



MASSACHUSETTS DEPARTMENT OF
Children & Families
Supporting Children • Strengthening Families

Child and Family Services Plan

FY2010 –FY2014

Deval L. Patrick, Governor

Angelo McClain, Commissioner
Massachusetts Department of Social Services
24 Farnsworth Street Boston, MA 02210
Telephone (617) 748- 2000

Supporting Children : Strengthening Families



**Commonwealth of Massachusetts
Department of Children and Families**

Child and Family Services Plan

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Commonwealth of Massachusetts

Department of Children & Families

Title IV-B, Part I:
Stephanie Tubbs Jones Child Welfare Services Program

State Agency Authorized to Administer the Title IV-B Programs

The Massachusetts Department of Children and Families (“DCF”) is the state agency mandated to receive and respond to child abuse and neglect reports, and to provide an array of services to children and families across the Commonwealth. The primary mission of DCF is to protect children who have been abused or neglected in a family setting or by a caretaker. The Department seeks to ensure that each child has a safe, nurturing, permanent home, and to provide a range of preventive services to support and strengthen families with children at risk.

DCF, established by the Massachusetts Legislature in 1978, began serving children and families in July 1980. To fulfill its mission effectively on a local, community-based level, the Department is organized into six (6) regional offices, which oversee the day-to-day operations of twenty-nine (29) Area Offices and two (2) Patch Offices throughout the state. Leadership and administrative duties for the Department are guided by its Central Office, located in Boston.

DCF has an FY2009 operating budget of approximately \$810 million and a staff of more than 3,000, including approximately 300 DCF Area Office social work supervisors. Over 2,220 staff are direct service personnel including: social workers, adoption workers, family resource workers, and foster care reviewers. DCF provides services to over 40,000 families.

The Department has recently completed an initiative designed to institutionalize the core values that underlie its practice of child welfare, and to align its philosophy and structures in accord with those values. In charting this course, the Department standardized the logic of family-centered practice to each aspect of its work. This process required a fundamental rethinking of basic work processes and organization. Through a comprehensive and coherent process of institutional change, the Department is constantly revising the way it approaches child welfare work to reflect six (6) core practice values: Child-driven; Community-connected; Family-centered; Strengths-based; Committed to cultural diversity / cultural competency; and, Committed to continuous learning and improvement.

In 2008, the Department had a total of 45,184 cases, 8,729 (19%) of whom were children in placement. Commensurate with its mission to achieve permanency and catalyze positive outcomes for all children and youth, the Department is enthusiastic to continually develop and implement family-centered practices that result in greater youth connectivity to family, kin, and responsible stakeholders.

Overarching Goal

The Department of Children and Families is charged with protecting children from abuse and neglect and strengthening families. We believe every Massachusetts child deserves a permanent home that is free from abuse and neglect. Inspired by this commitment, our vision is to ensure the safety of children by strengthening families in a manner that gives them the best hope of nurturing their child’s growth and development into adulthood. As a result of DCF involvement, thousands of families are stronger and better prepared to protect and nurture their children.

Scope of our Work

In 2009, the Department will receive more than 75,000 reports of abuse and neglect that involve more than 100,000 children. On any given day, the Department serves more than 85,000 consumers (40,000 adults

and 45,000 children) in over 26,000 open cases. Of the 40,000 children served by the Department, more than 10,000 children, or 25%, are served in out-of-home placements.

Over the past two years, the Department has seen a 13% increase in the number of reports of abuse and neglect; this compares to an average annual growth of 2% during the preceding decade. The most notable increase among consumers has been with voluntary cases – specifically young adults ages 18 years or older who either have chosen to remain with, or returned to, the Department for care. In the past 5 years, the Department has seen a 100% increase in the number of young adults 18 years and older in our care. This number has grown from 800 in FY2004 to more than 1,600 youth today.

Strengthening the DCF Safety Net

The Department is committed to strengthening the quality of our operations and achieving better client outcomes. We are working to integrate industry innovations into our five key basic practices areas:

- Keeping children safe;
- Creating lifelong connections
- Ensuring well-being
- Community-connected care; and
- Effective Leadership

Keeping Children Safe

We have taken and continue to take steps to increase our effectiveness in keeping children safe:

- Research shows a correlation between frequency of worker contacts and better outcomes for children and families. Therefore, we continuously monitor workers' caseloads and implement measures to maintain the number of families assigned to workers at a ratio of 18:1.
- Our workers do a better job when they have access to the tools and supports they need. To ensure workers are equipped for their role, we:
 1. Send two social workers out on all emergency investigations;
 2. Improved practice for assessing safety and risk through implementing standardized safety and risk assessment tools;
 3. Made more digital cameras available to better-document abuse;
 4. Strengthened our core and advanced training;
 5. Reviewed the ratio of units per Area Program Manager, working to address imbalances in ratios;
 6. Expedited managerial and legal reviews to gain quicker access to children in cases where the family is unwilling to allow DCF access to children and
 7. Conduct Regional clinical reviews when there are 3 or more 51As in 3 months and Area clinical reviews when there are 3 or more in 12 months.
- We have created a Critical Incident Review Committee and a Risk Management Committee to ensure that we implement lessons learned from previous tragic situations. As a result of this work, we have implemented "Practice Challenge" guidance and protocols for the 12 most commonly difficult to manage situations.

- Data show that 55% of the most critical incidents of child abuse and neglect involve issues of substance abuse and domestic violence. Accordingly, we have enhanced clinical support and consultation with regard to domestic violence and substance abuse issues.
- We have strengthened our policies and practices governing the placement of children into foster care, creating greater management oversight and accountability.

Creating Lifelong Connections

We know that of equal importance to our safety objective is creating permanency for our children. We are doing a number of things to strengthen our efforts to assure that our children have lifelong connections:

- We have enhanced family involvement in service planning, including engaging fathers more frequently and effectively and involving youth 16 years old and over in permanency planning, giving them a greater voice in these important-changing decisions.
- The Massachusetts family reunification rate within 12 months is 77%, which is 2% above the established national standard.
- We have increased kinship placements, which now comprise 27% of foster placements.
- In FY08, 780 children were adopted. This year, the goal is to complete adoptions for more than 800 children. Last year we improved our timeliness to adoption within 24 months from 26% to 34%.
- We continue to make progress in achieving permanency through guardianships; this year, 543 guardianships have already been granted.

Ensuring Well-Being

We are engaged in a number of interagency partnerships to promote the well-being of our children:

- We have increased collaboration with the Department of Early Education and Care and the Legislature to enhance supportive child care, resulting in an additional 1,500 children being served.
- In collaboration with the Department of Public Health DCF received a \$2.5 M federal CAPTA grant for substance affected newborns, allowing us to provide enhanced case management services by family support specialists for 60 families where children are at risk of being removed.
- Last year, 435 youth graduated from high school, 82 youth achieved their GED, 41 youth graduated from college with a bachelor's degree and 25 graduated from post-secondary vocational training programs.
- To date, we have 601 confirmed youth who will be graduating this year:
 1. 27 youth with a Bachelors Degree
 2. 9 youth with Associates Degrees
 3. 21 youth with post-secondary vocational training certificates
 4. 440 youth with high school diplomas
 5. 104 with a GED
- We developed with the Department of Elementary and Secondary Education on-site resources at 26 schools across the Commonwealth to address social service needs that are impacting children's academic performance. This resource is supported with the resources of local community

organizations and state agencies in collaboration with school districts. Our Haverhill school program received national recognition.

- We have strengthened our medical and mental health services by adding 6 regional nurses and a child psychiatrist to our medical services team.
- We are working with Masshealth on an exciting project to establish a “medical home” model for DCF children.

Community-Connected Care

The Department’s inter-agency work involving: housing and homelessness, children’s behavioral health, substance abuse, mental health and domestic violence has provided for greater coordination of services and case management to ensure that our case practice is community connected, highlights include:

- Funding 22 Community Connections programs, which bring community providers, within DCF areas, together to address gaps in local resources.
- Four Patch sites (New Bedford, Boston, Athol, and Lawrence)- Patch programs locate DCF services along side other community services, making access easier for families while reducing their fears about working with DCF.
- DCF and Massachusetts Commission for the Deaf and Hard of Hearing formed a joint workgroup to address equal access needs of clients who are deaf. This workgroup identified linguistically and culturally appropriate services, and are working to ensure communication-accessible services in accordance with the Americans with Disabilities Act.

Effective Leadership

We are committed to doing what is necessary to strengthen all aspects of the Department’s operations to ensure the greatest degree of effectiveness using the most efficient approaches and processes.

- In recognition that parents know best how to strengthen their families, we have included family representatives on our three most senior decision-making groups within the Department. Family representatives are active members of the Department’s Senior Management; they provide valuable insight and recommendations on the direction the agency is headed.
- Casey Family Services has recognized Massachusetts as the only child welfare agency in the country to engage families at the highest levels within its agency. In addition, 52 youth are providing input to the Department as part of our Youth Advisory Board.
- Recognizing the importance of managing with data, we have implemented monthly and quarterly statistical reports to track key indicators and outcomes. These outcomes include those monitored by the Federal Department of Health and Human Services through its Child and Family Services Reviews.
- In order to identify opportunities for improvement, DCF engaged the Center for the Support of Families (CSF) from Silver Spring, Maryland to conduct an independent External Review, which required an assessment of current clinical case work practices and administrative oversight within the Department. The focus of the review was primarily on the Department’s goal of assuring the safety of children and families and evaluating our front-end practices, to determine if our practices

provide a solid foundation for achieving our safety goals. In its findings, CSF identified 18 practices that reflected solid case practice and identified 22 opportunities for DCF to strengthen its clinical case practice. We are pleased to report that greater than 80% of CSF's 22 recommendations will be addressed through implementing our Strategic Plan (details below).

- In June 2008, we launched a strategic planning process to develop a multi-year plan to develop strategies for improving operations and achieving better outcomes. As a result, we are implementing an integrated casework practice model that focuses on “differential response”, a nationally-recognized innovation which will allow DCF an alternative assessment engagement approach to the traditional child welfare investigation

Budget Challenges

Like many states, Massachusetts is mired in fiscal crisis. The Commonwealth had a \$3 billion deficit for FY2009 and projects a \$3 to \$4 billion deficit for FY2010, with a budget of \$28.2 billion. In FY2009, the state appropriated \$836 million for child welfare, \$7 million less than the projected need amount. Subsequent budget cuts have reduced the DCF total budget to \$816 million. In the face of adversity, DCF has upheld its commitment to children and families by adding 65 new social workers and ensuring that no programs experienced more than a 2% funding reduction. The Department has also ascertained the fiscal health of its providers to ensure that children and families are receiving the highest quality, most consistent, uninterrupted care possible. The recommended budget of \$810 million (inclusive of all sources) for fiscal year 2010 represents a \$25M million reduction from our fiscal year 2009 spending. Despite significant reductions in the budget in 2009, we've been able to:

- Maintain foster care reimbursement rates;
- Continue work to reduce caseloads;
- Safeguard community based services;
- Retain enough out of home placements to continue progress in reducing the number of youth “stuck” in hospitals;
- Continue our work to increase the number of adoptions and guardianships
- Preserve community-based and shelter services for families experiencing Domestic Violence
- Continue a significant portion of our „agency of last’ resort role within the system for families with youth with developmental and behavioral health needs, especially for youth needing out-of-home placement; and
- Maintain services to young adults over 18 years old.

As we plan for fiscal year 2010, and anticipate an increase of 3-5% in our caseloads, the Department is positioning itself to become more efficient with the available resources; we are actively engaged in re-evaluating our clinical, management, and administrative structures and processes, the programs and services we provide, and the populations we serve. We project the fiscal year 2010 reductions will potentially impact the Department in six major areas:

- **Increased caseloads** – we are currently managing caseloads within the 18:1 contractual requirement; given an increase in 51A reports, we expect continued upward pressure on caseloads.

- **More „stuck’ kids** – over the past 18 months the number of DCF „stuck kids’ has been reduced by more than 55% from 130 in May 2007 to 57 in November 2008; reduction of service capacity jeopardizes this progress.
- **Availability of Needed Services** – nearly all families with low service needs and many families with moderate service needs will be denied services or will be offered that are less than adequate.
- **Failure to fully comply with Child Welfare Legislation** – lack of funding will impair our ability to fully comply with the Act to Protect Children.
- **Inability to Implement OCA Recommendations** – implementing recommendations made by the Child Advocate as it relates to high profile situations may present a number of challenges.
- **Further Erosion of Foster Care Rates Compared to the USDA Index** – Currently, the Department is 16-23% below the USDA approved rates for foster care. The recently enacted Child Welfare legislation recommended, subject to appropriation, reimbursement of foster care rates equal to the USDA approved rates. Failure to address rates could result in legal action against the Commonwealth, and more importantly, difficulty in retaining current and recruiting new foster families. \$12M is needed to increase foster care rates to the USDA level; alternatively, \$6M would address half of the need in FY10, allowing for the remaining half to be addressed in subsequent years.

CFSR Results/PIP Coordination

The Department participated in the first round of Child and Family Service Reviews in July, 2001; as a result of this review a two-year Program Improvement Plan was prepared, with the Department committed to making major improvements in the State’s child and family services system. During this two-year period, child welfare staff, along with broad-based groups of stakeholders, were involved in a re-examination and redefinition of the mission, beliefs, policies and practices of DCF. In July, 2004 DCF submitted an amendment to its PIP to reflect more accurately the enhanced and expanded systems reform efforts being developed by the Department. DCF submitted a final PIP Report in February 2005. The ACF Boston Regional Office, in conjunction with Children’s Bureau staff, reviewed this final report and concluded that Massachusetts had successfully met its obligations under the PIP. During the PIP period, the State implemented major systemic change initiatives and demonstrated improvements in outcomes for children and families as confirmed by reductions in the levels of repeat maltreatment, re-entry into foster care and maltreatment of children while in care. The State also demonstrated improvements on measures of placement stability and the timely achievement of permanency through reunification within 12 months or adoption within 24 months of removal. Thus, DCF and its partners not only completed all required action steps leading to system change, but the State also met the negotiated level of improvement for each of the six national data standards. A PIP completion letter was received by Massachusetts on March 17, 2005.

The Round One PIP goals set a path for DCF to follow; although the PIP goals were successfully achieved at the end of the PIP period, the work of systems change did not end with the completion of the PIP.

In June, 2007, DCF participated in the second round of the Child and Family Services Reviews. Since that time, the Department has been working diligently on the required Program Improvement Plan (PIP) to design a PIP that will support the major systems changes happening within the Department.

The submission of the revised Massachusetts Program Improvement Plan (PIP) in March, 2009, brings to fruition an intensive process which integrated the Department's commitment to address the areas identified as needing improvement in the 2007 CFSR report through our strategic planning process. The development of the PIP built upon prior planning efforts and past successes in promoting our engagement with families, and organizing our work internally and with the provider community. Our strategic planning process to develop the PIP has provided an opportunity to affirm what has been working well, to integrate various initiatives into a cohesive practice approach, and ensure that our policies, practices, and resources are aligned to improve outcomes for children and families.

The PIP and the Department's strategic plan reaffirm the agency's dedication to reflect our Core Values in all aspects of our work. Those Core Values include *Child Driven, Family Centered, Strengths-based, Community – Connected, Committed to Diversity and Cultural Competence, and Committed to Continuous Learning and Improvement.*

Development of the PIP supported efforts to identify specific strategies related to achievement of these priority objectives as we addressed the specific areas identified as needing improvement in the 2007 CFSR report. Approval of the DCF PIP was received on October 22, 2009.

PIP STRATEGY SUMMARY AND TA PLAN

STATE: Massachusetts

DATE REVISION SUBMITTED: 03/20/09

PRIMARY STRATEGIES	KEY CONCERNS	TA RESOURCES NEEDED
1. Strengthen —from door” through implementation of extended screening and differential response.	Safety, repeat maltreatment, permanency, connection to parents	<ul style="list-style-type: none"> Participate in NCIC forums on Differential Response Arrange conference call with Theresa Costello and Joanne Lamb through NCOI
2. Strengthen assessment and service planning structures and processes.	Safety, repeat maltreatment, permanency, well-being	<ul style="list-style-type: none"> Assistance in locating other child welfare systems that have integrated a trauma-informed clinical framework into the SOC
3. Improve stability of children and families	Permanency, stability, Safety, Well-being	Assistance in identifying effective strategies for recruitment of culturally diverse foster homes, as well as specialized homes for adolescents.
4. Improve permanency outcomes through enhanced case planning and work with the Courts	Permanency, Safety, Connection with parents	Utilize National Resource Center on Legal and Judicial Issues.
5. Strengthen Continuous Quality Improvement structures and processes	Case Review System, Connection with Parents, Repeat Maltreatment, Permanency	TBD
6. Strengthen community engagement strategies to improve safety, service array and access to mental health and medical services	Safety, Service Array, mental health and medical services, geographic access	TBD



STRENGTHENING the SAFETY NET:

DCF's Strategic Plan for Action

April, 2009

Massachusetts Department of Children and Families

Supporting Children : Strengthening Families



Dear Child Welfare Community,

Massachusetts' child welfare system is in the midst of an exciting transformation. I hope that our community, public leaders, child advocates, and the Massachusetts child welfare community will embrace this strategic plan for increasing our capacity and ability to protect children and safely strengthen families. *Strengthening the Safety Net: DCF's Strategic Plan for Action* sets forth the Department's three year plan for pursuing thoughtfully considered strategies and powerful objectives.

The plan incorporates the Department's many strengths and nearly a decade of successful groundwork piloting a number of nationally-recognized innovations. *Strengthening the Safety Net* builds on these innovations.

***Strengthening the Safety Net*, unquestionably, is needed and is needed now. I personally feel compelled to stress the urgency. I meet youth across the Commonwealth who remind me that everyday is an important day in their lives and that there is an urgent need to strengthen the Commonwealth's child welfare response.**

My senior management team is already aligning our work across the Department to ensure the success of implementing this plan. We know that children and families cannot benefit from programs and ideas that are not implemented. Accordingly, we have embraced an approach that ensures successful implementation and sustainable positive change. Continued partnerships with our child welfare colleagues across the Commonwealth are essential to successfully moving forward.

Ultimately, ***Strengthening the Safety Net* aims to improve outcomes for children, families and communities by innovating child welfare practices in Massachusetts. Through thoughtful planning we have established a set of very specific objectives that better focuses our work on safely strengthening families. It is my hope that this strategic action plan will inspire you, the reader, to help advance Massachusetts' child welfare response for the children and families at risk.**

I thank staff throughout DCF for their participation and thoughtful input into this plan. I especially want to thank the Massachusetts child welfare community for your input, guidance, and encouragement. On behalf of the Department of Children and Families, I thank you and look forward to your active participation as together we make ***Strengthening the Safety Net* a reality.**

Sincerely,

Angelo McClain, Ph.D., LICSW
Commissioner, Massachusetts
Department of Children & Families

For many years, improving the Massachusetts child welfare system has been viewed as an intractable problem that would take a decade before significant progress could be achieved. But changes in other perceived intractable problems have happened more quickly than originally believed and improvements to the child welfare system can happen even sooner.

STRENGTHENING the Safety Net **DCF's Promise to Families**

Strengthening the Safety Net* is a comprehensive strategic action plan for DCF driven by the community, and our internal, imperative to find better ways to safely strengthen families.** The plan aims to assure implementation of strategies and approaches proven to prevent child abuse and neglect. ***Strengthening the Safety Net is the result of a six month planning process that involved over 900 individuals and creates powerful goals and integrates nationally-recognized innovation with our core practices to ensure that we are better able to protect and strengthen Massachusetts families.

Why Now?

This strategic action plan serves to clarify ***what we know*** – about protecting children and strengthening families – and ***what we must do*** to ensure that children are protected and families strengthened.

Why will this strategic action plan lead us to the right place? We have come together to affirm our dedication and commitment to improving outcomes for children and families. We have come to understand the value of examining our core practices and building upon our strengths with innovative approaches. We have identified action steps in a process that will guide our improvement efforts. We have established clear goals and specific strategies for monitoring our progress.

Strengthening the Safety Net calls on DCF to improve the lives of children and families by changing the way we do business. This requires that we broaden our approaches to our child protection work. Working in partnership with the Massachusetts child welfare community, the DCF strategic plan provides the roadmap to help DCF leaders to think differently, act differently and act together. The DCF safety net “big picture” approach helps DCF bring focus to our work of safely strengthening families.

Our Goal

Our overarching goal is to strengthen the DCF safety net across the Commonwealth and better focus and deploy our resources to ensure that we achieve our agency commitments as reflected in our priority outcomes. Over the next three years, the Department has committed to working to reduce the maltreatment of children by delivering the following priority outcomes:

- Safely Stabilizing and Preserving Families
- Safely Reunifying Families
- Safely Creating New Families

Achieving these outcomes is ambitious, but doable, because of the groundwork that has already been laid. We aim to achieve more than just successful execution of the strategic plan. We will build the infrastructure and cultural change to ensure that the agency is transformed into an ever-evolving entity that provides sustained long-term change. We seek to be clear in our stated objectives, yet also envision a **future Massachusetts child welfare community wherein family's achievements are unlimited** – beyond what we can currently imagine. Our dedication to strengthening the safety net is reflected in our vision, our mission, our core values and our agency commitments.

Our Commitment to Strengthening the Safety Net

OUR VISION



Children are supported and families strengthened through a sustained and resilient network of relationships that nurture their safety, permanency, and well-being within their local communities.

OUR MISSION

To promote the safety, permanency and well-being of children and families in their community through effective leadership, high quality practices, and innovative approaches.



OUR CORE VALUES



Child Driven Community – Connected
Family Centered Committed to Diversity & Cultural
Competence
Strength-based Committed to Continuous Learning

& Improvement

OUR COMMITMENTS

Safety

Children and families are free from risk of harm.

Permanency

Children and families experience permanency, including stability and lifelong connections.

Well-being

Children & families experience increased well-being.

Community-Connected

Children and families have supports and connections in their local community.

Effective Leadership

Effective leadership and management activities promote achievement of agency commitments.



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EXECUTIVE SUMMARY

Strengthening the Safety Net: DCF's Strategic Plan for Action sets forth the Department's commitment to ensuring that the core practices of the agency reflect our values and incorporate nationally recognized child welfare approaches to improve outcomes for children and families. Through this strategic plan the Department establishes the conceptual framework, the direction, and the action steps to guide our work over the next three years.

The strategic planning process built upon prior pilot efforts within Massachusetts and significant exploration of best practices across the national child welfare community. Those processes provided the foundation for concretizing the next generation of Massachusetts child welfare practice and bring to fruition a new DCF Integrated Casework Practice Model. This practice model seeks to improve agency core functions and to integrate innovative approaches.

Strengthening the Safety Net provides an overview of the strategic planning process, the results of that process, a description of the agency's commitments, and the specific action steps that will be undertaken to strengthen the Department of Children and Families. This strategic plan for action provides an opportunity for families, community partners, and the child welfare community to collaboratively engage in a commitment to realizing a vision for quality child protective services that support children and strengthen families.

The strategic plan outlines the Department's commitments to ***Safety, Permanency, Well-Being, Community-Connected Practices, and Effective Leadership***. A section on each of these commitments sets forth their importance to improving the quality of life for the children and families we serve, as well as the primary areas of focus that will enhance practices and support positive outcomes. The child welfare and management practices set forth in the strategic plan provide the framework through which the Department seeks to continually improve our work with children and families.

The action steps which will guide that work over the next three years are outlined in the strategic plan and more fully delineated in the Implementation Plan (***Appendix B***). The priority strategies for improving the Department's child welfare practices include:

1. **Strengthening the "Front Door"**
2. Strengthening Service Planning and Delivery Processes
3. Implementing the DCF Integrated Casework Practice Model
4. Aligning Agency Structures, Resources, And Core Functions
5. Strengthening Continuous Quality Improvement and Performance Management Structures and Processes
6. Strengthening Community Engagement and System of Care Development Strategies

This strategic plan also reflects the Department's dedication to engaging and empowering families as foundational and further recognizes that collaboration with the Massachusetts child welfare community is essential to improving the lives of children and families in the Commonwealth.

OVERVIEW OF STRATEGIC PLANNING PROCESS

The Department's strategic action plan for *Strengthening the Safety Net* affirms that our primary responsibility as an agency is to safely strengthen families. This plan strives to ensure that the work of the agency is directed to fulfilling that responsibility and embedding the following principles in the agency's clinical, managerial and systemic practices:

1. Our agency **Commitments** and **Core Values** provide the essential driving force for our policy, our practice, and our allocation of resources.
2. Our **dedication** to promoting the safety, permanency, well-being, and connection to community for each child and family is central to our work.
3. Our **engagement** approach with families provides an opportunity to affirm their strengths, to promote their safety and stability, and to foster their well-being and hope.
4. Our **collaboration** with community partners, providers and other state agencies establishes a foundation for working together to help improve the lives of children and families.
5. Our **focus on improving outcomes** for children and families reflects our individual and collective intention to ensure that our efforts bring about positive change for each child and family.
6. Our emphasis on **strengthening local delivery of services to more effectively support children and families** recognizes that children and families are sustained, grow and develop best through connections in their local communities.

Strengthening the Safety Net establishes a shared vision among DCF managers, supervisors, social workers, as well as providers and community partners to ensure that our common goal of safely strengthening families is achieved. The action steps set forth in this plan ground our focus in a set of priority activities designed to improve agency core practices and to incorporate nationally recognized innovative approaches.

For example, outcomes identified in the Massachusetts 2007 Federal Child and Family Services Review served as a foundational framework for the development of this strategic plan. Our agency commitments are aligned with these key outcomes and the strategic actions and priority activities focus our efforts in these areas. In addition, the development of this strategic plan built upon prior Department planning efforts and past successes in promoting our engagement with families, and re-organizing our work internally and with the provider community. The Strategic Planning process has provided an opportunity to affirm what has been working well, to integrate various initiatives into a cohesive practice approach, and ensure that our policies, practices, and resources are aligned to improve outcomes for children and families.

In June, 2008 five teams were convened to focus strategic planning on the agency commitments of Safety, Permanency, Well-being, Community Connected Care, and Effective Leadership. Each team had participation from DCF management, supervisory, and social worker staff, as well as family and community representatives. During July and August, teams identified key opportunities for improvement and recommend priority activities to achieve strategic objectives for each agency commitment area. The teams utilized a Continuous Quality Improvement (CQI) framework in answering the following three questions to develop their recommendations:

1. *What are the areas that require focus or improvement to achieve better results?*
2. *What factors contribute to the problem or need for improvement?*
3. *What activities should be prioritized to address root causes?*

Each team worked diligently, engaging in rich and comprehensive dialogue to develop their set of recommendations. Regional Forums and focus groups, involving nearly 900 internal and external participants, were conducted during October, November and December to review priority recommendations. Participants in the Regional Forums included birth families, foster families, staff and representatives from the legislature, law enforcement, schools, Courts, early child care and community

prevention programs. Their insights and perspectives have been incorporated into the Department's plan for *Strengthening the Safety Net*.

Through our Strategic Plan the Department affirms that our primary responsibility as an agency is to safely strengthen families. As part of the strategic planning process, DCF sought to succinctly capture this responsibility by creating a "tag line" that would appear on agency correspondence and documentation. Participants from across the agency were engaged in a process to create a tag line to serve as an ever-present reminder of our commitment to this responsibility. The Department's new tag line is **Supporting Children : Strengthening Families. Strengthening the Safety Net: DCF's Strategic Plan for Action** strives to ensure that the work of the agency is directed to fulfilling that responsibility.

The Department's strategic planning provided an opportunity to thoroughly examine our current activities and effectiveness in a comprehensive and inclusive process. This process was designed to assist the Department in affirming our agency core values and commitments, identifying specific opportunities for improvement, identifying existing strategies that were effectively supporting achievement of positive outcomes, and creating an action plan that would integrate and focus the Department's efforts over the next three years.

RESULTS OF THE STRATEGIC PLANNING PROCESS

Strengthening the Safety Net

The Department's commitment to *strengthening the safety net* is a reflection of our dedication to ensuring that each of our core practices engage and empower families to efficiently and effectively support achievement of their safety and permanency goals. Through collaborative efforts with the child welfare community and other community partners we will build a child protective framework that promotes early identification of children and families who may be at risk, and seeks to ensure that appropriate services are available to mitigate the risk of harm to children and to strengthen families.

Agency Commitments

During the strategic planning process, our agency goals were reframed as *Agency Commitments* and have provided the basis of our work. The intent in reframing "goals" as "commitments" is a deliberate affirmation that *Safety, Permanency, Well-being, Community-Connected Practices, and Effective Leadership* ground our work on a daily basis, rather than simply serving as aspirations.

Priority Outcomes

Through our strategic planning process, the Department established three priority outcomes to provide a unifying framework for our work on safety, permanency and well-being throughout the Department's involvement with a child and family. Together these three priority objectives provide the umbrella for safely strengthening families. Historically, in Massachusetts, as in many other jurisdictions, there has been a dynamic tension between addressing safety and achieving permanency. Through these objectives the Department has emphasized the importance of maintaining our focus on both *safety* and *permanency*, throughout the course of our involvement with families.

Our first priority is ***Safely Stabilizing and Preserving Families***, and failing that, our second priority is ***Safely Reunifying Families***, and failing that, our third priority is ***Safely Creating New Families***.

Our inclusion of language "failing that" is an affirmation that it is the Department's responsibility to diligently seek to improve core functions and incorporate innovative approaches to strengthen families, and not simply the inability of the family to provide a safe, stable, and nurturing environment for their children. If the Department is not able to sufficiently stabilize and therefore preserve a family, our next efforts must be directed to reunifying that family. If reunification is not possible, our responsibility is to ensure that the child has a "new family" that ensures lifelong connections and support.

Organizing Theme

The Strategic Plan Steering Committee identified a unifying “golden thread” in the recommendations of the Planning Teams. This organizing theme provided a framework for subsequent development of the major points of emphasis and priority activities of the strategic plan. The organizing theme for the Department’s strategic plan is “***Aligning policies, practices and resources to strengthen local delivery of services to more effectively strengthen families***”. This organizing theme affirms that all of our work must be directed to creating a system organized to strengthen families we serve.

Major Points of Emphasis

The major points of emphasis identified during our Strategic Planning process reflect core elements that need to be addressed in each of our agency commitments in order to achieve our priority outcomes. These points of emphasis include ***Practice, Management and Collaboration***. Our ***practice*** must be consistent and clearly communicated to staff, families, and the child welfare community. Our ***management*** must be focused on assuring that agency resources are aligned appropriately and maximized. Our effectiveness and efficiency are greatly enhanced through our ***collaboration*** with community partners, the child welfare community and other external stakeholders.

Priority Activities

The priority activities set forth in our plan for ***Strengthening the Safety Net*** establish the strategies we will be utilizing to achieve priority outcomes and agency commitments. These activities provide the focus for our efforts over the next three years and establish the “road map” for successful implementation of the strategic plan. The Department’s priority activities are:

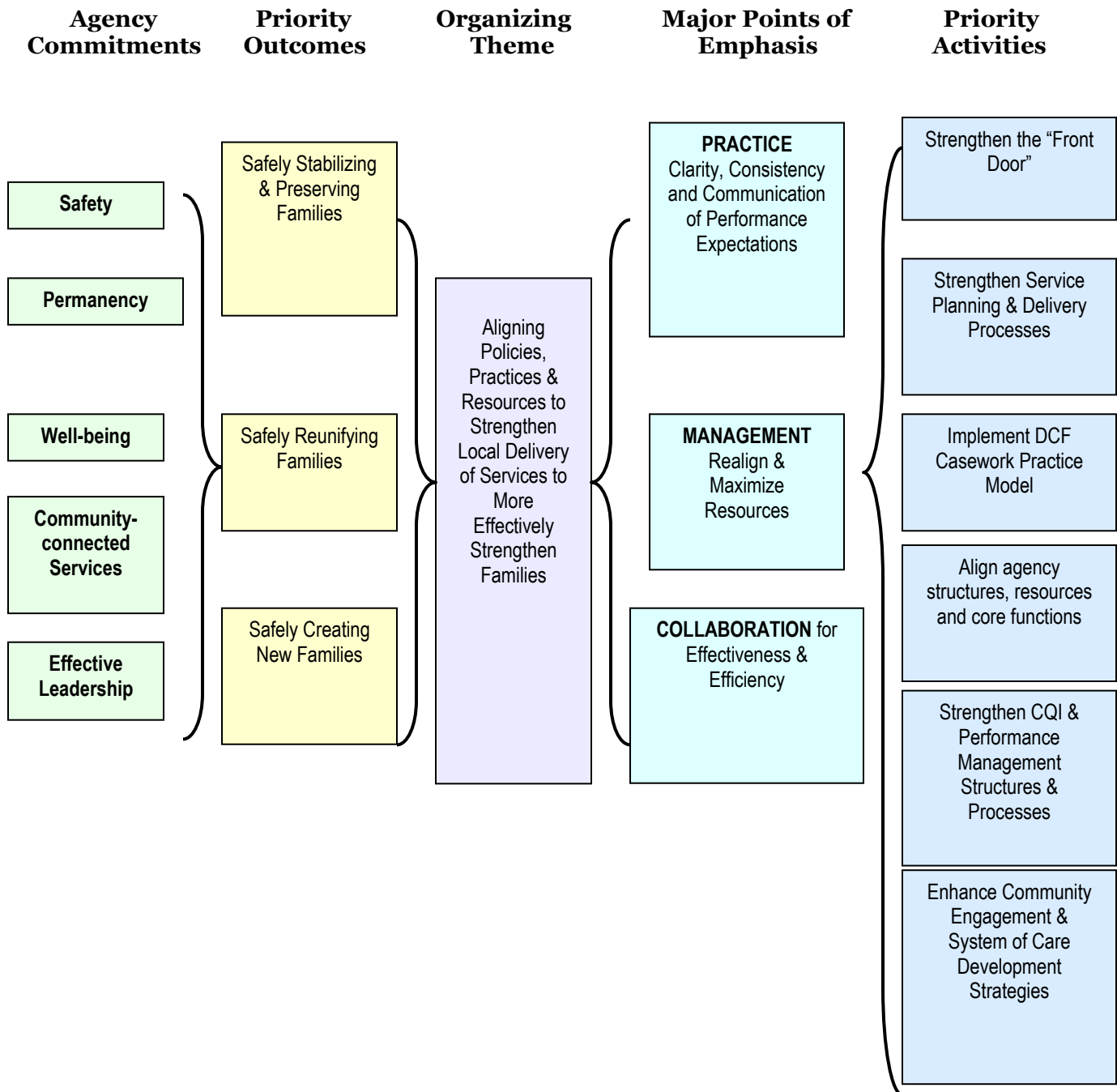
1. Strengthen the “Front Door”
2. Strengthen Service Planning and Delivery Processes
3. Implement a DCF Integrated Casework Practice Model
4. Align agency structures, resources, and core functions
5. Strengthen Continuous Quality Improvement and Performance Management processes
6. Strengthen Community Engagement and System of Care Development Strategies

Our Responsibility

Through our strategic plan the Department affirms that our primary responsibility as an agency is to safely strengthen families. As part of the strategic planning process, DCF sought to succinctly capture this responsibility by creating a “tag line” that would appear on agency correspondence and documentation. Participants from across the agency were engaged in a process to create a tag line to serve as an ever-present reminder of our commitment to this responsibility. The Department’s new tag line is ***Supporting Children : Strengthening Families***. ***Strengthening the Safety Net: DCF’s Strategic Plan for Action*** strives to ensure that the work of the agency is directed to fulfilling that responsibility.

STRENGTHENING THE SAFETY NET: AN INTEGRATION MAP

Safely Stabilizing & Preserving Families • Safely Reunifying Families • Safely Creating New Families



AGENCY COMMITMENTS

Strengthening the Safety Net: DCF's Strategic Plan for Action addresses each of our agency commitments related to Safety, Permanency, Well-being, Community Connected, and Effective Leadership. The following section provides information on the approaches we will utilize to address each commitment through implementation of priority activities. Recommendations from the strategic planning teams, as well as subsequent comment from internal and external stakeholders are reflected in the priority activities that are described in this section.

Safety

Agency Commitment: Children and families will be free from risk of harm.

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 who are experiencing risk of harm as a result of physical or sexual abuse, serious and ongoing neglect, or domestic violence deserve our attention, our compassion and our intervention.**

Research over the past several years 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. DCF has incorporated Andrew Turnell's, *Signs of Safety*, Structured Decision-Making and Safety Mapping** to ground our efforts in keeping our children safe. This approach encourages an emphasis on assessing the imminent safety and danger for a child and family, and identifying those factors/actions which may immediately restore safety and ameliorate risk of future 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 must all be vigilant to indications that a child or family may be in danger and collaboratively work together to address that risk. Only through our collective efforts will we be able to effectively reduce the occurrence of maltreatment.

At the center of DCF practice is our commitment to engaging and empowering children and families. That engagement is evidenced in our **process of identifying the child and family's strengths and assessing their needs**, in planning for services and supports, and in evaluating our shared responsibility to achieve positive outcomes. Actively engaging and empowering families is intended to help keep children and families safe, and to support their natural sources of love and nurturance in efforts to promote healthy functioning and development through consistent, stable family and community relationships that **contribute to a child's healthy physical, social, and emotional development.** Engaging families requires an understanding of their world view and life experiences, including significant traumatic events. Our capacity to understand the impact of that trauma and to make sound clinical decisions that incorporate trauma-informed approaches is necessary to effectively support children and strengthen families. Our willingness to remain mindful of the factors that promote resilience, enhance the development of parenting capacities, and support positive development will ensure that we continue to empower children and families to build upon their strengths and to promote their safety.

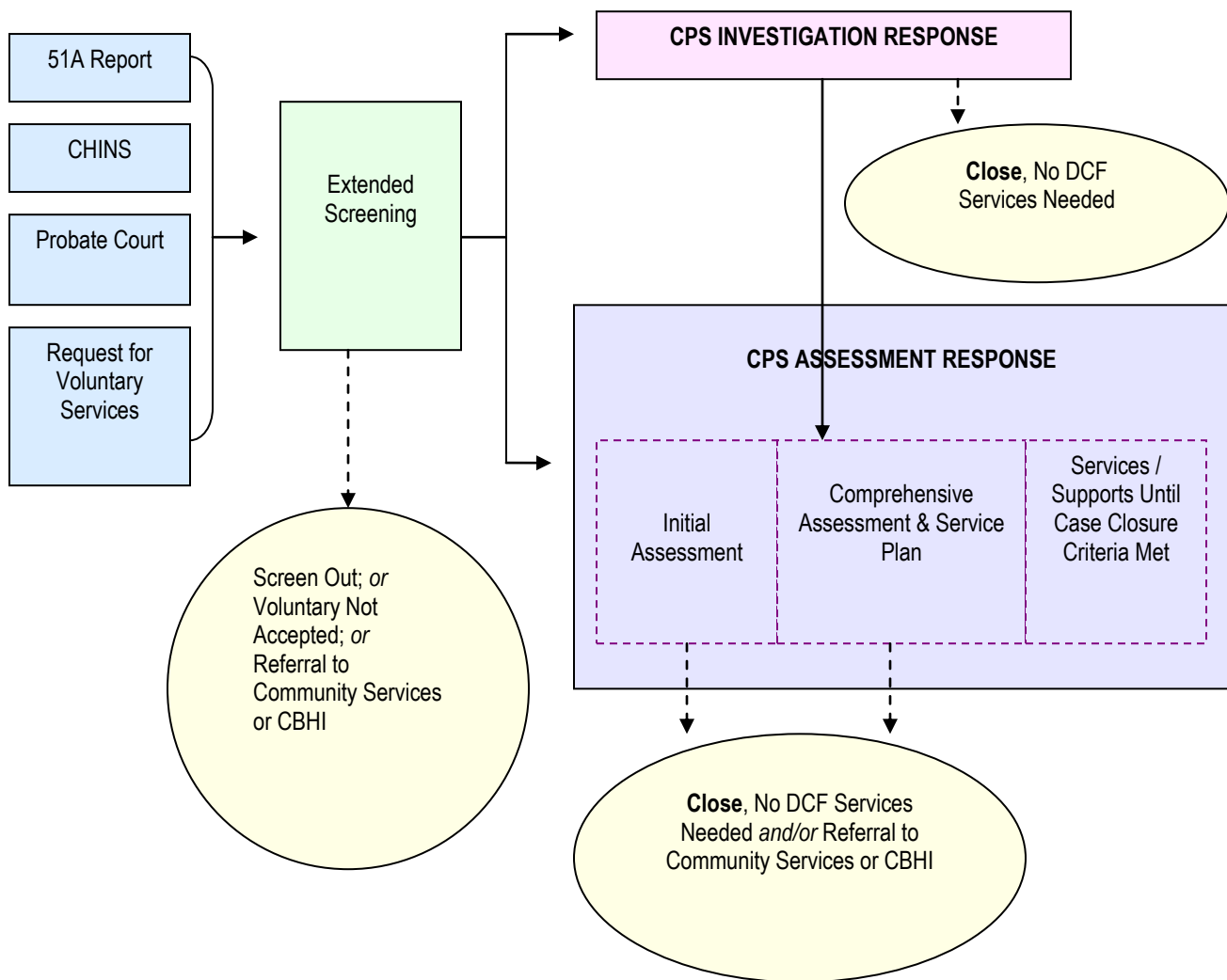
Development of a DCF Integrated Casework Practice Model

The next stage of development in our practice is to synthesize learning from the innovative approaches that have been piloted in Massachusetts and other jurisdictions around the country, and to integrate that learning into a consistent case practice approach. The development of a defined case practice model was one of the recommendations emanating from the 2007 CFSR report. A permanency framework grounded in trauma-informed and positive development approaches will guide the development of a **DCF Case Practice Model** as a priority focus for the coming year.

