permanency that the Department sent to providers of congregate care programs –

> *"Contractors collaborate with DCF Social Workers in permanency work, but there are aspects of preparing youth for permanency that are uniquely assigned in this RFR to congregate care programs – e.g., helping youth self-regulate strong emotions and intense behaviors, gaining life skills and positive social skills that contribute to a youth's ability to live successfully in a family setting or to develop and maintain relationships that offer life-long emotional support and family membership status that lasts well into adulthood."*

Through the Congregate Care Network procurement, providers are expected to facilitate, as protective concerns allow, of family and other members of a youth's social network into a youth's life by:

- Inviting them to join a youth in meals, everyday activities, and special events at the program,
- Notifying them about school programs and events and assisting them with attending,

- Arranging multiple ways for youth to maintain, regular, meaningful contact with them, including face-to-face interactions, virtual connections, phone calls, letters, and emails, and
- Integrating family into a youth's treatment.

In addition to arranging safe transportation for in-person Family Time, congregate care providers are expected to:

- Provide youth and adults emotional preparation before and debriefing after Family Time;
- Coach youth and adults in practicing functional relationship skills during Family Time, especially skills for dealing with strong emotions; and
- Provide activity options for youth and adults to participate in during Family Time and supporting family members in engaging with their child through play and leisure activities.

Prior to re-procuring congregate care services, the Department conducted a series of focus groups with providers during the summer of 2019. During these sessions, representatives from providers who offer congregate care services were asked to rate the most pressing needs for youth in the Commonwealth. Of the 103 participants in these listening sessions, 85 (83%) rated "Youth with highly aggressive behaviors and youth involved with juvenile justice" as having the most pressing needs for which there is a gap in available services. The providers emphasized the need for special service models designed to meet the needs of youth with intensive behavioral health challenges. A member of the CFSR R4 Community Engagement Stakeholder Committee also mentioned this service gap, commenting on the lack of effective services to prevent and respond to CRA (Child Requiring Assistance) filings with the Juvenile Court.

In 2012, a change in Massachusetts' child welfare statutes changed legislation from a Child in Need of Services (CHINS) law into a Child Requiring Assistance (CRA) law. The intent of the legislative change was to reduce reliance on punitive measures through the juvenile justice system while increasing reliance on community-based services to support families in caring for their children. A Child Requiring Assistance (CRA) is defined as:

- A runaway who repeatedly runs away from the home of the parent, legal guardian, or custodian, or
- A stubborn child who does not obey lawful and reasonable commands of the parent, legal guardian, or custodian, which interferes with their ability to care for the child, or
- A student who is habitually absent and does not attend school for more than 8 days in a quarter without a proper excuse, or
- A habitual school offender who does not obey the lawful and reasonable commands of the school.

Through the CRA process, the juvenile court may place a youth into the custody of the Department. In March 2021, there were 526 youth with CRA custody being served by the Department, which represented slightly less than 5% of all the youth in the Department's custody. Ninety percent of the youth in CRA custody were age of 12 to 17. For the youth with identified race and ethnicity, 63% identified as Hispanic and 33% identified as non-Hispanic. Fifty-five percent identified as White, 21% identified as Black, and 7% identified as mixed race. Less than 1% identified as Asian and less than 1% identified as Native Hawaiian or Pacific Islander. The Massachusetts Office of the Child Advocate (OCA) has been reviewing the CRA

legislation and its implementation in the Commonwealth. In December 2022, the OCA will issue a report and recommendations based on this review.

When reviewing evidence-based practices on the federal Title IV-E Prevention Services Clearinghouse https://preventionservices.acf.hhs.gov/ and engaging in discussions about which evidence-based practices could help fill service gaps in the Commonwealth, the Department used the demographics of the foster care population, including the CRA subpopulation, as a guide. Using this approach required an in-depth review of the cultural, racial, and ethnic backgrounds of the children and families that participated in the research studies that earned services the designation of "evidence-based." With the goal being intentional, racially and ethnically-informed selection of evidence-based practices to add to the service arrays in the Commonwealth. The Department's Title IV-E Prevention Plan is under review by the Administration for Children and Families.

In the congregate care network re-procurement issued in 2021, the Department asked providers to bid on a new service model – an Intensive Emergency Residence (IER), which could be available to accept adolescents with significant behavioral health challenges anytime on a 24/7/365 basis. The Department estimated a need for about 70 IER beds spread across the Commonwealth. In response, providers submitted bids to deliver 42 IER beds, a gap of 28 beds. After contracts were awarded in January 2022, several of the IER programs could not open due to inability to hire adequate staff. As of September 2022, only 18 IER are available. To address this gap in availability of IER beds, the Department is pursuing multiple strategies, including engaging in discussions with other state agencies within the Health and Human Services secretariat about ways to increase bed capacity in all forms of residential care, meeting with the staff in the Executive Office of Health and Human Services who are responsible for rate-setting to discuss the possible size of rate increases that might incentivize creation of more IER beds, and reaching out to behavioral health systems with a presence in the Commonwealth to ensure that they are aware of the opportunity to join the DCF provider community and to introduce them, if they are not already familiar, to COMMBUYS, the Commonwealth's online, procurement record system (https://www.commbuys.com/).

In the 2019 survey of Support & Stabilization providers, respondents rated "services for commercially sexually exploited youth" among the top three most needed services for children and adolescents. Participants in the 2019 internal focus groups also emphasized the need for more specialized services for youth who have experienced or are at high risk for human trafficking or other sexual exploitation. In the 2021 congregate care re-procurement, the Department requested bids for Specialty Treatment Residences for Commercially Sexually Exploited Children (CSEC). Contracts were awarded to four providers, with three providers each proposing to operate one STR-CSEC program and one provider proposing to operate two STR-CSEC programs, for a total of five STR-CSEC programs in the Commonwealth. As of September 2022, only one of the STR-CSEC programs is open, with providers citing inability to hire and retain staff as the reason for not opening programs for which contracts have been awarded.

The workforce challenges that are affecting all sectors of the economy seeking to hire employees are especially formidable for providers of congregate care programs. In meetings with the provider community, Executive Directors of the human service organizations that provide contracted services to the Department have shared that hiring adequate staff for all

services is difficult, but it is especially difficult in congregate care programs and nearly impossible in congregate care programs designed to serve adolescents with intensive behavioral health challenges that include aggressive behaviors and property destruction and adolescents with a history of sexual exploitation, who often runaway from program. As of November 2022, eleven months after the awarding of congregate care contracts, there are still 24 congregate programs that were awarded contracts but have not opened programs. This includes the four Specialty Treatment Residences for CSEC mentioned in the previous program. In addition to the service gaps that this creates for finding appropriate placements for CSEC and for youth with intensive behavioral health challenges, there is also a gap in placement options for children and youth who have complex or chronic medical conditions along with behavioral health challenges. Recognizing this service gap when preparing the congregate care RFR, the Department requested bids for a program model that could serve children and youth with behavioral health challenges who also have chronic of complex medical health needs. In January 2022, a contract was awarded for a Medically Complex and Behavioral Residence, but the program is not yet open while the provider is building or securing a facility and recruiting adequately trained staff.

As these examples demonstrate, there are significant gaps in the Commonwealth for serving children and youth who need a program with a 24/7 therapeutic milieu to meet their needs for supervision and specialized treatments.

The Department has mounted multiple efforts to address these unmet needs, including:

- establishing an internal task force to develop interim strategies for managing placement needs,
- holding exploratory discussions with behavioral health providers about ways to support these youth,
- establishing emergency contracts for night-to-night placements in home-like environments that are initially staffed by Departmental staff until providers can recruit adequate staff, and
- exploring agencies and organized that could, on a contracted basis, provide nursing staff to supplement the services in an existing program so that a child or youth with specialized medical needs could be served safely.

The gaps in 24/7 residential services are also affecting sister agencies within the Executive Office of Health and Human Services. The Department of Mental Health (DMH) did not obtain enough responses to their residential programs RFR to mount adequate programs in all parts of the Commonwealth. Though the Department is also struggling to fill the gap in residential services, the Department does have more bed availability in the Northeastern portion of the Commonwealth than does DMH and agreed to share this resource with DMH when there is a bed vacancy. The Department of Developmental Services and MassHealth are also facing formidable challenges with contracting enough bed capacity to meet the demands for their consumers.

Staffing challenges started during the pandemic and the Executive Office of Health and Human Services has distributed multiple workforce relief payments to help address the challenges, not only for the Department but also for contracted providers of other state agencies that procure residential programs. These additional funds, which are in addition to the established rate

payments for each service model, are used by providers to fund recruitment and retention strategies. As shown in the table below, the amount of workforce relief payments issued to DCF congregate care providers from State Fiscal Year 2020 through year-to-date in SFY2023 totals more than $97 million.

State Fiscal Year	Workforce Relief Payments
SFY20	$22,163,504
SFY21	$13,527,953
SFY22	$47,461,045
SFY23 YTD	$14,757,032

In spite of these significant additional payments, thus far, the staffing challenges have not abated to a level that allows providers to open of all congregate care programs that were awarded contracts. Addressing these gaps will be an ongoing area of attention for the Department.

To summarize, since Round Three of the CFSR the Department has gathered quantitative and qualitative data from multiple sources to deepen understanding of service arrays in the Commonwealth and to apply that understanding to improving the availability, accessibility, and effectiveness of services for families and children involved with the Department. This work requires implementing multiple strategies because there are multiple service arrays for families and children in the Commonwealth. Staff in the Department's internal Specialty Units serve as experts on specific service arrays, provide consultation on child welfare cases that might benefit from a specific service array, and assist with navigating service arrays for available and accessible services. Staff in Specialty Units and other Departmental staff engage in discussions with other state agencies to apply a child welfare lens and to advocate for the inclusion of services that can be beneficial to families involved with the Department in other state agencies' service arrays. When the Department develops and manages procurements, the desired result is service arrays that are tailored to the needs of children and families involved with the Department. Workforce challenges are presenting problems for staffing many human service programs, especially 24/7 emergency placement programs and congregate care settings. This challenge creates significant gaps across the entire Commonwealth in needed resources for adolescents with significant behavioral health challenges that require the 24/7 supervision and treatment. Other current identified gaps that the Department seeks to fill include supportive services for families that:

- Assist with meeting concrete needs, such as food, cash assistance, clothing,
- Include peer support specialists with relevant shared experiences to the families receiving services,
- Use intentional strategies, such as in-home service delivery, convenient hours, transportation assistance, and cultural and linguistic competency for engaging and retaining families,
- Are available in historically under-resourced communities,
- Support families where there is a member with a disability. This issue is addressed in the response to Item 30.

The service arrays available in MA are sufficient to support just over 80% of the children served by the Department to remain safely with their parents when reasonable. The Department is aware of and working on strategies to address gaps in services in catchment areas identified as “under-resourced” communities. Recent and future procurements set expectations for contracted service providers to assess children’s and families’ strengths and needs, providing information to supplement and inform the Department’s own assessment and planning processes used to identify and address the needs of families. The Department offers a full array of supportive services to help children in foster and adoptive care achieve permanency. The Department is committed to the ongoing work required to monitor, develop and sustain service arrays to support children and families at every point in their involvement with the Department. Therefore, the Department of Children and Families offers that we have achieved substantial conformity for Item 29.

Item 30: Individualizing Services

For this item, provide evidence that answers this question:
How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations, including strengths and areas needing improvement, and findings by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with accessing and participating in individualized services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

E. Service Array and Resource Development

Item 30: Individualizing Services

State Response:

CFSR Round 3 Performance: In the 2015 CFSR Round 3 review, Massachusetts received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews.

- In the statewide assessment, Massachusetts described the agency's ability to purchase services that could be individualized for the child and family. During interviews, stakeholders clarified that practice is inconsistent and depends on the caseworker's level of involvement in crafting such services. Stakeholders also asserted that individualization is difficult for persons who are non-English speaking or those with cognitive disabilities.

Commitment to Individualizing Services Embedded in Family Assessment and Action Plan (FAAP) Policy

The following quote from the Department's Family Assessment and Action Plan (FAAP) Policy demonstrates the emphasis placed on respecting and adapting to the unique needs of family members -

> "*There are various factors that impact our ability to engage with a family, including individual household members. In gathering information from household members, the Social Worker must take into account factors that influence the composition of the household, including but not limited to a family or individual's:*
> • *racial, ethnic, or cultural identity*
> • *linguistic needs*
> • *sexual orientation, gender identity and/or gender expression*
> • *disability-related service needs including assistance, or accommodations*
> • *personal history*
> • *past involvement with the Department or another state child welfare agency*." ~ p. 8, FAAP Policy, revised 8/31/22.

Feedback from families and other community stakeholders, including members of the CFSR R4 Stakeholder Engagement Committee, indicates concern that the philosophy and practice of respecting and adapting to the unique needs of each family is not implemented consistently throughout the Department. Two examples shared by families and community stakeholders focused on the selection of contracted services and Family Time arrangements for parents and children when children are in an out-of-home placement. Regarding the selection of contracted services, family members shared comments such as:

- "Include parents in decision-making about what services will work for their family."
- "Promote agency and self-efficacy among caregivers by explaining the value of parenting classes."

A member of the CFSR R4 Stakeholder Engagement Committee stressed that the foundation for effective individualizing of services comes from quality assessments and that many DCF social workers need assistance and skill building with this area of professional development.

Members of the CFSR R4 Stakeholder Engagement Committee emphasized the importance of improving individualization of Family Time for parents and children when children are being cared for in out-of-home placements. Rather than applying a default standard of one hour of Family Time each week, recommendations for improving Family Time as a strategy for promoting healthy attachments and reunifications included:

- Considering a child's age and developmental level when determining the frequency and duration of Family Time,
- Finding more ways to focus Family Time on building parenting skills and improving parent-child, and
- Making Family Time a more realistic experience by conducting Family Time in community-based settings rather than in Department Area Offices.

Quantitative information about individualization of services in Hampden County, Massachusetts comes from an initiative of the Massachusetts Trial Court. Facilitators from the Executive Office of the Trial Court led a multidisciplinary planning team and two-day, virtual summit in April 2021 focused on child welfare mapping. This child welfare mapping work, which was conducted in collaboration with the National Center for State Courts and Casey Family Programs, brings together local stakeholders for a series of action-oriented working meetings. Prior to the two-day summit, participants from the courts, child welfare, family and youth serving organizations, education and childcare, mental health and substance use disorder treatment, recovery support, healthcare, law enforcement, corrections, and social services responded to a survey, which included questions about the individualization of services for families in Hampden County involved in child welfare.

The following information, which targeted the issue of individualization of services, was taken from the Hampden County Child Welfare Mapping Report, April 2021.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Don't Know
Parents are fully engaged in the development of their Action Plan.	0%	16%	13%	23%	34%	14%
Action Plans are individualized and tailored to the needs and strengths of each family.	4%	16%	13%	20%	34%	14%
Child welfare staff use individualized assessments when making decisions about removals.	2%	14%	14%	21%	29%	20%
Child welfare staff use individualized assessments when making decisions about reunifications and case closures.	2%	16%	18%	18%	29%	18%
Child welfare staff use individualized assessments when making decisions about family time (visitation).	2%	11%	14%	21%	32%	20%

The Hampden County Child Welfare Mapping report indicated that the survey from which the preceding questions were taken was responded to by 56 individuals. Responses to survey questions were reported only as percentages. Without frequency information, it is not possible to know how many respondents there were for each question, which is a limitation in the data. Another factor that limits understanding of the data is the backgrounds of the respondents and how much direct knowledge they have about the items to which they were responding. The report included a table showing 103 participants from a range of backgrounds, including the courts, community services, youth services, family supports, education, child welfare, defense counsel, behavioral health, and lived experience. The backgrounds of the 56 individuals who

responded to the survey is not known. This data from one of Massachusetts' 14 counties represents an initial attempt that is being made to gather information and data that can inform improvement efforts.

This preliminary quantitative data does converge with qualitative information from families and other stakeholders calling for improvements in the individualization of services, starting with increasing the meaningful involvement of family members in identifying their own needs and strengths. As the Trial Court of Massachusetts expands the Child Welfare Mapping work to other counties, the Department will be interested in the findings and the ways that the findings can inform increased effectiveness in the individualization of services.

Additional information about the individualization of services – and the assessment process that underlies effective individualization – is available from the Department's Continuous Quality Improvement (CQI) Department. Every six months, the CQI Unit reviews one hundred (100) cases, which are selected from across all five of the Department's Regions. The Boston Region accounts for 12-14% of the statewide caseload and includes Suffolk County—the largest metropolitan subdivision in the Commonwealth. As such, the 100 cases for review are stratified for the Boston Region (16% - 16 cases), and the remainder (84% - 84 cases) are drawn from the non-Boston Region statewide caseload. Using rolling quarterly sampling periods, the Department maintains a 12- to 15-month period under review (PUR).

The CQI Unit uses the CFSR Onsite Review Instrument (OSRI) and adheres to the CFSR OSRI Quality Assurance Guide.[1]

Use of the Quality Assurance Guide promotes accuracy, completeness, and consistency across reviewers. A first-level quality assurance review is conducted by an experienced CQI Specialist, and a second-level quality assurance review is conducted by a CQI Quality Manager. Secondary oversight is provided by the federal Children's Bureau, which has full access to the OMS state site. The case review includes a review of the i-FamilyNet record (i.e., SACWIS), review of the paper record as needed, and interviews of case participants (e.g., family members, stakeholders, etc.). Cases are evaluated based on eighteen (18) items within seven (7) outcomes related to safety, permanency, and wellbeing. The OSRI is completed in its entirety for all reviewed cases.

The following excerpt of results from the CQI Unit's most recent 100-case cohort case reviews, which was conducted from April 1, 2021 through September 30, 2022, includes items from the OSRI that provide insight into the assessment and individualization process as well as into the adequacy of service provision.

	Performance Rating Outcome on CFSR OSRI	Strength	ANI (Area Needing Improvement)	NA	
Item 12	Needs and Services of Child, Parents, and Foster Parents	24% n=24	76% n=76	n=0	n=100

[1] https://www.acf.hhs.gov/cb/policy-guidance/child-and-family-services-reviews-osri-quality-assurance-guide#:~:text=This%20guide%20for%20quality%20assurance,accurate%2C%20complete%2C%20and%20consistent

Item 12A	Needs Assessment and Services to Children	71% n=71	29% n=29	n=0	n=100
Item 12B	Needs Assessment and Services to Parents	26.97% n=24	73.03% n=65	n=11	n=89
Item 12C	Needs Assessment and Services to Foster Parents	66.67% n=36	33.33% n=18	n=46	n=54

Sub-Item 12A: Needs Assessment and Services to Children

Practice Description	Foster Care	In-Home Services	All Case Types
The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the child's needs.	88.33% (53) of 60	77.5% (31) of 40	84% (84) of 100
Appropriate services were provided to meet the child's needs.	81.13% (43) of 53	60% (21) of 35	72.73% (64) of 88

Sub-Item 12B: Needs Assessment and Services to Parents

Practice Description	Foster Care	In-Home Services	All Case Types
The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs.	56.82% (25) of 44	73.68% (28) of 38	64.63% (53) of 82
The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the father's needs.	36.84% (14) of 38	23.53% (8) of 34	30.56% (22) of 72
Appropriate services were provided to meet the mother's needs.	42.86% (18) of 42	45.95% (17) of 37	44.3% (35) of 79
Appropriate services were provided to meet the father's needs.	30.3% (10) of 33	25% (7) of 28	27.87% (17) of 61
Concerted efforts were made both to assess and address the needs of mothers.	40.91% (18) of 44	42.11% (16) of 38	41.46% (34) of 82
Concerted efforts were made both to assess and address the needs of fathers.	28.95% (11) of 38	20.59% (7) of 34	25% (18) of 72

Sub-Item 12C: Needs Assessment and Services to Foster Parents

Practice Description	Foster Care	In-Home Services	All Case Types
The agency adequately assessed the needs of the foster or pre-adoptive parents related to caring for children in their care on an ongoing basis.	85.19% (46) of 54	0	85.19% (46) of 54
The agency provided appropriate services to foster and pre-adoptive parents related to caring for children in their care.	75% (39) of 52	0	75% (39) of 52

To summarize these findings from the most recent case review:

- Sub-Item 12A, Needs Assessment and Services to Children, was rated a Strength for 71% of 100 applicable cases.
    - Performance for foster care cases was higher (76.7% of 60 applicable cases) than for in-home cases (62.5% of 40 in-home applicable cases).
- Sub-Item 12B, Needs Assessment and Services to Parents, was rated a Strength for 27.0% of 89 applicable cases.
    - Performance for foster care cases (34.7% of 49 applicable cases) was higher than for in-home cases (17.5% of 40 applicable cases).
    - Performance for assessing and addressing the needs of mothers (41.5% of 82 applicable cases) was higher than performance for assessing and addressing the needs of fathers (25.0% of 72 applicable cases).
- Sub-Item 12C, Needs Assessment and Services to Foster Parents, was rated a Strength for 66.7% of 54 applicable cases.

To address areas needing improvement identified through case reviews, the Department is currently in the process of developing an updated Protective Case Practice Policy that will promote improvements in assessment and service provision to families. The completion and subsequent training and implementation of this policy is planned for Spring 2023. Though not yet complete, the initial work on updating the Protective Case Practice Policy includes elements focused on increasing the individualization of services. For example, this policy will emphasize the roles for social workers in both assisting families with removing any barriers to accessing services and, after services are accessed, obtaining and critically reviewing information from the family about the use and effectiveness of services in helping the family achieve the behavioral changes identified in the Action Plan. This emphasis on obtaining service feedback directly from the family highlights the importance of considering a family's individualized experience with a service. A service that is effective for multiple families may not meet the unique needs of a specific family.

Members of the CFSR R4 Stakeholder Engagement Committee emphasized that the creation of new policies may be a necessary step to promote improvements in the foundational aspects of effective social work, but that the updating of policies will not be sufficient for increasing the involvement of family members in the development of their own action plans, improving the quality of assessments, and developing the authentic relationships that are central to effective social work practice. These stakeholders stressed that even the second step of educating social workers, supervisors, and managers about new policies does not guarantee that policies will be implemented consistently as intended. A one-time training on a policy serves as an introduction, but additional strategies are needed to embed the philosophy of new policies into the everyday practices of employees throughout the Department.

Implementation plans for the Department's new Family Resource Policy reflect the Department's agreement with the sentiments of CFSR R4 Stakeholder Engagement Committee that training alone is necessary but not sufficient for fully integrating new policies into practice. Implementation of the new Family Resource Policy is occurring during the early months of 2023 and includes much more than training alone. The implementation plan includes the following six

stages, which rely on a mix of in-person and virtual sessions and are spread across several weeks to provide time for reflection and implementation support in between stages.

1. **Foundational Introduction.** A brief virtual presentation that is a high-level introduction to the rationale for the new policy.
2. **Video Introduction.** A video presentation, accessed virtually, designed to motivate anticipation and some excitement for the new policy while previewing some of the coming attractions that will be covered in training.
3. **Policy Training.** Option for virtual or in-person training that will be a mix of presentation and interactive opportunities for training participants to both hear about the new policy and start practicing with implementation scenarios and changes in roles and responsibilities.
4. **Listening Sessions.** Virtual opportunities for staff responsible for implementing the new policy to ask and have their questions answered.
5. **Workflow Systems Training.** In-person sessions during which staff responsible for implementing the new policy will receive step-by-step instruction regarding changes in entering information into the information technology system (i.e., i-FamilyNet) that accompany policy changes.
6. **Listening Sessions.** Held after the go-live date for implementation, these virtual opportunities for staff responsible for implementing the new policy provide opportunities to discuss the implementation process and obtain responses to any questions that occur during implementation.

Feedback on the effectiveness of this multi-stage implementation process will be used to guide the Department's future plans for implementing policy and practice changes.

A third implementation barrier discussed by the CFSR R4 Stakeholder Engagement Committee is the fear that accompanies the practice of child welfare, which is described in this quote by Dr. Kimberly Giardina, Director of Child Welfare Services in San Diego, California, "The child welfare system has historically been rooted in fear: fear of the rare tragic cases of severe abuse that are missed, and the consequences to the children and professionals involved. …" (Quote source: Safe & Sound. (2022, September) Creating a Child & Family Well-Being System. https://tinyurl.com/mr4x6ty8)

Overcoming policy implementation barriers is not a challenge that is unique to the child welfare profession. All organizations, whether in the public or private sector and regardless of discipline, are faced with the formidable challenges of how to effectively translate the intentions and underlying philosophy that is embedded in policies into behavior changes by employees at every level of the organization. Although the specific type of fear associated with concerns about possible tragic consequences to a child are unique to the public and private organizations involved in the child welfare profession, a broader definition of fear that is associated with losing profits and making major mistakes can plague the culture of any workplace, regardless of sector. This sample of titles from online business publications attests to the importance that business advisers place on reducing the demoralizing effect of fear from workplace culture:

- Forbes, June 11, 2021, *Are You Creating a Culture of Fear?* https://www.forbes.com/sites/forbesbusinesscouncil/2021/06/11/are-you-creating-a-culture-of-fear/?sh=7a21b8c477f6

- Fearless Culture, May 8, 2019, *How to Move Your Culture from Fear to Fearlessness*, https://www.fearlessculture.design/blog-posts/how-to-move-your-organization-from-fear-to-fearlessness
- Success®, August 20, 2021, *A Manager's Guide to Dismantling a Fear-Based Company Culture from the Inside Out,* https://www.success.com/a-managers-guide-to-dismantling-a-fear-based-company-culture-from-the-inside-out/

To assist child welfare agencies in meeting the unique child welfare challenges of training, policy implementation, and workplace culture, the federal Administration for Children and Families' Children's Bureau supports the Quality Improvement Center for Workforce Development (QIC-WD), which provides tip sheets and summaries of emerging research (https://www.qic-wd.org/about-us). The Department has implemented a variety of initiatives aligned with the tips from QIC-WD, including coaching for supporting implementation of new policies after training and presentations focused on reducing burnout and building staff resiliency.

A pillar of workforce support and development is provision of meaningful performance feedback. As described earlier in this response, the results from the Department's CQI Unit provide targeted information from case reviews that quantifies areas for improvement with regard to assessment, individualization, and service provision. The results from the CQI Unit translate stakeholder comments about the need to improve service provision for parents into findings that can drive improvement efforts. For example, results from the most recent CQI review showed relatively high (73.68%) performance in conducting assessment that accurately assessed the needs of mothers whose children were living at home, but much lower (23.53%) performance in doing the same for fathers. A drop off occurred for both mothers and fathers when it came to providing appropriate services to meet identified needs. The specificity of these quantitative results helps the Department target areas for practice improvement.

The CQI process is, by design, an iterative process continuously cycling through the use of data to target areas needing improvement, implementing change, and then measuring the effectiveness of change. As a result, the work on practice improvement is ongoing, not an initiative with a final end date.

Improving Services to Families where there is a Family Member with a Disability

The response to Item 29 includes description of a series of sessions held in August 2021 with Departmental Area Resource Coordinators (ARCs) and Lead Agency staff. Discussions regarding disability services were included in those sessions and participants were asked to consider the following in the broad category of "disability:"

- Physical Disabilities
- Sensory Disabilities
- Speech and Language Disabilities
- Intellectual Disabilities
- Mental and Behavioral Health Disabilities

In response to the statement, **"There are adequate S&S services in your catchment for parents with disabilities,"** 31 (71%) of 44 respondents disagreed. Key points from the discussion that followed this poll included the following comments about the most needed types of services:

- Specialty parent aide services that encompass building parenting capacity in addition to living with the disability
- Increased capacity for providers. Sometimes the providers who do this work are small agencies. Need more services.
- A way to connect to longer-term services after DCF closes the family's case.
- Services that work on being more accessible by delivering services in the home or providing transportation.

In response to the statement, **"There are adequate S&S services in your catchment for children with disabilities,"** 27 (67%) of 40 respondents disagreed. Key points from the discussion that followed this poll included the following comments about the most needed types of services:

- Group sessions are needed for teenagers with disabilities to provide peer support and social skill building,
- A full array of services for children with Autism Spectrum Disorder (ASD) is needed. Those ASD services that are available are often full.
- Specialized supports for families trying to care for children with chronic medical needs, such as diabetes, seizure disorders.
- Treatment for children with eating disorders and supports for their parents/caregivers.