Core agency functions, and the services and supports provided to children and families are unified through the framework of a practice model. Values, principles, relationships, and techniques are integrated into a consistent approach in the delivery of services. Sound clinical judgment and effective decision-making are supported, resulting in greater consistency in the decisions that affect the lives of children and families. Specifically, the DCF practice model will describe:

1. **What we do** at each stage of involvement with a child and family (e.g., critical pathways, policies);
2. **How this work is done** (e.g., specific structures, processes, tools, protocols); and,
3. **Why the work is done** (e.g., the values and the outcomes to be achieved).

DCF Casework Practice Model



The new components of the DCF Integrated Casework Practice Model include extended screening, differential response, and integration of assessment functions into ongoing casework. Danger and Safety Assessment and Risk Assessment tools, as well as an Integrated Comprehensive Assessment and Service Plan are being developed to support clinical decision-making.

Extended Screening has been incorporated as a component of the new casework practice model. The purpose of extended screening is to determine how the Department can best target its initial response with each family. Increasing our contacts with collaterals during extended screening will provide information to enhance our capacity to make efficient and effective decisions about the next steps with the family. DCF will continue to respond within two hours in response to a report of serious concern determined to be an emergency. In non-emergency situations screening activities may be extended up to **three business days to gather additional information about the family's current circumstances and needs.**

Differential Response to an allegation of child abuse or neglect, a family's request for services, or referral from the Courts provides an **opportunity to tailor the Department's intervention to the needs of the child and family.** Not all situations require a child protective service investigative response. Through the differential response component of the new casework practice model, some families will be referred directly from screening to the CPS Assessment Response. An evaluation of Danger and Safety, as well as a Risk Assessment will be completed during the Initial Assessment phase of the CPS Assessment Response. Providing a differential response supports early identification of child and family needs and timely referral to required services.

Improving Safety and Reducing Repeat Maltreatment

Efforts to improve safety and reduce repeat maltreatment will be partly achieved through improving our capacity to assess safety and risk, and actively engaging and empowering families throughout our casework practices. Reducing the occurrence of repeat maltreatment is an important measure of our success in promoting the safety of children and families and a priority outcome for the federal Child and Family Services Review. The Department monitors repeat maltreatment on open and closed cases as a component of its performance management system. During 2008, an average of 2.8% of closed cases were re-opened within ninety (90) days as a result of reported maltreatment. The Department made significant progress on reducing repeat maltreatment in open cases during 2008, exceeding the target of 2.7% in nine of the twelve months.

The Department is implementing the following action steps to more effectively assess risk and reduce maltreatment.

1. Targeting our response to most efficiently and effectively meet the needs of children and families through implementation of the DCF Integrated Casework Practice Model
2. Implement standardized tools to support clinical decision-making through initial and comprehensive assessments
3. Increased collaboration with community partners, law enforcement, and the schools to identify additional strategies for reducing maltreatment and promoting the safety of children and families.
4. implementing Regional clinical reviews of cases where there have been 3 or more reports of maltreatment within three months or within twelve months

Social Worker Visits

Regular visits from social workers significantly improve positive safety and permanency outcomes for children and families. The Department has identified the following action steps to emphasize the **importance of social worker visits to a child and family's achievement of positive** outcomes regarding safety.

1. The DCF Casework Practice Manual and Departmental policies will incorporate guidance on practice expectations relative to social worker visits, including timeliness of visits and expectations regarding areas of attention and focus during visits.
2. The IT Governance Committee will identify and implement strategies for improving documentation of social worker visits in Family Net.
3. The Area Office Model will include expectations regarding management monitoring of this critical indicator.

Additional Areas of Focus

Promoting the safety of children and families requires a systemic approach. Additional activities to improve safety and reduce repeat maltreatment include expanded community engagement strategies and work with community partners. Strengthening our communication and involvement with schools, physicians, courts, mental health and substance abuse providers, and other community agencies will support early and ongoing efforts to reduce stressors that may lead to repeat maltreatment in families involved with DCF. The following areas of focus will be integrated into our efforts to improve safety outcomes.

- Training that is targeted across the agency for social workers, supervisors and management to support a commonly held framework of best case practice
- Supporting community connected practice that includes relationship building with DA's office, mandated reporters and police departments.
- Improving ties with the community, including schools, to reduce repeat maltreatment by preventing crises and supporting earlier responses.
- Sharing information and replicating effective practice about successful engagement of families to reduce repeat maltreatment.
- Disseminating learning from critical incidents and investigations regarding best case practices and opportunities for improvement.
- Supporting the critical role of supervisors in setting expectations and promoting quality case practice.
- Expanding communication and collaboration with collaterals during investigations and throughout our involvement with families to ensure independent verification of family perceptions.
- Empowering parents to have a real voice in decision making in family meetings at the outset of their involvement with DCF to support their executive functioning and accountability for reducing maltreatment.
- Establishing a practice approach and implementing structures/tools necessary to proactively support families in addressing factors that contribute to risk of harm, and thereby minimize the need for reactionary and crisis oriented responses.

Permanency

Agency Commitment: All children and families will experience permanency through stable living situations and lifelong familial commitments and connections.

Every child is entitled to a safe, secure, appropriate, and permanent home. Permanency is achieved when the child is living successfully in a family that the child, and parents, and other stakeholders believe will endure throughout their lifetime. Permanency includes stable parents and peers, continuous supportive relationships, and parental commitment and affection.

Any change in a child's living situation is disruptive of established relationships, the comforts of home, 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 has historically placed the emphasis for permanency on the processes of guardianship or adoption that begin after stabilization and reunification have failed. In the areas of adoption and guardianship, the Department has developed the expertise to effectively expedite those complicated legal and clinical processes. Our permanency focus during the coming year will be expanded to re-vitalize our efforts to ***stabilize and preserve families, or to reunify families***. This focus requires that the Department,

and our partners, include permanency as a central component of work at all junctures in working with a family. The responsibility for permanency starts at our initial contact with the family and continues throughout our involvement. It is the role of all staff to pursue permanency for families, regardless of the function to which a staff person is assigned.

Our work on improving permanency for DCF children and families is grounded in the following tenets.

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

The Department's efforts to achieve permanency include practices related to safely stabilizing and preserving families, safely reunifying families, safely creating new families, placement with kin, placement with siblings, support to older youth, and activities to improve stability of placement.

Safely Stabilizing and Preserving Families

A primary focus for practice improvement to promote permanency is to safely strengthen and preserve families. **Our attention to sustaining permanency within the child's own family must be our priority.** In 2008, there was consistent improvement in maintaining children at home with their parents. Through our strategic planning process, the Department identified a number of strategies specifically focused on continuing to improve our effectiveness in safely stabilizing and preserving families.

Specific activities to support this improvement include:

1. Enhanced focus on permanency at the outset of our involvement with a family during screening and initial response.
2. Implementation of extended screening and alternative response, along with the safety and risk assessment tools, to promote more efficient and effective identification of service needs and improve the timeliness of delivery of those services.
3. **Early identification of a broader range of supports within the family's natural sources of support** will benefit our ability to safely stabilize and preserve families during the initial stages of our involvement.
4. Enhanced assessment and service planning processes to support development of a plan focused on establishing and achieving a permanency goal for the family.
5. Enhancing our community connections provides additional opportunities to ensure that the family has access locally to necessary services and supports.

Safely Reunifying Families

Reunification of families in a timely manner is a priority when it has been necessary to remove a child from their home to ensure their safety. Efforts to reunify families are focused on strengthening parenting capacities and improving communication between parents and children. Maintaining a close connection through phone calls and regular visits with parents and siblings during the time a child is in an out of home placement is important to achieving timely reunification. A trend analysis of reunification rates over the past five years indicates a positive trend in achieving timely reunification of children with their family.

Safely Creating New Families

Children deserve to be part of a loving and nurturing family. When our efforts to safely stabilize and preserve or reunify families have not been successful, the Department is committed to identifying and finalizing adoption or guardianship for children to ensure a permanent connection with a new family. It is important that these connections be established in as timely a manner as possible. Our efforts to improve permanency by *Safely Creating New Families* when necessary will be enhanced through the implementation of the following activities:

1. Early and ongoing efforts to identify guardianship and adoption resources known to the family
2. Targeted efforts with specific Courts to improve the timeliness of scheduling permanency hearings
3. Restructure Foster Care Review processes to strengthen focus on timely achievement of permanency goals.
4. Enhance casework practices to focus on concurrent planning to achieve timely permanency.

Placement with Kin

When children are unable to remain in their home because of safety concerns, placement with kin is a preferred placement option. Several of our priority activities are expected to sustain past successes and further increase the percent of children who are placed with kin. As a component of our new model for extended screening and differential response, social workers will be engaging families during their initial contacts to identify kin who would be a placement alternative should out of home placement become necessary. This early identification of kin who are available to provide familial connections will support ongoing efforts to stabilize families and provide familial permanency options if biological parents are unable to care for children. Another important strategy is the adaptation of our Family Net system to include a more efficient and effective location for documenting the necessary identifying information on kin.

Placement with Siblings

Home removal can be one of the most traumatic events a child experiences. Placement with their siblings can significantly ameliorate this trauma. Inclusion of the traumatic impact of home removal and the **mitigating effect of being placed with siblings is incorporated into the Department's training on trauma** informed approaches and will be integrated into the *DCF Practice Manual*. The new DCF Casework Practice Model will establish practice expectations for identification of placement alternatives where siblings may be placed together.

Older Youth

Our commitment to providing the skills and supports required by older youth as they transition into adulthood is also a priority. Our goal is to assist older youth in building the capacities necessary to live safely, to function successfully following services, and have available connections that sustain and support them throughout their life.

A central component of efforts to meet the needs of older youth is identifying, establishing, and sustaining lifelong familial commitments and connections for these young adults that are expected to be a source of enduring support. In those instances when a youth has no family with whom to maintain a **connection, alternative "familial" connections must be identified and supported.**

Specific activities to support casework practice relative to older youth include:

1. Provide guidance in the DCF Casework Practice Manual on preserving familial connections for older youth and identification of new connections.
2. Strengthen Foster Care Reviews to focus on establishing and achieving permanency goals.
3. Dissemination of best practice strategies for connecting older youth to community supports.

4. Continuing to identify strategies to support education and work goals of older youth.

Stability

Stability of children who are in out-of-home care is also an important indicator of our efforts to achieve **permanency for children and families**. **Multiple moves disrupt a child's ability to maintain connections** with family and/or to develop the connections they need for positive emotional, social growth. Instability in placement also significantly impacts **a child's educational achievement**. **Research has shown that the** more frequently a child moves subsequent to a home removal, the longer it is before they are able to return home and the less likely they are to progress in their education.

To further support stability as a priority area of focus, it has been included as a primary performance indicator on our provider profile Score Cards for congregate care and Intensive Foster Care providers. Provider profile Score Cards are expected to be implemented in 2009. Expectations regarding review of provider performance will be incorporated into the DCF Area Office Model.

Additional Areas of Focus

The following activities will further enhance achievement of positive permanency outcomes.

1. Enhanced assessment, service planning and case review processes to support the focus on **permanency through close monitoring of the family's capacity to remain together or to achieve reunification**
2. Development of models for engagement and empowerment of family in service planning.
3. **Continued collaboration on the development of the Children's Behavioral Health Initiative** to support access for DCF children and families to behavioral health and mental health services that **facilitate a family's capacity for preservation**.

WELL-BEING

Agency Commitment: All children and families will experience increased well-being.

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 their quality of life. The **Department's focus on well-being** will assist families to identify and develop the skills and connections 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 their ability to function as a unit in its home and community with satisfaction and enjoyment. A child's well being is reflected in the ability to function successfully in home, school, and the community with satisfaction and enjoyment. A child's well being is dependent** upon physical health; behavioral health and; social, emotional and educational needs being met. The **family's well-being** is enhanced through their ability to function independently, without the support of the formal system. Every child and family deserves 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 **Department's efforts to improve** the well-being of children and families are focused in the following areas:

- Families are engaged and empowered in the identification of needs, strengths, and services
- A Casework Practice Model that is trauma informed, incorporates Positive Youth Development approaches and addresses domestic violence, substance abuse and mental health.
- Educational services and achievement of educational/vocational goals are promoted
- **Children's relationship with their father is actively supported.**
- The cultural identity of child and family is recognized and supported, and disproportionality is reduced.

Family Engagement and Empowerment

Actively engaging children and families in the safety planning, assessment and service planning processes is critical to achieving safety, permanency and well-being. Success in the provision of services often depends on the quality and durability of relationships between those receiving services and those providing the services. This means that pro-active efforts must be taken by those involved in the provision of services to reach out to children and families, to engage them meaningfully, and empower them in all aspects of the service process. Our efforts must be diligent and ongoing to build and maintain rapport and trusting relationships, and then to thoughtfully conclude our involvement when conditions for family independence and safe case closure are achieved.

Engagement and empowerment strategies are intended to build a mutually beneficial partnership with the child, family, and/or others that sustain their commitment until goals are achieved. DCF has undertaken a number of initiatives to improve the involvement of families, including training on family-centered practices, increased expectations for family team meetings, and increased family participation in foster care reviews. In FY08 the Department established performance specifications relative to family team meetings in contracts with Lead Agencies.

The Department continues this emphasis in activities designed to provide the structures and processes **necessary to ensure that the family's voice is present throughout their involvement with DCF. The DCF Casework Practice Model promotes respectful interactions with a family, consistently incorporating approaches that build on the family's strengths and support their safety. These approaches begin when we first meet a family, continue as we plan and deliver services, and are integrated into the decision to end DCF's involvement with the child and family. Revisions to the assessment and service planning process ensures a more strengths-based approach and inclusion of tasks that support the family's understanding of the changes needed to achieve permanency.**

Education

The 2007 CFSR noted education as an area of strength for the Department. **The Department's** collaboration with schools and the attention to ensuring that children receive appropriate educational services were commended. Our continued efforts to maintain this as an area of strength is an acknowledgement of the fundamental **importance of education to the child's sense of well-being. A child's** education is critical to their healthy growth and development. The Department proactively works with teachers and school departments to ensure that children in our care or custody are receiving appropriate educational services and making progress toward achievement of educational or vocational goals.

To further support continued focus on education for DCF youth, academic achievement has been included as a key indicator to be monitored on a quarterly basis through the provider performance management system being implemented during 2009.

Connection with Fathers

A child's well-being is enhanced when a positive and ongoing connection with their fathers is maintained. The Department has placed substantial emphasis on improving our capacity to engage fathers in the lives of their children and to seeking out paternal kin to provide support to children when their fathers are not, or cannot be, a positive influence in their lives.

Strategies to improve connection with fathers include: incorporating specific guidance on maintaining connection with fathers in the **DCF Casework Practice Manual**, increased emphasis on documentation of the efforts to connect children with fathers, and improved technology to support that documentation.

Cultural Identity

The Department recognizes the importance of culture and a child and family's racial and ethnic identity as fundamental to their well-being. A child and family's cultural identity is an important aspect of their sense of self and connection to community. The Department's commitment to recognizing, respecting and supporting the cultural identity of children and families is reflected in the agency's core values. The diversity and cultural competence of our staff is critical to our ability to understand and value the cultural identity and traditions of our children and families. DCF has increased efforts to recruit and retain a workforce that is reflective of the children and families we serve. Currently twenty-eight (28%) percent of DCF staff are minorities.

In June 2008 the Department engaged in a self-assessment survey to identify opportunities for improving our diversity and cultural competence. The agency has established a Diversity Plan and each Area Office across the state is developing an action plan to improve their capacity to support the cultural identity and connection to community for the diverse populations they serve. Targeted efforts to improve recruitment of foster and adoptive families of color will be addressed through the development and implementation of these Area plans. Through the implementation of these action plans, the Department continues to prioritize efforts to more effectively promote well-being by affirming and valuing the cultural, ethnic and racial identities of children and families.

Disproportionality

The Department is committed to recognizing and reducing disproportionality in our intake, investigation, assessment, and ongoing casework practices. Disproportionality has been an important area of focus nationally, as well as in Massachusetts, over the past several years. Specifically, we are committed to ensuring that children of color are not disproportionately placed out of their homes, reunified at a slower rate than white children, and that no family experiences differences in the our decision-making regarding safety or risk as a result of their racial, cultural, or ethnic identity.

Nationally, the rates of African American children in out of home care are significantly higher than White children. An analysis of data from the National Data Archive on Child Abuse and Neglect conducted by Casey Family Programs found that in 2006, only eight (8) states had a rate per thousand of 8.3 or greater for White children in out of home care. However, forty-four (44) states had a rate per thousand of 8.3 or greater for African American children in out of home care.

The Department has conducted a number of analyses to assess whether our practices contribute to disproportionality in our work with children and families.

Foster care rates per 1,000 children in Massachusetts are shown in the following Table.

White	African American	Hispanic/Latino	American Indian/Alaskan Native
5.3	17.9	16.6	5.0

African American and Hispanic/Latino children are more likely to be placed outside of their home. The Department's efforts to stabilize and preserve families will incorporate specific strategies to ensure that culturally appropriate services are available in the community to support families of color.

An Index of Disproportionality is reflected in the following Table. This data indicates that an African American child is 3.4 times more likely to enter foster care than a white child, that a Hispanic child is 3.1 times more likely to enter foster care.

African American	Hispanic/ Latino	Native American/ Alaskan Native
3.4x	3.1x	0.9x

We also know that children of color are reunified with their families at a much lower rate than white children, and further analysis is needed to understand the factors that contribute to the disproportional reunification rate.

The following strategies support the Department's efforts to reduce disproportionality.

1. Use of standardized Danger and Safety Assessment and Risk Assessment tools
2. Increase use of data stratification by race/ethnicity in reporting to closely monitor disproportionality
3. Improve data quality and integrity to ensure accurate information on the race and ethnicity of the children and families we serve
4. Establish outcome targets and monitor the effectiveness of our efforts to reduce disproportionality

COMMUNITY-CONNECTED PRACTICE

Agency Commitment: Children and families have connections and supports in their local community.

Our commitment to community connected practice is grounded in the knowledge that the safety, permanency and well-being of children and families is significantly enhanced when they have connections and supports within their local community. Every effort with children is directed to maintaining them in their homes, and when that is not possible because of safety concerns, we strive to keep them with kin or in the community where they have familiar surroundings.

Parents need meaningful connections with family members, friends, neighbors, and others in their community to support their parenting ambitions and efforts. Family members and social networks provide caregivers with important supports, knowledge, linkages, and opportunities. In our work with families, we assist them in maintaining, or identifying and sustaining a network of social connections and informal supports in their local community.

The commitment to community connected practice also supports the Department's efforts to address indicators related to reducing maltreatment, maintaining children in their homes, and preserving connections for youth and families. Through our efforts to improve connections to community services, the Department seeks to improve accessibility to families and children across the state.

Community Engagement

Services and supports provided by DCF are most effective when we collaborate with community partners. The Department has a unique and vital role in the community, and the shared responsibility between communities, local institutions, organizations and government agencies further enhances supports to families and keep children safe. The Department must be culturally sensitive to community diversity. Our work with community groups and organizations helps to build a common understanding of roles and responsibilities and effectively communicates how communities can help local families before, during and after DCF involvement.

The Department's prior efforts to promote greater connection to communities are evidenced in the following ways:

- Area Boards and CQI activities that have involved family and community partnerships;
- Four (4) Patch programs that embed DCF functions within a community site;
- Family Advocates who have provided additional guidance and support to families;
- Community Connections Coalitions that serve as focal points for communities in twenty-two (22) Area Offices;
- School liaisons and diversion program initiated in 6 Area Offices offer examples of promising practices.

Utilizing lessons learned from these efforts and building upon existing initiatives, the Department has incorporated priority activities into the strategic plan that continue to improve our linkage to communities in which our children and families reside.

Action Steps

The following action steps have been affirmed through the Department's strategic planning process.

1. **Clearly define "community connected practice" in the DCF Practice Model**
2. Establish expectations for connection to local communities in DCF Area Office Model
3. Enhance access to community-based services
4. Strengthen local Area Boards and establish a Statewide Advisory Council
5. Ensure DCF is an effective partner in cross-agency system of care development, especially the **Children's Behavioral Health Initiative**

Through these activities the Department will strengthen our capacity to support community-connections for our children and families.

EFFECTIVE LEADERSHIP

Agency Commitment: Effective leadership and management activities promote achievement of agency commitments.

DCF has established Effective Leadership as an agency commitment to affirm to children and families, to our staff, to our community partners, and other key stakeholders that the agency will be diligent in the administration and management of the agency. This commitment recognizes the fundamental importance of assuring that all agency resources must be structured, organized, aligned, and monitored to ensure that we are effectively meeting our stated goals. Appropriately aligning and maximizing resources provides a foundation for promoting the stability of the system and access to critical services. The capacity to focus on our mission, vision, values is a direct result of the effectiveness of our leadership and management. Vigilant monitoring is fundamental to achieving outcomes that reflect positive improvements in the lives of the children and families we serve. DCF staff must be supported in their work and have the skills necessary to perform their duties.

The following components of Effective Leadership provide the foundation for the action steps which follow.

Optimal communication enhances consistency in practice and services.

- A consistent system for communicating with staff, family and the community.
- Communication from leadership inspires respects and supports staff, and clarifies agency mission and values.
- Communication strategies that ensure opportunities for dialogue with field staff.
- Technology supports effective communication, including video newsletters and video conferencing.

Family and community representatives are engaged in administrative and quality improvement activities.

- Family and community partners should be included in all facets of department operations.
- Family involvement is nurtured and supported.
- Meetings are scheduled at times convenient for family and community representatives.
- Area Boards include participation of family and community members.
- Structures and processes exist for families to resolve disagreements with the Department.
- Transparency and openness to input is evident in Department operations.

Clear, consistent and updated case practice policies support staff in effective, efficient delivery of services.

- Casework policy development is streamlined and inclusive of input from all levels of the agency and community/family partners.
- Case practice policies are easily accessible to DCF staff and the public.
- DCF policies are aligned with agency core values and new casework practice models.
- Policy development is coordinated and implementation across agency divisions.

Professional development opportunities strengthen the capacity of DCF staff and the provider community to meet the needs of children and families.

- A culture of learning and professional development is supported.
- Professional development is a requirement for staff at all levels.
- Activities of the Child Welfare Institute meet the needs of the field.
- Formal feedback processes to assist staff in evaluating strengths and areas needing professional development are established
- Mentoring, shadowing and apprenticeship are supported.

Performance management and accountability systems continually improve the quality of DCF practice, services and supports to children and families.

- Performance evaluation processes are interactive, reciprocal and part of the agency's continuous learning process.
- Management skills on use data in evaluation process are enhanced.
- Information from Fair Hearings, Foster Care Review, Ombudsman, SIU and CIU are integrated into continuous quality improvement processes.
- Local colleges and universities serve as learning resources.
- Feedback from consumers and the community on the Department's performance are elicited.
- The Department's research agenda is defined and utilizes community resources to further assess achievement of outcomes for children and families.

Fiscal and human resources, legal, and information technology are aligned to support efficient and effective delivery of services.

- Fiscal resources are aligned to support priority activities of the strategic plan.
- Creative development of needed services within purchase of service system is encouraged.
- Federal and third party reimbursements are maximized.
- Stewardship of contracted agencies is enhanced.
- HR supports the field, including review of processes for allocation of staff, timely hiring, and flexibility in responding to staffing issues resulting from approved leaves.
- Staff have access to agency personnel policies and procedures.
- Labor relations are transparent, timely and connected to quality management.
- Staff professionalism and code of conduct are clearly communicated.
- Access to data from other agencies to support work with children/families is supported.
- **Use innovative technology to support Department's operations.**
- FamilyNet supports casework practice and administrative functions.
- Legal training is available for clinical staff and for Juvenile Court judges in the areas of trauma informed practice, DSS policies and procedures.
- Practice expectations for communication between legal and clinical staff are established.

Worker safety and secondary trauma of staff are actively addressed to promote workforce wellness.

- Organizational culture promotes safety, respect and value.
- Worker Safety Committee recommendations are supported.
- Practice expectations regarding transporting dangerous/violent clients are established.
- Role of supervisors and managers mitigates secondary trauma of staff.
- Protocols on employee wellness, flex-time, education leave are established.

Effective leadership is demonstrated in our collaboration with other state agencies and the child welfare community.

- Foster parents and youth participate in decision-making forums as valued partners.
- Collaborative relationships with the judicial system are strengthened.
- Collaboration with other state agencies results in mutually beneficial programs for children and families

Action Steps

Strengthen Case Review Processes

The Department is engaged in a process to strengthen our current structures and processes for case review. Priority actions for the coming year include:

1. Revision of Foster Care Review system including earlier reviews of children in placement and an increased focus on achievement of permanency goals and quality of case practice
2. Implement additional reviews of cases in which there are multiple reports of maltreatment
3. Strengthening clinical review of cases through Clinical Review Teams, enhanced follow up on cases involving critical incidents through the Critical Incident Review and Risk Management Committees.
4. **Strengthened expectations regarding service planning and review of the child and family's progress**

Strengthen CQI Structures and Processes

Continuous quality improvement structures and processes are fundamental to the Department's ongoing monitoring of our performance and outcomes. The Department recently conducted an assessment of CQI teams in each Area Office and the results showed significant variability in the presence and vitality of those teams. During the coming year DCF will:

1. Establish standardized expectations for Area, Regional and Central CQI Teams membership, roles and responsibilities.
2. Establish roles and functions for Regional Quality Assurance staff
3. Develop and disseminate a CQI Guidance Manual
4. Establish the structures for quality service review processes
5. Strengthen performance and outcome reporting

Strengthen Technology Support

To support other information management infrastructures, the Department has created an IT Governance Committee to prioritize enhancements in technological supports and management reporting. This committee provides a key management structure to guide the technological developments that will be necessary to implement many of the activities outlined in the strategic plan.

Establish Area Office Model

Variability in core functions and practices across Area Offices was identified as a significant challenge and opportunity for improvement in our strategic planning process. In addition, the 2007 CFSR report noted the need for increased clarity and consistency in our approaches to children and families. As a priority activity, the Department will establish, during FY 2009, an Area Office model that standardizes core agency functions across the state. Standardization of core DCF functions will ensure that families

involved with the Department will have similar experiences regardless of the Area in which they receive services.

Align Policies and Practices

The Department recognizes that appropriate alignment of agency policies, practices and workflow processes are necessary to support achievement of Program Improvement Plan (PIP) benchmarks, CFSR outcomes and our agency goals. Clear, current and easily accessible policies were identified as a priority during the planning process. To support implementation of the enhanced casework practice model a **DCF Casework Practice Manual** will be developed to provide complementary practice guidance to DCF policies as they are revised to reflect changes in the service planning and delivery.

Strengthen and Support DCF Managers, Supervisors and Staff

Enhancing the management, supervisory and professional competencies of agency staff supports successful implementation of our strategic plan. The Department has instituted a number of innovative approaches to further develop staff skills. In September 2008, the Child Welfare Institute implemented a **Supervisory Professional Development Program** and a **Management Professional Development Program** in recognition of the critical role of supervisors and managers in sound clinical and administrative decision-making. **These two programs are examples of the Department's commitment to strengthen the skills of agency staff.**

In the coming year, development of tools to strengthen clinical decision-making and additional training opportunities will further enhance the intake, investigation and assessment skills of DCF Social Workers. Another important area of focus for the coming year will be employee wellness. Research on the impact of vicarious and secondary trauma on the child welfare workforce has clearly noted the need for agencies to address these issues to effectively promote staff wellness. Implementation of a **Employee Wellness Leadership Program** involving Regional Directors, Regional Clinical Directors, Area Directors and Area Program Managers will provide DCF managers with an understanding of the impact of secondary trauma, organizational and management skills necessary to support workers effectively, and assistance in developing local responses to promote employee wellness.

Establish Performance Management and Accountability System

The Department has established priority activities related to the development of a performance management and accountability system to support ongoing implementation and monitoring of our strategic plan both internally and with our purchase of service system. In July, 2008, the Department took substantive steps to strengthen the role of Lead Agencies within our Family Networks system. The following action steps were communicated to internal and external stakeholders in a letter from the Commissioner and have been incorporated into our priority activities in the coming year.

1. **Limited Re-procurement.** A limited re-procurement was conducted for Lead Agencies and Regional Resource Centers where it was determined to be in the best interest of the regional and area system of care.
2. **DCF Performance & Accountability System.** A DCF performance and accountability system is under development for monitoring Area Office performance and managing the Lead Agencies to support achievement of optimal performance levels.
3. **Performance Specifications.** Performance specifications which clearly articulate Departmental expectations for Lead Agencies and Regional Resource Centers, especially regarding clarification of roles and responsibilities have been developed..
4. **Score Cards.** "Score Cards" will be used to develop Area Office and provider agency profiles that measure performance are under development. **The "score cards" incorporate CFSR outcomes and DCF agency commitments of safety, permanency, well-being, family and community-connected care, and effective leadership. Indicators and targets have been established for Area Offices and a monthly management report is used to monitor performance. Similar, "score cards" will be utilized to support profiling of provider performance. Indicators are being developed to reflect the contribution Lead Agencies, congregate**

care, Intensive Foster Care, and Support and Stabilization providers each make to the safety, permanency, and well-being of children and families.

Align Financial and Human Resources

In order to successfully achieve outcomes and implement the priority activities identified in the strategic planning process, the Department must ensure that resources are appropriately and effectively directed to these efforts. Massachusetts, as many other states, has experienced a significant fiscal crisis this year. Our strategic planning process provided a focus for responding to the challenging economic environment and in some areas has provided the opportunity to make planned changes more quickly.

PRIORITY ACTIVITIES & ACTION STEPS for STRENGTHENING THE SAFETY NET

The Department has established a set of priority activities and action steps to address our agency commitments and objectives simultaneously. Strategies have been identified that will support achievement of agency objectives in multiple rather than a single area targeted for improvement.

This concept of “stacking” provides an opportunity to ensure that our efforts are directed to strengthening practice across the system by efficiently targeting resources and employing consistent approaches.

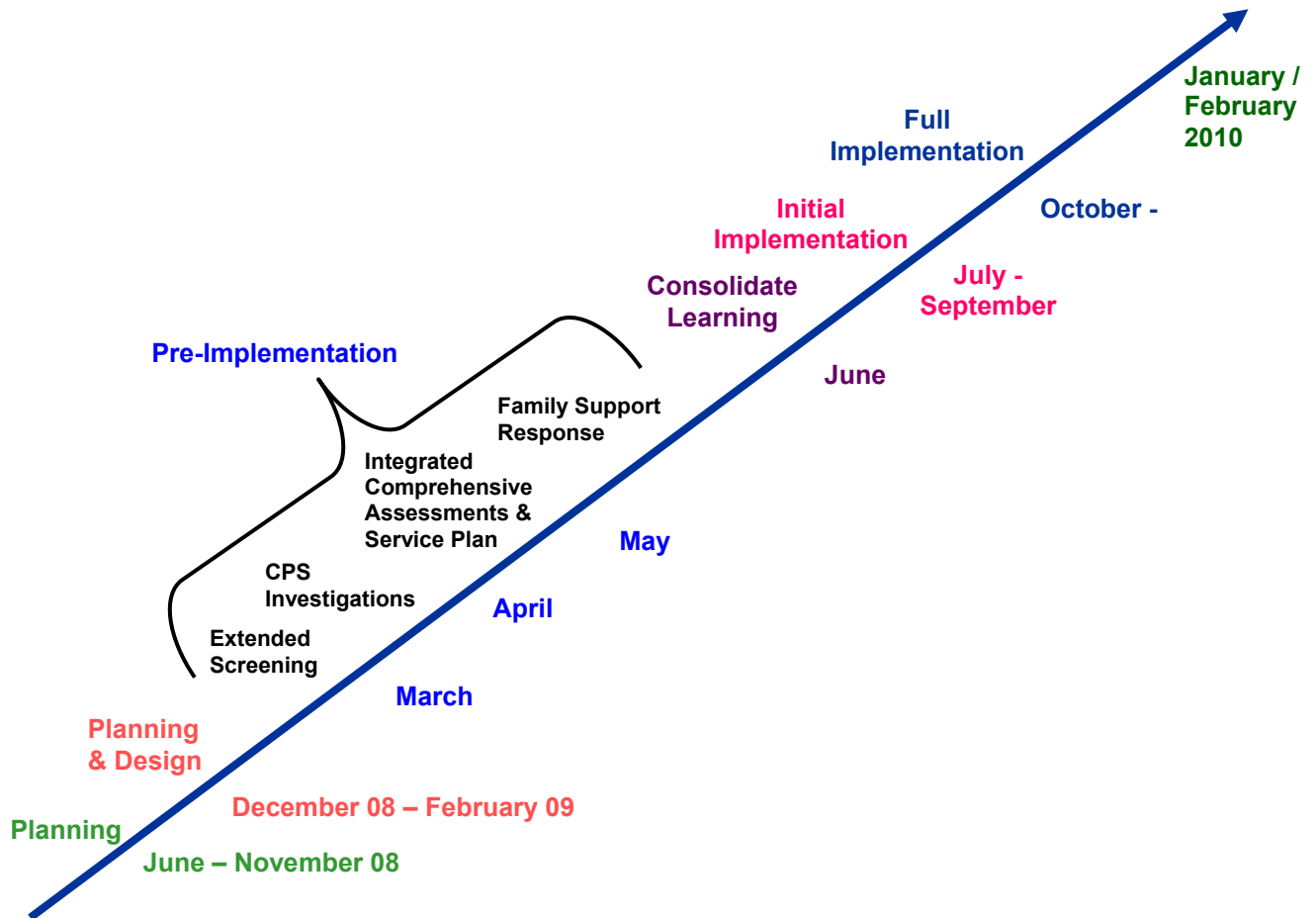
Priority Activities

Action Steps

Strengthen —Front Door—	<ul style="list-style-type: none"> • Implement Extended Screening & Differential Response • Define thresholds / critical pathways for decision-making • Implement standardized safety/risk assessment and decision-support tools
Strengthen Service Planning & Delivery Processes	<ul style="list-style-type: none"> • Strengthen and standardize initial and comprehensive assessment processes and tools • Integrate assessment/service planning into ongoing casework • Implement —daming— approaches within each Area Office • Integrate assessment with family service plan • Align structures / processes for case and progress reviews
Implement DCF Casework Practice Model	<ul style="list-style-type: none"> • Strengthen case practices to Safely Preserve, Safely Reunify, Safely Create —No— families • Document casework practice expectations in a <i>DCF Practice Manual</i> • Revise DCF policies as needed to support implementation
Align agency structures, resources, and core functions	<ul style="list-style-type: none"> • Establish Area Office Model, standardizing core functions • Define Management Model • Promote Employee Wellness • Align core functions of Lead Agencies and network providers
Strengthen CQI & Performance Management Structures & Processes	<ul style="list-style-type: none"> • Establish consistent CQI structures/processes at Area, Region and statewide • Implement strategies to improve data quality / integrity • Implement provider performance management system
Enhance Community Engagement and System of Care Development Strategies	<ul style="list-style-type: none"> • Define —community-connected— practice expectations in DCF Casework Practice Model and Area Office Model • Enhance access to community based services • Strengthen Area Boards / Statewide Advisory Council • Ensure DCF effective partner in cross-agency system of care development, including CBHI

APPENDICES

APPENDIX A
Implementation Schedule



APPENDIX B
IMPLEMENTATION PLAN

PRIORITY ACTIVITY # 1: Strengthen the “Front Door” (screening, investigation and assessment functions)	
AGENCY COMMITMENTS ADDRESSED: Safety, Permanency, Well-being	
PURPOSE: To increase consistency in screening practices and support determination of how we can best target our initial response with each family. Differential response model provides for engagement of the family during our initial involvement, and standardized safety and risk assessment tools support structured decision-making.	
Action Steps & Benchmarks	Target Completion Date
Develop model and processes for screening & differential response	2/09
Develop criteria for differential decision-making	3/09
Conduct pre-implementation observation and learning process	3/09 - 7/09
Implement use of Safety/Risk Assessment Tools	7/09 – 10/09
Develop practice expectations for comprehensive assessment	4/09
Implement new assessment processes	7/09 – 10/09
Review / revise regulations & policies as needed	8/09
Benchmarks	
Decrease % of cases re-opening as result of protective concern	1/2010
Decrease % of children in open cases for whom there is a substantiated allegation of maltreatment	1/2010
Increase % of timely investigations statewide from 79% to 85%	1/2010
% increase in Social Worker visits	1/2010
% decrease in CPS investigations (increase in % of families w/ CPS assessment as initial involvement)	1/2010
Conduct statewide evaluation of effectiveness of implementation	7/2010
Revise model / practice expectations as needed based on findings of evaluation	8/2010

PRIORITY ACTIVITY #2:

Strengthen DCF Integrated Casework Practice Model

AGENCY COMMITMENTS ADDRESSED:

Safety, Permanency, Well-being, Community-Connected, Effective Leadership

PURPOSE:

The development of the DCF Integrated Casework Practice model provides clarity and consistency in the Department's casework practice expectations. The model is designed to respectfully engage a family, efficiently and effectively assess protective and parenting capacities, and ensure that the family's strengths and needs are the basis for service planning. Through implementation of the model, DCF seeks to effectively match our intervention with the family's strengths, needs and risk factors.

Action Steps & Benchmarks	Target Completion Date
Action Steps	
Develop practice model for extended screening & differential response.	3/2009
Develop practice guidance on screening & differential response	7/2009
Develop practice expectations and protocols for focusing assessment and service planning on safety and permanency outcomes	7/2009
Develop practice expectations and protocols for placement with siblings	7/2009
Develop practice expectations and protocols for visitation with parents and siblings	7/2009
Develop practice expectations and protocols for identification and engagement of fathers	7/2009
Develop and disseminate practice manual incorporating trauma informed approaches, positive youth development, and parental protective factors at each juncture of casework.	8/2009
Full implementation of assessment and service planning processes	7/09 – 10/09
Full Implementation standardized safety and risk assessment tools.	7/09 – 10/09
Establish practice expectations related to progress review of cases	9/09
Provide training on DCF Practice Model and practice guidance	7/09 – 10/09
Review / revise regulations & policy to reflect new model	8/09
Evaluate model and revise as needed	4/09
Benchmarks	
% increase in family preservation rate	2/2010
% increase in kinship placements	2/2010

PRIORITY ACTIVITY # 3:

Strengthen DCF Service Planning and Delivery Processes to promote safety and permanency.

AGENCY COMMITMENTS ADDRESSED:

Safety, Permanency, Community-Connected, Well-being, Effective Leadership

PURPOSE:

Children and families will be engaged throughout assessment and service planning process to promote safety and permanency. Assessment of safety and risk factors, parenting capacities, as well as family's strengths and needs will be integrated into a family service plan. Performance expectations to strengthen casework practices are clarified, communicated and consistent.

Action Steps & Benchmarks	Target Completion Date
Action Steps	
Develop structures & work flow processes for conducting initial and comprehensive assessments and link to development of service plan	5/09
Develop practice expectations for conducting initial assessments	5/09
Develop practice expectations related to identification and documentation of race / ethnic identity	6/09
Finalize safety and risk assessment tools	6/09
Disseminate practice guidance on conducting initial assessment	7/09
Develop practice expectations for conducting comprehensive assessment	5/09
Develop format for comprehensive assessment and service plan	5/09
Develop practice expectations for conducting comprehensive assessment	7/09
Develop practice expectation for engagement of fathers	7/09
Develop practice expectations for inclusion of families in service planning	7/09
Develop standardized service plan tool and documentation requirements	7/09
Conduct training on practice expectations for assessment and service planning	7/09
Review / revise policies as needed	8/09
Benchmarks	
% increase in timely completion of assessment and service plans	2/2010
% increase in families with appropriate permanency goal as determined by Foster Care Reviews	2/2010
% increase in family involvement in service planning	2/2010

PRIORITY ACTIVITY # 4:

Align agency structures, resources, and core functions to support agency commitments and objectives.