The Department is addressing these service gaps in multiple ways. The internal Disability Specialty Unit is now fully staffed with a Director and five Disability Specialists – one for each of the Department's five Regions. The Director's hire date was in December 2021. The five Disability Specialists were hired from May 2022 through August 2022. This Specialty Team is providing consults on cases where there is a family member with a disability and assisting with identifying and accessing supportive services from all existing service arrays, including services procured and managed by state agencies, especially the Department of Developmental Services, and services from private, non-profit organizations that specialize in supporting individuals with disabilities and families caring for children with disabilities. Though helpful, this support will not fill all service gaps. The Department will also procure specialized community-based services for families where there is a member with a disability in its upcoming re-procurement of S&S services. From a policy perspective, the Department issued a Disability Policy in January 2022. The Disability Policy states a commitment to ensuring that parent/caregivers with disabilities are treated as individuals, not on the basis of generalizations or stereotypes, and that they receive the supports and services they need to have an equal opportunity to preserve and reunify their families. The Disability Policy describes the roles and responsibilities of Departmental staff members when working with consumers who have a disability.

Support with Individualizing Services

As explained in the response to Item 29, to support social workers and managers in the work of individualizing services, the Department has an infrastructure of several, internal specialty units to respond to the individualized needs of children and families across a range of areas. These areas include mental health and substance use, domestic violence, disabilities, health care, and education. In addition, the Department is in the process of hiring a Director of LGBTQAI+ services. Also, to support individualization of services to meet the needs of the LGBTQAI+ community, the Department issued a Gender Affirming Medication Consent Policy in September

2021 and issued an LGBTQAI+ Nondiscrimination Policy in July 2022.

The staff in internal specialty units serve as consultants to DCF social workers, supervisors, and managers, providing expertise about the dynamics of families with these specialized needs, serving as resources regarding case direction that is responsive to individualized needs, providing navigation and, when needed advocacy, for accessing appropriate service arrays external to the Department, and recommending appropriate services from the service arrays procured and managed by the Department.

Services for Linguistic Competency

Item 29 describes multiple efforts to obtain feedback from internal and external stakeholders that can be used to improve services for children and families. A common theme obtained from all of these efforts focused on the need to improve linguistic competency in the Department and in contracted service providers. To meet this need, the Department expanded procurement of interpretation and translation services within the Department and is including the requirement for linguistic competency in Departmental Requests for Responses (RFR).

Departmental Interpretation and Translation Services

The Department posted a new Request for Responses for interpretation and translation services on January 10, 2022. Contracts for the following services were awarded during July through September 2022.

- **Telephonic Interpretation** 1 contract
    - All 29 Area Offices, 5 Regional Offices, the Foster Care Review unit, and Fair Hearing Unit all have an access code to this service, which provides interpreters for 380 languages.
- **In-Person Interpretation** 5 contracts
    - The contracts cover services for all 29 Area Offices, 5 Regional Offices, and Central Office.
- **Video Remote Interpretation** 6 contracts
    - The contracts cover services for all 29 Area Offices, 5 Regional Offices, and Central Office.
- **Written Translation** 8 contracts
    - The contracts cover services for all 29 Area Offices, 5 Regional Offices, and Central Office.

In addition to these new contracts, there are existing contracts for interpretation services for consumers who are deaf or hard of hearing. Through these contracts, Departmental employees can secure American Sign language interpreters, Deaf interpreters, Deaf/Blind interpreters, and Communication Access Realtime Translation (CART) service, which provides instantaneous translation of what is being said into visual print display.

Descriptions of all these services, along with instructions for accessing them, are provided on the Department's Intranet site, which can be accessed by all Departmental employees. All standardized forms that have been translated into languages other than English are stored on the Intranet where they can be accessed by any Department staff person working with a consumer who needs a form in a language other than English. Individualized, case-specific documents are translated individually for consumers using the written translation contractors

referenced above.

Requirements for Linguistic Competency in RFRs

The Department expects contracted providers to share the commitment to meeting children and families' individualized needs. The following excerpt from the congregate care RFR, which was posted in February 2021, provides an example of expectations for linguistic competency of providers.

> "Linguistic Competency
>
> - Communicate with youth and families, whether orally, in writing, or through American Sign Language (ASL) or Communication Access Realtime Translation Service (CART), in a language and manner that they understand;
> - Provide youth who use English as an additional language with opportunities to speak and read in their primary language;
> - Provide professional interpreting services, whether in-person, virtually, or telephonically, in the absence of a staff person who is fluent in the preferred language of the youth or family;
> - Avoid having youth serve as interpreters between their family and program staff, especially during assessments, treatment planning and review sessions, and other treatment-focused discussions;
> - Exercise caution, and provide training, if non-clinical staff members, who may be fluent in a youth's or family's preferred language, but lack professional insights into the responsibilities of an interpreter, serve as interpreters during assessments, treatment planning and review sessions, and other treatment-focused discussions; and
> - Coordinate with the DCF Social Worker in securing interpreter services for a low prevalence language or dialect (i.e., used by less than .05% of the Massachusetts population) or for communication services that are difficult to secure."

The last bulleted item in the list above, which instructs providers to coordinate with the DCF Social Worker to secure interpreter services for low frequency languages or dialects, was included in response to providers' reports of their inability to find reliable interpretation and translation services for some languages and dialects. In those instances, the Department will secure the necessary interpretation and translation services.

The quantification of "low prevalence" at .05% was used in the RFR to communicate the expectation that providers are responsible for securing services for limited English proficiency consumers who use a language, such as Spanish, that is used by approximately 8% of the Commonwealth's citizens. The source for the rate of use of different languages in Massachusetts was the U.S. Census Bureau's American Community Survey, Community Survey https://www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html.

The intention of including language about linguistic competency in Departmental RFR's is to set the expectation for the Department and providers to cooperate in achieving the shared responsibility for meeting children and families' individualized language and communication needs.

With regard to adjusting a service contract to meet the unique needs of an individual client, the Department must operate within the public procurement regulations in the Commonwealth. Chapter 257 of the Acts of 2008 (https://www.mass.gov/info-details/overview-of-chapter-257-of-the-acts-of-2008) established required timetables, methodologies, and processes for the establishment of rates within the Executive Office of Health and Human Services (EOHHS) for client facing human and social services. The Acts were implemented to ensure that, among other things, rates were standard and transparent within and between different providers and multiple state agencies. Standard prices are to be paid to vendors for providing like services, and that like source data is used across state agencies to reduce disparate pricing for similar services across those agencies. The Ch. 257 rate setting process therefore uses standard source data for salaries and other rate-component costs across all impacted agencies, thereby driving consistent and standardized pricing within and across EOHHS and its contracted providers.

However, the Department does have access to a fixed annual amount of “Flex Funds”, which are available to the Department’s Area Offices through the Area Lead Agency procurement. These funds are intended to support the individualized needs of families and children involved with the Department. In partnership with the DCF Area Office staff, funds are allocated to children and families for material support and services that are not available through DCF’s contracted services. The goals of these supports are to keep families intact and promote overall well-being of children and families in their community. A few examples of the type supports purchased with these funds include, transportation, driver’s education, assistance with basic needs such as rent and utility bills, and recreational and after school activities for children.

Results from the Department’s CQI case review process indicate that the Department is more successful identifying needs and individualizing services for children and foster parents than for families of origin. Comments from stakeholder groups point to the need for improvements in assessing and meeting the needs of families. Recognizing the need for improvements with individualizing services, the August 2022 update to the Family Assessment and Action Planning Policy included an emphasis on individualizing services to meet unique needs of children and families. The new Protective Case Practice Policy, which is anticipated in Spring 2023, will also include an emphasis on individualizing services. Responding to data and community input, the Department is taking actions to improve the individualization of services.

Taken as a whole, the Department of Children and Families offers that we have achieved substantial conformity with Item 30.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all elements of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the ongoing consultation process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

State Response:

CFSR Round 3 Performance: In the June 2015 CFSR Round 3, Massachusetts received an overall rating of Area Needing Improvement for Item 31 based on information from the statewide assessment and stakeholder interviews.

- Information in the statewide assessment and confirmed during interviews with some stakeholders described the ongoing engagement and consultation with a wide variety of internal and external stakeholders and Tribes. However, the state did not demonstrate how information was considered in developing the CFSP, and other stakeholders described challenges in ongoing and routine engagement of attorneys for parents, Tribes, and law enforcement.

The Department of Children and Families (DCF) will continue to engage in substantial, ongoing, and meaningful collaboration in keeping children safe, achieving permanency and nurturing healthy families and supportive communities.

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

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

The Department recognizes the impact child abuse and neglect have on vulnerable children. Collaboration with children and families who receive services from the Department remains a high priority. Like the frontline staff, foster and adoptive parents, along with kinship caregivers are critical partners in providing for the needs of children who cannot safely be served at home.

We are actively maintaining the DCF Family Advisory Council (FAC), which includes biological parents, kinship care providers, foster and adoptive parents, and young adult alumni who meet regularly to provide input. Representatives of the FAC are an active part of the agency's statewide managers' group, which convenes monthly to review performance and provide input

on agency improvements. The FAC continues to recruit representative that are diverse and represent a cross sector of families that are served by DCF.

The FAC is comprised of several sub-committees that help further support the work of the committee; highlighted are the work of a few committees:

- Leadership Committee- This group is comprised of several participants that are elected by the general body. The participants attend the monthly staff meetings with the Commissioner and DCF leadership. They represent each region of the state. This allows them to participate in policy and practice dialogue. The Department have been updating several policies this past year. Members of this committee have been asked to review the policies and provide feedback. Additionally, the group continues to meet with the Commissioner on quarterly basis for on-going planning.
- In conjunction with the diversity sub-committee, the representatives came together to discuss how to improve the system when it comes to Diversity Equity and Inclusion (DEI). The group focused on systematic racism, LGBTQ, and other related topics. As a significant indicator of how successful this group has been, several members were asked to participate in town-hall style meetings to deepen the dialogue on race and equity. Additionally, together with DCF leadership several members are participating in the New England States Commissioner group.
- A few parents have taken advantage of cross agency collaboration work. Eleven (11) parents participated in the annual “View from All Sides” conference sponsored by the Children’s Trust. This conference brings together professionals, caregivers, stakeholders for a two-day best practice prevention discussion and family engagement planning sessions.
- Family members participate on local Area Boards across all DCF regions. Participants bring the voice of local families to the table. Additionally, they provide an important linkage to community resources necessary to connect children to permanent connections in the community.

Fatherhood Engagement

The Department of Children and Families continues to move forward with engaging fathers in all aspects of DCF family-centered practice. Toward this goal, the Department has embarked on strategic partnership planning that brings together fathers, sister agencies, community stakeholders and other groups interested in the work of fatherhood engagement.

- Building on previous efforts to integrate fatherhood engagement statewide, “Father Leadership Engagement Teams (FELTs) have expanded to multiple area offices. This allows community stakeholders, DCF staff and fathers to promote innovative practice to institutionalize positive father engagement. However, advancing the work in area offices has been daunting. The current demands on the workforce and the challenge of managing during the COVID-19 pandemic and implementing a hybrid workforce are additional factors that have created an uneven engagement of fatherhood work across the regions.
- Interagency Father Work Group (IFW)- In partnership with multiple agencies, this group has taken on the responsibility of fostering fatherhood engagement practice across family serving agencies. This past year the group hosted a key stakeholder workshop that promoted a flexible and adaptive approach to fatherhood work. The group

participants included fathers, representatives from the judicial branch, DCF, DOC, Faith-Based organizations, Department of Youth Services (DYS), Department of Public Health (DPH), Department of Education (DOE), Department of Transitional Assistance (DTA) and community providers.

- DCF continues to partner with the Family Nurturing Center (FNC), the leading agency in Massachusetts providing fatherhood programs and trainings. The Department and the FNC have convened quarterly meetings this past year to promote best practices and encourage prioritization of father work.
- DCF delivered five (5) regional trainings and trainings (34) to community partners throughout the state.
- DCF provided 11 virtual Father Nurturing programs—several were offered in both English and Spanish.
- Fatherhood Ambassador program was offered virtually to regional offices.
- DCF Family Engagement Unit have worked with area offices to provide technical assistance.

Although some programing that required in person participation were postponed as result of COVID-19 (e.g., Fatherhood Summit, the New England Father Conference), the DCF Family Engagement Unit continued to work closely with all partners to provide training and support groups via a virtual platform.

Indian Child Welfare Act (ICWA) Program

The Massachusetts Department of Children and Families (MA DCF) engages in ongoing consultation with Tribal representatives from Massachusetts' two federally recognized Tribes, the Mashpee Wampanoag Tribe, and the Wampanoag Tribe of Gay Head Aquinnah. Tribal stakeholder feedback guides DCF's work around the Indian Child Welfare Act (ICWA). As an example, during a recent annual meeting between the DCF and Tribal ICWA teams, several goals were created with timelines agreed upon. A goal for 2023 included a commitment to collaborate to provide additional ICWA training for DCF staff. Given the Tribe's expressed interest in training, DCF will be scheduling ICWA trainings that include Tribal participation throughout the state for 2023. Training materials were sent to the Tribes on December 13, 2022, for review and input. It is important to note that MA DCF created five training videos to explain ICWA, these are available on the DCF ICWA Intranet Page for review by all staff. In addition, two web-based trainings on ICWA are available on the MA Achieve training platform. This is of particular importance in that MA DCF staff can access training through MA Achieve at any time.

The Mashpee Wampanoag Tribe issued a recent decision to lift their enrollment moratorium. In support of this redetermination, MA DCF is reviewing case records to identify families that may be eligible. Accordingly, the Department will forward ICWA notices to the Mashpee Wampanoag Tribe.

As requested by the Tribes, MA DCF will move forward with planning and collaborating on a Qualified Expert Witness (QEW) Committee with the MA Tribes. MA DCF is continuing its collaboration with the Tribes by participating in projects spearheaded by the MA Tribes that support ICWA.

DCF directly consults with ICWA Tribal leaders for input. Contact via phone, email, and virtual conference is the preferred method for MA DCF and the Tribes. The Tribes and DCF have an

open model of communication where the flow of information can take place at any time. Tribal representatives can contact any of MA DCF's five regional ICWA Liaisons and/or the MA DCF ICWA Coordinator at any time. Contact information is regularly updated and sent to the Tribes and ICWA Liaisons by the ICWA Coordinator to ensure that all staff are kept up to date. Meeting minutes sent by DCF with objectives and turnaround times are also a method by which MA DCF and the Tribes can ensure that objectives and concerns are addressed. Engagement is tracked through documentation and record keeping. Meeting summaries are prepared by DCF and forwarded to all stakeholders. MA DCF also maintains an internal record that documents contact on collaborative projects.

There are many moving pieces to collaboration that are important to acknowledge that include staffing, scheduling, funding, and socio-political events. Where barriers exist in collaboration, DCF has and will continue to engage through ongoing communication and support. Annual meetings and monthly check-ins by DCF around projects and objectives are designed to support ongoing collaboration.

Adoption Call to Action Committee

The Adoption Call to Action Committee is a collaboration between DCF, the Court Improvement Program, the Juvenile Court, Children and Family Law (CAFL), and two community adoption agencies: The Cambridge Family and Children's Services, (now called Bridges Homeward) and the Massachusetts Adoption Resource Exchange (MARE). This project began in July 2019 when the Children's Bureau asked the Court Improvement Program to identify key stakeholders to participate in the Adoption Call to Action Conference in Washington, D.C.

These stakeholders continue bi-monthly meetings and work to identify and reduce barriers to timely permanency with the goal of increasing adoptions, especially of teens and children who are non-white and to improve timely permanency for children by identifying and eliminating barriers to adoption. Collaborative interventions which address barriers have been developed and implemented. Examples include:

- Development and implementation of virtual MAPP and social worker trainings;
- Developing alternative adoption venues during COVID-19 and supporting National Adoption Day;
- Providing trainings for families to support high risk placements (over 90 families trained in Trust-based Relational Intervention) and training to support inter-racial adoptions (50 families); and
- Creating and distributing materials on the rights and responsibilities of caregivers and developing a Guardianship Legal Guide (all publications translated into five languages and distributed widely).

DCF has also developed and rolled out many innovative interventions to improve the timeliness of adoptions. While the pandemic has created additional barriers to adoptions, the members of the Adoption Call to Action Committee continue to support one another's work to increase adoptions and to improve their timeliness. CIP further supports this collaborative by funding prospective adoptive parent training, National Adoption Day, and development and printing of custody and legal guides for kinship caregivers.

Based on our assessment of the information outlined above, the Department of Children and Families is in substantial conformity for item 31 within this systemic factor.

Item 32: Coordination of CFSP Services With Other Federal Programs

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with service coordination between child welfare and other federal programs?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

F. Agency Responsiveness to the Community

Item 32: Coordination of CFSP Services with Other Federal Programs

State Response:

CFSR Round 3 Performance: In the June 2015 CFSR Round 3 review, Massachusetts received an overall rating of Strength for Item 32 based on information from the statewide assessment.

- In the statewide assessment, Massachusetts described how the state coordinated federally funded services and collaborated with other agencies receiving federal funds/grants. The state presented examples of how these collaborations were supporting children and families.

The Department continues to work collaboratively with a number of the state's federally assisted programs and sister state agencies serving the same population, including the Department of Mental Health (DMH), Department of Public Health (DPH), Department of Transitional Assistance (DTA), MassHealth (Medicaid), Children's Trust (CT), Department of Elementary and Secondary Education (DESE), and the Department of Early Education and Care (EEC).

DCF staff continues to work closely with the Board and staff of the Massachusetts Children Trust (CT) to address issues related to child abuse prevention in Massachusetts. The CT leads statewide efforts to prevent child abuse and neglect by supporting parents and strengthening families. The CT is the recipient of the Community-Based Child Abuse Prevent (CBCAP) federal grant. As an umbrella organization, CT fund, evaluates, and promotes the work of over 100 agencies that serve parents.

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

In FFY2022, DCF and DESE worked on two joint guidance documents to further the safety and well-being of children both systems serve. The first is an update to a prior collaboration between the two agencies. Guidance for mandated reporter responsibilities first drafted in 2010 was reviewed by both agencies and jointly supplemented to provide the educator community with current best practice in reporting child abuse or neglect. The collaboration culminated in a webinar panel discussion with representatives from both DCF and DESE in December 2021 to allow the educator community to ask questions about the newly updated guidance. The second is a newly created document designed to set forth the parameters that allow DCF social workers access to the education records of students in DCF custody via the various web-based portals utilized by school districts throughout the Commonwealth in a manner consistent with applicable laws and regulations. In addition, DCF also created six new positions to support collaboration

efforts with local school districts to promote educational success and support timely decision making regarding best interest determinations with the schools.

The Department routinely tracks data of DCF children in public schools in coordination with DESE. Below are the counts of school-aged children in/out of our custody/placement.

DCF School-Aged Children (as of 9/30/22)	
Children In-Placement	5,106
Children In-Home	20,644

The Department has built a strong relationship with the Department of Public Health, using the opportunity to collaborate in various initiatives to include The Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs, a federally funded grant that prioritizes visiting services to eligible families in at-risk communities. DCF funded programs, including the Family Resource Centers (FRCs) and Community Connection Coalitions have been to the extent possible locally collaborating with home visiting agencies within the communities they serve.

In a continuing statewide partnership, the DCF Domestic Violence Unit staff is working with the Department of Public Health (state funding of domestic violence programs) as a primary advisor in developing technical assistance for all domestic violence programs across the Commonwealth to address the unique needs of children and youth experiencing domestic violence and ensure a commitment to active engagement between local DCF Area Offices and local domestic violence programs.

In FFY2021/2022, the Commission on the Status of Grandparents Raising Grandchildren continued to provide information, services, resources, advocacy, and support to grandparents and relative caregivers in Massachusetts throughout the COVID-19 pandemic. The Commission collaborated with community partners, including Family Resource Centers, Elder Services, and the Kinship Navigator Program.

The Commission continued its legislative and policy advocacy this past year. The Commission worked closely with the Department of Transitional Assistance (DTA) on issues raised by grandparents and relative caregivers about the Temporary Assistance to Families with Dependent Children (TAFDC) child-only grant. The Commission met several times with the Commissioner of DTA and the team at DTA to consider different proposals to increase access and awareness of this benefit for guardians. Beginning in FFY2022, DTA modified a policy to allow grand families/guardians who receive the TAFDC child-only grant to qualify for childcare. This change will significantly help working grandparents and guardians.

A new partnership for the Commission in FFY2021 was a collaboration with the Court Improvement Program (CIP) and the Kinship Navigator Program (KNP) to develop a program to engage guardians and assist them in accessing services and resources earlier in their legal process. The KNP piloted a program in three counties in Massachusetts with varying success. Since the courts were operating remotely last fiscal year, the engagement portion of the pilot was a challenge once the court staff started referring kinship caregivers to the KNP. The number of court-referred guardians engaged in services began to increase. The pilot will be expanding in the next fiscal year to introduce this direct service program in additional counties in

Massachusetts. The Commission provided consultation and technical assistance to this pilot program.

Below are additional areas where DCF supports children and families in accessing other federal or federally assisted programs serving the same population:

Special Education/Chapter 688:

An individual is automatically eligible for Chapter 688 if receiving Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or registered with the Massachusetts Commission for the Blind. A student may also be eligible if they have been receiving services through DCF and have an active IEP. The student must still be in High School and a current registered student. Once the student graduates or turns 22 (whichever comes 1st), the 688 entitlements end. If the student moves out of Massachusetts, leaves school, or declines 688 planning, the 688 entitlements end.

To be eligible for Chapter 688 services, a person must:

1. Be receiving special education paid for by the Commonwealth of Massachusetts,
2. Need continuing habilitative services at the time of turning 22, or graduating from special education, and
3. Be unable to work competitively (without specialized supports) for more than 20 hours per week at the time of leaving school.

DCF Interim Placement Policy Program:

These Children/youth cases are managed by the Department of Developmental Services (DDS), requiring out-of-home services beyond respite level of care. While these children/youth do not present with protective concerns, DCF serves as a conduit for accessing placement funds through the Local Educational Agencies (LEA).

688 and Interim Placement Policy (as of 9/30/22)	**Child <18**	**Youth >18**
688 In-Placement	51	87
688 Not In-Placement	4	4
Interim Placement Policy Program	5	9

Child Care Vouchers

As of May 6, 2022, there were a total of 11,304 children in childcare statewide of which an approximate 27% (3,029) are in foster care. According to EEC data, 7,434 of the children served in supportive childcare are under the age of five, 28% of these children are in foster care. We are continuing to work with EEC to increase access to vouchers for our children from birth to five.

Temporary Child Care Program (formerly known as Short Term Child Care)

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

should have access to the program by July 2023. During FFY2023, DCF plans to expand the program to all Area Offices.

Chafee Services Across the State

The services funded with the Chafee Foster Care Program for Successful Transitions to Adulthood are available to eligible youth and young adults across the state. The Chafee funded services are the same in each of the 5 regions of the state. The particular focus of the services is based on the individual youth/young adult's needs. Young adults from foster care ages 18-23 are offered the same Chafee services as those under age 18. Former foster youth who leave DCF care after attaining age 18 may access Outreach services and other Chafee Program funded services, i.e., internships, discharge support, and educational funding and support services.

From July 2021 to April 2022, the Adolescent Outreach Program staff served over 1,316 youth and young adults. Of these, 566 youth and young adults received weekly intensive service. All of these services support the youth in developing life skills and developing capacity for a healthy transition into young adulthood at the conclusion of agency care. Outreach staff assists with job search, education, financial aid/college applications, housing support, SNAP applications, and referral/resource information.

DCF collaborates with the Department of Transitional Assistance to assist transition-age youth to access SNAP benefits and Transitional Aid to Families with Dependent Children (TAFDC) for parents whose children are not in the custody/care of DCF and may qualify. DTA has provided dedicated staff to coordinate with Outreach and other DCF staff to ensure benefits are maximized for transition age youth and young adults. DTA has offered pathways to further consider the needs of young adults living with Young Adult Support Payments to maximize SNAP benefits.

Massachusetts Court Improvement Program (CIP)

CIP works in close collaboration with key child welfare stakeholders including the Department of Children and Families, the Juvenile Court, the Probate and Family Court, the Children and Family Law Division of the Committee for Public Counsel services (CAFL) and others. Representatives from these key groups serve on the CIP Steering Committee which met seven times in 2022 and with DCF and Court personnel three times to review applications for major CIP funding. Twenty other stakeholders from the community including those with lived experience join the Steering Committee members to serve on the CIP Child Welfare Task Force which met six times since its inception in September 2022. CIP convened meetings with the Adoption: Call to Action Committee five times this year as the collaborative, including key DCF representation, focused on increasing adoptions after overcoming the barriers presented during the pandemic. The CIP Training Committee, including DCF attorney representative, met 14 times to plan and evaluate statewide webinar trainings. The seven-part series on Racial Equity and Inclusion included workshops on: Cultural Humility; Voices of Youth; Theory into Practice; Child Welfare and White Supremacy; Racial Trauma; Revolutionary Change in Child Welfare: An Antiracist Framework; and Implementing Change. Approximately 200 plus lawyers/social workers and other stakeholders attended each session. CIP funds participation of DCF personnel and others in conferences such as National Indian Child Welfare Association (NICWA), National Association of Counsel for Children (NACC), Massachusetts Continuing

Legal Education (MCLE) Annual Juvenile Delinquency & Child Welfare Law Conference, and Children's Trust A View from All Sides. This year CIP also funded Trial Skill Development Training through the National Institute of Trial Attorneys for 19 DCF attorneys and six CAFL attorneys.

Focusing on improvements that the courts deem necessary to provide for the safety, well-being, and permanence of children, CIP collaborates with and supports the work of the Courts, DCF, and other collaborators in response to findings identified in the CFSR. Strategies include improving the timeliness and quality of hearings, reducing attorney and judicial caseloads, enhancing the quality of legal representation, and using computer technology and management information systems to identify deficits and implement positive change. CIP staff worked with DCF and other stakeholders to develop and distribute 5,000 custody guides and online information for Kinship Navigator and met with Kinship Navigator staff 11 times to plan implementation of their program through Probate and Family Court. In addition, CIP supports the Pathways position in Juvenile Court, designed to reduce time to permanency. CIP provided support to the Family Stabilization Project, a pre-petition innovative multidisciplinary program which has successfully worked with thirty-one Hampden County families with open DCF cases, resulting in DCF filing zero Care & Protection Petitions in those cases. CIP has also provided funds to DCF to purchase redaction software to improve timeliness of case discovery; scanners to improve timeliness of updates to case files and i-FamilyNet; and recording devises for the fair hearings office.

Massachusetts Kinship Navigator Program (KNP)

The Massachusetts Kinship Navigator Program has actively utilized the federal grant funding since the spring of 2019. Over the past three years we have been able to develop and implement our program throughout the Commonwealth of Massachusetts. The goal of the program is to increase stability and permanency for kinship families through advocacy and coordination of support services for all kinship caregivers. The program proactively assists all kinship caregivers in learning about and accessing services to meet their individual needs and that of the children they are raising. We promote effective partnerships among public and private agencies to ensure kinship caregivers and their families receive support and achieve success.

The Massachusetts Kinship Navigator Program model includes structured collaboration between the Department of Children and Families five Regional and 19 Area Offices, Family Resource Centers (FRC) (27 locations), the Court Improvement Program (CIP), The Probate and Family Courts (Administration and Barnstable, Bristol, Essex, Worcester, and Suffolk County), Court Service Centers (7 locations), Department of Public Health (Women Infants and Children), MassHealth and the Commission on the Status of Grandparents Raising Grandchildren.