AGENCY COMMITMENTS ADDRESSED:

Effective Leadership

PURPOSE:

Alignment of structures, resources and functions is critical to ensuring that we direct appropriate focus to established goals. Staff are supported in their work with tools, skills, and employee wellness is promoted.

Action Steps & Benchmarks	Target Completion Date
Action Steps	
Implement standardized model for screening/intake and differential response.	7/09 – 10/09
Implement standardized model for assessment and service planning	7/09 – 10/09
Establish staffing levels and competencies for screening, investigation functions	5/09
Consolidate assessment and ongoing casework functions	7/09 – 10/09
Establish practice expectations related to Social Worker visits with parents and children	7/09
Establish model for case review processes	10/09
Establish expectations for core functions related to recruitment and retention of foster and adoptive homes	10/09
Implement Area Diversity Plans	7/09 – 6/2011
Develop Area Office Model that standardizes core functions	12/2010
Develop Regional Office Model that standardizes core functions	12/2010
Develop template for Regional Office Implementation Plans	7/09
Implement Employee Wellness Leadership Program	9/08 – 6/2011

PRIORITY ACTIVITY # 5 :

Strengthen CQI and Performance Management structures and processes

AGENCY COMMITMENTS ADDRESSED:

Effective Leadership

PURPOSE:

To ensure due diligence in our implementation of the strategic plan and our achievement of improved outcomes for children and families. DCF providers play a critical role in supporting positive outcomes. Alignment of provider performance expectations with DCF agency commitments strengthens achievement of those commitments.

Action Steps	Target Completion Date
Action Steps	
Develop expectations for CQI structures and processes at Central, Regional, and Area Offices	11/09
Implement CQI structures	1/2010
Increase family participation in CQI processes	3/2010
Identify strategies for improved data quality / integrity	7/09
Develop implementation plan for improving data integrity	9/09
Develop indicators and framework for provider performance management	5/09
Implement provider profile reporting to track performance on key outcome measures	9/09

Establish practice expectations within Area and Regional Office models for review of provider outcome data	10/09
Develop practice expectations for family progress reviews	7/09
Implement family progress reviews	10/09
Develop practice expectations for review of cases with 3 or more 51As	6/09
Develop model for strengthened case review processes	12/09
Develop model for strengthened Foster Care Review processes	1/2010
Develop workflow processes to develop practice improvement from SIU/CIU trend reporting	3/09

PRIORITY ACTIVITY # 6:

Strengthen Community Engagement and System of Care Development Strategies

AGENCY COMMITMENTS ADDRESSED:

Safety, Permanency, Well-being, Community-Connected, Effective Leadership

PURPOSE:

This priority activity seeks to strengthen our relationships with community partners to ensure that children and families are connected to the communities in which they live, and to enhance our collaborative efforts to address their service needs. Collaboration with the larger child welfare community facilitates development of an array of services which enhance safety and permanency of the Commonwealth's children and families.

Action Steps & Benchmarks	Target Completion Date
Action Steps	
Establish expectations for structure/ roles/ responsibilities for Area Boards	6/09
Establish Statewide Advisory Council	3/09
Implementation of Court Improvement Program Initiative on 16+ year olds participation in permanency hearings	3/2010
Ongoing collaboration with DTA related to data exchange and program development for DCF families currently in homeless shelters	Ongoing
Continued participation in EHS One Family One Plan Initiative	Ongoing
Collaboration with DPH on prevention and education program on Shaken Babies	Ongoing
Collaboration with EEC on accessing supportive day care slots for foster parents	Ongoing
Collaboration with other state agencies on implementation of CBHI	Ongoing
Disseminate protocol to DCF field on CBHI referral criteria and process	6/2010
Establish practice guidance in Area Office model on building relationships with community agencies	12/09
Established enhanced roles/ responsibilities for Community Connections to support improved community engagement strategies	12/2010
Benchmarks	
100% of Area Offices will have established Area Boards	6/2010
% increase in DCF \$\$ directed to community services	7/2011

APPENDIX C

DCF CORE VALUES REFLECTED IN COMMITMENTS AND PRACTICE

The Department's Core Values are reflected in the goals for the agency and in our day to day practice. Each interaction we have with a family provides an opportunity to affirm these values. Our managerial and systemic practices must be guided by these values as well. We are most effective in promoting positive outcomes for children and families when we demonstrate a commitment to the agency's core values and goals. Highlighted below are examples of how that commitment is demonstrated.

CORE VALUE

Reflected in Agency Commitments

Reflected in Agency Practice

Child Driven

The **safety** of children is fundamental and they are protected from risk of harm.

Permanency for every child is actively planned and addressed.

The **well-being** of children promotes their physical, educational and emotional development

- Home visits with children
- Timely investigations and assessments to promote safety
- Timely Permanency Planning
- Active searches for kin
- PAYA services provided
- Education goals addressed
- Timely medical and dental check-ups

Family-centered

A family's relationships and living environment promote **safety** and **limit their risk of harm**.

The family's **stability and permanency** is actively promoted.

The family's **well-being** is enhanced by **connection to their community**.

- Home visits with family
- Family Team Meetings
- Family voice reflected in service plan
- Support & stabilization services
- Domestic violence, mental health, substance abuse services are provided
- Fathers are engaged
- Families participate in Foster Care Reviews

Community Connected

Communities are actively engaged in promoting the **safety** of children and families.

Community supports are accessed to promote the **stability and permanency** of children and families.

Community representatives participate in **leadership and management activities**

- Mandated reporters are trained
- Collaterals are contacted regularly during all phases of case work
- Non-traditional, local services and supports are identified for children & families
- Community Connections Coalitions
- Community representatives participate on Area Boards and CQI activities
- Relationships with schools are developed

**CORE
VALUE**

**Reflected in
Agency Goals**

**Reflected in
Agency Practice**

Strengths-based

Strengths are utilized to promote **safety** and minimize **risk of harm**.

Strengths of children and families are recognized to support their **well-being and permanency**.

Leadership and management activities strive to identify and build agency strengths.

- Children & families are asked about their strengths during all phases of involvement
- Strengths are evident in service plans
- Child and family connections to kin and informal supports are identified and encouraged
- CQI activities identify promising and best practices; successes are measured and communicated

**Committed to Diversity
& Cultural Competence**

Children and families' cultural identity is recognized to support **well-being**.

Children and families' **Connection** to their cultural **community** is promoted.

Leadership and management activities reflect commitment to diversity/ cultural competence.

- Cultural identity of children and families is requested, respected, and sustained
- Connection to cultural identity/community/traditions is supported for children and families
- Training on diversity / cultural competence is provided
- Diversity/cultural competence in provider networks promoted in RFRs and contract specifications

**Committed to Learning
& Continuous Quality
Improvement**

Ongoing assessment of children and families to learn about their strengths and needs promotes their **safety, permanency, well-being, and connection to community**.

CQI and training promotes practice improvement on agency goals of **safety, permanency, well-being, community-connected, and leadership and management effectiveness**.

- Training and leadership development opportunities are actively developed
- Staff participation in training and leadership development is encouraged
- CQI activities are focused on promoting learning and improvement
- Qualitative and quantitative data are used to promote learning and practice improvement

APPENDIX D
STRATEGIC PLAN TEAM MEMBERS

TEAM	SENIOR SPONSOR	TEAM LEADER	TEAM FACILITATOR	TEAM WRITER	TEAM MEMBERS
Safety 8 Team Members 3 CO	Co-Sponsors Virginia Peel Mary Ellen Bennard	Marcia Graves-Roddy	Tammy Mello	Leslie Akula	Beryl Domingo -- CO Scott Scholefield -- CO Fran Carbone -- CO Terry Flynn -- Boston Deb Sicillia -- RCD West Marianne Walles -- Sup Metro Kathy Harris -- APM Boston Parent Representative
Permanency 8 Team Members 1 CO	Mary Gambon	Paul Fitzsimons	Faye Drain	Heather Meitner	Barbara Curley -- AD Boston Patty Scabeli - Sup Kathy Musiak -- Adop Sup Central Joyce Nardine -- AD Metro Jamie Caron -- ADLU -- West Steve Burke -- FCRU Maureen Messeder -- CO Parent Representative
Well-being 12 Team Members 5 CO	Mia Alvarado	Chris Joyce	Ray Burke	Amy Mullen	Diane Curran -- Legal CO Amy Stickles -- CO Donna Ruelbach -- CO Amy Stickles -- CO Neal Michaels -- CO Renata Riley -- Sup West Melanie Bergstrom -- SW NE Dave Rondeau -- APM Central Randy Whittle -- RD SE Judy Edwards -- Sup Metro Lori Ortiz -- RCD NE Parent Representative
Community-connected 7 Team Members 1 CO	Bob Wentworth	Lian Hogan	Stephanie Brynen	Joan Stiles	Cindy Harmon -- APM SE Brian Cummings -- CO Donna Hollis -- AD Central Janet Connors -- Parent Rep Rashita Brown -- SW Boston Ana Melendez -- Patch NE Paul Lewis
Leadership / administrative effectiveness 8 Team Members 1 CO	Ellen Finnegan	Ray Pillidge	Richard Ho	Liz Skinner-Reilly	Susan Spurlock -- CO Ellen Patashnick -- AD West Valerie Lovelace-Graham -- RD Central Peter Nevins -- RAM Boston John Laing- Parent Rep Kim Keefe -- APM Metro Rosa Hernandez -- Sup Boston Michelle Regnier -- APM West
Planning Process Leader	Jan Nisenbaum				
Steering Committee	Senior Staff, Zevorah Bagni, Doug Shatkin				

The DCF Strategic Planning Team also traveled across the Commonwealth, soliciting input from community members and providers in each DCF Region. Meetings were held in each Region in a central location, with time devoted to receiving comments and feedback from DCF line staff. In a separate forum, DCF extended an open invitation for dialogue with the community at large – sessions included participation from providers, legislators, Area Board members, foster parents, community partners and others. Within each region, 50-80 folks participated in these regional forums. Comments and feedback from these parties were then incorporated into the final Strategic Plan document.

Commonwealth of Massachusetts

Department of Children & Families

Title IV-B, Part I: Child Welfare Services

Adoption and Foster Care Diligent Recruitment

(a) A description of the States' progress and accomplishments made with regard to the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. (See section 422(b)(9) of the Act);

The Massachusetts Department of Children and Families is committed to an identifiable process for diligent recruitment of potential foster and adoptive parents that reflect the ethnic and racial diversity of children in foster and adoptive homes. The goal of the Department of Children and Families is that every child leaves care with a family, free from abuse and neglect. Massachusetts has a good foundation on which to build a stronger and more effective recruitment program. In the child and Family Services Review (CSFR) conducted the week of July 23, 2007, Massachusetts was recognized as consistently effective in placing children with foster families in close proximity to their parents, extended family members and communities as well as performing consistently in placing children with siblings. Massachusetts was also in substantial conformity with six of seven systemic factors which included recruitment. Massachusetts targets recruitment efforts that reach into the communities and neighborhoods where children live. Messaging occurs within the child's own community / neighborhood to preserve connections for children.

Massachusetts views diligent recruitment as a part of the overarching process for achieving permanency from the day that a child enters care. Options for permanency must include the early and continued exploration of kin. Diligent recruitment efforts are being designed to provide information to potential foster families throughout the community about the characteristics and needs of the children, the nature of kinship care, foster and adoptive families. These efforts include provision of information to the community of natural relationships such as, but not limited to, teachers, mentors, and coaches, parents of friends, communities and extended family members.

Massachusetts looks to expand the work of its "Search for Permanency" to systematically build capacity for early and continued exploration of kin, including paternal and maternal members, foster and adoptive families who can provide for children with concurrent planning as well as through exploration of youth's existing and past relationships to find those willing to build commitment to become adoptive parents or enter into some type of permanent relationship with the child. Families, whether relatives or others having existing relationships with youth, must be contacted and included in the permanency planning process early during their time in care. That way they can develop a community of support for the child or youth in moving into a family setting which will become the youth's new permanent home if reunification cannot be achieved.

Massachusetts will continue developing multidimensional recruitment efforts which will be geared to general, targeted and child-specific recruitments. Child specific recruitment efforts will be broadly viewed to include specific family and relationship exploration to work with youth to identify and develop existing relationships and nurture them into lifelong connections and even possible permanent legal placements. Massachusetts will further its collaborations and partnerships within community's representative of those groups from which children in care come, to help identify and support potential foster families and to conduct activities that make waiting children more visible.

Massachusetts believes diligently recruiting families is defined by what children say when asked what they want most in the world. They respond that they know “someone” is out there who will care about him/her, who will “be there”. They look to us to find that “someone” who will make a commitment to caring for him/her for as long as may be needed in the absence of a safe return to family. Every effort must be made to ensure that staff understand the importance of family and connections as well as understand permanency. DCF acknowledges that there must be sustained and continuous learning that is needed so that the “heart” and minds of our staff, our providers and our communities understand and embrace permanency for all children in Massachusetts.

An intensive, targeted and sustained recruitment campaign is crucial to building awareness of the need for foster and adoptive parents while also creating value for the role of foster and adoptive parents. The Department’s efforts are aimed at encouraging more families to step forward and help children remain in their own communities until a safe return home, placement with kin or a transition to another permanent situation occurs.

By increasing the use of current and emergent technology we will enhance our local reach and response in a customer friendly and responsive manner.

Partnering with community resources and those with expertise in public communication will allow for the creation of new information brochures that are targeted, culturally and ethnically sensitive. Creating awareness and building value relies on presenting as a professional and responsive and in a culturally sensitive manner will provide access to a more varied population.

Massachusetts will use public service announcements, talk shows on public access and news programs serving a variety of cultures to illuminate the needs of children in care. Increased visibility in communities will delineate the unique characteristics of our children. The consistency of ongoing columns has been effective because of their predictability. The Department will look towards expanding the effectiveness of “Sunday’s Child” in the Boston Globe to community newspapers across the state.

The Department will develop relationships with reporters and editors to stimulate relevant news and feature articles. DCF will prepare and distribute press releases to weeklies, neighborhood newspapers, trade papers, employee magazines and the newsletters of unions, clubs, fraternities, sororities and churches.

Posters, flyers and brochures will be developed and distributed throughout ethnic communities to churches, clubs and other community organizations as well as to doctors’ offices, hospital and clinic waiting rooms, libraries and beauty parlors, barber shops, laundromats and community centers. Recruitment procedures and practices will be congruent with the cultural and social values of the target population.

As Area and Regional offices activate their local Advisory Boards, their support and assistance recruiting families will be crucial. The Department will ensure that members represent those communities and neighborhoods that our data identifies children most frequently entering foster care. DCF will make every effort to keep children in the communities where they can maintain connections with their family, school and friends.

Demographics

Based on the most current information available from the Massachusetts Department of Children and Families, there were 10,356 individuals in placement on the last day of the 2nd Quarter of FY'2009. Included in this count are 8,729 children who are less than 18 years old and 1,627 young adults who are 18 to 23 years old. Statewide, 19% (or 8,729) of all children less than 18 years old with open cases were in placement. The largest age group in foster care was 12-17 years and the median age for children in placement was 11.7 years.

At that time, of those children in placement with DCF:

58% were White;

20% were Black;

5% were Multi -Racial

2% were Asian

14% were of unspecified race

25% of the children in placement were self-identified as being of Hispanic origin.

A racial comparison of children receiving various services from DCF to children residing in Massachusetts is displayed in the following table. Black children and Hispanic children are over-represented at all stages in the DCF system. However, the actual extent of racial and ethnic disproportionality is not known given the number of children whose race and/or ethnicity has not been recorded. Additionally, this comparison of statewide statistics does not take into consideration the significant differences in racial and ethnic composition among communities across the state.

Children Less than 18 Years Old

Race	State Census ¹ 2000	DCF Not in Substitute Care 12/31/08	DCF All * Substitute Care 12/31/08	DCF Foster Care 12/31/08	DCF** Congregate Care 12/31/08	DCF All Care w/Goal of Adoption 12/31/08	DCF All Care w/Goal of Guardianship 12/31/08	DCF Adoptions Legalized FY'2008	DCF Guardian- ships Legalized FY'2008
White	79%	56%	58%	58%	60%	60%	58%	62%	61%
Black	7%	17%	19%	18%	22%	17%	20%	15%	17%
Asian	4%	2%	2%	2%	1%	1%	1%	<1%	2%
Native American	<1%	<1%	<1%	<1%	1%	<1%	1%	<1%	----
Pacific Islander	<1%	<1%	<1%	<1%	----	----	----	----	----
Multi- Racial	4%	4%	5%	6%	4%	8%	4%	8%	5%
Other/ Unknown	6%	21%	15%	15%	13%	14%	16%	14%	15%
TOTAL%	100%	100%	100%	100%	100%	100%	100%	100%	100%
TOTAL#	1,500,064	36,455	8,729	6,559	1,774	2,372	545	780	543
Hispanic Origin	11%	30%	26%	26%	23%	24%	28%	27%	25%
Hispanic No	89%	63%	69%	68%	74%	68%	67%	66%	72%
Hispanic Unknown	---	7%	5%	6%	3%	7%	5%	7%	3%
TOTAL %	100%	100%	100%	100%	100%	100%	100%	100%	100%

¹ U.S. Census Bureau, American Fact Finder(factfinder.census.gov), Decennial census, Census 2000 Summary, File 1 (SF 1) 100 Percent Data, Detailed Tables(P12, P12A-H), Select Geography.
MA DCF CSFP

*Substitute care includes foster care, congregate care, on the run from placement, and non-referral locations such as hospitals, nursing homes and other state agencies. Despite placement with other state agencies, DCF retains custody of the child. **Congregate Care includes group home, residential and short term residential placement.

The Department has developed and implemented extensive and diverse recruitment campaigns in order to reach out to all residents of the state. These campaigns are designed to include both general recruitment and child specific recruitment. The campaigns are supported by strong collaborative community and business partnerships.

Focus

In order to bring our foster care and adoption resource needs to the attention of each community, the Department continues to establish partnerships with three focal targets: Corporations, Communities and Colleges.

Corporations

The Department has a Corporate Partnership Initiative with the development of Corporate Recruitment Advisors. The expertise of the members of the Corporate Advisors has enabled the Department to improve the quality and the effectiveness of our recruitment efforts. We have been able to offer support to Foster Parents through statewide discount memberships, coupon programs and product donations in partnership with BJ's Wholesale Club, Bob's Store, Honey Dew Associates, Inc., Welch's and Titterington's Olde English Bakery.

Communities

The Department is working to expand upon local community based efforts in collaboration and conjunction with its Regional and/or Area Office Recruitment and Retention Teams. The goal is to enlist and establish a partnership and forum with local and regional community leaders and members of the local Area Office staff to help raise public awareness of the needs of children in out of home placement and the families who provide care for them in Massachusetts. The Community Based Initiative promotes opportunities for Regional and Area Recruiters to recruit new families by creating public awareness and building public value for foster and adoptive parents and their families within local communities.

The Department believes that our family resource recruitment staffs are equipped and prepared with the knowledge and skills necessary to comfortably engage with all appropriate potential temporary and /or permanent resources for children in communities of color, communities of faith while establishing community based relationships and partnerships.

Colleges

The Department is working to enhance existing partnerships and build new relationships with Colleges and Universities that offer programs in Social Work.

There are two Regions with established relationships with local Colleges. The goal is to establish a forum that encourages higher education communities to become directly involved with the Commonwealth's foster care and adoption programs. It takes considerable time to develop and sustain these relationships. Three area colleges have successful partnerships with DCF which support and stage recruitment events each year.

Assumption College in Worcester joined with the Jordan's Initiative and will be hosted its 4th Statewide Summer Adoption Mixer on July 19, 2008. Anna Maria College, also in Worcester, sponsored its 6th Adoption Mixer this year. Springfield College in Springfield hosted its sixth Adoption Mixer and third Outdoor Adventures for older youth with a goal of adoption on April 25, 2009. These events were effective in promoting adoption and introducing students to the children in the care of the Department and their need for permanent homes.

Relationships are developing with Western New England College in Springfield, MA in hopes of collaborating on shared training experiences focused on marketing and use of media in efforts to recruit and retain foster and adoptive parents.

Area Recruitment

The Department continues general recruitment through increased involvement of the foster care staff in each of the 29 area offices. The role of "Area Office Recruiter" in all 29 area offices were lost due to re-assignment as direct service positions were impacted as a result of budget cuts for FY'09. There remain only a few Area Offices who have maintained the Area Office Recruiter as a quarter or part time position.

The focus of foster care staff has been to ensure a quick, personal and local response to each person that calls inquiring about foster care. This focus allows area staff to respond to families within their own communities. Local foster and adoptive parents provide information to families interested in becoming foster and adoptive families. These efforts allow the Department to support efforts to publicize the need for foster and adoptive families during an especially difficult fiscal period.

Statewide, at the end of FY 2009, DCF received approximately 12,600 inquiries on the process to become a foster parent, adoptive parent or both adoptive and foster parent. Eighty-one percent (10,244) of all inquirers expressed an interest in foster care with 12% interested in adoption and 7% expressing interest in both foster care and adoption. DCF successfully brought 11% of inquirers through the process to become Foster Parents.

There were 4,460 foster homes under the direct supervision of DCF at the end of the 2nd Quarter of FY' 2009. There was a nearly equal number of restricted (2,215) and unrestricted (2,245) foster homes.

At the end of the 3rd Quarter of FY'1998, 29% of all DCF foster homes were restricted homes. Restricted homes as a proportion of all foster homes gradually reached a maximum level of 52% in the 2nd Quarter of FY'2004. Restricted homes remained at a 52-53% level through the 2nd Quarter of FY'2007. For the past four quarters, restricted homes have accounted for 50-51% of all foster homes.

Statewide, at the end of the 2nd Quarter of FY'2009, 79% of foster parents in approved unrestricted homes were White and 72% of foster parents in restricted homes were White. Twelve percent (542) of all foster homes were identified as Black (272 restricted and 269 unrestricted) and 664 of all foster homes were identified as Hispanic/Latino (319 restricted and 345 unrestricted). The 2006 census reports that the Massachusetts population as a whole contains 6.9% Black and 7.9% Hispanic persons, so the DCF foster parent population reflects a significantly higher percentage of minority representation.

The knowledge gained in the last four years, with the technical and training assistance provided through the National Resource Centers and through AdoptUSKids and with nationally known trainers, has made the Department more aware of efficient and effective recruitment techniques and organizational models. The training provided resulted in helping staff increase cultural competence; reach out into communities of color and faith to increase adoptions and develop foster homes for children within those communities; build relationships in communities to better address the needs of children and families of color, particularly for older children; develop strong, culturally sensitive "customer services" techniques that will aid in the development of recruitment and retention within the communities of color and faith. Also, staffs have demonstrated stronger abilities to work more effectively with other teams and systems of services within communities to achieve increased number of foster and adoptive families for children of color within faith communities and communities of color.

Massachusetts believes that these training opportunities have resulted in improved recruitment initiatives in diverse ethnic and racial communities. We expect that we will continue to see this improvement continue through the next fiscal year.

There were six full-time Adoption and Foster Care Recruitment Supervisors that were assigned to all of the Area Offices and Regional Offices until February, 2009 at which time three of the "Recruitment Supervisors" were re-deployed to the field and were assigned as direct service supervisors due to the Fiscal Year 2009 budget cuts. Hired at the end of Fiscal Year 2005, the "Recruitment Supervisors" worked with Area Office Family Resource Units to build effective and enduring Recruitment and Retention Teams that include staff from outside the Family Resource Unit, Foster and /or Adoptive Parents, youth, community partners and interested parties. No one Recruitment Supervisor was assigned strictly to one Region and its Area Offices. This design allowed for continuous shared learning that permeated the state with information about the recruitment and retention efforts that are most successful and effective across the state.

Additionally, the Recruitment Supervisors hosted an internal Intranet site, on which a variety of activities and events are posted. Samples of posters, flyers and other materials are shared, as well. The Recruitment Supervisors participated in the Area, Regional and Statewide Recruitment Team meetings that were held

to facilitate the “face to face” sharing and coordination of recruitment efforts and successful methods for increasing public awareness of the need for foster and adoptive families across the state. We believe that the good work that has been done in the past few years will be sustained within the Area and Regional Offices.

The Department has been able to continue state funding for 29 Foster Parent Recruitment Ambassadors since October, 2005. National research, as well as our own experience, has consistently shown that the most effective recruiters of new foster and adoptive families are current foster and adoptive families.

Recruitment staffs for the Department of Social Services have opportunities to make presentations to many different community groups and organizations from a variety of backgrounds. Staff is effective in discussing the needs, process and requirements of foster care. We don’t have the personal experience to fall back on when we are asked about the rewards, realities and challenges of being a foster or adoptive parent. We have found that when positive, experienced foster parents engaged with interested individuals and families; the message has significantly more interest and credibility. The real experts of foster care and adoption are those who successfully do it.

Our audiences would much rather hear about foster and adoptive care from actual foster and adoptive individuals and families. Many times, potential families will have fears, worries, concerns and questions that only a foster parent can effectively address. They want to know from experienced foster and adoptive parents exactly how their families have been impacted by fostering and adopting a child, sibling group or children.

Foster Parent Recruitment Ambassadors are primarily responsible for talking to and meeting with local persons interested in foster care and adoption in the public and private sector as well as with special needs populations and cultural groups. The Foster Parent Recruitment Ambassador is a stipend position for 30 hours per month, which includes hours in the evenings and on weekends, with the Department of Children and Families to enhance and create opportunities for recruitment of foster/adopt families within a specified geographical area.

These positions were filled by individuals who are currently foster and/or adoptive parents for the Department and on October 1, 2005, they began in their role, based on a model developed in Washington State, mentoring prospective foster and adoptive parents from the initial contact to MAPP training. They are instrumental in providing a visible “face” to foster parenting in communities across the state. The Washington State program resulted in a dramatic drop in the number of prospective resources that drop out before beginning the training and home study process. We hope to replicate that result in Massachusetts.

Our foster and adoptive parents are also featured in a show that continues to be shown on local cable stations across the state. This show is hosted by Area Office recruitment staff and supervisors who, together with our experienced resource families and youth, speak to the need for additional resources in local communities. This program, too, gives a face to our resource families and to the growing need for local family involvement.

Support for Foster Parents

The Department has a number of services designed to support existing foster and adoptive families. These include training, support groups, information and referral services and some respite services. Every DCF foster parent has an assigned Family Resource Social Worker who visits each family bi-monthly. The Family Resource Social Worker is able to provide support, encouragement and advocacy for the foster parent(s). Most Area Offices run monthly Foster Parent Support Groups, which have proven extremely helpful for foster parents in providing a forum for sharing experiences, solving problems and providing a strong system of support for each other. Frequently, guest speakers and training on specific topics requested by foster parents are features of these meetings.

Although at reduced slots, the Department continues to provide respite and training for all foster families through a contract with the Massachusetts Society of prevention of Cruelty to Children (MSPCC). The “KidsNet” Program, operated through MSPCC, works in partnership with foster, kinship and adoptive families and the Department of Children and Families to advocate for and support parents caring for children who have suffered major trauma and loss and cannot live at home. Each DCF Region has a KidsNet Program Director and each Area Office has a Family Resource Liaison who is available Monday through Friday. A helpline is available evenings and weekends to provide needed information and support services.

In January, 2006, Area Office Family Resource Liaison was expanded to bring individuals pursuing licensure through MAPP Training together with licensed foster, pre-adoptive and kinship parents to provide and enhance mutually supportive activities. Through their relationship with resource families, the Family Resource Liaison is expected to provide the Department and Kid’s Net with information regarding local service needs and identify the local barriers to successful partnerships. The Family Resource Liaison works under the supervision of the Regional Kid’s Net Director and works closely with the Area and Central office staff and foster, pre-adoptive and kinship parents. This is now a 30-hour per month position which includes hours in the evenings and on weekends.

Together, the Foster Parent Recruitment Ambassador and the Family Resource Liaison works with the Area Family Resource staff to provide a responsive and supportive network to ensure that individuals are welcome into the process of learning to become foster or adoptive parents and are supported in their efforts to be quality, licensed foster and adoptive parents in full partnership with the Area Offices of the Department.

The Department believes that a critical foundation in the support of current Foster Families, as well as for those who are considering becoming a foster parent, is the partnerships developed between and among Foster Parent Ambassadors, Family Resource Liaisons, DCF Area / Regional Family Resource Staffs, Kid’s Net and Central Office. Their ability to establish the partnerships envisioned by the Adoption, Foster Care, and Adolescent Service Division has been important to both the development and the ongoing monitoring of their service delivery systems.

While most of the Foster Parent Ambassadors, Family Resource Liaisons, DCF Area / Regional Family Resource Staffs, Kid’s Net and Central Office are already familiar with one another, the new system of embracing resource families require them to develop new ways of collaborating marked by flexibility and

adaptability, clarity about roles, open communication, and the ability to reflect together on their relationship.

The Department launched a Regional “Celebrating Effective and Enduring Partnerships” program in July, 2007. This initiative was designed to support Foster Parent Ambassadors, Family Resource Liaisons, DCF Area / Regional Family Resource Staffs, Kid’s Net and Central Office as they developed the foundation and framework for quality partnerships necessary to implement quality support services to Resource Families.

The Department held the second and third of three statewide training forums entitled “Strategies & Shared Learning: Recruitment and Retention of Families for Adolescents” on Thursday, January 15, 2009 and on September 18, 2009. These forums were hosted by the Statewide Leadership Team on Recruitment and Retention to address the need for more families who can care specifically for adolescents and older youth.

The Strategies and Shared Learning Training allowed the area office staffs who are interested in adolescents, recruitment and retention to come together for three in-person trainings to learn more about promising practices as well as to share and develop strategies for identifying, recruiting, and supporting families for adolescents. Moreover, techniques were taught to help staff try these strategies in their own Area Offices while they accelerate their progress toward supporting adolescent permanency.

Member participation was expanded to include members from existing Area Office teams as well as members of Area Office Recruitment Teams. It is most notable that the expansion consisted mostly of participants from the Massachusetts Breakthrough Series Collaborative on Adolescent Permanency and youth.

New England Association of Child Welfare Commissioners and Directors

The Department participated with the New England Association of Child Welfare Commissioners and Directors’ New England Strategic Communication Planning Committee in the Recruitment of Foster Parents.

Our unique design includes staff, foster parents and youths becoming part of a team working in common cause to recruit foster families across the state. They are members of a Speaker’s Bureau for the Department. All participants are invited to a daylong training entitled “Carrying the Message”. Trainers have been brought in from the National Network for Child Safety and Radiant Communications, Inc to teach attendees about strategic leadership, creating targeted messages that work, tips for persuasive speaking and on camera practice and critiques. All speakers share common messaging and are available to speak to the media and community groups who have an interest in knowing more about the needs of children in foster care and the need for foster and adoptive parents.

In addition, the group sponsored Focus Groups and a sponsored Leadership Training with Ohio University for two groups of managers and executive staff. The first group became the Statewide Leadership Team on Recruitment and Retention and

the second team became the Statewide Leadership Group on Adolescent Permanency. These groups are charged with developing a Blueprint for Public Value of Foster Care and a response to the challenges laid out in the Massachusetts Society for the Prevention of Cruelty to Children's paper on youth leaving foster care that was published in April of 2005. A direct result of the work being done by both groups resulted in the development of the Breakthrough Series Collaboration for Adolescent Permanency in Massachusetts which had the active participation of all 29 Area Offices and the Strategies & Shared Learning Training series on the Recruitment and Retention of Families for Adolescents. The Leadership Team on Recruitment and Retention was host to the "Strategies & Shared Learning: Recruitment and Retention of Families for Adolescents."

Toll Free Recruitment Line

The Department continues to maintain a bi-lingual, toll-free, statewide recruitment line, „800-KIDS-508'. During the period 7/1/08 and 5/31/09, over 12,200 inquiries were received through this recruitment line. Fifty-four percent of the calls were from families seeking information about becoming adoptive families and 46 concerned foster care. A central number allows us to track the number of calls and to monitor the quality of our responses to those calls. We expect our staff to respond to calls that are referred to the area office within 2 working days. Staff at Central office monitors the process and will follow-up if an individual does not receive a response in that time.

Massachusetts Adoption Resource Exchange

Massachusetts Department of Children and Families is committed to a diligent search for prospective parents for every waiting child. This search includes the use of Exchanges and an inter-agency effort to insure that placement of a child in an appropriate household is not delayed in the search for a same race or ethnic placement. The Department has continued its contract and partnership with the Massachusetts Adoption Resource Exchange (MARE) to fulfill these efforts. MARE maintains a computerized registry of waiting children and families. All MARE and DCF recruitment events can be found on the MARE Website. Many MARE publications and portions of the MARE Website are in English and Spanish. MARE has bilingual and bicultural staff members who work with Spanish speaking inquirers.

The MARE "Children Waiting for Adoption" Photolisting provides a photo and child information about the waiting children. That information is available in both English and Spanish. Photolisting of children of Latino/biracial Latino descent have an additional page in Spanish.

Annually, several "adoption parties" are planned to specifically target Latino families and families of color. The annual adoption party for children of Latino heritage takes place in Western MA in November. In February 2009, MARE held an adoption party at the Boys and Girls Club in Dorchester, MA. This community has a high percentage of families of color. Over 85 families attended this event. These parties and the subsequent informational meetings are publicized widely among minority communities. DCF and MARE also collaborate on a Latino Information event in the Boston Region in Early summer each year.

There is a monthly child specific television series on *Univision* (the international Spanish language station; MARE's features broadcast throughout New England that primarily features children of Latino heritage. This recruitment effort began in November 2005. This medium has resulted in 727 inquiries to date. Additionally, Univision has also been instrumental in publicizing many informational meetings, National Adoption Day events and adoption parties.

There are ongoing child-specific features of children of Latino heritage in El Pueblo Latino (weekly) and Rumbo (bi-weekly). Additionally, special features appear in El Mundo, Siglo 21 and La Semana, as space allows. MARE staff are also regular guests on Spanish-speaking radio programs to promote adoption parties, informational meetings and events like National Adoption Day.

The Heart Gallery has been a program of MARE since 2005. The Heart Gallery is a striking exhibit of professional portraits of children currently in foster care and waiting for permanent homes. Professional and amateur photographers volunteer their expertise to create visual images of the children. The children featured include school age children, sibling groups, children of color of all ages, and children with emotional and physical disabilities. It has continually received wide press coverage, including multi-page layouts in the Boston Globe, the largest newspaper in Massachusetts. The Heart Gallery features over 35 foster children in Massachusetts who are in need of permanent homes, over half of whom are children of color. The Heart Gallery locations include Braintree, Springfield, Worcester and Boston, all communities with large numbers of families of color.

MARE has been a partner in the Department's National Adoption Day efforts. On November 21, 2008, National Adoption Day was held in 8 Courts in Massachusetts:

The eight cities and courts celebrating National Adoption Day in Massachusetts on 11/21/08 were:

Boston – Edward W. Brooke Courthouse

Brockton - George N. Covett Courthouse

Cambridge - Middlesex County Juvenile Court

Hadley - Franklin/Hampshire Juvenile Court

Pittsfield - Berkshire Juvenile Court

Salem - Essex County Juvenile Court

Springfield - Hampden County Juvenile Court

Worcester - Worcester County Juvenile Court

208 children were adopted by 161 adoptive families - there were 36 sibling groups adopted across the state.

Boston – 26 children, 21 families, 4 sibling groups

Brockton – 34 children, 28 families, 5 sibling groups

Cambridge – 17 children, 14 families, 2 sibling groups

Hadley – 15 children, 13 families, 2 sibling groups

Pittsfield – 18 children, 13 families, 5 sibling groups

Salem – 11 children, 10 families, 1 sibling group

Springfield – 33 children, 21 families, 6 sibling groups

Worcester – 54 children, 40 families, 9 sibling groups

Of these 208 children, 96 were boys and 161 were girls; there were 26 sibling groups of 2; 5 sibling groups of 3 and 2 sibling groups of 4.

The event continually receives a tremendous amount of positive press on network and local television, as well as in the print media.

MARE's Website includes an Online Photolisting of children, the majority of whom are children of color. MARE also manages the Massachusetts children listed on the AdoptUsKids National Website. The AdoptUsKids campaign has resulted in 9,116 inquiries regarding the 630 children in foster care in Massachusetts who have been registered on the AdoptUsKids Website since its inception. Between November 1, 2002 and May 31, 2009, fifty-two percent of those children registered have been placed in an adoptive home.

MARE has been the AdoptUsKids Recruitment Response Team for Massachusetts. Through this program, MARE has supported and tracked 1008 families, 146 of whom are Spanish-speaking, since November 1, 2002.

Increased Corporate Support

In collaboration and partnership with MARE, the Department has continued to receive considerable support from Jordan's Furniture. Eliot Tatelman, a prominent eastern Massachusetts businessman, continues to share his credibility and experience with DCF. He has actively promoted adoption and foster parenting. He has hosted a Statewide Staff Discussion with DCF family resource workers to explore the need to recruit and retain foster parents and with the Statewide Managers. Together with his brother, Barry, Eliot has funded, wrote, and appeared in a Recruitment Campaign that included a segment on Chronicle (a network television news magazine) in June of 2004. That was followed with "Fostering Love, Creating Families" segments that aired on a network affiliate every Tuesday and weekends during the six o'clock news from 9/04 through 6/05. The campaign ended with a TV Special on Foster Care which aired on 6/29/05. The most recent series of segments featured foster and adoptive parents and youth and were aired on all of the Greater Boston Media radio stations every Tuesday during the six o'clock news hour from 10/1/05 through 6/30/06. The summer of 2008 was the third time Jordan's Furniture donated the back page of their furniture catalog to feature a montage of DCF children awaiting permanency who are featured in the Heart Gallery. "If you still feel that something is missing from home, maybe it isn't furniture. Consider Adoption. Call MARE today!" This catalog was mailed to over 100,000 families each season. The mailing label is on the back page so that everyone receiving the catalog sees pictures of waiting children.

Eliot Tatelman has continued to challenge the Department to maintain a system of prompt and courteous response to families. He challenges himself to deliver people interested in becoming foster and adoptive parents. He has personally reached out and talked with families that have inquired about fostering or adopting. Due to his public appeals, Eliot has made a number of suggestions to improve the Department's response to those interested in becoming foster or adoptive parents.

Eliot developed the Jordan's Furniture "PLUSONE Challenge" to Foster and Adoptive Parents across the state. All active foster and adoptive parents were asked to "recruit one" individual or family starting July 1, 2006 to run through April 22, 2007 in an attempt to help the Department increase its number of foster families for children needing out of home placement. That effort resulted in 675 new foster families.

Jordan's Furniture has been a partner with DCF in the recruitment of families for children since 1998 and has consistently challenged us to think creatively and differently about how we do our work.

Each and every Foster, Pre-Adoptive and Adoptive Parent; DCF, MARE and AMS Contract Agency staff person is being challenged to "*Recruit One*" individual / couple to become a foster or adoptive parent because finding families to safely care for our kids is *everyone's business*!

The PlusOne2 Challenge started on January 15, 2009 during the third session of the Department of Children & Families "Strategies & Shared Learning: Recruitment and Retention of Families for Adolescents" when Eliot Tatelman, CEO of Jordan's Furniture entered the room, Kicked-off the PlusOne recruitment campaign and challenged those present to find families for adolescents. The PlusOne2 Challenge will officially end on Wednesday, March 31, 2010. The first PlusOne Challenge was issued in the State House by on May 3, 2006. The strategy is that foster and adoptive parents make the best recruiters. They speak from the heart as to why they foster and /or adopt children from DCF. Their stories are compelling. The stories make people think about fostering and/or adopting themselves. They called upon all foster, adoptive, kinship and child specific families and encouraged to recruit "just one" new family from among their family, friends and social networks. There were 675 NEW families that resulted from that challenge. The need for families continues. A "PlusOne2 Family" is defined as a person or couple that has been licensed and has taken a placement of a child/youth between January 15, 2009 and March 31, 2010. This includes new unrestricted and new restricted (kinship and child specific) families and former and/or current restricted families that become unrestricted families.

Unrestricted : A newly recruited person / couple that completes MAPP training, becomes licensed and takes a placement OR a former or current Kinship or Child Specific person / couple that completes MAPP training, becomes licensed and takes a placement.

Restricted: A newly identified person/couple that becomes a licensed Kinship or Child Specific family for a child and takes the placement.

All Other Situations will be reviewed by the Leadership Team on Recruitment and Retention for determinations.

The goal for each Office was determined by the Area Office Team that attended the "Strategies & Shared Learning: Recruitment and Retention of Families for Adolescents" Session III on January 15, 2009. Those goals are specific to the number of families for adolescents that the Team determined. A Recognition Event, hosted by Jordan's Furniture, which will be in celebration of those offices that reached or exceeded their overall new family goals as well as those goals specific to new families for adolescents. It is the journey to meet the challenge that we learn our greatest lessons in partnership with one another as we strive to have "more than enough" families for children needing short term foster care and long term permanency.

Private Agencies

The Department has continued to maintain a strong collaboration with private agencies. The mutual goal is to have a varied and flexible professional and user friendly system of response to each and every person who calls seeking information about adoption and foster care. This partnership has enhanced the Department's ability to provide diversity in recruitment efforts. Specifically, it has allowed the Department to provide more training groups (MAPP) with staff of the same language or culture as the participants. This collaboration has supported the establishment of Regional Adoption Coalitions, a Statewide Adoption and Advisory Board, and increase in the number of Adoption Parties and Informational Meetings in all communities across the state. The role of private agencies has been expanded to better meet the needs of children in care and the rates for specific services has been adjusted to meet the current cost of providing services.

Support Services

Since October of 1997, Child and Family Services of New Bedford has received funding through the Dept of Children and Families to provide statewide Post Adoption Support Services for Massachusetts. Originally known as Adoption Crossroads, in 2004 the name was changed to Adoption Journeys.

Adoption Journeys provides home based family focused services across the Commonwealth. Adoption Journeys offers a 24 hour 1-800 Information and Referral line for adoptive families and for professionals, home based supportive services through our Regional Response Teams, adoption competency training & consultation for mental health professionals, support groups, and time limited respite & social activities.

To be eligible for services a family needs to be living in Massachusetts and have a legalized adoption and/or permanent legal guardianship. In the last year, 18% (113) families served by the program had adopted internationally. Adoption Journeys has served 632 adoptive families in the fiscal year 2009 for a total of 1,216 adoptive families served during the fiscal years 2007, 2008 and 2009.

Permanency Planning and Recruitment

The Department is committing to obtaining the highest degree of permanence for every child in care. We have developed a renewed appreciation of the need for permanence for older youth in care, particularly those who are unable to return home. While we remain committed to continuing to increase the percent of children adopted from foster care, we recognize that adoption may not be the best form of permanence for all children. Our increasing use of kinship resources has demonstrated that for many families, guardianship may be in the child's best interest.

This state has a very broad definition of kinship. In the current draft of our Family Resource and Permanency Planning Policy Kin" is defined as *those persons related either by blood, marriage or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or a significant other adult to whom the child and parent(s) ascribe the role of family based on cultural and affect ional ties or individual family values.*

Some families that we deal with come from a culture where adoption is unacceptable and guardianship is common. As we recruit from the child's extended family, we must be aware of their cultural needs as well as the child's need for permanence.

Older youth may have a connection and allegiance with their birth parents that makes adoption a difficult concept to accept. Guardianship or some other form of permanent connection with an adult may be in the best interest of those children.

We have utilized the concepts developed by Pat O'Brien's *You Gotta Believe* program in New York. The Department has sponsored a number of trainings featuring Mr. O'Brien and his staff in the last three years. These trainings have been aimed at managers, adoption staff, adolescent staff and family resource staff.

The Breakthrough Series Collaborative on Adolescent Permanency was an innovative and very successful use of the Breakthrough Series model. In October 2005, managers and executive staff members state-wide were introduced to the BSC model. Then in November, MDSS launched the BSC on Youth Permanence by starting the Plan-Do-Study-Act process with six teams from our 29 area offices, along with teams from Maine and Rhode Island. We engaged all Massachusetts DCF staff in the concept that every child will have a family or a close approximation to a family upon leaving the care of this Department. We challenged the teams to identify and to spread best practices in creating permanence for youths while fostering experimentation and change at all levels of the organization. We learned a tremendous amount in this short time. We recognized early into the BSC that to achieve our stated goal of having every youth leave the Department with a family or the closest possible approximation to a family, the Department has to remain involved in a youth's life past the 18th birthday, when necessary. Many of our staff members have found innovative and effective ways to move youths to family relationships, occasionally in spite of our existing regulations and practices!

More than that, the BSC generated an excitement about improvements and an increased commitment to meeting the needs of youths in our care. Some innovations in practice are still small; others have been spread state-wide.

One of the changes that we have adopted state-wide is a revision of service plan goals to reflect our commitment to permanency. The goals adopted by the Department are:

Permanency through Stabilization of the Family

Permanency through Reunification with the Family

Permanency through Adoption

Permanency through Guardianship

Permanent Care with Kin

Alternative Planned Permanent Living Arrangement (APPLA). APPLA always must include these three prongs: a permanent connection, a stable living arrangement, and life skills training.

As an agency, the two most important lessons taken from the BSC process are an appreciation of the dedication and willingness of our staff members to work towards permanence when they feel that the Department is supporting them and a much deeper understanding of the value of the input that we can get from the youths in our care.

The Statewide Leadership Group on Adolescent Permanence arranged for a training to support the revised service plan goals. Bob Lewis, author of the "Family Bound Program" and trainer on the issue of permanency planning, will be providing a training entitled Permanence for Every Youth in May and June,

2008. The training was aimed at Social Workers and Supervisors, but was open to all staff. The training in May on “Permanence for Youth” reminded participants that achieving permanence is a process, a continuum.

Learning to do permanency work and incorporating the skills to do it is also a process. To make permanence as intuitive as safety within their practice, workers need to think of how they incorporate the work of the "continuum of permanence" for each child on their caseload, not as additional work but as different work. The training built on what participants knew and provided them with a vision of the continuum. The training also identified specific tools to achieve permanency for every youth in DCF so that no child will leave care without a permanent connection.

In March, 2006, Massachusetts was invited to send 20 staff to a presentation by Kevin Campbell. Mr. Campbell was, at that time, was a technical assistance provider for the National Resource Center for Family Centered Practice and Permanency Planning at the Hunter College of Social Work in New York. The Agenda included a discussion of powerful data searches and engagement strategies that were being used to connect thousands of children living in foster care to fit and willing family members and non-custodial fathers who previously were not involved or lost from the lives of young people. The “Team of Twenty” met at least monthly, from June through September, 2006 and developed a proposal which recommended that Massachusetts allow one or more “Search for Permanency” pilot sites, in order to test several designs to help youth aging out of the Department and children who have a goal of adoption, but have been waiting for a permanent family for more than two years. Massachusetts hopes to replicate the positive experiences for children who emerged from the Catholic Community Services of Washington State program with family connections. Permission was given and in January, 2007, six Regional sites were identified and began to develop strategies and design a test model from which to begin a “Search for Families” so that every child leaves care to family. The goal of the pilot sites is to put youth in touch with their roots; provide them with additional support and supporters in their life and, perhaps, permanent placement with family or adults willing to build a commitment to permanency. As a direct result of Family Find interventions:

9 children were placed in permanent placements with relatives

14 will be transitioning to placements or have new placement options

34 have located visiting resources who were previously unknown to DCF

19 cases have located relatives and initial contact is occurring.

Lessons Learned from our pilot sites have taught us:

Family Finding is an essential intervention for the children of the Commonwealth.

Family Finding works in locating life- long connections for our loneliest children; however, it’s very time consuming. Workers need to be allotted adequate time to conduct searches, work with the children and interview family members.

Would like to see the program expanded to include the “front door” when children initially become involved with the Department, so children no longer “get lost” in the system.

Need to examine conventional child welfare practice and attitudes about family members.

A Family Finding Social Worker or Family Finding unit in every office would make a huge impact on the children and families we work with.

Family Finding should be partnered with the work of the Family Group Conference Social Workers.

Group Supervision for all Family Finding Workers with Regional staff would be beneficial in providing support, exchanging ideas and ensuring consistent standards.

Accurant or a similar search program is imperative to the program. These search programs provide first and second degree relatives of the person searched, as well as neighbors, current phone numbers and information on out of state residents. This information is not available through traditional search methods.

DCF hopes to be able to develop, design and implement an expansion of the Search for Permanency/ Finding Families program in FY'2010 and build on the work that has begun. Massachusetts hopes to look at a formal exploration of kin at entry; look at how this work might support the family engagement model; look to see if this work strengthens the father's initiative and look at how this work can be supported by and with teaming. Massachusetts would like to systemically build capacity for early and continued exploration of kin, including paternal and maternal family members, foster and adoptive families who can provide for children with concurrent planning as well as a thorough exploration of youth's existing and past relationships to find those willing to build commitment to become adoptive parents or enter into some type of permanent relationship with the child. On July 1, 2009, there will be twelve individuals hired as Family Group Conference / Family Find Coordinators, two full-time positions in each of the six Regions, who will focus on expanding the work of finding families throughout the Department in a consistent, comprehensive and aggressive manner.

Essential and critical to this work, will be to identify, involve and bring those leaders within and outside the agency who have developed existing initiatives and best practice models to the table for input on to ensure that how best to integrate what has been deemed successful and promising practices (lifelong connections, teaming, family engagement and family group conferencing) into the design of the Massachusetts model for finding families.

Commonwealth of Massachusetts

Department of Children & Families

Child and Family Service Plan

Health Care Services Plan

DCF Health Care Services Plan

Current Initiatives and Recommendations for the Future

This report was compiled through collaboration of the following individuals:

Florence Kelley, RN
Isaac Pugh, MSW
Mary Lutz RN, MPH
Laurel Leslie, MD, MPH
Tom Mackie, MPH

The following provides information regarding how DCF seeks to ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements:

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

Current Initiatives

- **Medical Exams for children entering DCF care or custody.** Since 1998, there has been a directive stating all children in DCF custody receive a medical screening examination and comprehensive medical examination within 7 and 30 days of entering DCF care or custody, respectively.
- **State Policy.** DCF is currently in the process of finalizing a policy to formalize the process and to stress the importance of all children in DCF custody receiving the medical screening examination and comprehensive medical examination within 7 and 30 days of entering DCF care or custody, respectively. As compared to the prior directive, this policy provides greater detail about the role of the social worker, foster parent, and healthcare providers in scheduling, coordinating, and communicating the findings of the initial and comprehensive assessments. This policy also states that all children in DCF custody be given healthcare in accordance with the EPSDT periodicity schedule.
- **Monthly Operations Report.** DCF issues a monthly operations report that provides the percentage of children in DCF custody who receive the initial and comprehensive assessments within their respective timeframes. These data are collected from the agency's case management database - FamilyNet. The operations report provides state percentages, and also disaggregates the data by region and area offices. These monthly reports are disseminated to and reviewed by DCF staff at the central, regional and area offices.
- **Access to MassHealth EPSDT and Claims Data:**
 - i. The DCF Health and Medical Services Team (HMST) has access to information from the MassHealth system regarding healthcare services provided to DCF involved children and whether DCF involved children received the visits required for their age.
 - ii. The HMST also has the ability to request All Services Reports directly from MassHealth for children in DCF custody in specific cases where past provider or medical treatment information is not accessible.

Recommendations

- **FamilyNet Prompts.** The current case management database, FamilyNet, would benefit from providing social workers with prompts for EPSDT visits based on the age of the child. The prompts would aim to assist social workers in remaining informed

and ultimately compliant with the EPSDT periodicity schedule for children in DCF custody.

- **Update Monthly Operations Report.**
 - i. Currently, the monthly operations report sets targets for 50% of children in DCF custody to receive the initial and comprehensive assessment within their respective timeframes. The Commonwealth should aspire to a target rate of 80% for the delivery of the initial and comprehensive assessments within their respective timeframes.
 - ii. For measures of well-being, the monthly operations report provides data on the timely delivery of the initial and comprehensive assessments. In addition to its current attention to these assessments, the operations report would benefit from including additional data points, such as compliance with the EPSDT periodicity schedule for each child in DCF custody.
- **Supervisor Review.** In the periodic review of social workers by supervisors, specific attention should be given to the attainment and documentation of medical care provided to the child in DCF custody. At a minimum, this periodic supervisory review should include FamilyNet documentation of compliance with the timely delivery of the initial and comprehensive assessments, as well as the EPSDT schedule.
- **Group Care Providers.** Assist group care providers to obtain needed visits (e.g., through Nurse Practitioner visits to residential settings on a periodic basis.)
- **Training:** Train supervisors and Family Resource Workers on the importance of healthcare delivery for children in DCF custody, and in meeting the standards for timely healthcare delivery and documentation.

2. How health needs identified through screenings will be monitored and treated

Current Initiatives

- **Treatment.** While the caretaker (e.g., foster care parent, group care provider, etc) schedules and transports a child to medical care, the social worker is ultimately responsible for ensuring that identified healthcare needs have been met. Both social worker and caretaker are supported by other DCF staff, including the supervisor of the social worker, the Health and Medical Services Team (includes 6 regionally-located and 2 hospital-based nurses, and a Medical Director, Medical Social Worker, and Nurse located in the Central Office.) The health needs of children in DCF custody are currently monitored by DCF Social Workers in concert with other DCF workers (including the supervisor, and members of the Health and Medical Service Team.) The treatment of identified health needs is supported by the following services:
 - i. **Comprehensive Coverage under MassHealth.** DCF has the ability to directly enroll its children in MassHealth. With the arrival of a new database (NewMMIS), enrollment occurs in real time facilitating immediate access to insurance benefits.
 - ii. **Dear Doctor Affidavit.** The Health and Medical Services Team created forms that help to ensure that the social worker is fully informed about a proposed treatment prior to providing consent as the legal guardian.
 - iii. **WIC Qualification** DCF involved children are eligible to receive WIC services and DCF social work staff are well versed in the process of obtaining these services
 - iv. **Newsletters.** The Health and Medical Services Team issues newsletters to provide DCF staff with relevant information about the treatment of healthcare conditions that affect children in DCF custody, topics to date include Hepatitis C, MRSA and Head Lice. Topics for the future include Drug Exposed Babies, Flu, Diabetes, Obesity, Food Allergies and Asthma.

- **Monitoring.**
 - i. A system to monitor treatment after the initial and comprehensive assessments currently exists. Healthcare providers fill out Encounter Forms, which are then provided to the DCF social worker. The social worker then enters these data into the Family Net system. Once entered into the database, a Medical Passport is printed out from Family Net; the medical passport includes new medical information alongside the medical history. The Medical Passport is designed to follow children between placements and is updated as new medical documentation is entered into FamilyNet. FamilyNet also includes a Medical History document that is also printed out directly from the system and includes the medical information that has been entered into FamilyNet.
 - ii. The HMST advises staff in determining whether a specific medical treatment is routine or extraordinary in individual cases. The Dear Doctor affidavit is used to collect information for this purpose from the medical providers. Treatments determined to be extraordinary per DCF regulations require judicial review.

Recommendations

- **Family Net fields.** Add developmental status into Family Net and the medical passport.
 - **Early Intervention Services.** Implement formal Early Intervention policy and train staff around this policy.
 - **Medical History Dissemination.** Provide healthcare provider administering the comprehensive assessment with the medical history prior to conducting the assessment.
3. How medical information will be updated and appropriately shared, which may include the development and implementation of an electronic health record

Current Initiatives

- **Family Net System.** The Family Net system currently stores medical information for children in DCF custody. Data in Family Net are routinely shared either in the medical history, which records care received prior to placement in DCF, or the medical passport, which documents medical information from before and after entering DCF custody.
- **Encounter Forms.** After a medical encounter, the medical provider completes the Encounter Form and then it is submitted to the ongoing social worker. These data are then entered into the Family Net system and the hard copy is stored.
- **Special Kids/Special Care Program:** collaborative effort between DCF, MassHealth and Neighborhood Health Plan to provide care management by pediatric nurse practitioners to children with unstable or complex medical conditions and intensive medical needs
- **Medical Residence Foster Care Program** Medical Residence Foster Care is a model of foster care that is designed to provide care and treatment supports to children and youth who require intensive medical care management and coordination. Foster families recruited to serve as Medical Residence foster homes must receive extensive ongoing specialized training. The profile of children and youth who require Medical Residence foster homes includes children with complex and/or serious medical conditions requiring regular skilled and non-skilled home care, medical advocacy, complex medical management, services by numerous medical specialists, and often a range of medical equipment. Such children experience or are at risk for life-

threatening events and require intensive ongoing close monitoring. Examples of children requiring this level of care include but are not limited to children who:

- Have tracheotomies;
 - Require oxygen supplementation;
 - Are ventilator dependent for all or part of the day;
 - Are diagnosed with cancer and are receiving treatment;
 - Are diagnosed with serious birth defects that impair their functioning and require skilled care;
 - Have serious medical conditions resulting from prematurity; or
 - Require intravenous or tube feedings and have complex or unstable medical conditions.
- **Individualized Care Plans.** Medical Residences and the Special Kids Special Care Program update the care plans quarterly and to provide the care plans to foster parents, medical providers and DCF staff.

Recommendations

- **Access to MassHealth data.** Establish an electronic transfer of medical information (e.g., information regarding past healthcare providers, hospital admissions and medical conditions) from the MassHealth claims data, available in NewMMIS, into Family Net.
- **Supervisor Training.** Train supervisors on the importance of medical documentation
- **Educate on HIPAA Privacy Laws.** Educate healthcare providers, DCF staff, and foster parents on these privacy laws as they pertain to children in DCF custody.

4. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care

Current Initiatives

- **Implementation of formal policy regarding medical exams for children entering out of home placement:** The policy being implemented specifies that whenever possible, the medical screening and comprehensive exams should be done by the previous primary care provider.
- **Special Kids/Special Care.** Enrollment in Special Kids/Special Care for children with exceptional healthcare needs.
- **HMST and School Nurse Collaboration.** Increased collaboration between school nurses and the Health Medical Services Team. This collaboration facilitates appropriate school accommodations and the sharing of relevant health-related information between the agency and school system.
- **Enhanced PCC(Primary Care Clinician) Plan.** DCF staff from the HMST is currently working with MassHealth to establish a PCC Enhancement Plan for children in DCF custody. This initiative is part of the EOHHS Medical Home Initiative and is focused on creating a medical home for DCF involved children given their unique circumstances and needs.
- **Information on past providers:** The HMST has access to past providers through the information in NewMMIS and by requesting All Service Reports directly from MassHealth.

Recommendations

- **Identification of Medical History.** Gather information from biological parents, school, and school nurses prior to child entering DCF custody.

5. The oversight of prescription medications

Current Initiatives

- **Rogers Process.** The Rogers Process requires judicial review prior to providing psychotropic medications to children in DCF custody.
- **Mental Health Specialists.** DCF Regional Mental Health Specialists provide consultations to social worker staff around behavioral healthcare needs and medical prescriptions.
- **DCF Child Psychiatrist.** The Mental Health Specialists have access to consulting child psychiatrists.
- **DCF Regional Nurses.** The DCF Regional Nurses provide advice to DCF staff around questions related to prescription medicines.
- **Director of Psychiatry.** The agency has a Director of Psychiatry in place, Dr. Russ Livingston. The HMST collaborates closely with Dr. Livingston and has implemented quarterly Grand Rounds for review of specific cases and obtaining clinical updates and training on mental health topics, including medications.
- **Family Net.** The Family Net system provides an ongoing record of prescribed medications provided to the child. This information is then communicated to future caregivers and healthcare providers by way of the Medical Passport.
- **HMST Access to Consulting MassHealth Pharmacist:** The HMST works with one of the pharmacists from the Drug Utilization Review Program at MassHealth to obtain clinical information and advice when questions arise that pertain to use of prescription or illegal drugs.

Recommendations

- **Periodic review of prescribed medications.** The review of medications prescribed at the case level would be helpful to monitor the appropriate provision of medicines.

6. How DCF actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children

Current Initiatives

- **DCF Staff Training:** Children's Hospital Boston provides trainings for DCF staff around Diabetes.
- **HMST Training:** The Health and Medical Services Team routinely invites specialists to speak to the team on topical areas, such as Genetic Testing, ADHD/Psychopharm, and mitochondrial disease. In addition to external speakers, the DCF psychiatrist offers grand rounds and case reviews for the HMST.
- **Training on medical issues for DCF social work staff and foster parents:**
 - i. The DCF HMST has worked with Children's Hospital to do regionally-based trainings on Diabetes. The DCF Regional Nurses provide trainings to staff and foster parents on a variety of healthcare topics.
 - ii. The HMST has developed a manual for the Training Unit that includes a range of healthcare information and resource tools for new social workers.
- **Protocol for Obtaining Additional Medical Recommendations:** For proposed orders to forgo or discontinue life sustaining medical treatment (LSMT) or to fulfill orders for psychotropic medications, DCF has established processes for accessing medical recommendations from providers other than the treating provider and from hospital Ethics Committees that lead to judicial review. Additionally, all existing orders to forgo LSMT undergo a yearly review to determine whether the order is still medically justified.

- **Collaboration with Child Protection Teams:** The HMST works closely with CPTs in hospitals statewide to closely collaborate regarding the range of health and psychosocial issues for children with suspected abuse or neglect. Physicians and the DCF Nurse Liaisons from the Childrens Hospital CPT provide training to new social work staff about assessment of nonaccidental trauma.
- **DCF Childrens Hospital Boston Nurse Liaisons.** The responsibilities of the DCF Nurse Liaison remain focused upon the health care needs of children in DCF custody or under DCF purview as a result of a 51-A. Many seriously injured children are transferred from other health care institutions to Children's Hospital Boston because CHB offers such a wide array of specialty medical services and because of the expertise that the Child Protection Team brings to the diagnosis and response to cases of suspected child maltreatment. The DCF Nurse Liaison is closely involved in every aspect of such cases; assisting in the assessment of complex medical needs, interpreting and transmitting complex medical data for DCF staff during the investigation and assessment phases and developing safe discharge plans for those children moving from the hospital setting to home, rehabilitation or other alternative care facilities.

Recommendation

- **School Nurse and DCF Partnership.** Enhance partnership with school nurses.
- **Improve Medical Training for Substitute Care Providers.** Improve foster parent training on health, Medicaid, and Mental Health.

7. **Quality Assurance Measures.** Activities listed above require periodic data reviews to determine the degree to which healthcare services are being provided in accordance with DCF policies and the EPSDT Periodicity Schedule, routine review of comprehensive data entry by social workers, and continuity in services. Moreover, these recommendations require a clear mandate and commitment from the DCF senior leadership team.

Involvement of Experts and the MA Medicaid Agency:

MA DCF has had an ongoing relationship with the state's Medicaid agency, the Division of Medical Assistance (DMA), which oversees the MassHealth program. The most recent collaboration with the MassHealth program has been regarding the implementation of a new MassHealth automated system, NewMMIS, and the training of the DCF Medical Services Unit team members and other DCF staff. We are currently working with a team from MassHealth to determine how to implement a statewide Medical Homes initiative for DCF involved children. We worked with MassHealth to develop an agreement by which we have access to the 'All Services Reports' which provide information regarding a child's past history of providers and services. Collaboration with DMA will continue in order to maximize the availability of data through the NewMMIS system.

Collaboration with medical experts and child welfare staff includes current collaboration with Dr. Laurel Leslie, a pediatrician at Tufts Health center and national expert in the area of healthcare for children in foster care; Tom Mackie, a doctoral candidate at Brandeis in social policy; and the team of pediatric nurse practitioners from the Special Kids/Special Care program. In terms of the policy on the 7 and 30 day medical exams, input was received from a wide array of pediatricians across the state, including pediatricians associated with the Child Protection Programs at the major teaching hospitals statewide.

Commonwealth of Massachusetts

Department of Children & Families

Child and Family Services Plan

Statistical and Supporting Information

Statistical and Supporting Information

The following information must be reported in the CFSP:

Juvenile Justice Transfers

- **Provide a description of the 'number of children under the care of the state child protection system who are transferred into the custody of the State juvenile justice system.' States should provide contextual information about the source of this information and how they define the reporting population**

DCF, the state child protection agency, does not transfer custody to the Department of Youth Service (DYS), the State juvenile justice agency. In July 2009, DCF matched its records with children committed to DYS during calendar year 2008. DCF had custody of 184 youth on the same day that they were committed by the courts to DYS, or declared a „youthful offender.’ For 44 of these youth, DCF custody ended on the same day that DYS was granted custody. The remaining 140 were in joint DCF /DYS custody for some period of time. The Department does not track discharge dates for DYS youth on its FamilyNet system, so is unable to determine how long joint custody continued.

Inter-Country Adoptions

- **States must report the number of children from other countries and who entered into State custody in FY2008 as a result of the disruption of the placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution;**

The Department reviewed the cases of children who entered care who were previously adopted and did not find any children who entered into care in FY 2008 who met the criteria for entering as a result of a disruption of an intended international adoption or who experienced a dissolution of an international adoption.

Timely Home Studies Reporting and Data

States are asked to provide the following information for FYs 2007 and 2008:

- **The frequency with which the State needed the extended 75-day period for an interstate home study begun on or before September 30, 2008;**
- **The reasons why the extended compliance period was needed;**
- **The extent to which the extended compliance period resulted in the resolution of the circumstances that necessitated the extension, and**
- **The actions taken by the State and any relevant Federal agency to resolve the need for an extended compliance period.**

Interstate Compact on the Placement of Children [ICPC] - MA Receiving State Statistics
Compiled by Sharon Curry – MA DCF ICPC Administrator

10/1/2006 - 9/30/2007

Total # of ICPC Referrals	297
ICPC's completed in 30 days	52

ICPC's completed in 60 days	103
ICPC's completed in 75 days	34
ICPC's completed in beyond 75 days	80
Miscellaneous	28

Note: 12 of the requests were withdrawn after the Area office or the Adoption Contract Unit started working on the referral. There were 2 Compact Violations. In addition, 7 cases couldn't be accounted for because the cases were closed without any disposition being added to the data base or on FamilyNet (In MA we purge cases 6 months after closing). There also was 1 case that was a Jurisdictional-dismissed case before the home study could be completed.

10/1/2007 - 9/30/2008

Total # of ICPC Referrals	295
ICPC's completed in 30 days	51
ICPC's completed in 60 days	97
ICPC's completed in 75 days	33
ICPC's completed in beyond 75 days	95
Miscellaneous	21

Note: There was 1 case where the children were returned to the parents before the Parent Assessment could be completed because the Sending state's (NH) law changed; the law stated that when parents moved out of the state of NH their children could be placed with them and that the Interstate Compact did not apply. There were several cases where the resource did not respond in a timely manner and the case is pending. In addition, there were 5 cases where the request was withdrawn before the home study or Parent Assessment could be completed.

With regard to the cases that took 75 days or longer to complete the reasons could be as follows:

- The resource did not respond in a timely manner to start the home study or parent assessment. They do not submit the references or medicals on time.
- The BRC/CORI information was not completed because the resource did not follow through on going to the site to get their finger prints done.
- Micro fiche CORI information was not submitted by the Criminal History Board.

Child Welfare Demonstration Activities

- **If the state has been awarded a demonstration waiver under Section 1130 of the Act, it must provide a description of its coordination efforts to integrate the activities under the CFSP with the goals and objectives of the demonstration. In particular, the State must discuss how title IV-B monies are used to maximize the use of flexible title IV-E dollars in the demonstration.**

Massachusetts does not have a child welfare demonstration project.

Foster and Adoptive Parents Recruitment

- **Describe the State's progress and accomplishments made in FY 2009 with regard to the diligent recruitment of potential foster and adoptive families that reflects the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed; and**
- **Explain planned activities for recruiting foster and adoptive families in FY 2010.**

Please see the detailed description of the Massachusetts' progress and accomplishments with regard to the diligent recruitment of potential foster and adoptive parents in the separate section of this CFSP.

Adoption Incentive Payments

- **States must specify in the CFSP the services it expects to provide to children and families with the adoption incentive funds and its plans for ensuring timely expenditure of the funds.**

Massachusetts DCF did not receive adoption incentive funds in FFY 2009 and does not anticipate that these funds will be received in FFY2010.

In past years, Massachusetts has received adoption incentive funds. A significant amount of this money has been used to support our efforts to recruit and retain homes that provide both short term care and permanent homes for children. DCF expended funds for advertising in print and electronic media. This included using both English and Spanish media outlets across the state. Additional funding was used to purchase materials used by DCF's in-house graphic designer. The Department produced a significant amount of material designed and created for targeted recruitment, retention, and training events. The ability to produce this material in-house resulted in greater flexibility in what can be made available to staff as well as a significant reduction in the cost of low volume print jobs. Funds were also committed for the targeted recruitment efforts of each of the 29 Area Offices and 6 Regional Recruitment Units.

The adoption incentive funds were also used to provide training to youth, staff and community partners. We have held a number of trainings aimed at improving Well-Being and Permanency outcomes for all children in care. These trainings have been designed to help DCF staff learn to move the search for potential placement resources from the end of a stay in care to the earliest contact with families. Understanding how to identify and engage family and kin through the entire process leads to better outcomes for all children, not just older youth. Massachusetts based trainers as well as nationally recognized speakers provided this training. These trainings also supported, but were not the primary training, for the Revised Service Plan Goals. These goals were introduced in January of 2008 and each goal requires that there be a permanent connection with a responsible adult.

The ability to use these funds to stipend youth and fund their participation in trainings and at national meetings has been a huge benefit to our work. While we still have work to do in learning to adjust our schedules and thinking to include the voice of youth in our work, we are constantly learning from them. Incentive funds were also used to support the second Massachusetts Youth Summit which will be held in 2008. The Summit promotes permanence, including adoption, for older youth. Incentive money has been used to leverage funds from other state agencies that serve youth in DCF care.

Services to Children Adopted from Other Countries

- **Describe activated that the state has undertaken for children adopted from other countries including the provision of adoption and post-adoption services.**

*Adoption Journeys in Massachusetts is a post-adoption service of Child and Family Services provided through regional agencies throughout Massachusetts. It is a network of services and supports for adoptive families, after an adoption has been finalized, or guardianship has been granted. This network is built at all levels across the state, in each region and in communities. **Adoption Journeys** supports families in building their own networks. **Adoption Journeys** services are provided through private agencies and are funded and supported by the Department of Children and Families. Adoption Journeys services are provided to any family which has adopted children (i.e., the adoption has been finalized) or who have been designated permanent legal guardians by a court order. **Adoption Journeys** is based on an understanding of the joys and challenges adoptive families face, as well as of the strengths and resources families have to cope with these challenges. **Adoption Journeys** is designed to support adoptive families in exploring and understanding their strengths, resources and needs. The **Adoption Journeys**’ “Parents Guide to Services” is available for review upon request.*

Child Welfare Visits

- **A description of the activities implemented by the State to make yearly progress to meet the requirement that by October 1, 2011, 90 percent of children in foster care are visited by their caseworker on a monthly basis.**

Monthly Caseworker Visit Data

To address the requirements for reporting monthly caseworker visit data, DCF established an internal workgroup, which crosses all DCF divisions, in the Fall of 2006. This group has been meeting on a regular basis to review the current policies and procedures around caseworker visitation of children in out of home placement as well as to plan for production of the required data which includes the percentage of children who were visited on a monthly basis by the caseworker handling the case of the child and the percentage of the visits that occurred in the residence of the child.

The Department’s SACWIS system (FamilyNet) has contains the necessary data to document and track caseworker/client visits for children in placement. DCF has created a report to monitor these visits. The report utilizes the following data elements:

To be considered in placement for the purpose of this report, the child must have an open out of home location(s), including “On the Run,” that lasts one entire calendar month.

Data utilized includes:

- 1) Child FamilyNet I.D.*
- 2) Case I.D. for the case the child was in when a qualifying visit occurred; otherwise, the last case the child was open in during the month*
- 3) Region of case*
- 4) Area of case*
- 5) Unit of case*

6) I.D. of worker who visited child

7) Whether the worker was primary, secondary or not assigned (if child seen more than once, use order of precedence primary, secondary, unassigned). Workers who are not assigned to the child's case must be in the same unit as an assigned worker or the supervisor of an assigned worker.

8) Whether child in out of state placement for entire month

9) Whether a qualifying placement visit occurred

10) Whether a qualifying non-placement visit occurred

A "qualifying placement visit" is an entry in dictation with the method of "In person", the purpose of "Placement Visit" and no "No visit reason".

A "qualifying non-placement visit" is an entry in dictation with the method of "In person", any purpose and no "No visit reason".

The Department currently runs this report 60 days in arrears to give direct service staff the opportunity and time to update their case records. The unfortunate consequence of this practice is that we do not currently have the capacity to provide real-time feedback to workers and supervisory staff on the completion rate of visits for the current month, nor to schedule visits for future months.

Current Strategies to Increase Visits

The practice of regular caseworker contact with all families is not a new concept to this agency. DCF, since 1986, has an articulated policy standard of a minimum of monthly visitation with all children and family members, except in rare circumstances.

It is our belief that manageable caseload levels are a critical variable in assuring worker availability to see families at a frequency and intensity that promotes addressing the goals of safety, permanency and well-being. To this end, in the current volatile economic climate, this administration is doing its utmost to ensure that area office social worker, and supervisor, staffing levels are not compromised by resource reductions.

Commissioner McClain has unequivocally stated that regular worker visits are a cornerstone of child welfare practice – one of the basic “nuts and bolts” of good casework with families. Operationally, this expectation has been communicated to Regional and Area Directors by Deputy Commissioner Olga Roche in memo form, as well as verbally in Executive Staff Meetings and monthly Statewide Managers Meetings.

It is supported by:

- *The monthly Home Visit Report, a management tool to provide feedback on frequency of client visits at the area office (including unit and worker level views), region and statewide levels.*
- *Deployment of an online reporting tool that displays a year to date performance comparison of state and federal visiting, by area office, as a trend line. Our IT Data Management Unit created and manages this tool that is posted on the DCF Intranet.*
- *A training video that is electronically available to field staff which outlines the process for proper entry of worker visitation data. A link to this webinar has been placed on the agency Intranet site and periodic reminder emails are sent to field staff by both the IT Training Unit and the Deputy Commissioner.*

Our IT Data Management Director is conducting round-robin sessions across the state with regionally convened management team meetings of Area Program Managers. These sessions focus on supporting

best practices that reinforce continued improvement and identifying barriers to performance. Increasing social worker caseloads continue to be the number one barrier identified in all sessions. Changes to the FamilyNet system also have been suggested. Due to the transition of FamilyNet to the web, this is not an immediately feasible or cost-effective option.

There are a number of practice enhancements underway that may serve to increase caseworker contact with families. Teaming Units, including the four Patch Teams, increase the pool of resources available to families, by design. We will be looking at the visit numbers of these units relative to other units in the same area office as initial points of comparison.

Quality Assurance and Data

It is unclear whether our current performance is attributable to a lack of actual visits, data definition/entry issues, or some combination of both. This is compounded by the lack of an institutionalized quality assurance process that could potentially identify systemic and practice issues. This challenge has implications in other practice areas, as well.

Consequently, we propose using the bulk of currently available caseworker visits funds to initiate the first round of a case review process this summer based upon the Quality Service Review (QSR) structure to develop a baseline for:

- *Current practice for caseworker visits of children in placement, and*
- *Other QA activities that we anticipate may be necessary in the future*

It is recognized that the structure and timing of the implementation of this proposal may have implications for the development of Program Improvement Plan activities that may begin after October 1, 2009.

Payment Limitations --Title IV-B, subpart 1:

- **States may not spend more Title IV-B, subpart 1 funds for child care, foster care maintenance and adoption assistance payments in FFY 2009 that the State expended for those purposes in FFY 2005 (Section 424(c) of the Act).**

The Department of Social Services has never used, nor does it plan to use, IV-B, Part 1 funds for 1) child care, 2) foster care maintenance and/or 3) adoption assistance payments.

- **The amount of State expenditures of non-Federal funds for foster care maintenance payments that may be used as a match for the FFY 2010 title IV-B, subpart 1 award may not exceed the amount of such non-Federal expenditures applied as State match for title IV-B, subpart 1 in FFY 2005 (Section 424(d) of the Act). Submit information on the amount of non-Federal funds expended by the State for foster care maintenance payments for FY 2005.**

MA DCF will not spend more title IV-B, subpart 1 funds for child care, foster care maintenance and adoption assistance payments in FFY2010 than MA DCF expended for those purposes in FFY 2005. FFY 2005 expenditures totaled \$227,427.

- **States may spend no more than ten percent of title IV-B, subpart 1 funds for administrative costs (Section 422 (b)(14) of the Act).**

The Department certifies that it has not spent more than ten percent of title IV-B subpart 1 funds for administrative costs.

Payment Limitations --Title IV-B, subpart 2:

- **For each service category with a percentage of funds that does not approximate 20 percent, the State must provide in the CFSP a rationale for the disproportion.**

Please see IV-B, subpart 2 narrative for rationale.

- **States may spend no more than ten percent of title IV-B, subpart 2 funds for administrative costs (Section 434 (d) of the Act).**

No more than 10% of these funds will be used for administrative costs.

- **Provide State and local expenditure amounts for title IV-B, Subpart 2 for FY 2007 for comparison with the State's 1992 base year amount.**

FFY 07 Expenditures –

Promoting Safe and Stable Families Program (PSSF) grant dollars continue to allow DSS to pilot innovative responses to emerging needs on a scale that otherwise would be difficult to accomplish systemically. This approach has given us an opportunity to “try before we buy” – incorporating lessons learned during pilot development and implementation into a cogent, scalable program model more likely to attract support with state service dollars. The Substance Abuse Engagement program, which we piloted as part of the agency's Program Improvement Plan using PSSF discretionary dollars, continues in three DSS Northeast Region area offices. It is now completely supported with state dollars through Family Networks. Efforts are underway to expand this critical and effective service on a statewide basis.

In 1994, when these grant funds initially became available to states, Massachusetts was explicit in its intent to build a strong community infrastructure that would result in a fundamental shift in how the child welfare system related to families and communities. We continue to view this as a long-term change strategy - one that has begun to yield tangible results.

As we described in the body of the 2007 plan, Massachusetts invests a significant portion of these grant funds to support Community Connections Coalitions in high-risk neighborhoods across the Commonwealth. Originally, these coalitions were envisioned primarily as family support entities in a traditional sense. Over time, they have evolved to also address the needs of families in the community who are involved with the Department as recipients of services. These include services to families whose children are in foster placement with a goal of returning home, support and enrichment activities for children in foster care, remedial experiences for families where escalating crises pose a significant risk of placement of the children, and foster and adoptive family recruitment grounded in the community, and initiated by community members themselves.

Several cases illustrate the intertwined nature of this work. One such example is the partnership that has developed between the Community Connections coalition, MSPCC's Connecting Families Program and the DSS Area Offices in the cities of Worcester and Fall River. Connecting Families provides outreach services to families where DSS has “screened out” reports of child abuse or neglect. It offers a preventive alternative to the more traditional avenue of families having to “fail up” before child welfare services are provided. Originally, MSPCC envisioned having challenges in handling demand for these services due to a flood of DSS referrals and “pull” for services by families. The actual experience initially was the opposite. Identifying potential families for referral by the area office was difficult as was engagement with those families who were referred. The expansion of the partnership to include the Worcester Community Connections Coalition ultimately was key in shifting this dynamic to a positive one. The Family Support Advocate and outreach staff of the coalition capitalized upon their relationships with both the office and families to address systemic barriers which impeded social workers from identifying and referring families early on and to help Connecting Families staff to tailor their engagement and outreach activities to better meet the diverse needs of families in the greater Worcester community.

In other parts of the state, the impact of Community Connections on other PSSF program areas has been similar. The Foster Care Task Force of the New Bedford Community Connections Coalition was formed as a community response to the perception that children in foster care were not provided with the same access to the kinds of opportunities afforded other children in the community. Activities originally were focused on fundraising to

provide enrichment activities to children in foster care. The Task Force learned early on that providing support to the youth in care also meant supporting foster families. This naturally progressed to helping support retention and expansion of fostering resources in the greater New Bedford area. In the ensuing years, the work of the Task Force has dramatically expanded to include development of a comprehensive strategy for neighborhood recruitment which, for all practical purposes, has resulted in a melding of our agency foster and adoptive recruitment activities with our community capacity building infrastructure, at least in this one community.