Services provided:

- Determining the specific needs of Kinship Caregivers and their families
- Providing Kinship Caregivers access to a resource portal (website) and written materials
    - Conduct an intake including a needs assessment questionnaire with the following service need categories (Each category has a percentage which represents the identification of that specific need at the time of intake)

Data on Requested Service Needs Categories by Percentage:

- Childcare: 7.4%
- Education: 8.2 %
- Food/Nutrition: 10.6%
- Health Care: 7.7%
- Legal: 10.8%
- Mental Health/Counseling: 9.5%
- Misc. Financial Needs: 9.8%
- Public Assistance (TAFDC): 14.5%
- Social Security (SSI, SSDI): 3.4%
- Support Groups: 10.3%
- Trainings: 3.2%
- Other Services: 4.8%

Figure 1: Percentage of All Requested Services Referred by the KNP and the Total Number and Percentage of Those Services the Caregiver Has Received

Figure 2: Overview of the service need questionnaire via Salesforce (Customer Relations Management (CRM) data system)

SERVICES					
Construct	Question	Time Frame	Response Options	Date	Comment
Service need (each bullet point must be asked and answered individually)	**Do you need…?** • Financial support: TANF, SNAP, SSI/SSDI, etc. • Childcare • Health insurance • Food/nutrition • Legal • Healthcare • Training • Education • Support groups • Mental health/counseling • Other need (specify):	**Must be completed at:** • Intake/Assessment	**Enter answer for each question** Requested at Intake (Y/N)	**Prepopulated calendar** • Intake Date is automatically generated • Referral Date • Received Date	**Listed as: "Other: Specify"** Use has an open comment box to specify information about the need/referral

The KNP program connects kinship caregivers to community resources, providers, and services, such as*:*

Child Care

- Early Education and Care (EEC) Collaboration with Department of Transitional Assistance and Early Education and Care via the Transitional Aid to Families with Dependent children program

211 Child Care Services

- DCF collaboration with Childhood Program Manager, Early Childhood Unit

Education

- enrollment and special education
- Federation for Children with Special Needs
- General enrollment information (requirements found on Massachusetts Department of Elementary & Secondary Education website)

Food/Nutrition

- Women, Infants, and Children (WIC). The Department has a collaborative relationship with their Human Service Coordinator
- Supplemental Nutrition Assistance Program (SNAP) (DTA)

Health Care

- MassHealth (collaboration with EOHHS Manager of External Training and Communications)
- Collaboration with DCF Medical Social Worker Director

Legal

- Massachusetts Court Service Centers
- Health Law Advocates (collaboration with MA DCF Family Resource Centers)
- Mass Bar Association (goal for this year)
- Court Service Centers
- Probate and Family Court Program (collaboration with Court Improvement Program (CIP), Chief Justice of Probate and Family Court Administration Office, Registry, Judges and Probation) Currently working with 5 of 14 counties in MA.

Mental Health/Counseling

- Family Resources Centers (collaboration with Director of Community and Family Engagement and participation in statewide FRC meetings)

Public Assistance

- Transitional Aid to Families with Dependent children cash benefits
- Department of Transitional Assistance collaborative relationship with Policy Analyst Economic Assistance and Employment

Social Security Benefits

- Providing support for accessing and applying for Supplemental Security Income and Retirement, Survivor, Disability Insurance (RSDI) with the Social Security Administration

Support Groups Support Groups

- Grandparents Commission – Statewide support group
- Collaborative relationship with Grandparents Commission's Director and Chairperson
- Family Resource Centers

- Elder Affairs/Counsel on Aging

Trainings and Workshops Trainings

- DCF Kinship Navigator Introduction/Training video for caregivers, providers, and staff
- Collaboration with the DCF Child Welfare Training Institute through offering trainings:
  - The Impact of social media on Children and Families
  - Multi-agency Resource Fair
  - Central and Southern Roundtables
  - Raising a Child with Autism
  - Raising LGBTQ+ and Youth
  - Two-Part Trauma Workshop Series
  - Preparing your grandchild's legal future

Kinship Navigator Data as of November 16, 2022

The Kinship Navigator Program utilizes ***Salesforce*** a Customer Relations Management (CRM) system to store and report on collected data. The following charts reference data collected between October 2021 through November 16, 2022. Everyone who contacts the KNP is given a unique "Item" number to enter all data specific to that individual. In addition, we track factors such as: who the individual was referred by, the caregiver relationship to the child, race, ethnicity, and our monthly item count. Please refer to the figures below for more details.

- As an example, the KNP has received 136 referrals in the "Court" category. This is reflective of the KNP's partnership with the Massachusetts Probate and Family Court in 4 counties (Barnstable, Bristol, Essex, and Worcester). The 136 referrals are guardianship of minor petitioners. (See figure 2)

Figure 3: All Kinship Navigator Program Items by Referral Source

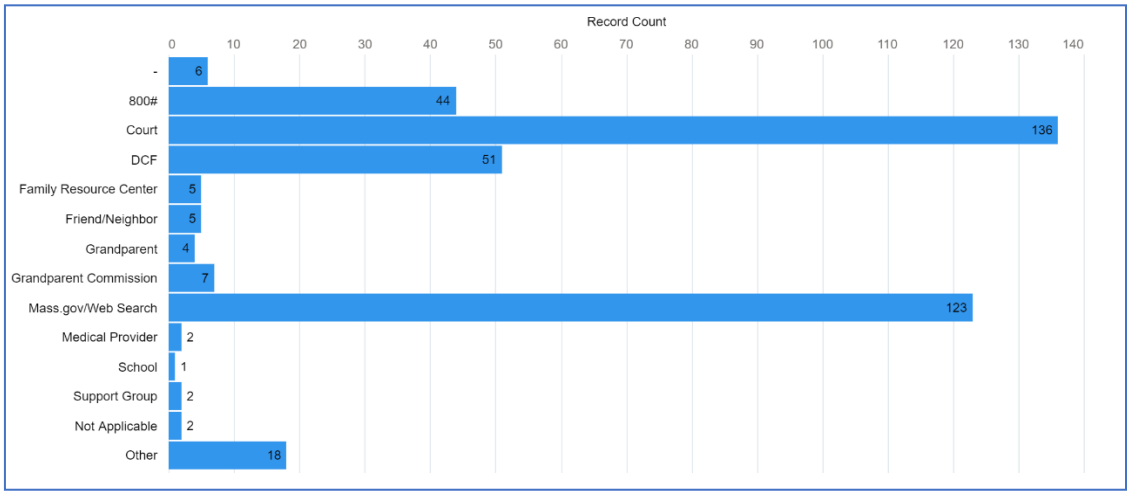


Figure 4: Caregiver's Relationship to the Child

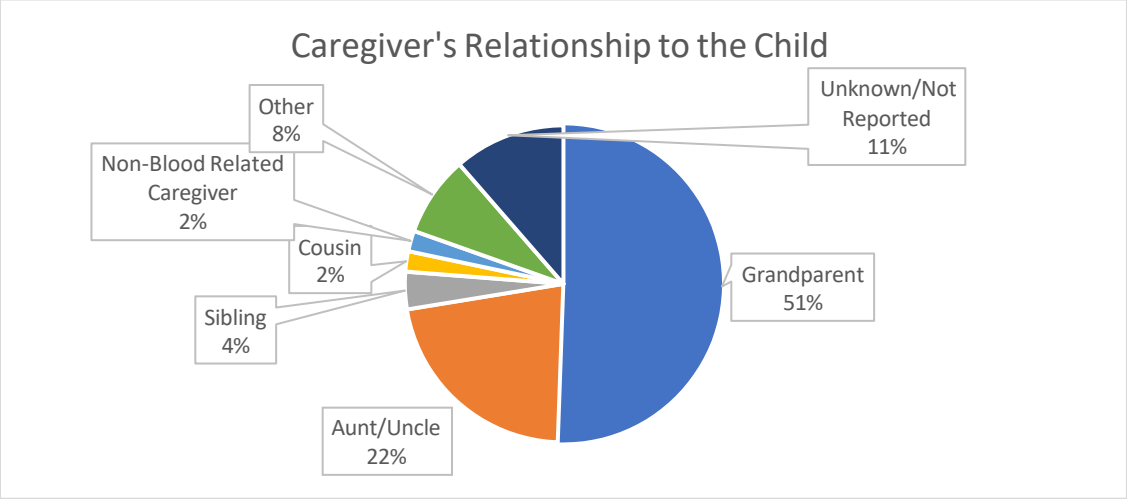


Figure 5: KNP: Race

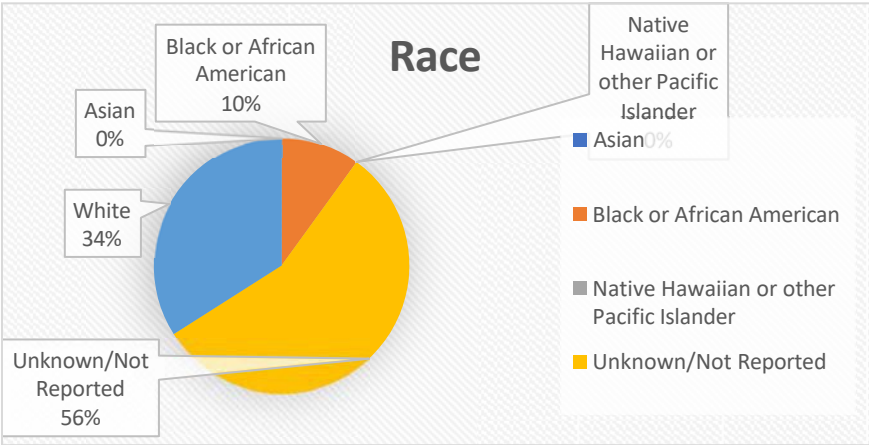
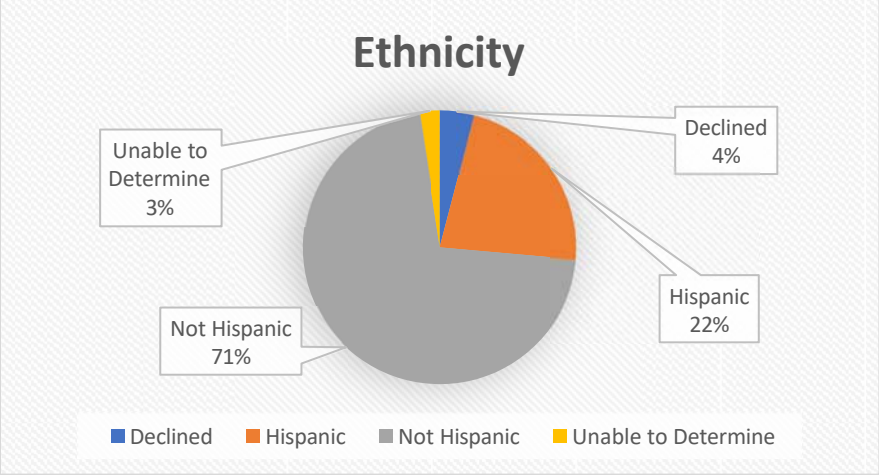


Figure 6: KNP: Ethnicity)



Racial Equity and Cultural Responsiveness

The KNP strives to have diverse materials and staff that engages in training on equity and inclusion offered through the DCF Child Welfare Institute and external entities. The training provides the necessary awareness in valuing and acknowledging the individual differences of each caregiver, including their race, ethnicity, cultural background, and socioeconomic status and helps to prepare staff to build trust with caregivers and provide a safe and judgment-free space necessary for respectful engagement. Once the specific needs are identified, we look to our partners within the caregiver's community, taking into consideration the diverse geographical landscape of Massachusetts.

We also assess the language needs of caregivers to ensure that services referrals are able to meet the families' needs.

Maintaining and growing our partnerships with stakeholders is necessary to strengthen our ability to have a culturally appropriate response and meet our goal of supporting kinship caregivers to find and receive appropriate services. Services we provide include finding an interpreter to conduct the assessment in the caregiver's native language, then connecting the caregiver to an agency with the staff and services in the caregiver's spoken language.

Consideration is given to caregiver's comfort with accessing services through virtual technology. The virtual experience may be ideal for a caregiver who might be familiar with new technology. However, some caregivers do not have access to or understand how to use this technology. We can support those caregivers in accessing in-person and technology coaching.

As part of the CFSR process, we acknowledge that enhancements to our system are required to capture additional data that support our cultural responsiveness (e.g., fields identifying race/ethnicity). We will identify a strategy for enhancing our internal resource listing to include culturally specific specialties within our partner agencies.

Figure 7: All Kinship Navigator Items Created by Month

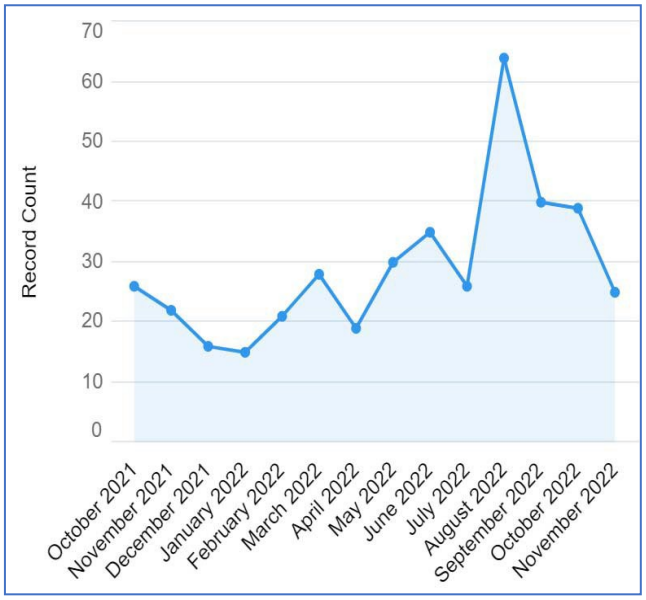


Figure 8: Closed Kinship Navigator Items by Resolution

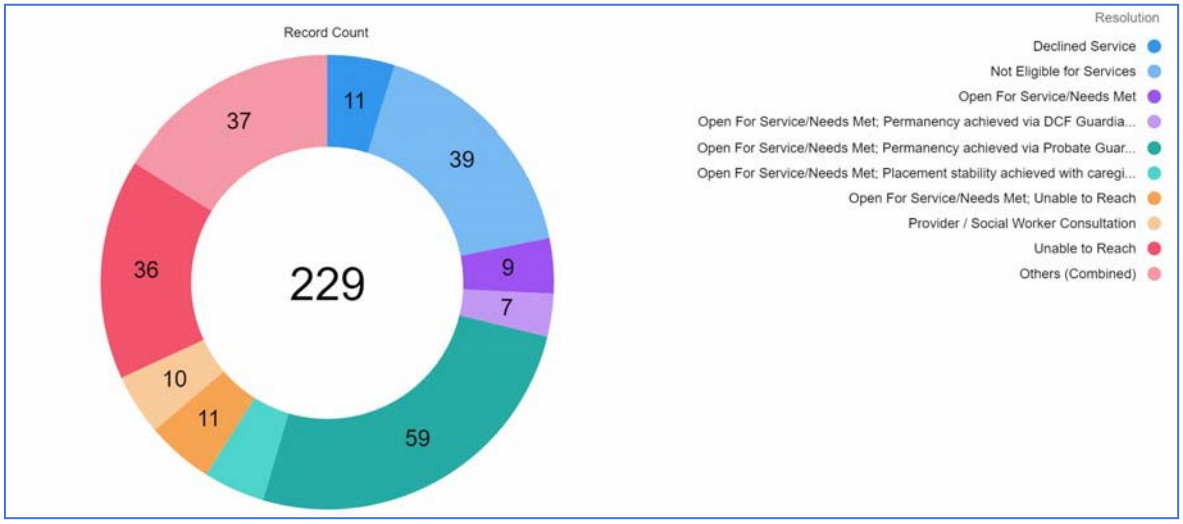
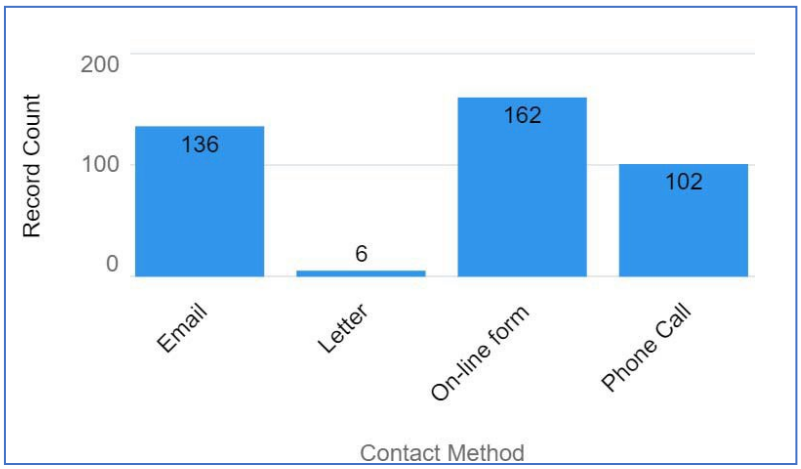