Given the ongoing integration of the work of the Coalitions with the work of the Department, the vast majority of the \$2.6 million in PSSF funds provided to the Coalitions was used to fund services and activities that cross one or more service categories. However, DSS still continues to rely on PSSF grant funds as primary support for preventive Family Support programs due to a relatively small pool of state Purchase of Service (POS) dollars dedicated for this purpose. In SFY 2005 and 06, the state had expenditures in excess of \$20 million in POS dollars for Family Based Services (FBS) which is inclusive of Family Preservation, Time-limited Reunification, and Adoption Support Services, but does not include any direct service personnel costs in these programmatic areas. In addition, for FY 05 and 06, the State targeted nearly \$7 million in State funds for time-limited reunification services and over \$13 million of State funds for reunification (crisis intervention) services. Given the high level of State funds used to support various types of reunification services over the past several years, DSS has found that it is able to meet the demand for time-limited reunification services with the level of IV-B funds proposed.

We are of the understanding that the maintenance of effort level of \$41.7M dollars was established in 1993 using reports submitted by DSS to the Regional Office, for all non-placement services expenditures in 1992.

In the FFY 2007 plan, Massachusetts proposed spending approximately 35% of its total available PSSF grant funds in Family Support Services, followed by 26% in Family Preservation Services, 21% in Adoption Promotion and Support, 4% in Time Limited Family Reunification Services, 7% in Administration, and 7% in Planning/Other Service Related Activities. The state actually spent 37% of its total available PSSF grant funds in Family Support Services, followed by 19% in Family Preservation Services, 17% in Adoption Promotion and Support, 8% in Time Limited Family Reunification Services, 9% in Administration, and 10% in Planning/Other Service Related Activities. The variation is due primarily to the institution of the inclusion of family/community representatives in agency statewide decision-making forums and a shift in the use of PSSF dollars to support parent stipends for this important endeavor.

We continue to expect that model programs implemented with these funds will yield tangible results for families as well as serving as learning labs to inform continued program development on a broader scale – all without investments of additional federal dollars. As local partnerships with DSS both deepen and expand, we expect a continuing evolution of these kinds of creative service responses that meet the intent of the legislation and, more critically, the needs of families in communities across the Commonwealth.

Commonwealth of Massachusetts

Department of Children & Families

Title IV-B, Part II: Promoting Safe and Stable Families

Promoting Safe and Stable Families Program

Title IV-B, Subpart II

Final Report: FY 05 - 09

Plan: FY10-14

I. Introduction

Despite very significant budget cuts in FY09 and potentially crippling cuts pending for FY10, the Massachusetts Department of Children and Families (DCF) has been, and continues to be, undertaking a comprehensive and coherent process of institutional change. DCF (previously known as the Department of Social Services) began this past five year cycle with the recognition that our success in supporting families depends as much on relationships as it does on resources and structures. We have, thus, simultaneously worked to build, analyze and sustain our connections with families. In revising the way we do child welfare work, we have reflected six core practice values that are: family-centered, community-focused, strength-based, committed to cultural diversity/safety and committed to continuous learning. Just as significantly, we have instituted a variety of other changes including: promoting a greater role for families in decision-making about their children, placing greater reliance on the role that informal community supports can play for our families and inclusion of former consumers at all levels of DCF decision-making

The Department conducted a Strategic Planning process in the summer of 2008 and is now revising its core work processes and policies. Former consumers were an integral part of, and made a significant contribution of both time and commitment to, this process. A primary result of this process is implementation of a community-connected, strength-based differential response practice model which is currently being piloted and will be rolled out across all DCF Area Offices by January.

Community Connections Coalitions have continued to expand the significant base they have established at the community level. These partnerships with the community will greatly enhance the Department's capacity to implement DCF strategic goals on a local level, not only the differential response practice model but also the development of a community-based continuum of care and the promotion of a shared responsibility for at-risk children between DCF and the community.

DCF continues to believe in an integrated revision of practice at three levels of organization: clinical practice, managerial practice and departmental quality systems and systemic practice. While understanding that staff may, naturally, begin to revert to the familiar in difficult times, and that it is inevitable that budget constraints may slow the process, DCF leadership is devising methods of accountability that will insure that we continue to move forward through these times of crisis.

II. Family Support Networks in High Risk Communities

Excerpt from the 2004 PSSF five-year report:

During the next five years, the Department will use federal funding to continue support of Community Connections coalitions in their many family and community strengthening activities:

- *Broaden recruitment of and leadership development of parents and other community members*
- *Expand family participation in decision-making structures of the Coalition, including annual action planning with the Department, and other leadership development activities*
- *Assist Family Support Specialists in recruiting, orienting, and mentoring family representatives for a variety of local and statewide decision making bodies, including the Department's: Area Boards; System of Care RFR Review Panels and governance structures; Continuous Quality Improvement Teams; Teaming Initiatives; Patch Teams; and the Commissioner's Family Advisory Committee*
- *Provide staff consultation to, or membership on, the above listed groups*
- *Broaden the Family Advocacy Initiative*
- *Assist DSS in institutionalizing a consumer satisfaction system*
- *Continue to partner with the Family Support Unit in planning, expanding and hosting regional and/or statewide Family Support strategic planning retreats.*

➤ COMMUNITY CONNECTIONS COALITIONS

Community Connection coalitions have become more sophisticated over time in their ability to orchestrate a complex set of ongoing activities designed to support the development of family assets, to facilitate positive changes in family support services, and to assist DSS staff with the process of becoming engaged in community-centered practice.

Since 1993, the majority of Promoting Safe and Stable Families funds have supported the development and enhancement of this statewide network of 22 resident-driven Community Connections coalitions. Each coalition has, since 2002 received a minimal base funding level of \$125,000 per coalition, which is leveraged to provide a range of additional funding.

Providing core funding to Community Connections Coalitions has strengthened the infrastructure and increased DCF's ability to implement a community-connected practice approach. Their ability to promote resident involvement and strength based initiatives are consistently increasing.

One of the lessons learned regarding community involvement has been recognition that an evolving coalition membership is an inevitable and healthy process; and coalitions are encouraged to incorporate recruitment, mentoring and retention as a constant, cyclical process.

Although each year, several coalitions experienced the departure of longtime coordinators, changes in fiscal partners or significant turnover of membership that necessitated periods of rebuilding, the scope of work of the coalitions has continued to grow with the majority maintaining a strong competent coordination, a sound fiscal base and diverse memberships. Coalitions have been able to continuously develop innovative strategies to address emerging community issues. The SFY2008 Year End Report (Attachment A) reports more fully on the coalitions successes and challenges which are summarized below.

▪ **Building Dynamic, Responsive Coalitions**

Twenty-two coalitions reported that in SFY08 the number of stakeholders actively participating statewide in sixty-six coalition-led collaborative groups (including all the families who attended events hosted by coalitions such as back to school celebrations), is;

- 760 Residents (including teens) and
- 223 Service providers
- 189 Members of neighborhood organizations
- 138 Health providers
- 120 Members of religious organizations
- 177 DCF Area Office staff
- 115 Police and 114 early childhood providers

Residents now have even more opportunities to interact with other stakeholders in the community and to have their voices be heard. The issues most common to these groups (six or more coalitions addressing the issue) are:

- Resources to families
- Neighborhood development
- Violence prevention
- Health and nutrition
- Parenting
- Foster care

▪ **Family Asset Building**

Coalitions connect residents to task forces, events planning committees, parent advisory groups, or action oriented groups, all of which have the potential of bringing the voice of residents together with service providers and bringing about positive changes for families in communities. It also reduces isolation for families.

In SFY08, coalitions have devoted considerable resources to the area of leadership/advocacy. They have reported that they conducted over 200 leadership development activities for 2458 residents. Specifically:

- 1004 Individuals were trained in leadership, advocacy and/or empowerment workshops/trainings
- 630 Individuals were personally mentored by coalition members
- 131 Individuals had a role in coalition leadership
- 119 Individuals attended Legislative workshops

This investment in Leadership Development has achieved significant success, and residents are using their new skills with over 500 residents using their new leadership skill to build stronger communities and, in many coalitions, residents have developed the skills and confidence needed to organize activities themselves. Specifically:

- 99 Residents participated in resident and tenant organizations
- 81 Residents held leadership positions in community organizations

- 73 Residents helped plan or coordinate an event
- 52 Residents taking leadership positions in other places in the community

▪ **Service, Resource, and Policy Impacts**

Coalitions are developing more complex strategies for connecting families to resources, having recognized that distributing resource lists does not necessarily increase resource access or use. Effective coalitions are developing strategies to address “how” information is shared, the sufficiency of the information, the accessibility of the information itself, and the assistance families may need to take advantage of the resources available.

Encouraging social workers and other helping professionals to use community-based family support resources is often challenging and about much more than just distributing resource lists. Coalitions must use a variety of creative approaches that take into consideration the need for information to be timely, culturally accessible, simple, and readily available, with careful attention to how the information is presented. Coalitions are using websites, information hotlines, and onsite bulletin boards as well as developing resource booklets.

Coalitions helped bring over \$4.7 million in new family support resources to their communities last year to address a very wide range of needs and enhance 60 programs.

Bringing about policy changes is another way in which coalitions can have a significant impact on family support for large numbers of people. The following is a self reported assessments of how many people coalitions think have been impacted by their service coordination and policy change work.

- Health – 9,700 with better access to health care
- Mental Health – 6,400 people with better access to mental health services
- Teens – 2350 teens directly benefit from better services
- Education – 1125 people should benefit from better education services
- Local Government and Business – 1400 benefit from better access to services
- Social Services – 1000 people benefit from better access to services
- Parent Education - 665 will benefit from parent education opportunities
- Resource Dissemination – 14, 500 benefit targeted efforts to provide information

▪ **Engaging DSS in Community Centered Practice**

Over the years, and without any additional funding, coalitions have made marked progress in engaging DCF staff in the work of the coalition and, in many cases, in involving themselves and/or their members in the work of the local DCF Area Office. . In many areas, core partnerships have been institutionalized. The Community Support Team will soon issue a FY’10 Request for Response (RFR) for the Community Connections Initiative. A requirement of that RFR will be a Memorandum of Understanding (MOU) with DCF Area Offices that will help to define the relationships between DCS Area Offices and coalitions along a number of standardized dimensions. All coalitions will now: initiate collaboration; provide knowledge on how to work with families and communities; assist with developing strategies on community connected practice; conduct joint planning around community-connected practice, involve DSS in coalition action planning and sit on area boards and local DSS Continuous Quality Improvement (CQI) teams.

There are many examples of the synergy that can take place when DSS area offices and the community partner in concrete, mutually beneficial ways. The evidence of the Year End Report suggests that

coalitions have made significant headway in building the capacity of local DCF offices to engage in community-centered practice by providing opportunities for DCF to participate in coalition activities and to interact with families outside of the case management context.

- Over 600 residents had the opportunity to work with DCF staff in action groups, committees and coalition meetings, an increase of 91% over the previous year
- DCF staff attended one-time events with approximately 7000 residents
- In SFY08, DCF invited coalition members to 91 different meeting, a 42% increase over the previous year. 2 DCF staff have leadership roles in coalitions
- DCF staff attended 121 coalition meeting, an 86% increase over the previous year.
- Coalition hosted 88 meetings at which DCF staff was given an opportunity to engage with community members.
- DCF staff requested resource information from coalition on approximately 1,800 occasions.

▪ **Evaluation**

Evaluation is an area that, historically, has proved challenging not only for coalitions but the Community Support Team as well. Our evaluator, Joy Larson, has worked for several years with a working group comprised of the Community Support Team and coalition members to develop data collection methods that are useful to their coalitions' development and meaningful to funding sources. Over the past several years, the working group has produced a, previously submitted, logic model and created related program outcome measures that will allow an alignment between program evaluation and contract management. The forthcoming procurement will result in performance based contracts with measurable outcomes. The Community Connections Year End Summary (See Attachment A) is a compilation of the Year End Reports from the network of twenty-two coalitions across the state.

Community Connection's evaluation activities focus on strengthening the outcome orientation of coalitions, increasing their self-evaluation capacity, and encouraging them to include a wide range of stakeholders in their evaluation activities. The evaluator attends Community Connections regional meetings (often with DCF staff and sometimes Lead Agency staff participating) to discuss how the Community Connections outcome forms can be improved to better capture coalition accomplishments in a way that is clear and encourages consistent reporting across coalitions.

➤ **COMMUNITY SUPPORT TEAM**

Historically, the DCF Community Support Team (formerly the DCF Family Support Unit) has been the department's primary state level team whose function as been to build relationships with community residents and service providers, work within DCF to integrate family support principles and provide technical assistance in the development and coordination of coalitions as well as the establishment of comprehensive family support systems. Over the years, the Community Support Unit troubleshooted and responded to issues faced by coalitions, facilitated linkages and joint ventures between coalitions and DCF area and regional offices, developed and convened training programs, organized statewide and regional meetings and collaborated with other state agencies and private organizations who share our goals.

The Community Development Team continues to be the primary coordinating body for the Community Connections Initiative and has, over the past years, broadened both their activities and influence in communities and within the Department. The Community Connections Managers organize from the middle in a multifaceted role that has evolved and expanded over the past decade. Community Support

Managers are “practice leaders” in this process and promote principles and lessons learned through Patch, Family Nurturing Programs, Teaming, Disproportionality and other innovative models for family-centered practice.

IV. INTEGRATION OF FAMILY-CENTERED APPROACHES INTO DCF CASE PRACTICE

One of the goals of the System of Care is to restore a healthy and appropriate balance of mutual accountability between the public child welfare agency and communities in supporting families in caring for their children. The system of care vision will require significant organizational and cultural changes within the Department and in the provider community.

The Family Support Unit will also continue to build knowledge and skills for institutionalizing family support principles and practice. Through joint leadership development and training opportunities, like Family Development Curriculum training, the Unit will build its own leadership capacity, as well as offer opportunities to DCF Regional and Area Directors, and Community Connections Coalition Coordinators.

Finally, the Department will continue to support the spread of Patch teams and Family Nurturing Programs as models for family-centered practice, sharing outcome evaluations and lessons learned, and providing technical assistance to encourage the natural growth of these programs where opportunities for Patch-like practice exists.

➤ PATCH

PSFF funds have, since 1998, been used to fund Patch sites in the rural North Quabbin region and the urban Dorchester community. The promise of these pilots was recognized in 2007 when the number of Patch sites was doubled to four by the expansion of the initiative to Lawrence and New Bedford. Additionally, funds were provided for a part-time Family Advocate for a Plymouth Area Office which has invested in a local partnership to coordinate a Patch site with a local family housing development.

The North Quabbin and Dorchester Patch teams have experienced significant change over the past five years. In addition to staff turnover in both locations, the Athol site relocated to a larger space (across the street) to accommodate its expanding base of partners, including the addition of the WIC Program, fuel assistance, and a Department of Transitional Assistance financial assistance worker.

Building on the lessons learned from these two Patches and using state funds, DCF has developed two uniquely localized variations of Patch by partnering with, and co-locating within, a neighborhood church in Lawrence; in conjunction with the New Bedford Community Connections Coalition, developing a Family Resource Center in downtown New Bedford. Although each site has had its growing pains, the most notable was when the DCF staff in Lawrence temporarily returned to the area office due to a broken sewer pipe shortly before the holidays in 2008.

Since that time, the Lawrence Methuen Community Coalition (LMCC) and the DCF Lawrence Area Office have continued their joint work in the neighborhood while waiting the readying of their new home located a short distance from the original Lawrence Patch site.

In early 2008, DCF reinstituted a Patch Practice Development forum consisting of a cross-representation of each Patch Team and members of the Community Support Team. Convened by DCF Director of Community Development, Brian Cummings, and Berkshire Children and Families Executive Director, Carolyn Burns, the group has once again re-established itself as a key coordinating and learning mechanism for the Patch sites. This group was the catalyst for a Patch Conference, in October 2008 that brought together staff from all Patch sites, DCF Area, Regional and Central Office staff and leadership, as well as a cadre of supportive consultants that facilitated the day. Initial steps were accomplished in broadening the evaluation framework to include an outcome focus, as well as solidifying the platform for Patch Practice Development moving into the future.

Patch Practice Development has continued with bimonthly sessions, each focusing on a practice identified by the group. The selected topics include site-specific examples such as operationalizing an Essential Patch Practice that includes Group Supervision, Family Engagement/ Family Team Meetings, Community Engagement and Working with Fathers. Patch Teams have begun visiting each other to learn further details about their counterparts' successes and we hope that this cross-fertilization over time will yield a richer, more consistent, practice approach statewide.

During 2008 and the spring of 2009, Brian Cummings and Carolyn Burns completed site visits to all four Patch sites. The purpose was to meet with the Patch leadership teams to assess progress with implementation of the Patch principles that constitute the Patch Approach. Despite the fact that each Patch has unfolded in the context of specific local challenges, it is clear that the core principles are influencing development of visible community connected practice at all sites.

Patch will be reproposed as a component of Community Connections in SFY 2010. In this procurement, Patch will be a comprehensive model that consists of a number of key, co-occurring strategies whose synergies will exceed the sum of the individual parts. Nonetheless, we continue to explore the feasibility of unbundling the Patch model and to experiment with community connected practice implementations that are based upon some elements of Patch practice, such as the Algonquin partnership in Plymouth.

➤ **FAMILY NURTURING PROGRAMS**

Since its early beginnings in 1998, the Family Nurturing Center (FNC) has become a model for family-centered practice, helping to integrate DCF core values into front-line practice as well as teaching nurturing skills to families and connecting them to each other for support.

When their funding from other sources first increased, their work in the Boston area expanded. Very soon, however, recognition of their expertise led to requests for technical assistance from across the state. For several years, FNC was, and to some extent continues to be, challenged by the unintended consequences of its proficiency. While they have done an excellent job in juggling the demands of running their own program with meeting the ever increasing requests from across the state for technical assistance, their dedicated staff has, nonetheless, been burdened with the overload. Their leadership in developing and supporting a statewide Nurturing Network has been instrumental in inspiring potential pilots which also will require their technical assistance. The Community Support Team has, thus, instituted a series of planning meetings with the FNC staff to devise a strategic plan for growth.

In FY 2008, the focus of the Family Nurturing Center continued to be on three areas: Capacity Building, Nurturing Network Development and Nurturing Program Development. Highlights have included:

- Tremendous growth in the statewide Nurturing Network including an outstanding state-wide, day-long conference in May with a national expert in the field, Dr. Bavolek, as the keynote speaker
- Training DCF workers and community agency staff together in the philosophy of the Nurturing Program; providing team orientations to prepare them to deliver the program.
- Increasing our capacity to use data from Adult and Adolescent Parenting Inventory (AAPI) to inform Nurturing Program delivery and outcomes
- Helping the Nurturing Program spread internationally by consulting with 3 agencies in Guatemala to offer the Nurturing Program and to develop their own Nurturing Network.

▪ **Capacity Building**

The FNC has continued to build capacity with DCF by providing ongoing consultation, training and technical assistance in:

- The Plymouth DCF by: reviewing the outcomes of their first program and developing a plan to renew the program for a second year; assisting DCF and South Bay Mental Health staff in presenting the program to DCF staff... Providing consultation on the intake process, and the use of AAPI's.
- The Lawrence area by offering assistance in evaluating their first program and in their search to fund a second program
- The Southeast Region of DCF by presenting information at a regional meeting of Area Directors regarding the Nurturing Program and the way it has been offered in other DCF Offices as well as to answer questions about implementing the program in new Areas Offices; by providing start-up technical assistance to the Cape Cod and New Bedford Community Connections coalitions; by making a Nurturing Program presentation to a group of approximately 30 community providers in New Bedford.
- The DCF Central Office and the Community Connections Coalitions through a series of consultation meetings with the Community Support Team regarding program expansion, the development of the Nurturing Network and the latest innovations in the Nurturing Program that offer a way to teach competencies to parents most at risk of abusing and neglecting their children. One of these meeting included Dr. Bavolek, who will return to Boston to further discuss the Nurturing Skills model and the way it could impact DCF's work with families.
- The DCF Ombudsman, and the Park Street Area Office staff (in collaboration with the Suffolk County House of Correction) in developing the Father Engagement Leadership Team (F.E.L.T.) FNC now provides a staff person to establish ongoing informational sessions and outreach to incarcerated DCF-involved fathers and has organized a panel of Nurturing Fathers' Program graduates, called Fathers Speak, who have been commissioned by DCF to conduct trainings for staff at various DCF offices. FNC has also developed a brochure to be used by DCF to promote the F.E.L.T.

FNC also continues to build capacity with community groups across the state by providing ongoing consultation, training and technical assistance to:

- Staff from Parents Helping Parents, and a group of parents who have had children in DCF placement, to develop a guide for parents whose children are removed from their homes due to suspected abuse and neglect.

- Smart from the Start, an initiative with the Mayor's Office, the Boston Housing Authority and Boston Centers for Youth and Families to bring Nurturing Principles and a Nurturing Program to Mattapan and Roslindale for families with young children.
- The Dorchester CARES Cape Verdean Nurturing Program for and the Cape Verdean Unidos, which organizes those families to express their needs and concerns to city officials and police officers, to advocate for services and to work toward violence prevention in the neighborhoods of Dorchester
- FNC has organized a monthly support group for Nurturing Fathers Program graduates and promotes the Nurturing Fathers' Program by providing presentations and/or training in the community.

▪ **Nurturing Network Development**

The Nurturing Network, organized by the FNC, has truly become a state-wide group. FNC has continued to develop and expand this statewide group and, this year, coordinated a 40 member planning group to produce a Nurturing Network conference which was attended by 130 people. Funding for the conference was provided by DCF and the Children's Trust Fund. Dr Stephen Bavolek was the keynote speaker. Other capacity building activities of the Nurturing Network include:

- Distribution 2 newsletters that provided updates on Nurturing Programs, community work to strengthen families, organizational strengths, program outcomes, and a calendar of Nurturing Programs offered in and around Boston.
- Significantly expansion of the e-mail list of Network participants.

▪ **Nurturing Program Development/ Mentoring**

During the past year the Family Nurturing Center continued to offer four Nurturing Programs in partnership with the Park Street, Dimock Street, Chelsea and Hyde Park area offices. We also provided training and consultation to South Boston FANS Community Connections to deliver their Family and Teen Parent Nurturing Programs and to offer their first Nurturing Fathers' Program. FNC has significantly expanded its capacity to use the AAPI, score and interpret data and provide this expertise to the groups with whom they work.

FNC tracks outcomes in its Nurturing Programs by asking each parent/caretaker to complete the Adult Adolescent Parenting Inventory (AAPI). Currently FNC is working with a pro bono evaluation consultant affiliated with the Tufts University Evaluation Certificate program who has been helping us to analyze our AAPI results from 2001-2008. A summary report of the DCF funded nurturing programs is Attachment B.

▪ **Plan for Next Year's Programming**

The FNC plans to continue the four specialized Nurturing Programs that are done in collaboration with DCF area offices, and will continue to provide the training and technical assistance that has been core to our work. FNC will continue to: build the Nurturing Network; work with the DCF Community Support Team to identify program and training needs; provide consultation and technical assistance upon request to help develop or enhance Nurturing Programs; maintain communication with, and hold at least one statewide meeting for Nurturing Network members; continue our work with a consultant to develop data analysis and outcome measurement strategies and provide expertise to other community organizations in the administration, use, and interpretation of the AAPI. FNC will also develop a resourced plan to provide technical assistance to Safe Passage in Guatemala to help them start a pilot Nurturing Program.

➤ FAMILY ADVOCATES

Promoting Safe and Stable Families funds have supported Family Advocates initially on five DCF Multi-disciplinary Assessment Teams (MDATs) and, beginning in 1998, on seven Community Connections Coalitions. The primary role of the advocates in both settings was to ensure that the voices of families are included in service planning and that informal, non-traditional sources of help are brought to the table. The MDAT Family Advocates began by working mostly with individual families, ensuring that they attend team meetings; the coalition Family Advocates began with systems change work.

After meeting separately for two years, in 2003 the two groups of family advocates began meeting together to receive training, technical assistance and ongoing support from the Community Support Team, as well as develop practice enhancement guidelines. The two groups have continued to meet to share best practices and develop systems change strategies. Community Support Managers have organized practice enhancement workshops as a regular part of these meetings. Advocates were increasingly seen, by some, as being a crucial link between DCF and parents and families.

Over time, the mission of the Family Advocacy Initiative (FAI) expanded to also include: assistance to the Department of Social Services, social service provider agencies and the broader community in implementing family-centered, strength-based policies and practices.

Family Advocates have worked under the joint supervision of Community Connections coalitions and DCF Area Offices, or Area Lead agencies and DCF Area Offices, depending on their primary function. : Specifically, the Family Advocates were contracted to assist DCF and the Family Networks Lead Agency in:

- Identifying potential core providers for the Network
- Identifying formal and informal resources available to children and families
- Identifying services that address the clinical, cultural and linguistic needs of the community in a culturally competent manner
- Providing information about community resources and family needs outside the scope of the Network Providers formal clinical contracted services
- Assessing gaps in the service delivery system for program development purposes
- Outreach to, and training for traditional and non-traditional community agencies, neighborhood groups, parent's action councils, and coalitions regarding Family Networks and family support principles.
- Preparing families for Family Team Meetings
- Assist in integrating family support principles into practice throughout Family Networks and the Area Office;
- Promotes foster family support/recruitment/retention

In 2008, we reported questions about the FAI with which we are still grappling. Additional problems and questions have also risen, such as:

- Who assigns what families to Family Advocates, and why?
- What is the relationship of the Community Support Managers to the Family Advocates?
- Do Family Advocates risk being co-opted by the Department as they become more integrated into the system?
- How can we expand this initiative statewide? (As has been directed by the Commissioner.)

While the Family Advocates have been very successful in some areas, in others they have floundered. Increasingly, the DCF Ombudsman's Office has asked to connect families to Family Advocates.

This has often been problematic if the families are not located in the area the Family Advocate covers; and attempts to organize the advocates to provide services statewide have been futile.

The Family Advocates continue to face challenges as they function in a role that combines direct services to families and practice leadership with DCF and other agency staff. The Family Advocacy Initiative meetings, which had been held every two months, traditionally were a place for working out problems. Attendance at those meetings has consistently declined over the past two years, however. Advocates were often caught between their agency supervisors and the Community Support Team. Individual team members were caught between their hesitancy to interfere in internal staff issues and concern that the contractual outcomes were not being met.

Attempts to assess the programs and to obtain information about families served had very limited success.

Therefore, although the Patch contracts will retain their Family Advocates operating with a very similar (but updated) program; the remaining funding for the model will likely be consolidated into six, more realistically funded, regionally-based programs. The Community Support Team is now in the process of developing specifications for a Request for Response (RFR) that will be ready for dissemination in the fall.

V. PARTNERSHIPS FOR FAMILY INVOLVEMENT

Excerpted from the Future Directions section of the 2004 PSSF five year report:

One of the most significant achievements of the Community Connections Coalitions is the ability to bring together all segments of the community to focus on the shared mission of family and community strengthening in order to create the best possible outcomes for children. This process has led to innovative public and private partnerships and shared responsibility and accountability in protecting children. One of the key lessons of the past ten years is the importance of bringing the voices of parents and caregivers to the table as decisions are made, in both case practice and in policy directions.

In 2003, the Department of Social Services hired a Family Representative with funds provided by the Marguerite Casey Foundation. The purpose of this position is to promote a partnership between DSS and community members on behalf of families and children, and to facilitate the inclusion of parent involvement in the planning, delivery and monitoring of DSS services. The Family Representative will conduct a statewide assessment of parent involvement, make recommendations for mechanisms to enhance it, and ensure that these recommendations are carried out.

➤ THE FAMILY REPRESENTATIVE

The Department of Children and Families' Family Representative has been a full time position at DCF since 2003. While PSSF funds originally provided full support for the operational costs of this program, seventy percent of this funding is now provided through the state budget. PSSF funds have continued to provide stipends for community representation and other programmatic expenses at an approximate annual cost of \$25,000. The importance of this role has increased significantly and the Family Representative now sits on DCF senior staff and statewide managers. She has consistently performed the activities and achieved the objectives of her Action Plans (2005 -2009.)

While Family Representation is now a program of the whole department, not solely of the Community Support Team, in most of her endeavors the Family Representative has been assisted by the work of the Community Support Team (formerly the Family Support Team) and the Community Connections Coalitions, both of which are important bridges between DCF and the community. Because of the measure of trust and confidence that they have helped develop between communities and the Department, parents have been ready and willing to step forward into advisory roles.

- **Professional Development:**

Since 2008, The Family Representative has worked with the Department's Child Welfare Institute (CWI) to conduct 3 professional development trainings for members of the Family Advisory Committee, as well as other Community Representatives, to prepare them to contribute most effectively to advisory activities. These trainings were attended by over eighty people and prepared participants to effectively work within advisory groups and to understand the child welfare system in order to influence its policies and practices. PSSF funds have also been utilized to underwrite the cost of other trainings for Community Representatives such as Undoing Racism.

- **Community Involvement in DCF Operations and Policy**

Over the years, the Family Representative has organized community representation on planning groups for a variety of DCF statewide initiatives, including the Family Engagement Model, the Adolescent Breakthrough Series and Family Networks as well as on all Procurement Management Teams.

In the summer of 2008, DCF undertook a strategic planning process. Five subcommittees were charged with addressing the issues of safety, permanency, well-being, community connectedness and effective leadership. These committees met for one day each week for between seven to eleven weeks. The Family Representative turned to her most experienced and thoughtful Community Representatives to sit on these subcommittees. Other subcommittee members universally appreciated their contributions and recognized that the addition of their viewpoints greatly enhanced the work.

Since 2008, DCF has also made great strides in involving parents in its decision-making processes, almost solely due to the work of the Family Representative who recruits, trains and mentors Community Representatives (including formerly DCF involved parents) to participate in the Department's highest levels of decision making. Community Representatives now sit on Senior Staff, Executive Staff, and Statewide Managers' meetings. In addition, in various regions, parents sit on Regional Advisory Councils and Family Networks Implementation teams. The Family Representative has developed and maintains a pool of 56 community representatives. These people are also prepared to serve in a variety of additional advisory capacities outlined below.

- **Family Advisory Committee**

DCF has, since 2005, convened a Family Advisory Committee (FAC) to advise DCF about how to strengthen Departmental practice, policy and programs. This Family Advisory Committee has been crucial to the process of DCF working toward accountability to the community, to close the gap between what we say and what we actually do. The FAC members are self-identified recruits from the community, former DCF involved parents, foster or adoptive parents, or adults who were involved with DCF as youth. Each year The FAC contributes to and reviews the Family Representative's Action Plan. Over these years, the FAC has also reviewed, among other policies and practice tools, the Department's Family Engagement Model, the CANS Intake tool and the Differential Response Practice Model. DCF is

committed to continuing such reviews. The FAC significantly assisted DCF in developing a more user-friendly Parent Guide, the Family Involvement Brochure and a Feedback Card that is utilized in every Area Office. The grass-roots level feedback of the FAC has been very helpful as the Department strives to become more community-connected.

The FAC presently has two sub-committees, Membership and Legislative which are taking an active role in recruiting their peers and in legislative issues such as the legal and policy status of grandparents raising grandchildren. The Family Representative is a member of and staff to the Governor's newly appointed Grandparents Commission and will routinely seek the feedback of the FAC on those issues.

One of the FAC's priorities is to increase the numbers of fathers among its own members and within the pool of Community Representatives, as well as to support the Department in developing strategies to promote case practice that engages fathers. The Family Representative is now working with DCF's Fatherhood Director to further those goals.

▪ **Continuous Quality Improvement**

In 2007, PSSF funds supported a program to expand community involvement by hiring two community representatives for each of the six area offices that were piloting the next phase of Continuous Quality Improvement (CQI) implementation. The eventual goal had been to have two community representatives for all area offices.

These Community Representatives were to have conducted Family Satisfaction Surveys and either sit on local CQI teams or devise alternative strategies to bring the family's voice into the CQI process. The Family Satisfaction Surveys built on the groundbreaking work done by the Family Advocates as outlined in previous annual reports. The DCF Assistant Commissioner of CQI recruited a Family Advocacy Initiative Working Group to act in an advisory capacity to Phase Two of CQI implementation.

Although this pilot worked very well in two sites, with the significant assistance of the Family Representative, the other four sites were unable, even with that same assistance, to successfully implement the pilots. The initiative was, thus, discontinued.

▪ **Proposal Review Teams**

In 2005, when DCF went out to bid on all of its Family Networks and Domestic Violence services, (which total approximately 50% of the Department's budget) Community Representatives sat on all of the review teams. The Family Representative recruited these participants, the Community Support Team provided support to them as they undertook the work and they were reimbursed for their time from PSSF program funding. Reports back from community members and DSS staff were overwhelmingly positive about the experience of working together. Community members came very well prepared and provided insights that were thought to be very helpful by the rest of the committee members.

After this success, the Department has made a commitment that Community Representatives be included on all review panels. More recently, all Procurement Management Teams are also required to include at least one Community Representative. The Family Representative has regularly recruited and prepared these participants and ensured that they are reimbursed for their time from a combination of state, PSSF and private grant funding.

V. EMERGING STRATEGIES

The following are just a few of the many program models that are emerging within coalitions in response to the needs of their communities.

➤ CHILD ABUSE PREVENTION

▪ Shaken Baby Syndrome

Massachusetts legislation requires that the Children's Trust Fund, DCF and the Department of Public Health conduct prevention trainings regarding Shaken Baby Syndrome. Trainers from the Children's Trust Fund have partnered with Community Connections coalitions to deliver community-based trainings. Each of the coalitions host at least one training to which they invite DCF Area Office staff and do outreach to parents that DCF might not otherwise reach.

▪ Children's Behavioral Health Initiative (CBHI)

The Children's Behavioral Health Initiative (CBHI) is the remedy that Massachusetts developed when a federal lawsuit (*Rosie D. vs. Romney*) found that Massachusetts did not adequately address the Early Periodic Screening, Diagnosis and Treatment (EPSDT) requirements of Medicaid. CBHI holds the promise of delivering preventive, mental health resources to families with identified children and of coordinating the existing services of state agencies into a more coordinated, community-based system of care that is grounded from its inception in "wraparound" principles. The program is in its very early stages of implementation with the first wave of services coming "on line" on July 1, 2009.

Community Connections Coalitions have partnered with Community Service Agencies in a variety of ways. Many CSAs are already active members of coalitions and it is anticipated that all CSAs will now develop meaningful links to coalitions in their catchment areas. A number of coalitions are providing Family Partner services directly. Others are partnering with the Family Partner provider to develop services that are well-grounded in family supportive practices. Coalitions are in a unique position to support the CBHI initiative and to help inform the local development of these key supports to families who face a number of challenges in navigating what are now multiple and highly complicated family serving systems. At a minimum, coalitions will continue to inform CSA regarding assessment of local needs well as about informal resources that exist in the community. DCF Area Offices are also being asked to invite the CSA to be represented on Area Boards as they, in parallel, are resurrected within the agency strategically linking our efforts at integration.

➤ **PARENT SKILL DEVELOPMENT**

▪ **Effective Black Parenting Program**

Although raising children in modern American society is a challenging task for most parents, African-American children face special problems that arise from racism and discrimination that make it more difficult for them to raise children who are successful and achieving adults.

The Boston area Community Connections Coalitions have partnered with the three DCF Area Offices and their providers to introduce the Center for Improvement of Child Care's (CICC) Effective Black Parenting Program. The program teaches several parenting strategies that are unique to parents of African-American children, such as the Pyramid for Success for Black Children, the Pride in Blackness and Traditional Black Discipline vs. Modern Black Self-Discipline. It also teaches all other the parenting skills from the Confident Parenting Program, but from within an African-American frame of reference and with the use of African proverbs.

▪ **Incarcerated Parents**

The statewide Community Support Manager has co-chaired an Incarcerated Parents Working Group with the DCF Director of Special Projects – Fatherhood since 2006.

This group has been meeting with representatives of the Department of Corrections (DOC) since 2007.

The shared vision of this working group is to enhance and maintain healthy, nurturing and safe family connections for children in the DCF caseload whose parents are incarcerated in DOC facilities. Research shows that maintaining relationships is a positive benefit to children and to incarcerated parents.

Promoting family connections will be done in a way that is mindful of the safety, well-being and risk status of children and non-incarcerated parents or caretakers.

Through the efforts of this group, DCF and DOC have signed a Memorandum of Understanding that calls for DOC to provide information to DCF about incarcerated parents, for cross-training between systems and for increased collaboration between systems to promote family connections between children and incarcerated parents. Planning for a statewide, cross-training (that was held in June 2009 for 2000 participants) took place throughout 2008. There was a significant learning curve required of Working Group members from each agency in order to develop the training and all members are now committed to continue to implement the terms of the MOU.

➤ **VIOLENCE PREVENTION**

▪ **“Peace by Piece” Summit**

In January 2008, United Neighbors of Fall River formed the Prevention Task Force, which is made up of representatives and volunteers from the Mayor's office, the Fall River Police Department, the District Attorney's office, the Fall River Housing Authority, Youth Services, the Youth Outreach Workers, neighborhood and merchant associations, as well as residents, youth and many community agencies.

This Task Force planned the city's first peace summit, in partnership with the Fall River Shannon Initiative. The goal of the summit was to bring together the community to gain the skills and knowledge to address violence in their own communities, raise community awareness and mobilize others within the

community. The Task Force planned workshop topics including, relationship violence, gang issues, healthy parenting, healthy communication, bullying, crime prevention and prejudice reduction. Workshops and activities would be available for youth (ages 13 and up), residents and community service providers. Other components of the summit would be a resource fair, music, food, a peace building activity and an art exhibit. The peace summit was to be the final event in a series of events in recognition of violence prevention week, all of which would be free to the public.

The task force is also working with a neighborhood association to pilot a neighborhood building activity to create safer neighborhoods. The pilot neighborhood will receive technical assistance through a facilitator, who will work with the neighborhood to build their network of residents and create an action plan for activities designed to reduce violence and increase safety.

▪ **The Worcester Domestic Violence Action Group**

In 2007, the Worcester Community Connections Coalition, in collaboration with DCF and the advocacy group Matahari Eye of the Day, formed the Worcester Domestic Violence Action Group to bring together concerned parents who have been impacted by domestic violence with other community leaders in order to improve services for victims of domestic violence in their community. The impact of their efforts to-date testifies to the importance of bringing out the voices of consumers in the planning and delivery of local services.

Parent members identified several challenges with the local service system including difficulty getting restraining orders, poor treatment by the clerk at the District Court, lack of understanding of some of the judges, delay/absence in follow through with victims in crisis by domestic violence providers, insufficient casework support offered by local providers, trouble obtaining legal counsel if over-income for local Legal Assistance agency services.

In response to a survey that was distributed to families who have sought to obtain services in the local system, the group formulated an action plan for their efforts. The Action Group has, since, obtained a commitment from a key local service provider to make concrete improvements to the services they provide and to work together to establish improved access to legal services for victims. By bringing the survey results to the Executive Director of the Governor's Council to Address Sexual and Domestic Violence, they received her commitment to share their recommendations with the Council and to facilitate a meeting of the Action Group with the Commonwealth's Chief Justice of Probate Court as a first step toward impacting practices in the local courts. She will, additionally, arrange a meeting between the Action Group and the Lieutenant Governor, followed by a meeting with representatives from the state agencies that fund domestic violence programs. At both meetings, the Action Group will advocate for mechanisms to increase consumer input into decision-making regarding funding for domestic violence programs and for additional funding for domestic violence services in Central Massachusetts, which has fewer services than any other region in the state.

➤ **CIVIC ENGAGEMENT**

▪ **Area Boards**

One of Governor Deval Patrick top three priorities is "fostering creative new ways to involve citizens in their government". Recent Massachusetts legislation requires, among other things, the revitalization of DCF Area Boards. One of the requirements is that each Area Board be comprised mainly of

members drawn from the communities served by the area office, including a minimum of six (non-provider) representatives of families, including youth, former consumers, kin and foster and adoptive parents.

This legislation provides an enormous opportunity for the Community Support Team to help institutionalize the role of the community in local DCF decision-making. The Community Support Team, the Family Representative and Community Connections Coalitions will assist Area Directors in the recruitment, orientation, support and retention of these formerly DCF involved community representatives.

Discussions are now underway between the Team and the coalitions about ways by which coalitions could potentially provide an on-going forum between these Area Board members and coalition members. These discussions, regarding community concerns about child welfare practice and the challenges that face DCF in meeting the needs of families, could provide a major step forward toward a shared responsibility for the well-being of at-risk children and families.

VI. STATEWIDE COLLABORATIONS

- Baby Safe Haven Initiative
- Child Behavioral Health Initiative Committee
- Children's Trust Fund – Fatherhood Initiative
- Children's Trust Fund Program Committee
- Governor's Council on Sexual Assault and Domestic Violence
- Jane Doe Inc, Founding Fathers Initiatives and Men's Initiative
- Mass211
- Massachusetts Family Literacy Consortium
- Massachusetts Library Commission and Boston Public Library
- Massachusetts Rural Development Council
- New England Rural Health Roundtable
- Parents Helping Parents
- Statewide Shaken Baby Syndrome Task Force

VII. FUTURE VISION /DIRECTIONS

The many of the strategies by which the Community Support Team will most effectively utilize the Promoting Safe and Stable Families Funds are firmly embedded within the following elements of the three-year DCF Strategic Plan for Action “Strengthening the Safety Net.” Specifically:

➤ Strengthening the Front Door

One of the most important things that the Community Connections initiative can do to enhance this strategy is to continue to build trust between the community and DCF. We will expand our efforts to bring thoughtful, well-trained community representatives into DCF’s decision-making processes. In this way, DCF will work toward developing a practice model in which the Department is an integral part of the community and, though one with a unique and vital role, still only one among many partners addressing the issue of child and family well-being. This will promote shared responsibility between communities, local institutions, organizations and government institutions in order to support families and keep children safe. Community Connections coalitions can assist the Department to be culturally sensitive to community diversity and to work with community groups and organizations to build a common understanding of roles and responsibilities and effectively communicate how communities can help local families before, during, and after DCF involvement.

➤ Strengthening Service Planning and Delivery Process

Service planning is strengthened when DCF involved families are informed of their rights and empowered to participate in their own service planning. Community Connections Coalitions, Family Advocates and the Community Support Team are consistent advocates for families’ rights to receive pertinent information, to be treated with respect, to participate in all aspects of service planning, and to have input into the systems, programs and practices that affect their families. They engage not only in individual advocacy, but in a systems change advocacy that has and will continue to expand in ever-widening circles within communities and across the state.

DCF has expanded the use of Geographic Information Systems in other areas of program planning and service system development and will continue to explore this integration of location-based technologies that were first used as the mechanism to identify the original 17 Community Connections partner communities. The evolution of internet-based information applications, coupled with decentralized “just in time” delivery holds the promise of addressing the age-old challenges inherent to providing community resource information that is timely, relevant, and user-friendly. We anticipate that the transition of FamilyNet to the web, coupled with development of a robust community infrastructure through Community Connections, will yield a scalable model.

Used in tandem with the Child and Adolescent Needs and Strengths (CANS) as a service level translator, we believe that a cross-system platform may be possible in the not too distant future.

The Children’s Behavioral Health Initiative (CBHI) may provide additional opportunities to accelerate this development.

➤ **Implementing the DCF Integrated Casework Practice Model**

The Community Support Team is actively supporting the implementation of the Integrated Case Practice Model. One Community Support Manager was chosen by senior staff to be the facilitator of the pre-implementation phase in the Metro Region. We anticipate that commitment will extend through the end of the calendar year. The lessons we have learned from our work of engaging families and partnering with communities has significantly informed the development of the model and continues to influence and guide its implementation.

As DCF implements the Integrated Casework Practice Model, we anticipate that an increasing number of families may likely, after screening, be diverted out of the system instead of to the Protective Investigation or Child Protective Services (CPS) Assessment tracks. . It is reasonable to assume that DCF Area Offices will increasingly seek to refer families to community resources and that Community Connections coalitions will be sought to provide the path to many of these services. It will be critical, during this extended time of transition for this initiative to support coalitions in retaining the primacy of their coordinating function.

➤ **Aligning Agency Structures, Resources and Core Functions**

After many years of laboring toward an agency-wide recognition of the importance of community-based work, the Community Support Team now holds the clear leadership function of overseeing and supporting the development of agency/community partnerships statewide. Along with this clarity of purpose comes the increased expectation of clear, measurable results. We continue to approach the work in a strategic way, subscribing to the maxim, “If you give a man fish, he eats for the day – teach him to fish, he eats for life.” As we model partnership with coalitions, we also maximize similar opportunities with our counterparts in the Field – whether it be social workers in Area Offices, or Regional Office or Central Office staff. The Community Connections reprocurement extends the notion of partnership to include planning for community coordination on a policy level across state agencies. We optimistically view this as the beginning of a longer term planning structure, not the predetermined close of it as might be expected by the upcoming release of an RFR.

Patch continues to hold much promise as a community-connected child welfare strategy that melds the preventive work of Community Connections with the child protective functions of DCF. As we are challenged to do the same, or more, with significantly fewer resources, it will become increasingly important to find new techniques of creating economies of scale across systems that maintain fidelity to the underlying mandates of each system while responding to the needs of families and communities in more effective ways. We will strive to find ways of more effectively extending and operationalizing the Patch partnership to include financing commitments across agencies.

➤ **Strengthening Continuous Quality Improvement and Performance Management Structures and Processes**

Community Connections’ evaluation strategy relies on a strong internal self-evaluation capacity and participatory self-assessment. It requires a collaborative process in which goals are defined and a well thought out action plan is developed that identifies outcomes consistent with those outlined in the Community Connections Logic Model. In the upcoming RFR, coalitions will be required to strengthen their internal self-evaluation capacity and implement routine evaluation practices designed to inform their work and improve coalition management. All funded coalitions will:

- Establish an on-going collaborative process for developing well-written action plans that meet evaluation standards
- Institute routines for evaluating progress toward achieving stated objectives and assessing community priorities
- Annually revise action plans to reflect findings
- Complete evaluation requirements within stated timeframes and in the format requested (see below)
- Participate in, and contribute to, the development of evaluation tools, the piloting of surveys, a quality service review process and/or other activities meant to contribute to the overall understanding of the effectiveness of the Community Connections model
- In the future, coalitions will be required to complete and submit the following documents on an annual basis: an Action Plan, Year-End Report, Outcome Data and Performance Measures.

➤ **Strengthening Community Engagement and System of Care Development Strategies**

Although increased resources and improved practice can make a difference to the issue of child abuse and neglect in the Commonwealth, it will take an integrated community response to truly impact how often poverty, isolation, traumatic circumstances, homelessness and hopelessness bring families into our caseload and how the challenges of cultural integration often cause them to face difficulties understanding and/or accepting mainstream expectations. DCF must increasingly look beyond purchased services to the social supports and informal resources available to families. These supports and resources are not only more likely to inspire trust and to be culturally effective, but they are sustainable beyond involvement in the child welfare system.

Rationale for Revised FFY 09 Planned Expenditures –

Promoting Safe and Stable Families Program (PSSF) grant dollars continue to allow DCF to pilot innovative responses to emerging needs on a scale that otherwise would be difficult to accomplish systemically. This approach has given us an opportunity to “try before we buy” – incorporating lessons learned during pilot development and implementation into a cogent, scalable program model more likely to attract support with state service dollars. The Substance Abuse Engagement program, which we piloted as part of the agency’s initial Program Improvement Plan using PSSF discretionary dollars, continues in three DCF Northeast Region area offices. It is now completely supported with state dollars through Family Networks. Efforts are underway to expand this critical and effective service on a statewide basis.

In 1994, when these grant funds initially became available to states, Massachusetts was explicit in its intent to build a strong community infrastructure that would result in a fundamental shift in how the child welfare system related to families and communities. We continue to view this as a long-term change strategy - one that is yielding tangible results.

As we described in the body of the 2009 report and Five Year Child and Family Services Plan, Massachusetts invests a significant portion of these grant funds to support Community Connections Coalitions in high-risk neighborhoods across the Commonwealth. Originally, these coalitions were envisioned primarily as family support entities in a traditional sense. Over time, they have evolved to also address the needs of families in the community who are involved with the Department as recipients of services. These include services to families whose children are in foster placement with a goal of returning home, support and enrichment activities for children in foster care, remedial experiences for families where escalating crises pose a significant risk of placement of the children, and foster and adoptive family recruitment grounded in the community, and initiated by community members themselves.

Several cases illustrate the intertwined nature of this work. One such example is the partnership that has developed between the Community Connections coalition, MSPCC’s Connecting Families Program and the DCF Area Offices in the cities of Worcester and Fall River. Connecting Families provides outreach services to families where DCF has “screened out” reports of child abuse or neglect. It offers a preventive alternative to the more traditional avenue of families having to “fail up” before child welfare services are provided. Originally, MSPCC envisioned having challenges in handling demand for these services due to a flood of DSS referrals and “pull” for services by families. The actual experience initially was the opposite. Identifying

potential families for referral by the area office was difficult as was engagement with those families who were referred. The expansion of the partnership to include the Worcester Community Connections Coalition ultimately was key in shifting this dynamic to a positive one. The Family Support Advocate and outreach staff of the coalition capitalized upon their relationships with both the office and families to address systemic barriers which impeded social workers from identifying and referring families early on and to help Connecting Families staff to tailor their engagement and outreach activities to better meet the diverse needs of families in the greater Worcester community.

The Worcester Community Connections Coalition has expanded this work with families in the community by opening a Parent Resource Center. In the past year, the early promise of it becoming a magnet to families from all parts of the city has been realized – continuing the testament of the relevance of the coalition to the community.

In other parts of the state, the impact of Community Connections on other PSSF program areas has been similar. The Foster Care Task Force of the New Bedford Community Connections Coalition was formed as a community response to the perception that children in foster care were not provided with the same access to the kinds of opportunities afforded other children in the community. Activities originally were focused on fundraising to provide enrichment activities to children in foster care. The Task Force learned early on that providing support to the youth in care also meant supporting foster families. This naturally progressed to helping support retention and expansion of fostering resources in the greater New Bedford area. In the ensuing years, the work of the Task Force has dramatically expanded to include development of a comprehensive strategy for neighborhood recruitment, which, for all practical purposes, has resulted in a melding of our agency foster and adoptive recruitment activities with our community capacity-building infrastructure, at least in this one community.

In the past year, the work of the New Bedford Task Force firmly took hold in Fall River, expanded to include Cape Cod and began to spread to other areas of the state. Fall River developed a template of recruitment materials that is easily modified to incorporate local information and made it available to the network of Community Connections coalitions. It effectively balances the need for having a statewide recruitment branding identity along with the kind of information that makes a campaign relevant for local communities - producing a win-win for everyone involved. Our joint planning work with our internal DCF foster care and adoption recruitment staff to strategically build linkages at community and regional levels have begun to see discernable results from these partnerships.

In 2009, we began broadening the work to include testing a planning framework by which coalitions, with their DCF Area Office partners, convene community forums on a specific issue related to safety, permanency or well-being. We are particularly interested in looking at issues that may be related to substance abuse, mental health, or domestic violence and using these forums as an opportunity to develop targeted responses that cross these multiple disciplines. In the fall of 2008, our first large-scale project was in response to a request from the Worcester Community Connections Coalition for targeted technical assistance. We funded a consultant to facilitate a community-based process to address an issue brought to the coalition by a group of mothers in the community who experienced a lack of response by the domestic violence services agencies, including the court system. The time-limited planning process resulted in an action plan to implement concrete changes in both the shelter system and recommendations for court system improvements. By agreement, DCF's Director of Domestic Violence and Housing Stabilization Programs will provide subsequent follow-up to assess progress on these plan elements.

Given the ongoing integration of the work of the Coalitions with the work of the Department, the vast majority of the \$3.1 million in PSSF funds provided to the Coalitions is used to fund services and activities that cross one or more service categories. However, DCF still relies on PSSF grant funds as primary support for preventive Family Support programs due to a relatively small pool of state Purchase of Service (POS) dollars dedicated for this purpose. In SFY 2008 and 09, the State had annual expenditures in excess of \$30 million in POS dollars for Family Networks Support and Stabilization Services (FNSS) which is inclusive of Family Preservation and Time-limited Reunification services, and Adoption Support Services, but does not include any direct service personnel costs in these programmatic areas. In addition, for FY 08 and 09, the State targeted nearly \$7 million in State funds for time-limited reunification services and over \$13 million of State funds for crisis intervention services. Given the high level of State funds used to support various types of reunification services over the past several years, DCF has found that it is able to meet the demand for time-limited reunification services with the level of IV-B funds proposed.

We are of the understanding that the maintenance of effort level of \$41.7M dollars was established in 1993 using reports submitted by DCF to the Regional Office, for all non-placement services expenditures in 1992.

Based on current expenditures, in FFY 2009 Massachusetts preliminarily projects that it will spend approximately 45% of its total available PSSF grant funds in Family Support Services, followed by 16% in Family Preservation Services, 9% in Adoption Promotion and Support, 15% in Time Limited Family Reunification Services, 8% in Administration, and 7% in Planning/Other Service Related Activities.

We expect that model programs implemented with these funds will continue to yield tangible results for families as well as serving as learning labs to inform continued program development on a broader scale – all without investments of additional federal dollars. As local partnerships with DCF both deepen and expand, we expect a continuing evolution of these kinds of creative service responses that meet the intent of the legislation and, more critically, the needs of families in communities across the Commonwealth.

VIII. Summary

As evidenced in this report, Community Connections coalitions, as well as the other programs supported by PSSF funding, are uniquely placed and singularly motivated to act as catalysts at a local level to promote a shared community responsibility for the well-being of children and families.

We view our use of Promoting Safe and Stable Funds as long-term investments in strategies that serve as the vehicle for larger system changes. Community Connections coalitions continue to be the foundation upon which these strategies can take hold and, ideally, flourish. Policy makers at DCF and beyond have now recognized that family involvement and partnership are a cornerstone of good child welfare practice and are looking toward the Community Connections initiative for leadership. The role of the Community Support Team is to broker the possibilities of system change ideals with the practicality of doing more with limited resources; of balancing the realities of community organizing with the system's tendency toward intractability, especially during difficult times. A strong and flexible relationship, a shared mission and commitment between the DCF Community Support Team and the coalitions and programs of the Community Connections initiative, concurrent with prevailing attitudes presented by policy makers, together create an unprecedented opportunity to institutionalize family support and family involvement principles into DCF decision-making and case practice.

Commonwealth of Massachusetts

Department of Children & Families

PSSF Community Connections

Attachment A – Year End Report

Community Connections Year End Report Executive Summary

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 2. Promoting Leadership/Advocacy
 3. Engaging Families in the Coalition and Community
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2. Services/Resources: Improving Systems and Access
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 1. Building Relationships with DCF Staff
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C. Coalitions: Participation, Engagement, and Support

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4. Issues and Concerns

D. Suggestions for Strengthening Community Connections

Appendix: Lists and Tables

A. Evaluation Overview

This year, Community Connections asked coalitions to focus their year-end progress reports on outcomes, accomplishments, and best practices rather than coalition building and activities as had been the case in the past. This change was made to emphasize the need for coalitions to become more outcome oriented and to emphasize that, after many years of funding, most communities should have well established coalitions

that have the capacity to make progress toward accomplishing significant outcomes. The following evaluation questions provided the framework for evaluating and presenting the findings from the year end progress and outcomes reports.

- What significant accomplishments have been achieved in Community Connection’s main areas of focus: family asset building, improved access to services, and community-connected practice with DCF?
- What have coalitions accomplished this year with regards to the state-wide common outcome measures such as number of new resources brought to communities in support of families and the number of people benefiting from service improvements?
- What best practices are helping coalition engage residents in the collaborative process and to build a collaborative response to address community concerns?
- What common issues and concerns emerge from the report which have relevance for the Community Connections and, generally, for efforts aimed at preventing child abuse?

While CC is concerned with coalitions achieving positive outcomes for families; there is still an appreciation for the importance of making sure that the collaborative process is inclusive. Coalitions will achieve more meaningful outcomes if families are engaged in a dialogue to identify service gaps and asset shortages, sharing their views and learning to advocate for their own needs by virtue of participating in the process. Coalitions also use the collaborative process to create leadership opportunities, to promote inclusive decision-making, to promote strength-based, family-centered, community connected approaches to service provision, to promote greater awareness of the needs of families and children, often all at the same time. Consequently this report includes many examples of success stories which demonstrate how coalitions have successfully engaged families and used the collaborative process to bring about change. The report also provides many examples of “best practices” to show how different approaches can be used to address similar issues.

Part B of this report highlights accomplishments and best practices in each of community connection’s three areas of focus and Part C looks at some issues related to how well coalitions are functioning. Part D makes some recommendations beyond those already offered in earlier sections, for how Community Connections can be strengthened. The Appendix includes numerous lists which provide details too numerous to include in the text.

B. Success Stories and Best Practices in Focus Areas

Family Asset Building: Supporting Families and Building Communities

Building assets for families includes reducing isolation, connecting families to meaningful and accessible resources, providing opportunities for learning and practicing leadership and advocacy skills, and engaging families in their communities. Coalitions often work toward accomplishing several of these objectives with the same actions and activities. The data and success stories below provide demonstrate what coalitions have accomplished in these areas. (See Appendix: Part A for a complete list of what coalitions that was their greatest accomplishment)

1. Reducing Isolation

Coalitions help to create connections among residents in communities in multiple ways. Events, parent support, and neighborhood organization are activities coalitions use to bring residents together and provide lasting connections in the community. Teen councils, parent advisory groups, and other resident leadership groups can also create opportunities for connections. More than 760 residents are actively involved in coalitions, coalition committees, and task forces across the state and over 200 residents participate in coalition governing boards. Seven coalitions plan major community events each year, such as Back to School Parties and Women’s Week

Events which attract hundreds of families. Some coalitions attempt to reduce isolation by engaging targeted neighborhood in a set of ongoing community development activities which help to build relationships and establish connections with providers.

Success Story: Neighborhood Action Groups - Lawrence

“Once a month, in the warmer months, neighbors in a particular neighborhood coordinate planning a meeting, outreach, agenda items, and activities. Local community police block a street in the neighborhood where a meeting is held, local community police and fire depts., attend to give crime and fire statistics to the neighborhood and answer questions and listen to community concerns. The Mayor’s Office is represented along with City Council and sometimes a State Representative. Often, a local YMCA or other social service agency attends to hand out information. Minutes and attendance are taken by resident leaders. Event and action committees are formed to plan future projects. This work provides positive social interaction for some of Lawrence’s most at risk families.”

Best Practice: Inviting Residents to Participate in Community Events - Chelsea

This year, the Coalition included resident members of its Steering Committee in organized events. For example, three Steering Committee members (two with parenting responsibilities and one resident with grand parenting responsibilities) attended the Chelsea Domestic Violence Task Force CommUNITY Breakfast where they had the chance to interact and share their experiences with members of the business community and policy making officials. Their presence allowed them to see they are part of a critical mass of advocates for families in the Chelsea area.”

2. Promoting Parent Leadership/Advocacy

Coalitions provided over 2400 residents with over 200 opportunities for leadership, advocacy or empowerment trainings, workshops or supports, personal mentoring, or other forms of leadership development. Coalitions reported that over 550 residents used their leadership and advocacy skills as they participated in tenant associations; held leadership positions in the coalitions or other organizations, or helped to coordinate an event. Coalitions say that personal mentoring is the most effective way to promote leadership development, followed by providing opportunities for practicing leadership skills with the ongoing support of community members. (See Appendix XXX)

Some coalitions support the development of leadership and advocacy skills through their support for neighborhood organizations or action groups. These efforts are particularly strong in Lawrence, Lowell, and the Northern Berkshires. The coalitions support neighborhoods to host action meetings, to collaborate with providers, and to advocate for improved services. These efforts require supporting resident leaders, providing leadership training, and giving organizational support.

Best Practices: Parent Leadership Development –Lynn

Lynn participated in the VOICE “Mapping Your Future” program which was held for six Tuesdays in April and May at North Shore Community College. After this program, we organized our parents into different leadership teams according to their concerns. These teams address the needs of the city, neighborhood, parents and education. From this program we were also able to assign a Parent Coalition leader who can inspire the other parents to be leaders as well. Through our Parent Coalition meetings and monthly newsletter we are able to steer parents towards different opportunities and connections in the community as well as formally recruiting ten parents from the Nurturing Parenting Program to attend North Shore Community College in the fall of 2008

Success Story: Neighborhood Groups - Lowell

Neighborhood group meetings have provided families with opportunities to be involved in public forums such as the Youth Violence Prevention forum. Additionally neighborhood group meetings provided residents with connections to networks and services available in the city and modeled appropriate leadership, self-advocacy and civic engagement with guests and speakers from all sectors of the community. In an example of one important outcome, one neighborhood group organized a meeting with a local elementary school to discuss issues around dismal times. In another example, one group was able to recruit local officials to attend meetings and address concerns. (Leadership, isolation, advocacy, services, resident involvement.)

3. Engaging Families in the Coalition and Community

Coalitions often use events and parenting education opportunities as hooks for engaging parents in their communities, looking for ways to keep parents engaged and to maintain relationships after the initial events are over. Sometimes coalitions have to change their practices to engage families. Southbridge changed its by-laws, elected new officers, and changed meeting schedules in order to accommodate the participation of residents. (Giving Parents a Voice??) Once engaged, coalitions have to find many different types of activities to keep parents with various interests, time commitments, and skill levels engaged.

Best Practices: Chelsea

In planning for the Coalition's summer family field trips, Coalition members made a concerted effort this year to seek out fringe families who came into contact with the Coalition and seemed interested in getting involved. The family field trips are an excellent tool for engaging families because parents meet other families and build supportive connections while they enjoy an activity with their own family. This year the Coalition successfully involved 15 new families, who were positive about the coalition after the fieldtrip, and plans to maintain contact with the., The Coalition drew on families who utilized the Family Nurturing Program/Crianza con Carino, and the Clothes Closet to maintain and expand their involvement with the goal of transitioning them into strong Coalition participants and, ideally, into leadership roles in the Coalition.

Best Practices: Northern Berkshires

The Neighborhood Summit services as a means to bring leaders and potential leaders together to give voice to parent concerns and needs. This group helps to guide NBN, the neighborhood/ parent program of the coalition. Members from this group are chosen to be part of the NBCC Board of Directors; currently three members are on the board. As a board of an organization with very diverse membership, we have to include representation from many programs and sectors including business, colleges, town representatives, etc. Three Summit representatives are members of the board. Another board member, Steve Green, attends Summit meetings to help the board to hear and better understand neighborhood and parent needs/concerns. He has been with the board for many years and helps to increase linkages of the board and community resources to parents/neighborhoods. (Liaison with parents, working up to board membership,)

5. Connecting Families to Resources

Coalitions are well placed to meet the increasing demand for support and information on services brought on by the economic downturn. Coalitions found \$63,500 in grants and other funds last year to support publishing and communicating information on resources through websites and other means. Coalitions reported that their resource information distribution efforts would reach over 14,500 residents. Other efforts to provide information on resources have included the following:

- Brockton reported a significant increase in demand for newsletters, website hits, and emails blasts requests. Their newsletter doubled production and distribution from 250 to 500 copies per month over the last year and website hits averaged 120 per month. Email blasts average 25 per week.
- Calls to the Cape Cod Family Support information hotline increased by 48% last year.

- Jamaica Plain received \$1,200 from a hospital to do a study of local resource gaps.
- Fall River had over 4,000 visits to its website, a dramatic increase from the previous year.
- Worcester distributed over 5000 resource guides this past year and sold over 1500 thus providing a sustainable source of funding for the center.

For a couple of communities, the demand for information and support was so great as to warrant establishing resource centers such as those described below.

Success Story: Worcester Parent Center

The Worcester coalition has opened a Parent Center where local parents can obtain parent to parent support in connecting with local resources. The center is a central place in the community where DCF staff can send parents to connect with community resources while simultaneously being connected with an informal network of parent support. The center also provides a place where parents, facing similar challenges with accessing local services can join together to advocate for improvements in those services. A committee comprised of parents developed the program with support from various agencies. "At least 150 parents were assisted at the center between February and July 2008. Fourteen other families were provided with parent advocate services."

Success Story: New Bedford Family Resource and Development Center

The Family Resource and Development Center connects families in targeted neighborhoods to services and resources. The concept for the center came from focus groups. The center provides a library of community resources and parenting literature. Parents have access to computers, copies and fax machines. The center offers parenting education software in both Spanish and English. The family support advocate provides information and referral to non-DCF families, as well as partnering with Patch social workers. At least 70 families used the resource center before the end of July. The receptionist for the center speaks four languages. The center has also hosted a variety of family support activities. The center receives guidance from the Parent Advisory Council.

The role coalition's play in disseminating information on resources has also put them in the unique position of having a pulse on the need for services. Coalitions hear from both families with and without connections to DCF and families in crises.

Other examples of successful efforts in this area include:

Connecting with School Social Workers – Lowell

The most successful activities have been connecting with school social workers. School social workers, once informed about LAFN activities, have connected families with LAFN staff. These connections have provided an opportunity to build meaningful relationships with parents.

Early Childhood Literacy – Dorchester

Families in Dorchester are more knowledgeable about the importance of early literacy. CARES' ECC provided 62 referrals to the PCHP/FLASH home visiting program. CARES provided Countdown to Kindergarten with a list of 150 families they could contact to join Playgroups in the Dorchester area.

Home Visiting – Dorchester

CARES connected and educated providers on the difference between various home visiting programs in the Boston area through distribution of 30 CRT home visiting program binders and brochures. In addition, CARES staff distributed an additional 10 CRT binders to Dorchester specific family support service providers including the DSS Park Street office.

My Fall River Website – Fall River

One of United Neighbors Community Partnership's top priorities is to increase communication and thus make sure that resources information is effectively getting to providers, schools and residents. Part of this is to bring the My Fall River website to the community to provide a single point of entry and a one stop site for all of the community's health and human services. With this, providers will have sufficient information to refer their families to needed services, schools will have the same information to give to students and parents and residents can access for themselves either from home or from a local library. In addition, the committee will be working with the Massachusetts 211 Directory to increase their capacity to refer information about Fall River resources.

Parenting Wisely – Fall River

Through the coalition's partnership with the BOLD Coalition, the coalition received the Parenting Wisely Computerized Parenting Program to provide access to parents in need of support. (Value \$8,000)

Resource Tables – Fitchburg

Resource tables are resident driven and have proven to be a wonderful empowering thing for the residents and families of the coalition.

Welcome Baby Program – Dorchester

In collaboration with the Family Nurturing Center, the Welcome Baby program connected over 350 families to resources such as housing, GED, ESL, job training, food pantries, immigration, child care, etc. The program conducts a Phone-a-thon to 100 families bi-yearly to help families to better access services, and ensure that they are receiving the support needed from community programs. Dorchester

Services/Resources: Improving Systems and Access

At least 37,800 people will benefit from better, more, or friendlier services because of coalition efforts last year. Coalitions take the lead in organizing providers, families, and others to address unmet needs. This year coalitions reported bringing 60 service improvements or new services to their communities including improved health clinic access, mental health services, support for teens, education, social services, and parent education. The service improvements included everything from changing how children are referred to providers and how services are targeted to families, to helping providers coordinate in ways that provide a better understanding of the needs of families and improving information to meet the needs of targeted groups.

1. New Funds for Services and Activities

Coalitions helped bring nearly **\$4 million in new resources** to their communities in FY08, which has the potential to benefit over 11,000 people by providing everything from basic needs and health and mental health programs to parenting and early childhood education. The funds included everything from a \$150 in donations from local businesses to \$1 million in grants to address youth violence. Coalitions found approximately \$2 million dollars to

support services for teens including gang violence prevention, enrichment programs, and leadership opportunities. They also won 21 different grants, awards or donations worth \$1.14 million dollars to help provide with basic needs including fuel assistance, support for completing tax returns, bus passes, assistance with housing discrimination, food, car safety, community gardens; etc. Over 4,500 people could benefit from these programs. (See spreadsheet for all numbers.).

Other significant grants included:

- \$120,000 for crisis prevention in an elementary school in Holyoke. The Community Connections director & the DCF Area Director were able to create a crisis intervention, stabilization and case management pilot program for an elementary school which made it possible for the town to be awarded the one year grant.
- \$39,500 for a Sex Offender Management program in North Quabbin
- \$150,000 for teen pregnancy prevention in Northern Berkshires.

Coalitions have been very successful at winning new resources, in part because, many funders require that applications only come from coalitions but also because they are becoming known as leaders on family issues in their communities. For example, when the Attorney General's office and other agencies were looking for communities with coalitions to apply for funding to reduce youth violence and substance abuse, several coalitions were well placed to take leadership in applying for those funds.

2. Parents Contribute To Improving Services

As part of some of Community Connections' most notable work, coalitions are changing how services are provided by changing who is involved in evaluating the quality and access of services available to families. Some coalitions systematically bring residents together with providers at regular meetings or in action groups so that they can learn from each other. Other Coalitions bring the two together when a crisis needs to be addressed. When service/resource issues emerge coalitions are positioned to take leadership in addressing the concerns because of their already strong relationships with their stakeholders.

Best Practices: Bringing Residents and Providers Together – Worcester

The parent needs committee is a parent-driven committee of the coalition where parents meet once a month to provide each other with mutual support and to learn about and work together to improve access to local services through meetings with social service providers. Presentations to the committee included those by City of Worcester's Division on Human Rights; a presentation on "How to Access Mental Health Services and Child Discipline by Worcester Communities of Care"; a presentation by Legal Assistance Corp. on Child Custody laws; a Ready Set Quit program presentation, participation in a focus group for WCAC Action Planning Process; and a workshop on Racial/Ethnic Disparities by the Human Rights Division of the City of Worcester.

Best Practice – Recruiting Foster Families – Southbridge

When DCF was considering bringing the MAPP training to Southbridge, existing foster parents for asked for their input on whether it was needed and would work. The coalition asked for their advice and opinions and they were part of the planning team. From the very beginning existing foster parents were involved in recruiting new foster parents who were supported and encouraged them to take the MAPP training. The parents met with the Coordinator for DCF on foster care and let him know the weaknesses in the system and why people tend not to volunteer.

Success Story: Addressing the Need for Affordable Public Transportation-Fall River

Through a partnership with United Interfaith Action, United Neighbors identified the lack of affordable public transportation as a major community issue. The partnership led to over 400 residents being surveyed on their view of the system and public community meetings with residents and Mayoral Candidates, Southeast Regional Transit Authority Leadership and SRPEDD. The group met with the Superintendent of Schools and the Mayor of Fall River and identified other partners in the community who have taken on the issue including

the BOLD Coalition, Housing Authority, Youth Build and others. The group is planning to invite residents to speak out on the issue. As a result of the coalition’s advocacy, the Southeast Regional Transit Authority has started a pilot program to expand service to Sundays. Three Herald News articles have been published about the work that is being done to address this issue.

3. Parenting Education and Support

Parenting education and family support services are reported to be severely lacking in many communities. Coalitions helped to bring almost \$200,000 (check) in new parenting education and support dollars to their communities in FY08. Nurturing programs were brought to five different Community Connections communities this year. In an example of best practices, the South Boston program graduated 100 families from their programs and used community events to keep families connected with other families in the community thus reducing isolation and providing additional opportunities to connect families to resources. Families reported that “they feel more connected in their own community because of all the parents, facilitators and children that they have met through these programs.” (See Appendix: A for list other parenting education programs)

Other parenting education and support initiatives have included support for grandparents, a support group for Spanish speaking parents in collaboration with an elementary school, and a father’s program. The challenge for coalitions is to find collaborative and sustainable ways for communities to provide these services rather than facilitating the groups themselves.

Best Practice: Parenting Education Initiative – Fitchburg

Fitchburg set about creating new parenting education opportunities by collaborating with other stakeholders including the Sherriff’s Department, Healthy Directions, and DCF. Fitchburg involved parents in setting the criteria for hiring the facilitators and in setting the curriculum for the sessions leading to a successful pilot program.

3. Prevention

Coalitions have taken the lead in organizing groups to address prevention and related service shortfalls. Examples of progress in this area include:

Domestic Violence Task Force – Chelsea

The Domestic Violence Task Force is a highly functioning, high membership group that is growing more and better known in the community and organized two very successful events this year.

Sexual Assault Prevention Project – North Quabbin

The Sexual Assault Prevention Project, the Sex Offender Management Council, has seen great success. This Council meets every other month to review and guide the program coordinators’ progress and efforts in establishing a comprehensive approach to managing sex offenders living in the region. Sixteen area residents and professionals were trained on “Best Practices in the Management of Sex Offenders” and will work as trainers across the region to educate cross-sections of residents on the complex issues of myths and realities of sexual offending, the registry laws, and sex offender management.

Substance Abuse – Lawrence

Through the creation of the task force, LMCC has been able to attract new organizations not only to the task force, but also to the membership list of LMCC. This has strengthened the area of substance abuse providers who now know about the LMCC and Patch and the work currently underway. Several referrals to formal substance abuse providers have occurred during the formation of the task force. Continued sharing of information and referrals to agencies is needed to further the mission of LMCC and its' partners

Community-Connected Practice with DCF

Community Connections has asked coalitions to engage DCF staff in community-connected practice. The definition of community-connected practice is still evolving, but generally implies engaging DCF staff with the coalition, residents, and the broader community for the purpose of creating opportunities to better understand the stresses faced by families; engaging in joint work to improve conditions for families; promoting family centered, strength based values, and creating greater awareness of the resources available to families within communities. Coalitions have made considerable progress over the last couple of years on many of these fronts.

1. Building Relationships with DCF Staff

Coalitions are actively engaging DCF in community work. One hundred-thirty DCF staff attended over 120 coalition meetings, committee meetings, and community events last year and over 75% of those meetings included families. More than 600 family members had opportunities to personally engage with DCF staff at these events -- a 100% increase from the previous year.

Similarly, DCF is engaging coalitions more frequently, having invited coalition members to attend 42% more meetings in FY08 than the year before. Eight or more coalitions were invited to attend meetings hosted by the Area Director, DCF hosted trainings, DCF office staff meetings, and meetings regarding foster care. Several coalitions (Fall River, New Bedford, Northern Berkshires, etc) coalitions reported cases of DCF staff and coalitions working together to solve problems.

Best Practice: A multi-approach strategy for Building Relationships - Fall River

Fall River has made significant progress in building relationships with social workers using a multi-pronged strategy involving many different activities including:

- Parent Survey for CQI
- Food Pantry at DSS
- Resource Fair at DSS offices
- Website developed for Quick Access to Resources
- Social worker appreciation event attended by 23 service providers attended along with over 80 social workers and lead agency staff.

These efforts have led to an increase in the number of invitations to the coalition to participate in DCF groups such as DSS Area Board Meetings; Recruitment and Retention of Resource Families for Adolescents team; Lead Agency Implementation team; presentations at management and staff meetings; and diversity teams.

2. Sharing Information on Community-Based Resources

An important aspect of community-connected practice is creating opportunities for social workers to connect DCF linked families with community-based resources. Coalitions have been increasingly successful at engaging social workers around community resources. In FY08, 252 social workers made approximately 1670 requests for

resource information from coalitions and 47 supervisors made 134 requests for information to 15 different coalitions. Coalitions with family advocates received an average of 127 requests compared with the 57 requests received by coalitions without family advocates or Patch funding. Some of the most common requests for information were for emergency assistance, parenting classes and support, and housing which are something that is often difficult for coalitions to do anything about. Others requests include things as diverse as anti-gang referrals, substance abuse referrals, and school uniforms .

Resource Gaps: Because of the requests for information they receive from social workers and families, coalitions are in an excellent position to spot resource gaps and other problems. Some requests have highlighted the fact that families with limited English language skills have a difficult time accessing resources. One coalition reported, that because of a lack of coordinated case management, one couple reported having 14 service providers in their lives. Coalitions also reported seeing limited support for families after they are reunited with their children. Another coalition noted that “social workers can overemphasis on parent training, which while important, often overlooks the need for on-going personal support and listening to what the families feel they need, which is often not the same thing that the DCF workers feel they need.”

Problems with Resource Requests from DCF staff: In some cases, social workers have misconceptions about a coalition’s role in connecting families to community-based resources. Coalitions report receiving too many requests for case management or direct family support, formal referrals, and requests to start programs. One coalition said that about half of their requests are for long term support. Another coalition reported that some workers have been known to write the coalition into the family’s service plan for parenting classes. Two coalitions reported receiving formal requests for resources and other coalitions still receive requests for staff support for families. Another coalition receives requests for coalition staff to transport foster children to appointments, calls to transport parents to meetings two hours away; basic needs support, and more parenting classes than are available. Some workers have even written coalitions into service plans leaving the parent with the expectation that coalitions are going to provide a list of services. One coalition reported that staff at the local office believes that the coalition is a service provider under a contract with DCF and another coalition reported a high level of frustration among the coalition staff that some workers do not want to do the hard work and so they send them to the coalition. One coalition mentioned that the role of Family Networks and Lead Agency staff in the dissemination of community resources needs to be clarified. All of these issues require consideration.

3. Benefits of Involving DCF in Community-Connected Practice

The most often mentioned benefit of having DCF involved in community work is that it opens the doors of communication between families, DCF staff, and other stakeholders. The communication is said to work both ways with everyone benefiting from alternative perspectives and information on resources. Examples of other benefits include:

- DCF staff contributes insights and information in parent support and education settings.
- DCF staff learns more about what is going on in the community, the community perspective, and service gaps or inadequacies.
- DCF staff learn a strength-based approach when facilitating nurturing programs
- Communities and DCF can join forces to make a difference in foster care and other issues that influence families at risk
- DCF staff feel part of the larger community and can be an advocate for new resources

The following three success stories provide excellent examples of how coalitions bring families and DCF staff together to bring about meaningful systemic change because ...

- they are listening closely enough to families to learn what assistance is needed;
- they have a good relationships with DCF staff which allow them to work together toward a solution;

- they have strong established relationships with a wide variety of stakeholders making it possible to engage them in meaningful action;

The stories are important because they illustrate how coalitions use the collaborative process to bring about systemic and meaningful change and how involving families can lead to better outcomes.

Success Story: Homes needed for Re-unification – Worcester

The Worcester Community Coalition has taken the lead in facilitating a collaborative response to finding housing for homeless women who need to prove themselves by living independently for a few months prior to reunification with their children. Due to not having their children in their custody, these women are ineligible for housing through the Department of Transitional Assistance until they reunify with their children.

To address this problem, the coalition is bringing together key stakeholders, including DTA, DCF, and local shelters, who have demonstrated a “wonderful willingness to partner with one another to address this need”. One homeless shelter, Friendly House, has said it is willing to initially designate two shelter beds for this project and will pursue other funding. The larger goal is to eventually reinstate reunification funds previously available through the Department of Transitional Assistance to assist DCF staff with these families. Central MA Community Connection cluster is seeking to advocate for the reinstatement of these funds on a statewide level.

Success Story: Parent Training for Parents with Care and Protection Orders – Northern Berkshires

Northern Berkshires worked closely with DCF and parents to design a new parent training pilot program designed to meet the needs of parents with Care and Protection Orders. A subcommittee is planning the training and will follow-up with a monthly forum on community support for DCF families. This has been very important process and has included a strong parent voice.

Success Story: Parent Advisory Council leads to Family-Centered Cluster at DCF: New Bedford

New Bedford formed a Parent Advisory Council to look at issues around family participation issues for their own support and care from both a community and DCF perspective. The process involved 13 parents and aged out DCF youth. They discussed questions concerning the intersection of child maltreatment, domestic violence, substance abuse, mental health, education, housing, and employment. They also considered the provision of services from the community and DCF perspectives.

Parents saw the need for;

- *having parenting education available through the schools*
- *establishing a campaign similar to the global DV questions asked in emergency rooms that would have doctors asking questions that gauge parenting skills and stressors*
- *Increasing access to prevention education resources*
- *Ensuring that there is a parental component added to any youth focused services (eg.) Youth Court, Juvenile Drug Court, Shannon Grant)*
- *Increase accountability of contracted or grant funded organizations by ensuring that each agency, resource or service have an advisory board or council that includes no less than 50% consumer representation.*

Parents would like to see DCF:

- offer referrals for prevention services, with a follow-up to all families who are brought to the attention of the DCF through a report of suspected abuse or neglect but are not formally “opened for services” with DCF.
- Provide services and support for the family as a whole unit.

These recommendations have formulated NBCCC’s work in partnering with the area office on meeting the needs of the families they service. The area office is committed to providing child protective services in a family centered, strength-based community connected manner. The recommendation for referrals is being explored in the context of the Family Resource & Development Center / Patch Team concept. The area office is looking to utilize MSW interns with DCF experience to support Kinship families. The area office has also designated a cluster to be a “family-centered cluster”. This cluster has 4 units that would include approximately 20 workers and 4 supervisors. The manager has rallied her staff to utilize strategies around engaging families in a family centered, strength based, community connected manner. The goal is to make it a standard to identify and engage fathers as well as increase family’s participation in the decision making process of the Department. Other social workers have engaged in trainings to strengthen their practice in mental health, working with fathers. The workers in turn share their knowledge with co-workers in the cluster meetings so that the entire team is informed. Another strategy this cluster has utilized is personalizing closing letters to families that speak to the families strengths.