Figure 9: All Kinship Navigator Items and Activity Details

Activity Details include calls, emails and assigned staff tasks for all open and closed items

		Call	Email	Task	**Total**
Total	Unique Count of Item Number	310	313	328	376
	Record Count	1,119	1,204	859	3,182

Figure 10: All Kinship Navigator Items by Initial Contact Method



Social Security Administration (SSA) Child Benefits

The Department of Children and Families serves as the representative payee for children in care receiving Supplemental Security Income (SSI) and Retirement, Survivors and Disability Insurance (RSDI) social security benefits. Based on the latest DCF Consumer Balance Report run on 12/10/2022, DCF managed benefits for 533 SSI recipients and 484 RSDI recipients. Each child has a personal needs allowance (PNA) account where funds are set aside for them to access for the purchase of goods and services. Each of the 29 DCF area offices has a designated SSI / RSDI liaison to provide information to the case workers on how to access and maintain SSA child benefits. DCF central staff (CFO, Director of Federal Relations, Deputy General Counsel) and the Revenue Management Unit has held quarterly meetings with the Area Administrative Manager (AAM) and liaisons. The purpose of these meetings is to provide updates, guidance and trainings, best practices, and share metrics on PNA account balances and spending by area offices. The most recent meetings were held on 12/10/2021, 4/8/2022, 7/25/2022, and 11/3/2022. We also work collaboratively with SSA and other state agencies, such as the Department of Developmental Disabilities (DDS) to close PNA accounts and support transitioning to new representative payees for children and families no longer involved with DCF. This also includes helping young adults over the age of 18 under a voluntary placement agreement become their own Representative Payee.

On December 19, 2022, the Department held a focus group with child/parent attorneys for feedback on their experiences working with the Department to access SSA Benefits. Their feedback is listed below:

- Knowledge regarding SSA benefits is variable across social workers.
- Some social workers are not able to answer how the client receives their benefits.
- Some social workers do not know the amount of the benefit, who is receiving it, where the benefit is directed, and how the benefit is accounted for.
- When a child moves, there is a long delay for payment to follow the child. This presents a potential hardship for families who depend on the funds for supporting the child upon returning home. Social Workers were encouraged to strategize ahead of the reunification.
- Issues were raised regarding youth 17+ requiring guardianship/adult services:
    - Inconsistency about who is responsible for addressing this transition,
    - Delays in starting the process by DCF, and
    - Need for a better system for addressing the needs of children requiring a guardian as an adult.
- Some social workers assist with the Department of Developmental Disabilities' (DDS) Representative Payee application, while others list it as an item on the child's action plan (i.e., case plan).
- A conversation is warranted about keeping SSA benefits with parents vs. moving it around with the child.

The Department sees an opportunity for ongoing training for social workers around SSA benefits. Regarding the social workers knowing the monthly benefit amount, social workers can only access that information when an SSA application has been filed and representative payee status has been granted to the Department from the SSA. Delays in transferring benefits to a new representative payee when the child returns home or is placed in guardianship or adopted are a tied to the Social Security Administration processing timeframes and not DCF.

The Department maintains that it does support the transition to the new representative payee. Per DCF policy, the social worker provides information to the child's new custodian, or to the youth who is turning 18 (including those who are making plans to sustain Department connection), about how to apply to SSA to become the representative payee and encourages that individual to apply. In rare situations, when a young adult sustains Department connection, it may be in the best interest of the young adult for the Department to remain the representative payee.

We will continue to work through the AAMs and the 29 area office liaisons to provide guidance and ongoing training. In addition, the Department plans to update our SSA Benefits Overview Revenue e-Learnings videos to be accessed through MassAchieve.

MassHealth (MEDICAID)

As of 9/30/2022, approximately 9,656 (99.1%) of DCF children in care are enrolled in Medicaid. Federal law requires states to provide Medicaid for children in foster care. In Massachusetts, for children not already enrolled in Medicaid, at the time of placement the DCF social worker authorizes MassHealth/Medicaid in accordance with Department policy #89-004, Obtaining Medicaid. The social worker or other members of the clinical team ensures the following at the time of placement:

- Child has a supply of any necessary medications;
- Medical passport is provided to placement resource within 30 working days, and
- Applicable electronic case records screens are completed in order for child to obtain MassHealth (placement provider receives MassHealth and medical authorization cards).

DCF and MassHealth have been working to facilitate the continuation of Medicaid coverage to eligible young adults so that they do not experience a gap in coverage from "in placement" MassHealth to their adult Medicaid benefit (up to 26). DCF now employs medical social workers to assist with care coordination.

Medicaid Enrollment

In Massachusetts, young adults who reach the age of 18 in out of home placement are automatically enrolled in Medicaid and coverage does not disrupt once the case closes. State level legislation supports the ongoing collaboration between DCF and MassHealth to ensure any barriers to access are removed. The Department's Permanency Planning Policy requires young adults be educated about their health care coverage and provided with their MassHealth card prior to discharge from care. Life skills training curriculum includes discussing insurance coverage and continuation of Medicaid into adulthood as well as health care proxy information. The agency's 29 Medical Social Workers are versed on the policies and support this education through foster families and social workers.

Key highlights:

- Massachusetts Medicaid, also known as MassHealth, honors the "former foster care youth" coverage outlined in the Affordable Care Act (ACA), covering "former foster care youth" who are permanent residents of Massachusetts until the age of 26. The Affordable Care Act (ACA) outlines what criteria constitute a "former foster care youth" to make them eligible for this coverage. It is important to note that the terminology "former foster care youth" is a term outlined in the ACA.

- Massachusetts Medicaid (MassHealth) and DCF have partnered together to automatically pick up former foster care youth to prevent lapses in healthcare coverage.
- DCF sends a data report 1x per week (on Thursday) to MassHealth of all the transition-age youth who meet the criteria, and MassHealth picks them up for coverage.
- Youth who move, become residents of another state, no longer qualify for Massachusetts Medicaid (MassHealth) as they are not residents of Massachusetts.
- Not all states honor former foster care youth from other states. This does not mean that transition age youths do not qualify for Medicaid in the new state.
- Transitioned-age former foster youth can apply for Medicaid in the state they are now a permanent resident and qualify based on their income. They also can remain on their guardian/parents' insurance until the age of 26 (policy under the ACA) or pick up employer sponsored insurance through their place of employment.
- Youth attending college out-of-state but continue to be residents of Massachusetts will continue to receive MassHealth and can utilize this coverage when they travel back to Massachusetts. Adolescent outreach workers, however, encourage and support youth out-of-state at college to purchase college-sponsored student insurance as it is accepted in that state.
- The adolescent outreach workers routinely connect transition-age youth to our team of medical social workers/statewide medical social work specialists and/or they do a consultation with the medical social workers to come up with a clear plan for the youth to access insurance when out of state.
- For transition age youth who are "placed" in foster care via an Interstate Compact (ICPC), if they are Title IV-E eligible, they automatically are picked up for Medicaid coverage in the state they are living in up until the age of 18.
- For transition-age youth placed in kinship care via an ICPC, the kin caregiver can apply for Medicaid under a benefit known as "grantee relative benefit" for the transition-age youth as long as they are 18 and under.

Addressing Dental Challenges

The DCF medical team has responded to requests from field staff regarding MassHealth dental procedures for children in custody. The main issues of concern have been a need for implants for missing teeth and orthodonture. Often teeth have been lost because of injury or lack of dental care prior to coming into care. Of note, MassHealth does not cover implants for any population. In 2019 and 2020, DCF met with the Delta Dental Foundation and Wonderfund[1] to secure pro bono support for orthodonture for children in custody who were not eligible for these services from MassHealth. Discussions began just prior to the COVID-19 pandemic but were halted during the pandemic. As of March 2022, DCF restarted this work with Delta Dental foundation and MassHealth to find a solution. In addition, we are working with the MassHealth dental director to develop new criteria to evaluate requests for dental services for children in DCF custody who may have entered placement having experienced health inequities related to lack of previous dental care.

[1] A private non-profit organization that works on behalf of the 53,000 children engaged with the MA Department of Children & Families. The Wonderfund provides comfort and dignity to children in traumatic situations and enrich childhoods that have been impacted by abuse and neglect.

Massachusetts Medicaid Behavioral Health Redesign

In February 2021, The Massachusetts Executive Office of Health and Human Services (EOHHS) announced a four-year Roadmap for Behavioral Health Reform for transforming the Commonwealth's ambulatory services for mental health and substance use, referred to collectively as "behavioral health." The Commonwealth is investing more than $200 million dollars to support the multi-year rollout of the public sector components of the behavioral health redesign.

From Vision to Implementation (Jan-2023)

The Roadmap for Behavioral Health Reform helps people in Massachusetts get the mental health and substance use care they need, when and where they need it. Through a 24/7 Behavioral Health Help Line (BHHL) and statewide network of Community Behavioral Health Centers (CBHCs), the Roadmap connects people with supportive services right in their communities.

Together, the Roadmap programs form a "front door" to behavioral health care, making it easier than ever before for Massachusetts residents to access the mental health and substance use services they need.

Behavioral Health Help Line

The 24/7 Behavioral Health Help Line (BHHL) directly connects individuals and families to the full range of treatment services for mental health and substance use offered in Massachusetts. Anyone in Massachusetts can call, text, or chat at any time to receive individualized support, clinical assessment, and personalized treatment referrals.

Community Behavioral Health Centers

Community Behavioral Health Centers (CBHCs) are hubs of coordinated and integrated mental health and substance use disorder treatment for MassHealth members of all ages and all communities across the Commonwealth. The statewide network of CBHCs serves as an entryway to timely, high-quality, and accessible mental health and addiction treatment for Massachusetts residents. All 25 CBHCs are designated and funded by the Commonwealth and offer 24/7 mobile crisis services for any resident experiencing a mental health emergency, regardless of insurance or ability to pay. CBHCs also provide a wide range of routine services for MassHealth members, including individual and group therapy, recovery coaching, behavioral health urgent care, and prescribing for mental health and addiction treatment medication. Outpatient services are covered by MassHealth and some commercial insurers.

CBHCs provide the following services, in person and via telehealth:

- Same-day evaluation and access to treatment, with timely follow-up appointments
- Evening and weekend hours
- Behavioral health urgent care
- Evidence-based treatment for mental health conditions and substance use disorders, including clinical services and peer support services
- 24/7 community-based locations for crisis intervention, and mobile crisis teams
- Crisis stabilization beds

Insurance coverage for behavioral health needs can be life-changing support for families. Realizing the full potential of the support requires that families know about and can access the behavioral health treatments and that the treatments are effective in reducing symptoms of mental disorders and promoting well-being. As the availability of behavioral health crisis responding and treatment increases through the Behavioral Health Design Roadmap, the Department will develop processes for incorporating these new services, when appropriate and available, into action plans for families where behavioral health treatments can increase safety and reduce the risk for children and increase parenting capacity of caregivers.

**For more information on MassHealth and the Behavioral Health Redesign, see Item #29*

Massachusetts' Assessment on Federal Compliance with Systemic Factor VI – Agency Responsiveness to the Community, Item 32: Coordination of CFSP Services with Other Federal Programs

Based on our assessment of the information outlined above, the Department of Children and Families has demonstrated responsiveness to the community and achieved substantial conformity for item 32 within this systemic factor.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with state standards being applied equally?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

State Response:

CFSR Round 3 Performance: In the 2015 CFSR Round 3 review, Massachusetts received an overall rating of Area Needing Improvement for Item 33 based on information from the statewide assessment and stakeholder interviews.

- In the statewide assessment, Massachusetts described the state policies and processes for applying licensing standards at initial licensing and at reevaluation. Stakeholders reported that there were inconsistencies in how the standards are applied, particularly in the use of waivers for unrestricted family homes.

The Massachusetts DCF Foster and Adoptive Parent Licensing, Recruitment, and Retention system is functioning to ensure that state standards are applied equally to all licensed and approved foster homes statewide.

The Department's work is currently supported by a departmental foster care policy, Massachusetts Department of Early Education and Care (EEC) regulations and federal guidance, including the National Model Foster Care Licensing Standard. The MA DCF Family Resource Policy, Policy #2006-01, effective: 02/06/2006, was implemented by the Department of Children and Families (DCF or Department) in February of 2006 and revised in May 2021. The policy requires a multi-step process that the Department uses to assure the quality of its foster/pre-adoptive family resources and incorporates standards to ensure that children placed with foster/pre-adoptive families and in foster/pre-adoptive homes are provided quality services that protect their safety and health. The standards establish basic requirements regarding eligibility to apply as a foster/pre-adoptive parent; the physical characteristics of the home itself; and standards for the licensing of the family resource for placement of children by the Department.

Assuring Quality

The multi-step process that the Department uses to assure the quality of its foster/pre-adoptive family resources includes:

- **Recruitment/Identification:** The use of wide-ranging, family-centered and community-focused approaches for identifying families willing to participate in training and assessment in preparation for licensing as placements for children in the Department's care or custody. Approaches include: (1) efforts to identify prospective kin families from the children's own kinship, social and community networks; and (2) programs to recruit unrestricted families that involve statewide, regional and local multi-media advertising, toll-free telephone access, person-to-person contacts, recognition events, child-specific recruitment events, etc.
- **Initial Eligibility Screening:** The process of obtaining sufficient information regarding a prospective foster/pre-adoptive family/individual to determine whether the family/individual meets the Department's minimum standards for: (1) eligibility to apply, and (2) the home. The process includes at least one visit to the home.
- **Pre-Licensing Education, Support and Training Program:** The preparation of each prospective foster/pre-adoptive family through participation in the program specified for the type of licensing they are seeking, taking into consideration their previous experience and/or preparation and their individual training needs, particularly related to the needs of the children who are to be placed in their care.
- **Licensing Study:** The participation of each applicant in the completion of a comprehensive family assessment, the purpose of which is to determine that the family meets Department standards for licensing as a Department foster/pre-adoptive family.

- **Placement Support:** Various efforts undertaken by the Department to encourage and enable foster/pre-adoptive families to meet the needs of the children placed with them, including: provision of regular contact from a Department Social Worker that is relatively intensive during the probationary period, and the establishment of limits on the number of children the family may care for.
- **Annual Reassessments and License Renewal Studies:** Each foster/pre-adoptive family is reassessed annually. The reassessment completed every second year is called the "License Renewal Study," is conducted by the assigned Family Resource Worker (FRW), and includes additional steps required for renewal of the license.

Standards Review and Waivers

Policy provides clear guidelines for establishing standards for eligibility to apply and for licensing foster/pre-adoptive homes. These include:

- Standards for foster/pre-adoptive homes
- Enhanced Safety Assessment Guidelines
- Background Records Checks (BRC)
- Provision of assistance and waivers of physical requirements (for kinship homes only)
- Waivers for Placements of Children in Homes with Presumptively Disqualifying Dog Breeds and Other Potentially Dangerous Pets/Animals
- Emergency placement (kinship or child specific homes only)
- Maximum number of children in a foster/pre-adoptive home
- Waiver of participation in the Department-approved foster/pre-adoptive family pre-licensing training program:
    - due to previous participation, or
    - due to factors affecting participation.

Licensing

Massachusetts requires that all children in the custody of the Department be placed in licensed homes. Unrestricted (Unrelated) Foster, Pre-Adoptive, Relative (Kinship), and Child Specific homes undergo a standard licensure process, with exceptions noted below that promote Kinship and Child-Specific placements.

The steps in process for licensure of foster/pre-adoptive homes include: inquiry on the part of the prospective foster/pre-adoptive parent/s, initial eligibility screening through evaluation of eligibility standards (including eligibility to apply, physical standards for the home, and enhanced safety assessment), completion of Application A and B, pre-service training, comprehensive license study including assurance that all licensing standards are met, and approval. Homes are licensed following successful completion of this process. In 2023, the Department is implementing new licensing standards that align more closely with the National Model Standards for Foster Homes outlined in IM 19-01. The updated standards allow waivers for kinship homes in two circumstances 1) training (kinship caregivers are offered a kin-specific training) 2) square footage of a child's bedroom, permitting the bedroom to be 35 square feet instead of 50 square feet.

The Department also promotes Kinship placements by allowing children to be placed with a relative in an emergency situation prior to full approval. These placements are covered by a variance granted by the Department of Early Education and Childcare (EEC), the agency responsible licensing DCF as a placement agency. Requirements to allow placement with a relative prior to completion of the licensing process include compliance with all initial eligibility standards including BRC requirements, physical standards, and enhanced safety assessment requirements for the home. The relative home must meet preliminary standards for the child to be placed. A full license study must be completed within 40 working days. If a relative is not approved during the full licensed study, the child is removed. This activity is monitored for statewide consistency with the practice expectations in the Family Resource Policy by edits in the i-FamilyNet system which assure successful completion prior to placement activation; supervision and management requirements; and monthly reporting, specifically, Unapproved Homes with Active Placements report (DSSRP 171). This report is generated monthly and distributed to central, regional, and area office managers and family resource

managers and supervisors.

The Massachusetts Approach to Partnership in Parenting (MAPP) is the mandatory pre-service education program for people interested in fostering or adopting children in the custody of the Department. All prospective foster or adoptive parents are expected through MAPP to learn about DCF and the needs of children living in foster or adoptive families. The MAPP education program provides prospective foster parents with information and skill-building to effectively prepare them to parent children who need care. MAPP is designed to ensure foster parents have realistic expectations of the rewards and challenges of parenting a child through foster care or adoption. Continuous learning opportunities support foster parents' ongoing needs as they tackle the challenges and reap the rewards of watching children and families grow and develop.

In addition to requiring that all foster families licensed by the Department complete MAPP, since July 1,2006 all contracted intensive foster care agencies must use the MAPP curriculum and follow the DCF Family Resource Policy and regulations to support licensure of their foster homes. All homes are required to be trained (unrestricted, child-specific, and kinship). Kinship and Child-Specific families have the option to attend MAPP or to participate in a kinship-specific orientation, which offers tailored information pertinent to kinship caregivers in a condensed format either in a classroom-based setting (in-person or virtually) or one on one in their home with a Family Resource Social Worker.

Foster homes are reviewed annually and as needed to ensure that all policies and regulations are followed and that compliance issues are addressed, as needed. Data is compiled and provided regularly, from i-FamilyNet, to keep staff informed as to the status of foster homes, which helps to ensure policies and regulations regarding eligibility, licensing, and annual post licensing assessments are followed. Weekly metrics are provided to management staff regarding onboarding of new foster/pre-adoptive families, completion of licensing events and timeliness of completion, and timeliness of kinship licensing. All recruitment data is compiled and provided through our Salesforce software system. All data is provided via reports on a weekly, monthly, quarterly, or as needed basis. Data can be provided in real-time or for a specific time span. Reports include but are not limited to: Active Family Resources Report (DSSRP225), Family Resource Tool, and Family Resource Contacts Aging. These reports are distributed on a weekly/month schedule to central, regional, and area office staff.

Family Resource Waiver Approvals SFY2022

Applying the standards review according to policy guidelines, the Department identified foster/pre-adoptive homes in SFY2022 with potentially disqualifying conditions requiring further review. This could have occurred at initial review of a potential new home, annual reassessment, license renewal studies, or otherwise (e.g., addition of a new household member, babysitter, etc.).

- Item 33/Table 1 provides a summary of waiver requests submitted during SFY2022 by waiver type and foster home type.

Item 33/Table 1. Family Resource Waivers SFY2022 (07/01/2021 – 06/30/2022)

Standards Review / Waiver Type	Unrestricted Foster Home	Kinship / Child-Specific	Adoption /Subsidy	Intensive Foster Care	Out of State ICPC	Total
BRC	2,121	3,812	39	1,192	96	7,260
Employment	20	2	-	560	-	582
MAPP Equivalent Training (Out-of-State)	3	-	-	-	-	3
Overcapacity	198	44	-	147	-	389
Physical Standards	3	71	-	-	-	74
TOTALS	2,345	3,929	39	1,899	96	8,308

- Item 33/Table 2 provides a summary of waiver requests submitted during SFY2022 by waiver type and decision.

Item 33/Table 2. Family Resource Waivers by Type and Decision SFY2022 (07/01/2021 – 06/30/2022)

Waiver Type	Approved	Denied or Withdrawn	Pending	Total
BRC	6,976	278	6	7,260
Employment	581	-	1	582
MAPP Equivalent Training (Out-of-State)	3	-	-	3
Overcapacity	384	3	2	389
Physical Standards	73	1	-	74
TOTALS	8,017	282	9	8,308

- Item 33/Table 3 provides a summary of waiver requests submitted during SFY2022 by decision and foster home type.

Item 33/Table 3. Family Resource Waivers by Decision SFY2022 (07/01/2021 – 06/30/2022)

Waiver Decision		Unrestricted Foster Home	Kinship / Child-Specific	Adoption / Subsidy	Intensive Foster Care	Out of State ICPC	Total
Approved	Count	2,131	3,900	27	1,872	87	8,017
	Rate	90.9%	99.3%	69.2%	98.6%	90.6%	96.5%
Denied or Withdrawn	Count	213	29	12	19	9	282
	Rate	9.1%	0.7%	30.8%	1.0%	9.4%	3.4%
Pending	Count	1	-	-	8	-	9
	Rate	<.1%	0.0%	0.0%	0.4%	0.0%	0.1%
Total		2,345	3,929	39	1,899	96	8,308

Item 33/Table 4 is a summary of family resource data at the point-in-time.

ITEM 33/TABLE 4	STATEWIDE Family Resource Point-In-Time Applicant Count				
	1/1/2017	1/1/2019	1/1/2021	1/1/2022	1/1/2023
Approved Kinship/Child Specific Homes Point-In-Time Count	**1,812**	**2,222**	**2,024**	**1,989**	**1,882**
Applicant Kinship/Child Specific Homes Awaiting Licensure Point-In-Time Count	**1,126**	**616**	**695**	**686**	**659**
Total Kinship/Child Specific Homes Point-In-Time Count	**2,938**	**2,838**	**2,719**	**2,675**	**2,541**
% Kinship/Child Specific Applicant Homes Awaiting Licensure compared to point-in-time count on 1/1/2017	**100%**	**55%**	**62%**	**61%**	**59%**
Approved Kinship/Child Specific Homes with Active Placement (Child Age 0-5), Point-in-Time Count	**771**	**873**	**830**	**819**	**750**
Applicant Kinship/Child Specific Homes with Active Placement (Child Age 0-5) Awaiting Licensure Point-In-Time Count	**446**	**227**	**227**	**234**	**269**

Total Kinship/Child Specific Homes with Child in Placement (Child Age 0-5) Point-In-Time Count	**1,217**	**1,100**	**1,057**	**1,053**	**1,019**
% Kinship/Child Specific Homes with an Active Placement (Child Age 0-5) Awaiting Licensure compared to point-in-time count on 1/1/2017	**100%**	**51%**	**51%**	**52%**	**60%**
Approved Non-Kinship Type Homes, Point-In-Time Count	**2,013**	**2,289**	**2,197**	**2,203**	**2,137**
Applicant Non-Kinship Type Homes Awaiting Licensure, Point-In-Time Count	**315**	**419**	**381**	**381**	**319**
Total Non-Kinship Homes, Point-In-Time Count	**2,328**	**2,708**	**2,578**	**2,584**	**2,456**
% of Family Resource Applicants (Non-Kinship Type) Awaiting Licensure compared to point-in-time count on 1/1/2017	**100%**	**133%**	**121%**	**121%**	**101%**

DATA SOURCE: i-FamilyNet DATA RELIABILITY: complete/accurate/reliable

Policy specifies the timelines for data entry. Overall data is accurate and reliable. The i-FamilyNet system requires the user to enter data in order to progress to the next stage of licensing. The system automatically populates the post licensing assessment fields annually based on the date of the original license. Data is entered statewide, which provides the opportunity for every area office within the regions and state to receive the same data points. Our current data strength is the ability to provide area offices and regions with real time data that informs the daily work. An area for improvement is providing more support for staff around timelines of data entry. DCF utilizes management meetings to review the weekly metrics thereby encouraging responsible staff to address areas of concern. We also encourage staff to understand the data and how it can inform the work. We train staff how to examine reports and use them in their management and supervision. Our system provides very clear standards that are embedded in our policy and our regulations. We have levels of approval that ensure standards are being applied equally.

Stakeholder Feedback

Feedback from a focus group consisting of unrelated and contracted foster/adoptive parents indicated that the licensing process varied from three months to a year in duration. Stakeholders noted that the timing and availability of MAPP training as well as their family's schedule did affect the length of the process. Feedback from the Stakeholder Engagement Committee indicated that utilizing virtual platforms (i.e., Zoom, Webex, Teams) during the pandemic allowed for MAPP training to be more widely, efficiently, and conveniently provided without geographic limitations.

The Department of Children and Families offers that we have achieved substantial conformity for Item 33.

Item 34: Requirements for Criminal Background Checks

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the criminal background check process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 34: Requirements for Criminal Background Checks

State Response:

CFSR Round 3 Performance: In the June 2015 CFSR Round 3, Massachusetts received an overall rating of Area Needing Improvement for Item 34 based on information from the statewide assessment and stakeholder interviews.

- Information in the statewide assessment and collected during interviews with stakeholders provided information on the state's policy requiring foster and adoptive parents to complete criminal background checks prior to licensing. However, no data or information in the statewide assessment or obtained from stakeholders during interviews demonstrated that the policy was being implemented consistently statewide. The state was unable to provide data or information concerning provisions for addressing the safety of foster care and adoptive placements for children.

Massachusetts complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements. In addition, the Department's i-FamilyNet includes structured hard-stops which support the requirement of full background checks (CORI, SORI, DCF and fingerprints) as part of license study / caregiver assessment, which must be completed prior to issuance of license and placement for unrelated homes. At the time of initial application, including emergency placements and kin placements, i-FamilyNet requires completion of CORI, SORI and DCF history. Kinship fingerprints can occur post-placement, but the home is not licensed and placement is not eligible for Title IV-E until fingerprints are completed.

Massachusetts has a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

The Department has established a Background Record Check (BRC) Unit, which is comprised of 23 full time employees. The BRC Unit is responsible for completing BRCs on all foster and pre-adoptive applicants, including kinship foster homes. On average, the BRC Unit processes over 300 BRCs per week, related to foster and pre-adoptive homes. Specifically, BRC Analysts review / code criminal history to identify any criminal history, including lifetime or 5-year disqualifying crimes. The i-FamilyNet system requires the completion of a Standards Review for any findings. The Standards Review includes a multi-level approval process. Once the worker submits a Standards Review, an approval path is set dependent on the severity of the DCF history or criminal charge. It must first be approved by the supervisor, then Area Director or designee. If the charge/history warrants further review, it will be advanced to the Regional Director or designee, Assistant Commissioner, General Counsel, Deputy Commissioner and Commissioner. Please refer to the BRC policy link below for details. https://www.mass.gov/doc/background-record-check-policy/download

System (i-FamilyNet) requirements do not allow for licensure and placement of children in unrestricted homes without completion of full background checks. System (i-FamilyNet) requirements allow for placement with kin after completion of a limited background check which includes all requirements but fingerprinting. Fingerprinting must be completed before granting a license to the kinship home and before considering the placement IV-E eligible.