5. Challenges to Communities

External factors such as the economy can have a major influence on coalition work plans, making some goals unobtainable, and sometimes forcing coalitions to reorient the work they are doing to meet immediate needs. Coalitions are in a position to quickly pick up on new challenges and difficulties faced by families. This year, coalitions reported that the stress levels in communities are high and have led to many new concerns. Coalitions noted an eruption of violence that has set back a lot of the momentum in community building and family support all efforts were focused on the teens. All of these obstacles influenced coalition activities. Worcester noted three external challenges facing that community which included:

- A higher incidence of domestic violence among referrals to WCCC staff and the WCCC Parent Center. Families reported that the current DV service system is not sufficient. After meetings with these parents, Worcester formed an advocacy group to address struggles families face in accessing local domestic violence services.
- Increases in issues related to the influx of illegal immigrants into the community. Many of the agencies that provide immigrant services are limited in assistance they are able to provide to immigrants with illegal status. Worcester has had discussions with a local immigration attorney regarding the possibility of forming a community roundtable that will meet quarterly to update agencies on immigration laws.
- Rising housing and fuel costs, and an increase in foreclosures, have led Worcester to hold meetings with RCAP Solutions and Central MA Housing Alliance (CMHA) to learn more about the services they provide and develop a stronger collaboration. WCCC staff and Parent volunteers attended these meetings. WCCC also increased its involvement in the local Housing and Homeless Benefits Meeting held by CMHA to keep the community informed of local housing Resources and address local needs. Parents facing housing struggles shared their experiences at these meetings.

The downturn in the economy has also had a direct effect on coalition operations. It has been almost impossible for some coalitions to receive services from volunteers and many grants have not been renewed

5. Emerging Trends

While coalitions are very different and each have their own unique action plan, reports on their work often lead to common insights into the challenges facing families today, to social service trends, and to the need for reflection

on Community Connections policy and practice. The observation that an unusually large number of coalitions received funding this year for violence prevention and substance abuse, suggests that coalitions have become recognized leaders in their communities, positioned to apply for significant funding to address serious issues, often in part because they are the collaborative voice in the community, but also because they are recognized leaders in the area of family support.

More Focus on Violence and Substance Abuse

This year, 12 different coalitions were positioned to work with their communities to apply and receive 14 significant grants, totaling over \$3 million aimed at reducing violence and preventing substance abuse among youth and families. Such a high level of success suggests that coalitions have developed strong reputations in their communities for reliable family-centered work. Many coalitions mentioned these grants as being among their most important accomplishments.

Greater Support for Teens

This year, nearly \$2 million in new money was brought into communities to support teens. The resources were found to support teen enrichment programs, the prevention of gang-violence, the prevention of teen pregnancy, and teen leadership programs just to name a few. Coalitions have also supported the development of youth leadership councils and support for teens in foster care. Coalitions are seeing a tremendous need among youth.

Stronger Connections with Mental Health Professionals

Coalitions are gradually doing more work with mental health professionals and in finding support for families with mental health needs. For many years, few mental health providers participated in Community Connections but now coalitions have successfully engaged over 60 mental health professionals in coalition and community work (a number that rivals participation by lead agency and health organization staff). With the assistance of these representatives, coalitions have supported families with mental health issues in a number of ways. Worcester developed a comprehensive list of mental health resources; New Bedford is helping DCF staff to become more sensitive to the needs of parents with mental health issues because of recommendations from their parent advisory committee; and North Quabbin is working to improve the mental health referral system for children.

Greater Success in Connecting Families to Resources

Providing information on resources to families has become an increasingly significant activity for coalitions which distributed thousands of copies of resource lists last year to families on everything from mental health to parenting support services. Coalitions published resource lists in multiple languages, provided social workers with resource information, and developed web-sites to share resource information with families. Coalitions also provided information through social workers, who made over 1600 requests for information this past year.

Progress toward Engaging DCF in Community-Connected Practice

Coalitions are starting to demonstrate how community-connected practice with DCF can work, what it means, and how it can lead to systems change. For example, New Bedford's work with the local DCF office has led to one administrator organizing a strength-based cluster within the Department which is adopting family-centered practices. Coalitions are demonstrating much more success in bringing the **concerns** of families to DCF staff through efforts such as the creating of parent advisory councils in New Bedford and having residents assist DCF with a CQI Family Satisfaction survey exercise in Fall River.

Part C: Coalitions: Participation, Engagement, and Support

1. Mobilizing Stakeholders

Coalitions engage a wide variety of stakeholders in activities which strengthen community assets and work to improve supports for families. Last year, coalitions organized 60 different action groups and committees which focused on planning events, improving services, advising the coalition, and addressing policy concerns. Over 760 residents participated in these groups which provided leadership and advocacy opportunities and, often, the chance to share their point of view with the some of the 2000 other stakeholders, many of them providers that participated. This year coalitions thought their most notable successes had to do with:

- bringing new and improved services to communities,
- improving family access to information on resources,
- creating more opportunities for parent education and family support,
- energizing action oriented neighborhood groups, and
- improving existing services

Coalitions work in many different ways to bring about change in their communities including:

- Connecting disparate parts of the community
- Mentoring residents to represent their families and communities with agencies and organizations
- Strengthening community involvement
- Creating and distributing better information on resources
- Sponsoring Community wide- community strengthening events that connect families with others
- Organizing Awareness/Action/Prevention activities
- Raising funds to support foster families/children
- Building Assets in Neighborhoods

2. Engaging Families – Best Practices

Engaging families and residents continues to be a high priority for Community Connections. Coalitions are consistently looking for new ways to encourage and sustain the participation of residents in the coalition and community. Below are some examples of how coalitions effectively engaged residents this past year.

- Chelsea has made it a regular policy to include steering committee members who are on the board as a family/resident member, in events. For example, this year three Steering Committee members (two with parenting responsibilities and one resident with grand parenting responsibilities) attended the Chelsea Domestic Violence Task Force CommUNITY Breakfast. Their presence allowed them to see they are part of a critical mass of advocates for families in the Chelsea area and they were able to interact with members of the business community and policy-making officials.
- Dorchester uses informal settings to reach hard-to-reach families such as local farmers markets, local businesses, churches, and library play groups.
- Worcester makes a special effort to assist their active parents in addressing their own needs and issues, thus giving them a greater capacity to engage in coalition work to help the community.
- By increasing the involvement and participation of parent leaders in the coalition's work, parents in Worcester have developed a stronger ownership of the coalition's work and have been performing more informal outreach to other parents in the community to encourage their involvement.
- Worcester models the expectation that parents should be 'at the table' when decisions are being made concerning policy, resource and practice changes by brining parents along to various community meetings to foster their input in community planning initiatives and model.

3. Support Needed from Community Connections

Coalitions continue to appreciate the support they receive from Community Connections Managers but could use some assistance from their managers and Community Connections administrators in certain areas including;

- More effective upfront marketing materials that are family friendly and that explain what Community Connections is and how it works. This includes having the managers attend coalition meetings to help explain the CC model and its expectations.
- More support for evaluation and action planning and an online data entry system for the evaluation data
- More support around finding resources. One coalition suggested targeted funding increases for staffing, training, of community members and activities.

Coalitions also expressed several concerns regarding the demands placed on them by CC saying that it can difficult to balance all that is required by DCF with their own coalition/resident driven agenda. Another coalition suggested that some of the DCF/Community Connections demands are difficult to meet when governing boards have a majority of resident members. (See Appendix X: for a complete list of suggestions for Community Connections.) Some coalitions report being overwhelmed by the demands on their time. In this time of declining resources the pressures are even greater. Community Connections needs to make clear that coalitions are not expected to do everything in the state-wide logic model, particularly if they don't have other funding such as Patch and Family Advocate Funding.

4. Concerns

The outcomes data and Year-End-Reports demonstrated that some coalitions are still having issues having to do with process, collaboration, and resident participation:

- A number of coalitions still do not have focused and specific outcomes but rather continue to focus on coalition building and process.
- Nine coalitions failed to report active participation in other groups within their community. This suggests a high level of isolation and a lack of integration. In cases where it is possible, coalitions should be reaching out to others to build alliances. Those in smaller towns may find it necessary to reach beyond their boards.
- Of the 18 coalitions that reported on their governing committees, only seven reported having more than 50% of their board/committee members as residents. Community Connections currently requires that steering committees have at least 51% residents. This policy needs to be reviewed.
- Five coalitions reported convening, co-convening or participating in fewer than four collaborative groups (this includes task forces, sub-committees, events planning groups, etc.). These coalitions may not be functioning at a sufficient level to achieve outcomes in their communities.

Greater Focus on Outcomes Needed: Community Connections State-wide has asked coalitions to accomplish particular tasks such as providing families information on resources and engage in community-connected practice with DCF. They have also asked coalitions to have a coalition driven outcome oriented action plan. There needs to be a balance between coalition driven work and the work required of coalitions by DCF. Community Connections needs to make sure not to overburden coalitions with so many tasks that the coalition driven work takes a back seat.

Coalitions Role in Bringing Services to Communities: Community Connections needs to provide more clarity around what services coalitions can and cannot provide. Some coalitions still report that they provide typical services such as ESL classes and childcare. Others provide services which have been sanctioned by DCF such as parenting classes and parent resource centers. Some criteria that might be considered could include whether or not the service could sustain itself without the coalition; whether Community Connections resources are being used to administer the activity; whether the activity serves as an important way to engage parents; or whether community connections principals are applied.

D. Other Suggestions for Strengthening Community Connections

Below are few additional suggestions for strengthening the work of Community Connections

Guidelines Needed for Resource Requests from Social Workers: Coalitions, particularly those without Family Advocates, need help establishing guidelines for meeting requests in from DCF (See DCF section) Coalitions report receiving some inappropriate requests from social workers. One coalition reported that social workers write the coalition into their service plan for providing parenting classes.

Evaluate Community-Connected practice with DCF

Community Connections is ready to move beyond evaluating whether or not coalitions are engaging DCF staff to learning more about the benefits of this relationship. Consideration will need to be given to the role that family support advocates and Patch sites play in this effort. First clarity and agreement need to be reached regarding the expected outcomes from community-centered joint practice and engagement.

Track Resource Requests

Coalitions could use consistently collected information on resource requests to advocate for new services, apply for grants, and to make the general community more aware of gaps in services. Coalitions receive many requests for information on community-based resources from families and social workers. These requests have the potential for being an excellent source of information on service gaps, in part because they represent a broad segment of the population. For example, the Worcester Parent Center learned about the need for better support for victims of domestic violence through calls to their Parent Center; Chelsea has learned that while the courts are mandating parents to attend parenting classes, a sufficient number of classes are not available; and several different coalitions mentioned the need for support for grandparents raising children. (See complete list in Appendix: Part E) Coalitions could use support in determining if families are using the resource information they are developing and distributing.

Understand Information Needs of Families in Crisis:

In all the discussions concerning how best to connect families to community based resources, few coalitions have discussed how best to help families access support when in crisis. In an exception, Worcester described learning how few emergency services were available to women who had suffered from domestic violence. After learning about this need because of an abnormally high number of calls for support to their parent resource center, the coalition formed an action group to address the problem. Coalitions might consider looking more carefully at the needs of families in crisis and what service information and supports are needed to report them.

Create Marketing Materials for Community Connections

Coalitions need better materials for marketing Community Connections to their membership. Community Connections administrators should develop a strategic plan for communicating information on Community Connections and its accomplishments. Coalitions suggested the need for materials that explain the organizational structure of CC and materials that explain the existence and contributions of CC, all of which should be in a family friendly format, in several key languages.

Commonwealth of Massachusetts

Department of Children & Families

Child Abuse Prevention and Treatment Act Grant

CAPTA - Summary of Activities for FY 2005-2009

Development of Massachusetts DCF's Integrated Casework Practice Model

For some time now, the Massachusetts Department of Children and Families (formerly Department of Social Services) has been concerned with improving its practice approach to working with families and children. Focus groups and surveys of about 250 staff, community representatives and parents completed in April 2004, showed that the system was failing to achieve the agency's core values for practice that was: child driven, family centered, community focused, strength based, committed to cultural diversity and cultural competency and committed to continuous learning. A significant redesign of casework services to families and children was needed. CAPTA funds have been a valuable resource over the years since this work began.

Working With Families Right From the Start. Initially, a broad based initiative was launched to involve about 65 stakeholders (staff, community representatives, parents and youth) in the redesign effort that was called "Working With Families Right From the Start." During 3 days in August 2004, prospective participants were briefed on the goals of the project, the process to be followed, the core values to be achieved and alternative views of casework. Then, Phase I was initiated with a 3 day offsite Summit (9/29 through 10/1/2004) where the 65 stakeholders identified principles and indicators for guiding and evaluating reconceptualized DCF intake and assessment. Over the next year the project met monthly as 7 stakeholder working groups, supported by designated DCF "team liaisons" and 5 consultant/policy writer "scribes" who served as a Steering Committee with Department leaders.

Important features of the "conceptual model" presented to Executive Staff and Statewide Managers in 2005 included: ways of achieving community partnership through revitalized area boards; expansion of community based programs such as Community Coalitions and Patch; creation of an information and referral specialist and development of culturally responsive practice; better family engagement through expanded screening and use of differential response; improved safety through understanding the difference between risk and safety and better safety assessments; more comprehensive family assessments through teaming with the family, specialists and community experts; development and support of lifelong relationships through concurrent planning; service planning that incorporates a "signs of safety" approach; case closing that ensures youth have gained the necessary life skills and are linked to supportive, lifelong relationships and that culminates in a family conference; and emphasis on measuring the model's success by learning from those involved and from intentional data collection. During over 50 follow-up Listening and Learning Tour sessions that ended 3/31/2006, as many as 2,500 internal and external individuals were briefed on the concept model.

Based to some degree on ideas emerging from the project, the Department's professional development efforts began to focus on family centered and solution focused practice skills.

Family Engagement Model. To move the conceptual model into a detailed design for implementation, a Phase II design team met monthly from January to October 2006 as 4 work groups. The team held learning sessions on differential response 5/22 and 5/23/2006 (sponsored by Casey Family Programs), on safety and risk assessment on 5/31/2006; on solution focused practice on 6/2/2006, on teaming on 6/23/2006 and on disproportionality on 7/21/2006. An overview of the detailed design for what was called the "Family Engagement Model" (FEM) was presented to various groups during September and October 2006.

Phase II expanded the base of people inside and outside the Department who understood and embraced the features of the new design and further elaborated on what was necessary to implement them. An important outgrowth of Phase II was that the Department undertook development of safety and risk assessment tools under a contract with Children's Research Center (CRC). The tools that were completed in June 2007 by

the broad-based work group included an innovation unique to Massachusetts: the inclusion of “protective capacities,” in addition to some other modifications of CRC’s basic Structured Decision Making ® tools.

An important enhancement to the model that emerged during Phase II was the realization that “teaming” might be an important holder of best practice. Teaming is a Department innovation in which a small group of social workers and a supervisor works with the family, rather than the usual one on one approach. The team develops a common purpose and approach with the family whom it regards as part of the team. Massachusetts is finding that teams better support worker morale and enhance learning and decision making. Furthermore, families like working with them. Training for teaming supervisors in facilitation of meetings was held during Summer 2007.

Although leadership of the agency changed in June 2007, commitment to this work remained substantially intact. Work groups were launched in late fall 2007 to do further design work on the safety and risk assessment tools, the comprehensive assessment and service plan and extended screening/unified entry/differential response. This work culminated in a detailed report released April 2008. As a result, field testing of Massachusetts versions of CRC’s safety and risk assessment tools commenced during summer 2008 and ended 9/30/2008. An important finding of this effort was that completing the forms with families, even when translated versions of the forms were available, was difficult, confusing and time-consuming. On the other hand, most families appreciated being involved and welcomed the identification of protective factors.

DCF, Strategic Planning and the Integrated Casework Practice Model. New agency legislation was signed 7/8/2008. The legislation calls for significant changes to the agency’s casework model, some of which dovetail nicely with the features that have been identified through this work. Parenthetically, it might be noted that the legislation also provided for DCF to pilot a family engagement model which featured differential response.

In response to the new agency legislation, the Department undertook a strategic planning process in July 2008 that generated a series of recommendations. Strategic planning culminated in the pre-implementation of an “integrated casework practice model” in March 2009 that clearly evolved from the work that began in 2004. Notable features include: extended screening; differential response; comprehensive assessment and service planning; introduction of safety and risk assessment (including Massachusetts’ field tested tools with slight modifications and no expectation that they be completed with the family); discontinuation of specialized assessment workers in favor of enhanced assessment skills among “ongoing” social workers; and an expectation that assessment is a continuing process. To support implementation, the Department has established a Steering Committee, a statewide implementation team that includes 6 regional facilitators and implementation teams at the region and area levels.

Current Department plans call for SACWIS build of the safety and risk assessment tools by the end of July 2009 (as part of the new web-based “I-FamilyNet”), presentation of regional readiness assessments to the Steering Committee at the end of July 2009, general trainings on the model as a whole and more targeted trainings to support specific functions beginning in fall 2009, the hiring of a project manager and identification of regional and local “practice coaches.” The goal is to complete implementation of most aspects of the model by 12/31/2009. Implementation of the planned new combined Comprehensive Assessment and Service Plan will take somewhat longer to build into the SACWIS.

**Commonwealth of Massachusetts
Department of Children and Families**

CAPTA FY 2009 Report & FY 2010 Request

1. Integrated Casework Practice Model

***CAPTA Priority Areas:** Improving the intake, assessment, screening and investigation of reports of abuse and neglect. Improvement of case management and delivery of services.*

SFY 2008 CAPTA Grant Funding – During SFY 2009, DCF continued to make progress on moving into implementation of a redesigned model of family centered, safety organized practice, although CAPTA funding to this effort was substantially reduced. CAPTA funding had provided important support to this effort when it was initiated by the Working With Families Right From the Start (WWFRFS) project in 2004 and 2005, and evolved into a detailed design for family engaged practice in 2006 through 2008. On July 8, 2008, legislation was enacted that transformed the Department of Social Services into the Department of Children and Families. The legislation requires significant changes in many aspects of the agency’s protective services program. DCF initiated Strategic Planning in mid-July 2008, from which emerged recommendations for an “Integrated Casework Practice Model” that builds on the CAPTA supported work of the last several years. DCF began pre-implementation of the model in March 2009, but it is already becoming clear that the Department’s investment in family engagement work will help it make the legislatively required adjustments in a way that results in the best possible outcomes for child safety, permanency and well-being.

An important aspect of Integrated Casework Practice Model is that it introduces assessments of danger and risk into the Department’s work. During SFY 2009, while Strategic Planning was underway, the Department proceeded with field testing of the danger/safety and risk assessment tools previously developed in coordination with and based on Children’s Research Center’s “structured decision making” tools. Field testing is particularly important because of Massachusetts’ innovative approach. First, CRC’s usual SDM® tools have been adapted to capture protective capacity information. Second, the tools were modified for completion in the presence of family. To support this approach, the tools and instruction manual were translated into languages likely to be preferred by participating families who have limited English proficiency. Casey Family Programs and Annie E. Casey funding was used to support a project coordinator, a parent participation coordinator, CRC training and evaluation, parent stipends, translation of materials and videotaping. Training focused not just on use of the tools developed with CRC, but placed them in a context of “safety organized practice” using Andrew Turnell’s “safety mapping” approach. Field testing involved approximately 50 volunteer social workers in 12 diverse settings (intake, assessment, adolescent specialists, Patch, teaming, urban, rural) completing the tools with about 250 families.

CAPTA funding was used to coordinate and develop a report from three focus groups with staff and family members who participated in the field testing. The focus group findings echoed information found in questionnaires completed by participants and analyzed by CRC. That is, the tools supported enhanced discussions of and decision-making regarding danger and risk in supervision. However, family members sometimes seemed to be alarmed or re-traumatized by the process of completing the forms. Staff found the process time-consuming, especially during protective intake. Family members felt that the forms helped them understand the issues staff were concerned about. Both staff and family members found that identifying protective capacities was useful. A surprising finding, uniquely studied in Massachusetts, was that in over a

MA DCF CSFP

third (37%) of the situations where danger was identified it was not considered to be the result of abuse or neglect.

SFY 2010 CAPTA Grant Funding – DCF has made a conscious decision to bring responsibility for implementation of its new Integrated Casework Practice Model in house. Senior Staff, supplemented by the president of Local 509, serves as the Steering Committee. Implementation teams have been established in each of the 6 Regional Offices and 29 Area Offices. Six Central Office staff persons have been identified as facilitators to meet regularly with the implementation teams in each Region and maintain contact through weekly meetings with a subset of Senior Staff. Representatives from those local teams, the facilitators and the Steering Committee meet monthly with policy specialists and data analysts. Since March 2009, the field has been working on various changes to intake – extended screening, expanded time frames for emergency and standard investigations, differential response and completion of danger/safety and risk assessment tools. In April 2009, an internal working group was established to develop a new combined “comprehensive assessment and service plan.” Soon the Department will merge the specialized assessment workers many area offices have with staff who provide sustained support. The purpose of this change is to reduce the number of workers to whom families must tell their stories, while supporting continuous assessment skills. This will be introduced during Spring 2010, the earliest time by which the revised form can be built into the Department’s SACWIS. While DCF has not specifically envisioned how it will use CAPTA funds during FY 2010, it proposes to reserve \$88,205 for this work. It is anticipated that the funds will be used to support development of needed written materials such as policies, procedures, related practice, forms and/or handouts; training in the required practices; practice “coaches” to support staff during implementation; or a mixture of these or related activities.

2. DCF Public Health Nurse Advisors

***CAPTA Priority Area:** Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families with disabled infants with life-threatening conditions using existing social and health services.*

FY 2009 CAPTA Grant Funding – At the end of FY 2008, one of the two Central Office based, CAPTA-funded public health nurse advisors retired, leaving one half-time equivalent nurse to provide medical advocacy for field staff, children in foster care, foster/pre-adoptive parents and intact families. Even though DCF expanded its Health and Medical Services Team through the addition of 6 new state-funded, Regional Office based nurse positions during FY 2008, the CAPTA-funded, Central Office based nurses had continued to serve as a mainstay of the program, so efforts were made to fill the vacancy. Even though a desirable candidate was identified, DCF was unable to hire her due to the state’s fiscal crisis which became apparent in late September 2008. This reduced CAPTA costs for public health nurse advisors from the planned total of \$203,600 for salaries, fringe, indirect costs and conferences/travel to \$126,492.

Despite the loss of a half-time person, the remaining public health nurse advisor has continued to provide substantial support to families with medically involved children. She has provided training to foster/pre-adoptive parents and consulted with area social workers to arrange appropriate medical treatment and follow-up as necessary. She has continued to serve as the liaison between DCF and the primary physicians, major medical centers, home care providers and medical professionals working with children involved with DCF. She also plays an important direct service role in supporting the area social worker to assist families whose children have major health problems, e.g., drug-affected children, children with major developmental delays or disabilities, etc. This role often focuses on assessment, referral and advocacy. She has also reviewed issues associated with children with HIV/AIDS.

The nurse also assists DCF staff in assessing foster and pre-adoptive parents' ability to care for children with special health care needs by reviewing medical records, the foster parent license study and any other pertinent medical documentation and by developing the medical transfer plan format for children in DCF care or custody. The nurse also assists the social work staff in assessing the degree to which the necessary care for a child exceeds that of a healthy child of the same age for purposes of reimbursement of foster and adoptive parents and assists the Subsidy Unit in similar assessments.

While the 6 Region-based nurses are the first line of support to field staff, the public health nurse continues to play an important role and provides formal back-up when one of the Region-based nurses is unavailable. She may assist DCF staff in ensuring that delivery of necessary services to children with special health care needs is coordinated in the community and that a medical transfer plan is developed and communicated prior to such a child moving. As an additional support to the DCF field staff, the nurse documents a great deal of medical information regarding DCF children directly into the FamilyNet system. The nurse has been given special access which allows her to enter medical information on the FamilyNet case screens, saving the area social worker time and assisting in ensuring the accuracy of the detailed medical information.

The DCF public health nurse advisor plays a critical role in seeing that all children known to the Department receive adequate medical care. In these ways, the nurse supports DCF in improving its capacity for ensuring medical service delivery to children and for documenting the special medical and behavioral health needs of these children that was noted in previous AFCARS and Federal Child and Family Services Reviews. With her knowledge of the Commonwealth's MassHealth service delivery system, the nurse assists the DCF social workers and parents in accessing comprehensive eligibility and claims data through direct access to the MassHealth (Medicaid) system.

DCF's medical pilot program, Special Kids♥Special Care, provides intensive medical case management for children in DCF custody and in foster care who have complex medical needs and are among the most medically fragile children with whom DCF becomes involved. The nurse helps to identify children for this pilot program and may attend monthly clinical review team meetings. DCF, MassHealth and Neighborhood Health Plan (NHP) co-sponsor this medical pilot program and it is funded by MassHealth through a contract between MassHealth and NHP. Children who are enrolled in Special Kids♥Special Care are assigned a pediatric nurse practitioner from NHP who works with the DCF social worker, the DCF family resource worker, the foster or pre-adoptive family, and the primary care physician to develop an individualized health plan and arrange for the child to obtain necessary care and services. The nurse practitioner also works very closely and collaboratively with school nurses and other community and state agencies to coordinate and facilitate all types of services and resources that may be available and beneficial to the child.

The program currently has 117 children from different foster and pre-adoptive homes with a multitude of diagnoses. Examples of some diagnoses of the children participating in this program are: cystic fibrosis, brain injury, sickle cell disease, chronic lung disease, congenital anomalies, liver disease, prematurity, spastic quadriplegia, encephalopathy, unstable diabetes and cerebral palsy. The children range in age from birth to 21 years old. The program has grown over the years and is now available statewide, with the exception of western Massachusetts.

The public health nurse advisor also assisted in the drafting of various health related policies and associated documents and with such projects as a statewide diabetes training in cooperation with Children's Hospital Boston and a campaign on shaken baby syndrome and safe sleeping. Data collected by the nurse indicates she completed the following activities between 5/1/2008 and 4/30/2009:

- 894 emails received and responses provided, regarding medical consultation, state agency updates, answers to medical questions, updates from Children's Hospital and the Special Kids♥Special Care program, medical updates on children in DCF care and custody, medical residence information
- 277 telephone consultations provided, regarding consents, hospital discharges, medical questions (immunizations, medical conditions, contagious diseases, head lice), resources, the Special Kids♥Special Care program, life-sustaining medical treatment, employee health, etc.
- 201 HIV referrals, including data entry of results; also answered questions related to testing and the new policy which became effective in September 2008
- 85 MassHealth insurance consultations provided regarding such issues as services, surgeries and discharge planning for hospitalized children
- 24 consultations on Parents and Children Together (P.A.C.T.) requests

FY 2010 CAPTA Grant Funding – Given the priority it is placing on child well-being, DCF hopes that during FY 2010 it will be possible to replace the half-time nurse who retired as of June 30, 2008, with a public health nurse advisor who will work 3 full days per week (although not anticipated to be paid at the upper salary range of the retiring nurse). In addition to the existing nurse who will continue to focus primarily on support to field staff on child and family issues, this nurse will:

- Work with the HMST to monitor and assess healthcare issues and identify trends related to the healthcare needs of abused or neglected children by collecting data and collaborating closely with the DCF Regional Nurses;
- Utilize medical expertise to analyze trends and opportunities for improvement and develop or revise agency policies to better address the well being of abused or neglected children;
- Work with the Director to develop and recommend specific interventions based on data and analysis related to:
 - DCF policies;
 - Training for new and existing staff;
 - Systems factors, such as supervision issues, knowledge deficiencies, healthcare access, data collection and documentation and variances in trends across the state;
 - Opportunities for interagency collaboration; and
 - Opportunities for new or enhanced partnerships with healthcare practitioners.
- Assist with supporting interventions that address healthcare-related improvements identified by DCF Managers and in federal and state audits;
- Assist the Director to develop, submit and present reports and recommendations to DCF Senior and Executive staff that outline the pertinent issues identified by data collection and analyses and in-person collaboration with DCF Regional Nurses and field staff;
- Assist the HMST Director and the Director of Policy Support in creating, revising and implementing healthcare-related policies;
- Assess statewide trends regarding opportunities for improvement to recommend and develop targeted interventions;

This position will enable the Health and Medical Services Team to more effectively address children's health needs. Funding will be used for 1.1 FTE, including salary, fringe, travel and professional development.

3. Regional Clinical Consultation

***CAPTA Priority Area:** Improvement of case management, including ongoing monitoring and delivery of services and treatment provided to children and their families.*

FY 2009 CAPTA Grant Funding – DCF budgeted \$99,600 to purchase the services of qualified practicing clinicians, mostly clinical psychologists. These funds have been used in two ways. Most have been used to provide case consultation to staff in complex family situations, including clinical reviews required by policy under several different circumstances to support sound decision-making for and with families. A substantially smaller portion of the funds are used to purchase clinical evaluations of families or family members for which no other source of funding can be identified.

Spending in the regions continues to be uneven. DCF's Metro Region will spend its full budgeted allotment of \$25,000, mainly on clinical consultation to staff. This region uses clinical consultants in complex Family Team and Multidisciplinary Assessment Team meetings, and says that the CAPTA allocation provides only half of this service that the region uses.

DCF's Western Region was also budgeted \$25,000, but will only spend \$19,000 this year due to problems identifying sufficient appropriately qualified vendors. This region spends its allotment primarily on clinical evaluations of family members. It says that the need for such evaluations is great in the Western Region, but families lack alternative payment sources such as health insurance by which to pay for it.

The other 4 regions are budget \$8,000 each. The Northeast Region expects to use most of its budget allotment for clinical consultation to staff. This region says that it has an unlimited need for this valuable service, but that the delay of an RFR by which to identify appropriate vendors has limited its ability to use this service.

The Southeast Region anticipates using \$5,500 of its \$8,000 allotment. It has built clinical consultation into the regional Clinical Review Team (CRT) process. It says that its ability to use the funds is limited by its capacity to convene CRTs. It hopes to expand the number of CRTs it schedules during the coming fiscal year.

The Central Region anticipates using about half of its allotment. The new Regional Clinical Director who has taken over management of this service says she anticipates the region's utilization will increase during the upcoming fiscal year because she now has a better understanding of how and when the service should be accessed.

The Boston Region will not use any of its budget allotment of \$8,000. This region has not been able to identify appropriate vendors at the existing rate. DCF had planned to hold a procurement during SFY 2009 that might have brought in additional vendors; however, the open bid was not able to occur, mainly due to the impact of contract cutbacks necessitated by the state's fiscal crisis on DCF who carry out procurements.

DCF regional staff continue to report that the use of clinical consultants has had a variety of positive effects. The evaluations of family members have provided information needed to assess risk to children in the home and plan services to stabilize children exposed to multiple and severe trauma so that they were able to remain at home or avoid placement in higher level, higher cost settings. Similarly, the use of the competent, outside practicing clinicians to provide case consultation and participate in clinical reviews has helped staff to identify or clarify their understanding of the mental/behavioral health issues families are

experiencing and supported the development of more appropriate service plans.

It should be noted that in anticipation of the RFR, an additional \$17,600 was set aside for Central Office to distribute as regions increased their capacity to use these funds. However, the procurement did not occur, and these funds were not spent.

FY 2010 CAPTA Grant Funding – In the coming fiscal year, DCF plans to increase the purchase of clinical consultations and evaluations slightly from the existing level of \$99,600 to \$151,168 in anticipation of new procurement that is likely increase both the unit service cost and demand for this valued service. It also plans to address the issues that continue to affect this valuable program.

Underutilization continues to occur in 3 regions, and the share of these funds pooled under Central Office control was not spent. The regional underutilization does not appear to be related to the needs of families for clinical evaluations or to the continuing need of DCF staff for enhanced understanding of complex family circumstances provided by the assistance of the clinical consultants. It appears to be related mainly to the need to identify additional vendors through a new procurement process. Underutilization at both the regional and Central Office levels has been affected by staff turnover in the Regional Clinical Director position that is important to decision-making about the how and when the services of clinical consultants are accessed. Therefore, the underutilization will be addressed in 2 ways: (1) an open bid will be held to rectify the problem of insufficient qualified vendors; and (2) the Central Office Assistant Commissioner for Policy and Practice will work in coordination with the Regional Clinical Directors to identify ways of managing the anticipated impact of the open bid and improving access to and utilization of clinical consultation in meeting the needs of families.

4. Children's Charter Division of Key Program, Inc.

***CAPTA Priority Area:** Improving the intake, assessment, screening and investigation of reports of abuse and neglect. Improvement of case management and delivery of services.*

FY 2009 CAPTA Grant Funding: For several years, the DCF has contracted with Children's Charter, a division of Key Program Inc., to provide state-of-the-art forensic clinical evaluations for DCF's most complex cases of child maltreatment that need intensive, in-depth assessment and treatment services to children involved in criminal court cases. As a statewide service, Children's Charter accepts referrals from any DCF area office. As a statewide service, Children's Charter accepts referrals from any DCF area office. CAPTA funding to purchase forensic evaluation services from Children's Charter expanded during FY 2009 to replace Criminal Justice Act grant funds which were being spent for similar services.

Children's Charter provides forensic evaluation services to children, between the ages of 3 and 17, who have experienced and/or witnessed trauma. Between July 1, 2008 and the end of April 2009, 99 evaluations have been conducted. An additional 32 referred children and families were not evaluated due to various reasons including: the referral being discontinued, the child being seen at another agency, or parental rights being terminated prior to the evaluation being conducted. Of the 99 evaluations that have been conducted, 52% have been for trauma evaluations for children, 38% of evaluations were for parenting, and 10% were trauma risk evaluations for children. The diversity and flexibility of the evaluations conducted demonstrates the program's ability to "adapt" the evaluation to the identified needs of each specific case.

Children's Charter continues to provide valuable expertise and consultation services in the areas of court testimony, case management, and investigative services. In addition to DCF, some of the organizations with which Children's Charter has exhibited a sound collaborative effort include but are not limited to: the

police, district attorneys, courts, physicians, and other community collaborators. Their main geographical areas of service continue to be the central and eastern regions of Massachusetts; however when and if the need arises, they are able to facilitate evaluation services in the western and central regions of the state.

Children's Charter's team approach has also been helpful in responding to "high profile" or high risk situations.

FY 2010 CAPTA Grant Funding: DCF intends to maintain level CAPTA funding to Children's Charter during FY 2010. Children's Charter will continue to provide multi-disciplinary forensic evaluations for complex family situations, in which children may have experienced and/or witnessed trauma, to approximately 100 children and families. The Children's Charter will continue to enhance their ability to integrate multidisciplinary expertise into their evaluations and provide consultation and court testimony as a means of augmenting the Department's capacity to respond to families who present a significant level of risk, with emphasis on protective issues. The vital services that the Children's Charter provides have been, and continue to be, highly valued by DCF Area Offices, courts, healthcare professionals, and other community stakeholders.

In March 2009, responsibility for the Children's Charter contract transitioned to DCF's Domestic Violence Unit DVU. One of the primary goals of the DVU is to monitor contracted agencies fiscal and programmatic compliance. The DVU hopes utilize improved monitoring to grow upon the experiences of past CAPTA funding of the Children's Charter. One objective will be to look closely at Children's Charter's data collection system and how it can be enhanced by incorporating more specific statistical information. This approach will provide an objective source of evaluative data for gaining insight into the program's effectiveness which can be used for identifying areas of further growth and enhancement. One specific area of focus will be to develop outcome data for the children and families who participate in the Children's Charter program to provide the Department with a clear timeline of involvement from intake to case closing. Another specific area of focus will be on gathering information about how Children's Charter evaluation services benefit the family, including whether families are receiving the necessary and appropriate services that may lead to them becoming independent of state services. This outcome focused data will also enable the Department to analyze statistically the program's effectiveness with families who have different goals such as those who are remaining intact, those who are being reunified, and those families whose parental rights are being terminated.

5. Diversity Coordinator

***CAPTA Priority Area:** Improving the intake, assessment, screening and investigation of reports of abuse and neglect. Improvement of case management and delivery of services.*

FY 2009 CAPTA Grant Funding – In September 2006, the Diversity Initiatives Project Coordinator was hired to support the DCF's work to live up to its fifth core value: Committed to Cultural Diversity/Cultural Competency. The following principles have been outlined for this value:

- DCF employees reflect the various cultural demographics of the families DCF serves.
- Families are diverse and have the right to be respected for their economic, ethnic, racial, cultural and religious experiences and traditions as well as for the genders, sexual orientations, ages and immigration status of family members.
- Every culture is recognized for its positive attributes and challenges for families, professionals and communities.
- Practice and services are delivered in a manner that respects, supports and strengthens the child's and family's identity.

DCF has found the Diversity Coordinator, first hired with CAPTA funds during FY 2007, to be extremely important in assisting staff at all levels – Central, Regional and Area offices– with enhancing culturally accountable practice and supporting staff understanding of the different impacts that diversity has on DCF work with youth and families.

During FY 2009, the Diversity Coordinator has worked within the Massachusetts Child Welfare Institute (MCWI) to coordinate a variety of statewide diversity efforts in partnership with the Senior Leadership and Field Managers, including:

1. Advancing leadership in field practice via visits in the 6 Regional Offices, the 29 Area Offices and Central Office to provide technical assistance, support and coaching to managers and further build the organizational commitment to diversity work at the clinical, managerial and systemic levels. As of the close of SFY 2009, 26 of the 29 Area Offices have been visited.
2. Supporting existing communities of practice around strengthening child welfare work through professional development, i.e.:
 - a. Commissioner's Advisory Council on Racial, Ethnic and Linguistic Minority Affairs (RELMA), - Specifically the Collaboration between the Bi-Lingual/Bi-Cultural Committee, the Legal Dept and MCWI CORE staff to offer 2 trainings, June 10, 2009, on Special Juvenile Immigration Status practice and legal procedures.
 - b. Gay Lesbian Bi-Sexual Transgender Questioning (GLBTQ) Volunteer Liaisons. With the support of the Coordinator, the 92 liaisons across the state have increased their visibility and are utilized for consultation on placement and resources on local GLBT services. The highlights this year included 2 professional development sessions on Transgender issues, as well as, Marching in the Youth PRIDE Parade on May 9, 2009, with 26 staff members, 2 LGBT adoptive families and 3 former clients of the Department. An informational booth was set-up afterwards to educate the community on the Department's latest efforts to enhance GLBT practice.
3. Hosting Multicultural Brown Bag Luncheons. Coordinator has held 7 luncheons in the Coastal Area Office and has slated to start 2 more in Haverhill and Lowell.
4. Supporting professional development efforts collaboratively with the Massachusetts Child Welfare Institute (MCWI).
 - a. The Coordinator continues to present 2 times per month at the CORE Pre-Service Training for new hires on DCF's core practice values and cultural competency and diversity awareness.
 - b. The Coordinator assisted in the adaptation of the Governor's mandated diversity training for *Managers* curriculum and delivered all of the 11 training sessions.
 - c. The Coordinator is responsible for ensuring that the entire DCF Staff is trained in the Governor's Mandated Diversity Awareness 101 Training. To date 24 out of the 73 trainings have been completed with a continued commitment to complete the remainder by September 30, 2009.
 - d. Created a Culturally Competent Supervision course and executed 3 trainings to date.
5. Examining and developing ways, collaboratively with the CQI division, to reduce disproportionality and disparate outcomes for Black, Latino and Native American Children youth in DCF care or custody. This year continued effort has been focused on working with IT to improve data collection, specifically re-structuring data collection, to accurately capture the Latino population.
6. Creating Regional and Area Diversity Leadership Teams (DLT). The focus this past year has been on ensuring that all 29 Area and 6 Regional Offices have a cohesive team, 3 goals and a strategy to implement them. To date, 4 Regional Offices and 20 Area Offices have met this goal.
7. Inter-agency Partnerships – Continued to foster the partnership with the Department of Secondary and Elementary Education (DESE) , Dept of Public Health (DPH) , the Boston Health Commission and the GLBT Youth Providers Network.

8. Committee/Workgroups -The Coordinator is a member of the Comprehensive Assessment for New Practice Model workgroup and the DCF/Boston Children's Hospital Cultural Healthcare Practice workgroup
9. Creating and assisting in the development of new diversity initiatives.

FY 2010 CAPTA Grant Funding – As in the past 3 years, DCF has desired and actively sought state funding for the Diversity Coordinator position during FY 2009, but this effort has been unsuccessful due to the current fiscal crisis. Given the very positive impact of the Coordinator's work, DCF proposes to continue funding for this position during FY 2010.