A clear strength is that BRCs, including fingerprint-based criminal history checks, are completed prior to placement for all unrelated homes. Background checks are generally completed within one business day or within minutes or hours for emergency kinship placements.

A standard report is run weekly on BRC data. The following snapshot (Item 34/Table 1) shows the number of pending BRCs by type of check and the number of days that the request has been pending as of 1/8/2023.

Item 34/Table 1.

Point-in-Time Pending BRC Requests-Aging Report (Business Days from Request Date through 1/8/2023)												
BRC Type	1-15 Business Days Pending	16-30 Business Days Pending	31-60 Business Days Pending	61-90 Business Days Pending	91-120 Business Days Pending	121-150 Business Days Pending	151-180 Business Days Pending	181-365 Business Days Pending	366+ Business Days Pending	Grand Total	Average Business Days Pending	Median Business Days Pending
Case Management	124	-	-	-	-	-	-	-	-	124	**0.95**	**1.00**
Intake BRC	202	-	-	-	-	-	-	-	-	202	**1.01**	**1.00**
Response BRC	55	-	-	-	-	-	-	-	-	55	**0.73**	**1.00**
Family Resource BRC	42	-	-	-	-	-	-	-	-	42	**1.02**	**1.00**
General BRC	3	-	-	-	-	-	-	-	-	3	**1.00**	**1.00**
Grand Total	**426**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**426**	**0.96**	**1.00**

As noted in Item 34/Table 2, on average 1,517 family resource BRCs were completed each month in SFY2022. The average and median time to completion was 1.7 days.

Item 34/Table 2. Family Resource BRCs Completed on Average per Month in SFY2022

	12 Month Average
Family Resource BRC - Count	1,517.0
Average Time to Completion	1.7 days
Median Time to Completion	1.7 days
BRC Results by Family Resource Participant	
- DCF History – Category 1 History	37.2 (2%)
- CORI – Lifetime or 5-year disqualification, Table A/B	122.8 (8%)
- Fingerprint – Table A/B	14.1 (1%)

Item 34/Table 3, shows that 94.3% of family resource BRCs requested in Jun-2022 were completed within 0-3 business days (99.5% within 0-7 business days).

Item 34/Table 3. Business Days to Complete Family Resource BRCs Requested in Jun-2022

0-3 Days	4-7 Days	8-14 Days	15-21 Days	22+ Days
94.3%	5.2%	0.3%	0.2%	0.1%

The background checks, review, and approval process, as well as the licensing requirements, provide a multi-leveled system for addressing the safety of foster care and adoptive placements for children.

An area for improvement is the clear need for increased access to fingerprinting sites and/or service times, as this would ease the burden on foster homes. This need was identified by both staff and external stakeholder participants from the Unrelated and Contracted Foster/Adoptive Parent Focus Group and Stakeholder Engagement Committee. The Department is working with the Massachusetts Executive Office of Public Safety and Security (EOPPS) to improve access to fingerprinting sites and/or service times.

DCF is developing new policy which will simplify the BRC approval path and provide guidance for consideration of racial equity concerns that may arise.

The Department of Children and Families offers that we have achieved substantial conformity for Item 34.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the ensuring a diversity of foster and adoptive parent homes?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 35: Diligent Recruitment of Foster and Adoptive Homes

State Response:

CFSR Round 3 Performance: In the June 2015 CFSR Round 3 review, Massachusetts received an overall rating of Area Needing Improvement for Item 35 based on information from the statewide assessment and stakeholder interviews.

- In the statewide assessment, Massachusetts described general recruitment efforts including the quarterly comparison of the race and ethnicity of resource caregivers with the population of children in need of care. The state did not provide data or information in the statewide assessment to demonstrate that the state's approach to diligent recruitment was adjusted based on data or that there was a functioning statewide recruitment plan. Stakeholders were also unable to provide this data or information.

The Department of Children and Families has designated 29 regional recruiters that focus on recruiting foster parents who are potential matches for the children who are entering care. DCF attempts to match according to the following criteria: race, ethnicity, religion, language, special needs, and keeping siblings together. There is a recruitment plan for each area office that specifies the needs and targets for that area office. This has ensured that as targeted recruitment efforts are needed, a plan can be initiated. There are currently statewide collaborative teams that are focusing on targeting specific areas of need, including recruiting resources for teenagers, youth identifying as LGBTQIA+, children with medical needs, siblings, bilingual homes (specifically Spanish as this is an area of need) and ethnic and racially diverse homes. These needs are highlighted in all of our recruitment efforts.

Over the past several years, DCF collaborated with a marketing and advertising agency, Issues Management Group (IMG), formerly Solomon McCown. IMG assisted DCF with the creation of the FosterMA and AdoptMA campaign which includes the logo and print development of recruitment and marketing materials. Our FosterMA / AdoptMA campaign has been shared statewide and has included digital billboards, social media advertising, materials for community tabling events, and advertising in various media outlets. IMG also included targeted recruitment efforts in areas of greater need across the state. IMG reported that in 2021 there were 8,597,653 impressions of FosterMA / AdoptMA ads, 1,726,832 video views and 1,087,696 videos viewed to completion.

Salesforce and i-FamilyNet data guide the work for recruitment. In reviewing the data, we can determine where the most "leads" (inquiries) come from and if they decide to move forward. The prospective family can then be advanced to the appropriate area or regional office. We can also track attendance at "campaigns (events) and the number of attendees that expressed interest in moving forward and accepted recruitment materials. Recruitment plans are created on a yearly basis and are updated as needed quarterly, to assess progress and outcomes. Data reports are accurate and reliable and provide a clear picture for recruitment efforts. Recruitment efforts do not always align with an applicant's timeline for applying to be a foster parent.

Feedback from staff and external stakeholders (i.e., Unrelated and Contracted Foster/Adoptive Parent Focus Group and Stakeholder Engagement Committee) indicate that prospective foster parents may need several touchpoints before they decide to apply to be a foster parent.

The next phase of planned data analysis will link campaign attendees who move forward in the process and to what extent their demographics and interests match the needs of our children in care.

During the timeframe of 7/1/2021 - 12/31/2022 the following data was collected:

Total Leads: 3,658

- Applying: 1,098
- Not Applying: 2,315
- Info Session Completed: 27
- In Progress: 197
- New: 21

Campaign Data

- Number of events statewide: 2,077
- Mass.gov- 1,382
- Community events- 605
- Another foster parent- 605
- Information sessions- 110
- Social media- 37
- Online Ad- 36
- Flyer/marketing materials- 30
- TV/radio 17
- Billboard/transit signs- 7
- Blank/other- 1,059

The Department has been using Salesforce for approximately two years. Salesforce was launched during the COVID-19 pandemic and, although it has great capacity for informing our work, we have yet to master the platform and maximize its full potential.

When we are recruiting foster parents, we are talking about permanency. Our focus is keeping families intact, whenever possible. We work with families to keep a child at home, but when that is not an option, our first focus is on placing a child with kin. If a child must be placed outside of their home, and a placement with kin cannot happen, we are always focused on keeping children connected with their families of origin and their community. We make concerted efforts statewide to place children with kin because research indicates that children and families do better when children are placed with kin.

DCF has made great strides and progress in diligent recruitment. At this time, the Department maintains that the requirements for Item 35 are fully satisfied.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

For this item, provide evidence that answers this question:
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify the percentage of all home study requests received to facilitate a permanent foster or adoptive care placement that are completed within 60 days.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the Interstate Compact on the Placement of Children process overall?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

MA response is on the next page.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

State Response:

CFSR Round 3 Performance: In the June 2015 CFSR Round 3 review, Massachusetts received an overall rating of Area Needing Improvement for Item 36 based on information from the statewide assessment and stakeholder interviews.

- In the statewide assessment, Massachusetts described its partnership with the Massachusetts Adoption Resource Exchange and its ability to access nationwide pre-adoptive resources through AdoptUSKids. Data in the statewide assessment documented that although timeliness has improved, a sizeable number of home studies requested by other states in order to place a child in a Massachusetts home are delayed beyond 60 days. Stakeholder interviews confirmed this information and reported that little information is available on the effectiveness of the state's use of cross-jurisdictional placements.

Massachusetts is a state-operated system with one governing body at our Central Office. Licensed foster and adoptive homes may be used by any area or regional office in the state and therefore, there are no jurisdictional issues effecting foster and adoptive parent licensing, recruitment, and retention system. This system enables the facilitation of statewide timely identification of adoptive or permanent placements for waiting children. In addition to our DCF offices, private adoption provider agencies are contracted to identify, train, and develop resource homes and are included in our recruitment and matching of children with families statewide. This public/private partnership and collaboration only benefits the children and families we serve. In addition to this process, DCF utilizes Accurint/Family Find to locate relatives as possible placements and connections for the children.

As indicated in Item 35, the use of the Salesforce database allows for tracking and the timely processing of caregiver assessment requests received well within 60 days. Salesforce allows for the direct assignment to the appropriate area or regional office. The completion of the home study/caregiver assessment typically is beyond 60 days as many families (other than kin) are required to attend the Massachusetts Approach to Partnership in Parenting 30-hour training program prior to licensure.

One of our contracted partners, the Massachusetts Adoption Resource Exchange (MARE), further enhances the recruitment and identification of approved resources both in state and out of state. All children in the care and custody of DCF with a goal of adoption, without an identified permanent/adoptive family, are required to be registered with MARE. The use of their photo listing, video snapshots, Heart Gallery, and other media outlets are effective tools enhancing the visibility and sharing of information regarding our children. In addition, MARE has a registry for approved families awaiting an adoptive placement. During the time period of 7/1/2021 to 12/15/2022, there were 1,861 new families registered. These families are both within Massachusetts and across the nation. There are currently 569 children registered with MARE. The database of children and the database of families are cross-referenced along datapoints to assist in the matching of children with potential families. Adoption Parties, recruitment events, matching events, and informational sessions are held on a regular basis statewide. Data is collected and reported regarding attendance at events and matches made through the various methods and events. Data is also collected regarding the utilization of the services provided by MARE.

A unique partnership between DCF, MARE, and Jordan's Furniture (a well-known statewide furniture store) has further leveraged our ability to educate the public of the need for permanent/adoptive homes for our children. This public/private/corporate partnership has proven to be an incredible recruitment tool. Jordan's Furniture hosts a digital Heart Gallery in their stores, hosts recruitment and matching events, and informational weekends staffed by DCF and our partner agencies in their uniquely themed stores. This partnership has been in effect for 25 years. Data are collected and reported regarding attendance at events and matches made

through the various events. While these data are valuable, the event's impact may not be fully captured. As an example:

> A family attending the event may demonstrate interest in a particular child, but they may ultimately prove not to be a good match. Later however, the same family may be successfully matched to another child. In this scenario, the event may not be "credited" for the successful match.

During the time period of 7/1/2021 to 12/15/2022, there were three Jordan's/DCF/MARE events attended by 301 families and 239 children.

This statewide approach minimizes gaps and maximizes collaboration.

Interstate Placements

In regard to Interstate Placements, the Massachusetts' state-based system continues to be an effective and efficient process for consistency and tracking. The i-FamilyNet system is utilized to enter and track all ICPC requests and progress. DCF is currently in the process of implementing the NEICE system to further facilitate efficiency. Our commitment to permanency drives our practice to be solution focused in overcoming any perceived barriers to interstate placements. DCF has developed a process to enter into agreements with private out of state agencies when needed if a prospective family is not affiliated with the public agency.

DCF's partnership with MARE is instrumental in the identification of prospective adoptive families from other states. MARE's online presence provides our children with visibility and opportunities. The Department also utilize AdoptUSKids for recruitment.

During the time period of 7/1/2021 to 6/30/2022, DCF placed 330 children in other states. DCF received 107 children from other states during that same time period. DCF also processed 244 requests from other states for home studies to be completed.

DCF can also track the number of home studies completed, approved and/or denied. Our database also includes structured data on the type of home, whether it was foster, relative, adoption and/or parent. We also track the requests made for interstate residential care services.

The tables below indicate the timeliness of the completion of home studies from 7/1/2021 to 12/31/2022. Of note, the COVID-19 pandemic and staffing challenges in all states have greatly impacted timeliness.

Massachusetts as the Sending State		
Days	Requested Studies	Percentage
0 - 30	98	11.8%
31 - 60	159	19.2%
More than 60	421	50.8%
In process	150	18.2%
Total	828	100%

Massachusetts as the Receiving State		
Days	Requested Studies	Percentage
0 - 30	42	13.9%
31 - 60	51	16.9%
More than 60	158	52.3%
In process	51	16.9%
Total	302	100%

Our ICPC unit also processes the private adoption requests both as the sending and receiving state. This data is also available.

Challenges

Some states and private agencies (out of state) only license foster homes and do not license their pre-adoptive homes. Massachusetts requires all homes to be licensed. This creates a barrier which delays the process. It is typically resolved by the family being licensed as a foster home through the state agency before placement can occur.

Some states complete a dual home study approval, both foster and adoption. Most states require the child to be in the pre-adoptive/foster home for at least 6 months before an adoption home study can be requested. Further significant challenges include the length of time some states take to license a foster home. It may take up to 9 months for a completed license study. These further delay permanency for the children.

ICPC also requests parent assessments from other states. There is variability across the states regarding this practice. Some states will not complete such requests and other states require a court order to process the request. Another barrier to permanency is the legal standing of fathers in regard to custody of their children. When placing children out of state with a father, Massachusetts law does not permit the Juvenile Court to grant permanent custody of the child to father. The father must petition the Probate Court for a grant of permanent custody that continues beyond a Care & Protection Petition. This further complicates and delays permanency.

In addition, since the pandemic, many states have struggled with staffing issues which creates delays in assignments and timelines.

Massachusetts does not fully meet Item 36 requirements as a sizeable number of home studies requested by other states in order to place a child in a Massachusetts home are delayed beyond 60 days.

Appendix: CFSR State Data Profile

The state data profile can be requested from the state or the Children's Bureau.