During FY 2010, in addition to continuing to carry out the responsibilities outline above, the Diversity Coordinator will:

- Support the development of a common agency framework and lens for dialogue, training and action planning about “culturally accountable practice and supervision,” “institutional racism” and strategies for change.
- Support the development of deepened awareness about the impact of institutional oppression by DCF managers to enhance their supervisory skills
- Collaborate with the CQI and IT divisions to design measurable benchmarks for demonstrating the reduction of disproportionality and disparate outcomes for Black, Latino and Native American children.
- Examine and develop recommendations for improving DCF practice with GLBTQ youth, including benchmarks for measuring success.
- Examine and develop recommendations for improving DCF practice with immigrant/undocumented families, in collaboration with the state's Office of Refugees and Immigrants (ORI)
- Create, in partnership with Civil Rights Officer, the Central Office Diversity Governance Team and continue to solidify the Regional and Area “Diversity Leadership” teams.
- Expand the Multicultural Brown Bag Lunch Series to at least 2 other offices.

Likely future projects include: creating Foster Parent educational opportunities on hair/skincare for children of color and gender/sexual identity development for GLBT youth; re-inviting True Colors Youth Theatre Troupe to perform; marching in the Youth PRIDE parade.

6. Parents Helping Parents' Parental Stress Line

***CAPTA Priority Area:** Improving the screening of reports of abuse and neglect.*

FY 2009 CAPTA Grant Funding – DCF has long supported the availability of a Parental Stress Line [1-800-632-8188] in Massachusetts. The Parental Stress Line has the following mission: *Empowering parents to nurture children and prevent child abuse.*

During FY 2009, DCF used CAPTA grant funds to contract with Parents Helping Parents (PHP) to pay for staff time and associated costs (space, supplies, etc.) to operate the Parental Stress Line and also to recruit, train and support volunteers.

PHP's Parental Stress Line plays a key role in the primary prevention work being done in Massachusetts to prevent child abuse from occurring. The Parental Stress Line is a 24 hour helpline that offers support, empathy, and crisis intervention counseling to parents and caregivers who are having difficulty coping with the stresses of parenting. Information and referral to other services are provided, but the primary purpose is to provide parents with someone to talk to about their parenting problems. The Parental Stress

Line has received 2,972 calls during the first 10 months of FY 2009. Total calls for the fiscal year are projected at 3,500.

Calls to PHP's Parental Stress Line are answered by volunteers who are recruited and trained by Parental Stress Line staff. The training program covers child abuse and neglect prevention and intervention, child discipline, healthy parent-child communication and relationships, telephone counseling techniques and other relevant material. Approximately 50 volunteer counselors have answered calls to the Parental Stress Line during FY 2009. All volunteers have access to a supervisor round the clock to answer any questions or talk through any issues that arise.

Who Calls the Parental Stress Line and What Happens

The Parental Stress Line uses a multi-faceted approach in assisting callers, providing support to draw on callers' inner resources and information and referrals to link callers to external resources. In each call, counselors attempt to look at the holistic nature of the caller's concerns, and then tailor the information and support provided to fit the unique needs of the caller's situation. Counselors use a reflective listening model to support the caller's emotional needs and ask open-ended questions to empower the caller to develop their own plan of action. Rather than providing advice, counselors assist callers in thinking through the steps that will help them move toward their identified goal.

Callers fall into 6 categories:

- *First time callers*;
- *Repeat callers* who mention having called the helpline before or discuss a situation that the counselor is familiar with;
- *Chronic callers* who use the hotline very frequently (several times per week) over a long period of time (many have been calling for years) and show no change in their situations over time;
- *Inappropriate callers* who are not calling within the purpose of the helpline; while this includes sexually inappropriate callers, it also includes people calling for reasons unrelated to parental stress;
- *Agency callers* who identify themselves as working for a agency, calling on behalf of clients or for information about the hotline;
- *Unknown callers* are most often callers whom the counselor is unsure of whether or not they have called before and are usually first time or repeat callers.

Calls often fall into multiple categories as the types of calls follow what is often the normal flow of a conversation. There are 4 basic types of calls which require the volunteer to emphasize different tools to help the caller:

- *Reflective Listening* – Callers share their situation and emotions and counselors offer emotional support: 71%.
- *Next Step/Problem Resolution* – Generally this follows reflective listening. Callers determine what they think is their best option in the situation, and counselors offer problem solving assistance: 38%.
- *Information and Referral* – This sometimes follows problem resolution. Although some callers do call solely for a referral, counselors provide referrals for services that the caller has identified: 37%.
- *Other* – These are generally calls from other parties asking questions about the hotline or requesting materials.

Caller Concerns

Callers often discuss several issues on each call. Counselors have a variety of set issues to choose from when describing the issues discussed on a call.

The top 10 concerns that callers discussed were:

1. Family Conflict	29%
2. Partner Conflict	17%
3. Discipline	16%
4. Parenting Burn-Out	13%
5. Communication Problem	12%
6. Overburdened	11%
7. Communication Problem	10%
8. Mental Health – child	10%
9. Partner Conflict	10%
10. Community Resources	9%

Effectiveness of the Parental Stress Line

Numerous studies point to both the effectiveness of PHP’s approach and the high level of need for the service.

- An article written by the American Academy of Family Physicians stated, “Providing an empathetic ear and being a source of referral for help with [parenting] issues may [go] a long way toward nurturing needy parents.” The article encouraged supporting parents with education about “stress management, coping and parenting skills such as appropriate discipline, knowledge of child development, nutrition and feeding problems, and safety issues.” (See Betha, Lesa. “Primary Prevention of Child Abuse”, American Family Physician, March 15, 1999, <http://www.aafp.org/afp/990315ap/1577.html>.)
- A 2002 study found that “78% [of parents] said that talking with other parents about parenting issues would help ‘very much’ or ‘somewhat.’ Similarly, 67% said that ‘others telling them they were doing a good job’ would help ‘very much’ or ‘somewhat.’” (See YMCA and the Search Institute. “Parents ‘Going it Alone’ – Despite Available Support”, Nov. 20, 2002, www.abundantassets.org/building.cfm.)
- A national survey conducted by the U.S. Census Bureau in 2004 collected information on people’s “core social network” (i.e., the number of people we confide in about personal matters). The results showed that social isolation was much more prevalent than previously thought. The 2004 survey documented that 45% of the population met the definition of being “socially isolated” while the 1985 survey documented that only 25% of the population met this definition. (See McPherson, Miller; Smith-Lovin, Lynn; and Brashears, Matthew E., “Social Isolation in America: Changes in Core Discussion Networks over Two Decades”, American Sociological Review, 2006, vol. 71, June: 353-375.)

At the end of each call, PHP assesses whether the caller was satisfied, dissatisfied, or expressed no indication regarding satisfaction. To eliminate bias, satisfaction is based on either what the caller says (usually towards the end of a call) or how they sound (moving from crying to talking normally). Callers overwhelmingly end calls positively, saying “thanks for listening” more frequently than “thanks for talking.”

PHP’s analysis indicates that 73% of callers expressed satisfaction; 3% expressed dissatisfaction; and 24% were undetermined. Excluding the undetermined category, 96% of callers were satisfied.

FY 2010 CAPTA Grant Funding – DCF continues to find the Parental Stressline an essential service and proposes to maintain CAPTA funding at the present level of \$40,000. A new procurement on this service is due during FY 2010 which might result in the selection of a different vendor.

7. Shaken Baby Syndrome Prevention Initiative Project

***CAPTA Priority Area:** Intake, assessment, screening and investigation of reports of abuse and neglect.*

Background – On August 4, 2005 Becky Sarah was hired to serve as the part time program coordinator for the Shaken Baby Syndrome (SBS) Prevention Initiative and she has continued to serve in that role during this state fiscal year.

The Shaken Baby Syndrome Prevention Initiative is a collaboration among state agencies, nonprofit organizations, and professionals including pediatricians, social workers, and managers of human service agencies including Early Intervention and The Parental Stress Line. The Massachusetts Department of Public Health, the Children's Trust Fund, and the Massachusetts Department of Social Services are lead agencies of the Shaken Baby Syndrome Prevention Initiative.

A multidisciplinary advisory group began meeting in 2005 and provided guidance and support to the SBS Prevention Initiative. In addition to the individual work to address SBS conducted by members of this Advisory Group (most particularly by Massachusetts Citizens for Children and the Children's Trust Fund), the group was exceptionally active in supporting the passage of SBS prevention legislation. Chapter 356 of the Acts of 2006, An Act Providing For The Prevention Of Shaken Baby Syndrome was passed by the Massachusetts Legislature in November of 2006. The law mandates SBS prevention education of all parents of newborns in maternity hospitals, as well as other prevention and surveillance activities and support services for victims and their families. In addition, the statute requires appointment by the Commissioner of Public Health of a formal Advisory Board and names participants.

Unfortunately, the law was passed without any attached funding. Activity was occurring with both House and Senate members to advocate for funding which did not occur. CAPTA funds were particularly important in maintaining the momentum of the initiative and in assuring minimal compliance with the new statute.

FY 2009 CAPTA Grant Funding – By FY 2009, state funds had been identified for the SBS Prevention Initiative Coordinator, so CAPTA funds were no longer needed.

FY 2010 CAPTA Grant Funding – Due to the fiscal crisis in Massachusetts, it is anticipated that during FY 2010, funds for DPH's Shaken Baby Syndrome project will be cut severely. For this reason, DCF proposes to set aside \$25,000 to support the SBS Prevention Initiative. It is likely that the funds will be used to support some aspects of the following activities:

- Training to staffs of maternity and pediatric hospitals with Level 3 nurseries, from which infants are also discharged to home. Continued work with hospitals to integrate SBS education into their standard procedures.
- Training to other agencies which have approached The SBS Initiative, asking for help in integrating SBS education into their program, including DCF, Massachusetts Children's Trust Fund Family Support Training Center.
- Continued coordination of the SBS Advisory Group.
- Purchase and distribution of informational brochures for parents and to otherwise support effort to educate parents and professionals in a community based effort to prevent Shaken Baby Syndrome.

Explain any changes to the State's provisions and procedures for criminal background checks for prospective foster and adoptive parents, and other adults residing in the household.

The Department's revised (12/08) CORI policy has the following language:

For CORI Checks of Foster/Pre-Adoptive Applicants Based on Out-of-State Data

All applicants seeking to provide foster care or pre-adoption services must demonstrate their suitability to meet the licensing state's criminal history standards through a nationwide fingerprint-based criminal history check. DCF assists applicants in arranging for the submission of their fingerprints. Based on the results received through the BRC Unit, the Family Resource Worker, in consultation with her/his Supervisor, determines whether the applicant meets DCF standards for eligibility to apply related to criminal history. [See *Regulations*, 110 CMR 18.16] Nationwide fingerprint-based criminal history checks are completed only on applicants. *Please NOTE: Such checks are normally completed only once; however, an additional check may be required if the individual seeks approval of a DCF-sponsored guardianship or adoption.*

If a foster/pre-adoptive family closes for a period of 6 months or longer, such checks will need to be repeated. Please Note: Homes receiving adoption or guardianship subsidies are considered closed unless they are also providing foster or pre-adoptive care. DCF will assist the prospective foster/pre-adoptive family/individual in obtaining criminal history information from the appropriate out-of-state authority for non-applicant household members age 14 and older who resided out-of-state during some period during the 5 years prior to application.

For Child Welfare History Checks of Foster/Pre-Adoptive Applicants Based on Out-of-State Data

If an applicant has resided, during some period of the 5 years prior to their application, in other states, US military bases, US territories or Indian reservations, DCF is required to obtain documentation of the applicant's ability to meet and maintain DCF's child welfare history standards for eligibility to apply from the child welfare agencies of those states or the military, territorial or Indian tribal authorities. DCF will also request, but the other state or jurisdiction is not required to provide, child welfare history information regarding each non-applicant household member age 14 or older. This practice will be maintained until the Department is able to implement alternative systems for obtaining out-of-state child welfare history documentation. If any household members age 14 or older, including the applicant, lived outside the US during the 5 year period prior to application, DCF will request their child welfare history information from the appropriate authority in that country.

The Social Worker or Family Resource Worker (as assigned) documents in the License Study the details of the DCF and out-of-state child welfare history checks findings and summary of any CORI findings, dates obtained and any determinations made based on the findings. (See *Policy # 2006-01*, Family Resource Policy).

FINGERPRINT INFORMATION FOR DCF Staff

Beginning October 1, 2008 each APPLICANT (including co-applicants) is required to have a fingerprint supported CORI prior to approval. Fingerprinting is not required for re-licensing.

Forensic Associates of New England is the company that will actually take the fingerprints. They will have a person in most DCF Area Offices twice each month. The days of the month will be worked out between Forensic Associates and each Area Office.

Area Directors have been asked to identify a manager as the fingerprint liaison in each office. This person will be responsible for interfacing with Forensic Associates.

DCF staff will be responsible for informing Applicants when and where they can have their fingerprints taken. DCF staff should provide applicants with the FAQ for applicants and the FamilyNet PID # being used for the Applicants. This number will be used to track the fingerprints as they are processed.

Each Thursday, the liaison will provide with the name and PID of each applicant who has been asked to have their fingerprints taken to Mary Hynes at Central Office. The information will be compiled at Central Office and provided to Forensic Associates.

DCF will continue to maintain and use the current BRC/CORI system for all Family Resource functions that take place before and after the initial approval. This means that after October 1, 2008 every family **being approved** will

be fingerprinted prior to the licensing of their home. Existing homes should not need to be fingerprinted unless they close for more than 6 months and re-open.

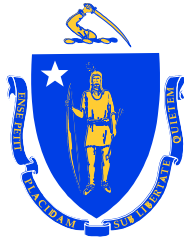
Massachusetts Department of Children and Families
(Formerly Department of Social Services)
ACTIVITIES TO BE ASSISTED WITH FY 2010 CAPTA GRANT FUNDS

<u>SUB</u>	<u>FY 2009</u>	<u>Description</u>	<u>FY2010</u>
AA	\$55,240	Salaries – DCF Nurse(s)	\$100,000
BB	3,800	Travel/Conference/Training –DCF Nurse(s)	3,800
CC	70,800	Diversity Coordinator –Amy Stickles	70,800
DD	15,185	Fringe Benefits (25.81%) DCF Nurse(s)	25,810
EE		<u>Administrative Costs</u>	
	52,267	DSS Nurse(s) – Indirect	80,000
	6,171	CAPTA SFY 2008 Overspending	0
HH	18,500	Integrated Casework Practice Model	88,205
MM		<u>Client/Program Services</u>	
	0	Shaken Baby Syndrome Prevention Initiative	25,000
	99,600	Regional Clinical Consultation	151,168
	79,972	Key Children’s Charter	79,972
	40,000	Parents Helping Parents Stressline	40,000
<hr/>			
	\$441,535	TOTAL	\$664,755

State of Massachusetts Citizen Review Panels

Annual Reports 2009

July 1, 2008 – June 30, 2009



Massachusetts Department of Children and Families
Boston, Massachusetts
June 30, 2009

Massachusetts Citizen Review Panels

Annual Reports 2009

Background & Summary

- The Child Abuse and Prevention Treatment Act (CAPTA) was enacted in 1974 to comprehensively address child abuse and neglect issues. CAPTA, which authorizes the award of Child Abuse and Neglect Grants, Parts I and II was amended by the “CAPTA Amendments of 1996” on October 3, 1996. A new requirement was the establishment of three Citizen Review Panels. The Panels provide opportunities for citizens to have a role in ensuring that States are meeting their goals of protecting children from abuse and neglect.
- The purpose of the Panels is to identify systems issues, barriers and trends, and develop recommendations for improving case practice, policy, training, service delivery and coordination.
- States are allowed to use existing panels for this purpose as long as each panel plays a role in evaluating the extent to which each State agency is effectively fulfilling its child protection responsibilities in accordance with the CAPTA State plan, and offers recommendations on how child protective services can be improved and strengthened.
- Panel members may review specific cases of child fatalities and near fatalities, as well as state policies and procedures to evaluate the extent to which the Department of Social Services is effectively fulfilling its child protection responsibilities in accordance with the CAPTA State Plan.
- According to Federal requirements, Citizen Review Panels are to be made up of volunteer members of the community and include individuals with expertise in the prevention and treatment of child abuse. Each Panel is required to meet at least quarterly and produce an annual report containing a summary of its activities.
- In compliance with the CAPTA, the Department established its three Citizen Review Panels as of June 1999.
- In 2003, following a review of the panel functions, members of the CJA Task Force (one of the designated DCF review panels) elected not to participate as one of the state CRPs. It was the opinion of many on the Task Force that they were concerned about a conflict of interest if they were involved in any of the fatality/near fatality cases in their professional roles. Based on this change, a new configuration of the Citizen Review Panels was developed for 2003-2004. This plan continued through SFY 2008:
 - Utilize the **Statewide Child Fatality Review Team** as Citizen Review Panel One.
 - Utilize the **DCF Family Advisory Committee** as Citizen Review Panel Two.
 - Utilize the **Professional Advisory Committee (PAC)** as Citizen Panel Three.

Massachusetts State Child Fatality Review Team

I. Summary

The child fatality review legislation enacted by the Massachusetts legislature in July 2000 was designed to bring professionals together from a variety of disciplines and experiences to examine individual fatality cases. The objectives of this review are to facilitate interagency networking and collaboration and to produce recommendations for changes that will protect the health and safety of children.

The law establishes the State Team within the office of the Chief Medical Examiner, and the Local Teams within each of 11 District Attorneys' offices. Members of the teams are drawn from state departments of public health, social services, mental health, mental retardation, education, and youth services. There is also representation from the American Academy of Pediatrics, the Massachusetts SIDS Center, the Massachusetts Hospital Association, state and local police, and the juvenile courts.

The most serious challenge facing the Massachusetts Child Fatality Review Teams was the continued lack of funding for case review and implementation of recommendations for changes to prevent future child deaths. The lack of any funding attached to the 2000 legislation has forced Local Teams to depend on in-kind staff and other resource contributions; this has limited and will continue to limit all team activity. One of the Teams applied for and was awarded a full-time Coordinator's position through grant funding. This position was created to assist the team with its mission of reviewing and preventing child deaths.

II. Mission

The Massachusetts Statewide Child Fatality Review Team (Citizens' Review Panel) is committed to reviewing and evaluating child fatalities and the child fatality reporting system, and to make recommendations relative to their findings to insure the safety and the appropriate placement of children in need of aid.

The CRP will achieve this commitment by examining the policies and procedures of State and local agencies; examining, where appropriate, specific cases; evaluating the extent to which agencies are carrying out their child protection responsibilities; and preparing and making available to the public, an annual report.

The common goal of the State and Local Child Fatality Review Teams is to decrease the incidence of preventable child deaths and injuries. The Local Teams collect information on individual cases, discuss case information in team meetings and advise the State Team by making recommendations for changes in law, policy and practice that will prevent child deaths. Through the review process, child fatality review teams promote collaboration among the agencies that respond to child deaths and provide services to family members.

A principal responsibility of the State Team is to provide ongoing advice and support for the Local Teams through training, guidance and the dissemination of information pertinent to the protection of children. A second responsibility is to review Local Team recommendations and combine them with its own research in making final recommendations to the governor, the legislature and the public.

III. Structure

The Massachusetts Child Fatality Review law establishes a State Team and 11 Local Teams. The State Team is under the direction of the Chief Medical Examiner, and the Local Teams are the responsibility of each of 11 districts headed by a District Attorney. These districts correspond to the state's counties, although two of the districts combine more than one county (Franklin and Hampshire Counties are combined, as are Barnstable, Dukes and Nantucket). Local Teams can meet as frequently as they want but the law mandates a minimum of four meetings per year. There is no meeting requirement for the State Team, but in practice the team meets quarterly.

The make up of the State and Local Teams is also mandated, but not limited, by the law.

Responsibilities of the State Team

The common goal of the State and Local Child Fatality Review Teams is to decrease the incidence of preventable child deaths and injuries. The State Team accomplishes the goal of fatality and injury prevention by meeting two objectives established by law:

- It develops an understanding of how and why children die based on Local Team experience; and
- It advises the governor, the legislature and the public on changes in law, policy and practice that will prevent child deaths.

A principal responsibility of the State Team is to provide ongoing advice and support for the 11 Local Teams through training and the dissemination of information pertinent to the protection of children. A second responsibility is to review Local Team recommendations and combine them with its own research in making final recommendations to the governor, legislature and the public.

Responsibilities of the Local Teams

The Local Teams prevent future child deaths by meeting four objectives established by law:

- They collect information on individual child deaths;
- They discuss this case information in team meetings and develop an understanding of the causes and incidence of child deaths;
- Through the review process, they promote collaboration among the agencies that respond to child deaths and provide services to family members; and
- They advise the State Team by making recommendations for changes in law, policy and practice that will prevent child deaths.

IV. Meetings and Activities

During the state's seventh year of child fatality review activity, the focus of attention was again on reviewing cases and developing recommendations. Added to these objectives was an enhanced effort on the part of the State Team to respond to Local Team recommendations that had been submitted previously but had not been reviewed or acted upon. The lack of any funding appropriated by the state legislature continued to challenge the work of the Local and State Teams.

State Team Activity

Note: The Child Fatality Review Teams met quarterly this past year. We are waiting for their final report which was not ready at the time this report was due. We expect to receive the report from the Medical Examiner's report shortly, and will then update this section of the CRP Annual Reports and then provide a Department response.

V. Recommendations from State Child Fatality Review Team

Note: Recommendations will be provided upon receipt of Statewide Child Fatality Review Team 2009 Report from the Massachusetts Medical Examiner's Office (pending).

VI. Recommendations from Local Teams

Note: Recommendations will be provided upon receipt of Statewide Child Fatality Review Team 2009 Report from the Massachusetts Medical Examiner's Office (pending).

VII. Objectives for Future Activity

Note: Objectives for Future Activity will be provided upon receipt of Statewide Child Fatality Review Team 2009 Report from the Massachusetts Medical Examiner's Office (pending).

DCF Family Advisory Committee

I. Summary

In 2004, DCF assembled its first Family Advisory Committee (FAC) to meet quarterly with the Commissioner. The FAC is a group of individuals from across the Commonwealth who are diverse in race, culture, language, age and sexual orientation. They also bring a wide range of first-hand experience with the Department. Some have been foster and/or adoptive parents; some, with their families, have had open DCF cases, including those whose children were in foster care and/or residential placement. Some, as children, lived with foster families or in an orphanage.

The FAC addresses such issues as: putting the DCF core values into practice; staff training and support; building good rapport with communities; developing informational materials that are user-friendly; and recruiting and retaining neighborhood foster homes.

II. Mission

The goal of the Family Involvement Project is to promote a partnership between DCF and community members on behalf of families and children and facilitate family involvement in the planning, delivery and monitoring of DCF services. To achieve this goal, a Family representative works in partnership with regional and area offices under the guidance of the DCF Assistant Commissioner for Planning and Program Development to achieve the following objectives:

- Assemble a Family Advisory Committee proportionately representative of the diverse cultural and linguistic groups served by DCF that will meet quarterly with the Commissioner to ensure that the Department is held accountable for making progress in closing the gap between espoused theory and actual practice.
- Gather baseline data on parent involvement in current initiatives such as Family Based Services, Family Group Conferencing, Foster Care Review Teams, Continuous Quality Improvement Teams and Area Boards.
- Recruit from diverse cultural and linguistic groups at least 25 community representatives with a broad range of experiences and knowledge about DCF to participate in one or more of the DCF planning, service delivery and monitoring groups.
- Conduct an assessment of the Department's current efforts to include parents in individual case planning, service design, delivery and monitoring.
- Establish a system for routinely obtaining consumer feedback from parents served by DCF and its contracting agencies, regularly reporting results to the DCF Commissioner, area offices, lead agencies and community partners; and monitor how those results are utilized to enhance on-going, substantive involvement of parents.
- Assist in the redesign of systems of care, intake and assessment, publications and other efforts to incorporate core values into case practice and to enhance parents' experiences with DCF.

III. Summary of Activities for Family Advisory Committee (2008)

At the meetings of the FAC during this past year, the Committee took on the following projects, issues and concerns, providing valuable feedback to the Department.

Act Protecting Children in the Care of the Commonwealth

Melodie Peet, Deputy Commissioner, gave an overview of the bill that passed in June 2008 and how it will affect the Department. The name change, Department of Children and Families, provides a more realistic view of the work of the Department. This is a great opportunity to redesign and reinvent the Department and how the communities perceive its work and support to families. The Department is working on strategic planning that brings together the best thinking of the Department and the community. There are 5 community representatives participating in this process. FAC will have a role in program evaluations and the planning processes. The Office of the Child Advocate (OCA) will have 3 places on their board for parental participation. The group decided to invite Gail Garinger, the new OCA Director, to visit our group. Also the Commission on the Status of Grandparents Raising Grandchildren that was part of the bill will hopefully bring attention to grandparents who are raising their grandchildren. A Legislative Committee is working on this project. Allison Goodwin will let us know who the contact person for the Commission is.

Promoting DCF's public image

The FAC has been talking about a slogan for the Department even before the name change took place. Alison Goodwin is working on a tag line and asked the committee to send her ideas. Also the group wants the Department to be proactive with its image. We need to have the DCF name connected with good things, to hear about DCF when something terrible happens is only bad press.

Entry Letters

FAC member, Heather Meitner, shared with the FAC the 5 entry letters (used by DCF when they are beginning to work with a family) that she's been working on. Heather took on this project based on the recommendations of the committee that families need letters that are respectful, clear and empathetic. Leslie Akula, DCF Policy Director, will let Manuela know what the next steps are. The entry letters need to wait a bit to see how the practice changes due to the strategic plan recommendations. When the final decisions on the strategic plan are made the FAC will look at them again to see what needs to be changed.

Strategic Planning for the Department

Melodie Peet gave an overview of the development of a Strategic Plan for the Department. Community Representation is an important part of the Strategic Plan in every workgroup. Members of the FAC felt that the plan as presented was not clear re: the work they experienced when participating in the work groups. They felt that the proposed plan did not reflect the FAC work effectively. There were more than 500 recommendations in the strategic plan. Not every recommendation will be implemented but the group stated that they would like to see the practice recommendations make the final cut for the plan to be real. There will be Regional presentations of the Strategic Plan. The FAC wanted to know who the audience will be at these presentations and stressed the need to have the community present.

FAC Membership and Legislative Sub-Committees

The FAC Membership sub-committee was very busy reviewing applications and interviewing new members for FAC. The committee gave more priority to diversity representation (people of color and also men), than geographical representation. FAC is now a group of 20 people

The Legislative sub-committee has been doing work to assist the commission on the status of grandparents which is up and running. This committee did research on the bill of rights for grandparents and found that no state had a bill of rights for grandparents. They've supported the legislation and identified grandparents groups across the state for us to meet and have a community discussion on the needs of grandparents raising their grandchildren. The Legislative Committee identified 14 groups and made appointments with 10 so far. Members of this committee will go out with Manuela to have these community conversations.

Finalizing Protocols for FAC Participation

The Committee revised the Protocols for participation and made a few changes in language but not in content. Manuela will make the changes and send it to everyone. The Membership Committee will meet to go over the membership list and how to proceed regarding those members who have not been attending.

The FAC emphasized that Family Advocacy is much needed for families involved with any system but especially with DCF. They stated that families should have access to the Family Advocate's number and call if they feel that they need help. Having the area office as the referral source makes no sense; and they don't make referrals anyway. Members of the FAC felt that Family Advocates now seem to act a lot more on behalf of the Department than on behalf of families. FAC recommended the FAI to be looked at and revamped to reflect the mission of assisting families.

FAC Review of the DCF Ombudsman's Office

Kevin Barboza, Director of the Ombudsman's Office shared with the group that families call his office more in regions where there are less community support such as fathers groups or family advocates. An example is that the Boston area does not call a lot in comparison with other areas. The majority of callers are from families. The content of the calls are summarized below:

- They want to change the social worker because they perceive the worker to be difficult or not willing to work with the parents as partners;
- They don't participate in the service plan;
- Families are not informed of the process; they lack an understanding why things are done;
- There are calls and letters alleging discrimination and people seem to be confused on what constitutes discrimination;
- When cases are reviewed families are not in agreement that every decision is for the best interest of the child;
- Many times families are not clear about the goals of the department and they don't trust the decisions that are being made;
- Families tend to believe more the information that comes from the Central Office. There is a great deal of distrust of the local offices;
- Families seem to be confused about the Department's policies and procedures;
- Families want to be respected; and respect is nowhere mentioned in the policies of the Department; it is an inherent right but not part of the policies;
- The Department doesn't like to reverse decisions, even if they are bad ones;
- Fathers feel that the Department discriminates against them or tends to help mothers more;

- Extended families call without an understanding of their rights;
- Fathers feel that the Department involves them to build a case to terminate their rights;
- Families don't participate because they don't trust the Department - They lack information on how their lack of cooperation/participation is counting against them;
- Grandparents call regarding the right to see their grandchildren.

According to Kevin Barboza , the FAC can assist the Ombudsman's Office by helping:

- Families get an Advocate early on, before a conflict arises;
- Family Advocates always help when they get involved with a family, even when a case is complex;
- Father's groups help fathers understand the process with DCF and provide support;
- Involvement with Family Advocacy groups/agencies helps with information, process, and advocacy;
- Training workers on disproportionality, discrimination, and culture bias;
- Training workers how to engage families especially fathers;
- Generate collaborative service plans.

Family Advocacy Initiative – A Parent's Perspective

The Family Advocacy Initiative is going to be re-procured and the whole Initiative was revamped to respond to the concerns of lack of family advocacy for families involved with DCF. Prior to a scheduled meeting the committee received a set of questions regarding the Family Advocacy Initiative. The questions included:

1. What are the best ways for family advocates to help families?
2. What should be the criteria for deciding which families will be helped by a Family Advocate?
3. Should there be specific kinds of cases that are referred to Family Advocates?
4. Who should make the decisions of which families are helped by Family Advocates? Are there specific points in cases that you think Family Advocates would be most effective in helping families?
5. Do you think there are specific kinds of cases in which Family Advocates should be utilized?
6. If we continue to fund Family Advocacy contracts, what are some strategies for making the best use possible of Family Advocates across area offices?

The FAC's responses are listed below:

- Family advocates can help if they LISTEN to the families and let them vent a bit;
- To explain the process, the timeline, and how it felt to go through it;
- To calm the family by explaining that DCF really wants the best for their children and family, and that DCF wants to work with them in partnership. Also to share the data about the tiny percentage of cases where kids are actually removed from the home, to reassure them that this is unlikely;
- To share with them the top 5 pieces of advice that other families have suggested- (have we asked former families: —~~What~~ would you like to share with any family involved in DCF? What do you wish you had known at the beginning of the involvement?");
- In practical ways: to help the family organize a calendar of any meetings or events about the children or case;
- To help them come up with language to use to clarify and verbalize their concerns to their social worker;
- To help them identify the top few issues that are really upsetting them, and strategize ways to cope with those things the best way possible right now;

- One issue is who should NOT be referred to a family advocate. For example if there is violence in the home, are we putting family advocates at risk by exposing them to the family? How do we protect identity, address of family advocate?
- Should only one parent or the other in the family be assigned an advocate?
- Advocates should help especially in cases where there does not seem to be extended family support;
- Final decision needs to be by a supervisor due to safety concerns if a Family Advocate should be involved;
- Family Advocates would be helpful at the beginning when the family is most overwhelmed, panicked and confused about what will happen next. Basically they all want to know: —“What does this mean?” and —“What do I do next?”
- In cases of language or ethnic minorities, it might be helpful to match the family with an advocate they can relate to and share a language;
- So many cases are families who are stressed economically. If that seems to be contributing to the problem, then a family advocate could explain that DCF can help with referrals to head start, day care, etc.
- Poll the Family Advocates and the case workers who have used them to ask simply: What was the most successful use of family advocates, what happened and why do you think it worked;
- Basic Family Advocacy training should be consistent so that each area office does not have to recreate the wheel. The same Power Point presentation or video could be used for all;
- In particular some role playing training should be done, including suggestions for handy phrases to diffuse tension or provide reassurance;
- Family Advocacy varies largely from office to office and from family situation to family situation. A good family Advocate will know how to function in this type of environment
- The danger with Family Advocates is that they can be easily co-opted by the area offices. They form alliances with the office that go beyond collaboration and works against the families;
- Families should trust the Family Advocate but if they act for the department instead of the family there is a problem with this model;
- Family Advocates should sit with the family when the plan is being developed;
- The community should be aware that there are advocates available to guide families;
- Information should go out with the family from the first moment of contact with DCF;
- Not every family needs and advocate but every family should know where they can find one;
- There should be PSAs about family advocacy;
- A good professional will know how to avoid those dynamics of being co-opted or institutionalized. Pay a good professional decent money and you'll have good performance;
- A good professional is not always someone with a college degree. You may have a good family advocate even if there is no college degree;
- There is a tendency to go and find people who experienced the system in order to empathize with the families; the danger is that they lack the overall skills to the work, although they understand and empathize;
- Triage the calls from families to know what will go to advocates and what needs to go somewhere else. The Ombudsman's office is a good place for that; have the responsibility and the authority on family advocacy;
- Have it tested well in one area and when it is good put it in other places (don't reinvent the wheel);
- Capacity building with the families;
- Assess situations with the families and the Department;
- Family Advisory Committee can help with the Family Advocacy;

- It should be an organization that works on family advocacy that should hold the contract.

Additional Activities

Parent Leadership Training April 17th 2009:

The Family Advisory Committee was invited to go to the Parent Leadership Training on April 17th. The confirmed list of participants is not as extensive as originally thought in the beginning and there are slots for the FAC.

Casey Report on Family Involvement:

Representatives from the statewide managers meeting shared their work from the Casey report on family involvement. A survey will be sent to the statewide managers to elicit their response on family Involvement. Manuela gathered the information and convened a meeting for the community representatives on the statewide meeting so they will be prepared for the discussion scheduled for May 28, 2009.

Professional Advisory Committee (PAC)

I. Summary

- Massachusetts chose its Professional Advisory Committee (PAC) to serve as one of its three Citizen Review Panels because its structure and purpose fit so well with the CAPTA requirements. The PAC was established in 1984. PAC members are volunteers who have expertise in child welfare/child protective services and related fields such as mental health, substance abuse, domestic violence, pediatric medicine and social work education.
- The purpose of the PAC is to give independent, objective feedback and advice to the Department on child protection issues, quality case practice and resource needs identification. This is accomplished by the PAC reviewing reports of children that are in the care/custody of the Department at the time of their deaths, or six months prior.
- A key focus of the PAC is the evaluation of interdisciplinary roles and responsibilities in serious cases of child abuse and neglect in order to improve service planning and coordination. While the specifics of the case are explored, another purpose of the PAC's discussion is to identify any broader systemic policy or practice issues, which may need to be addressed by the Department. When such an issue is identified, a recommendation is made to the Department.
- An important role of PAC members is to serve as consultants to the Department's Case Investigation Unit (CIU) staff during child fatality investigations. The PAC member reviews the entire case record and related documents and provides CIU staff, who are conducting the case investigation, with their assessment of the quality of the family casework and any recommendations identified related to policy, practice or necessary systems changes. These comments are included as part of the final child death report..

II. Child Fatality Reviews

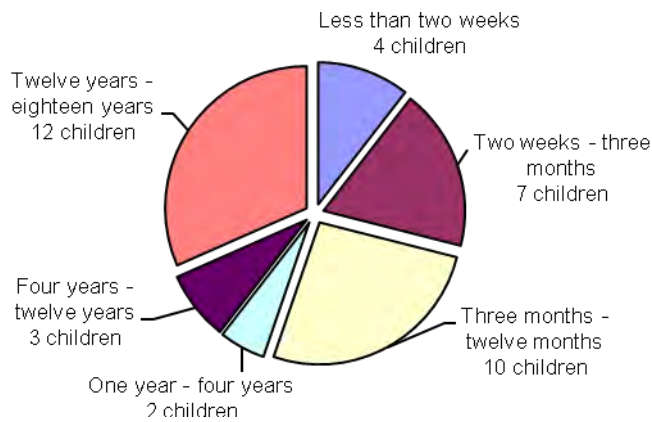
The PAC regularly reviewed child fatality reports and made recommendations to the Department. They have also served as consultants for the Department on individual child death reviews and near fatalities, coordinated through the Department's Special and Case Investigations Unit (CIU).

A. Fatalities of children known to DCF

From January 2008 through December 2008, the Case Investigation Unit reviewed the fatalities of 38 children that were known to DCF within six months of their death. The following information summarizes the data from the 2008 child fatality reports.

Ages of the children at time of death

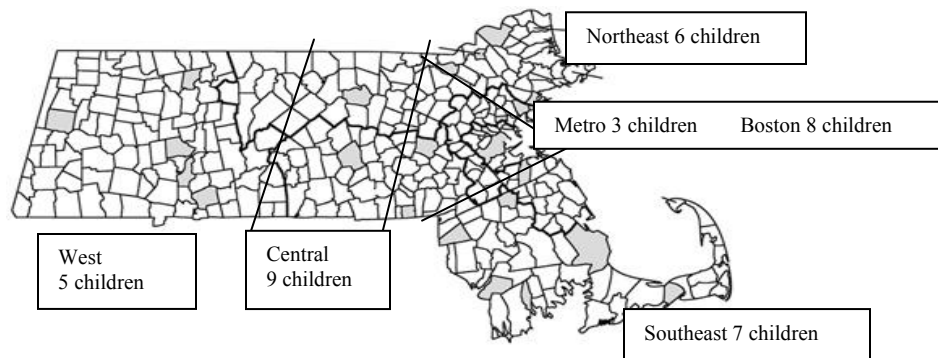
- 4 Under age two weeks
- 7 Between the ages of two weeks and three months
- 10 Between the ages of three months and twelve months
- 2 Between the ages of one year and four years
- 3 Between the ages of four years and twelve years
- 12 Between the ages of twelve years and eighteen years



Causes of death

- 8 children died from complications related to premature birth
- 4 children died of injuries sustained in a fire (two sibling pairs)
- 4 children died of Sudden Infant Death Syndrome or possible Sudden Infant Death Syndrome
- 2 children died from co-sleeping
- 2 children died from possible co-sleeping, Sudden Infant Death Syndrome or viral infection
- 3 children died of injuries from gunshot wounds
- 3 children died of suicide
- 3 children died of complications from a medical condition
- 2 children died of injuries from motor vehicle accidents
- 2 children died of drowning
- 1 child died of suffocation
- 1 child died of choking
- 1 child died of sepsis from Herpes
- 2 children had undetermined/pending causes of death.

DCF Regions of Child Fatalities



Custody status at time of death

- 7 of the children were in the temporary custody of DCF
- 1 child was in the permanent custody of DCF
- 30 of the children were in the custody of a parent or relative

51A Reports filed at the time of death

18 Allegations of abuse, neglect and/or death were filed at the time of the child's death.

Decisions related to those reports

Screened out report	3
Investigation & Unsubstantiated	4
Investigated & Substantiated allegations	11

Preliminary findings from child fatality reviews

Risk factors present in the families of the children who died

- A history of domestic violence was present in 22 of the families.
- Substance abuse was present in 21 of the families.
- Mental health challenges were present in 20 of the families.

To note, 11 of the families had all three: a history of domestic violence, substance abuse issues, and mental health challenges.

Effective Case Practices

The child fatality reviews identified effective practices including: frequent contact with providers in the community; prompt responses to providers' concerns; ongoing assessment of risk all factors; consultation with mental health, substance abuse, domestic violence and nursing specialists; development of an emergency service plan; and referrals to daycare, Early Intervention and therapy.

Emerging Practice Concerns

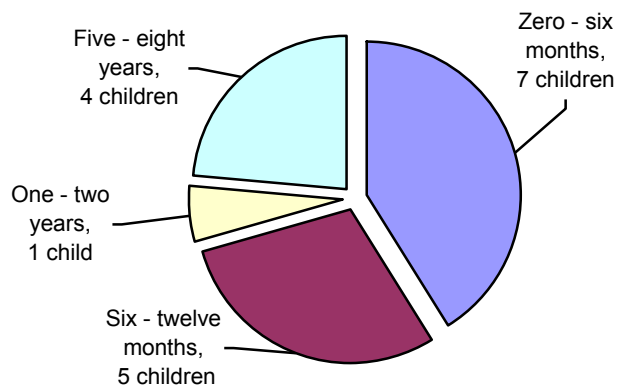
The child fatality reviews identified emerging practice concerns including: fathers and newborns not being assessed; prior case records not accessed; parenting capacity and safety measures not evaluated; and domestic violence not addressed in terms of risk to children.

B. Near Fatalities of children known to DCF

In 2008, the Case Investigation Unit learned of 17 children who were in near-fatal condition and an allegation of abuse/neglect was filed on their injuries. The following information summarizes the data regarding these children:

Age of children at time of near fatal injury

- 7 children were less than six months
- 5 children were age six to twelve months
- 1 child was one to two years
- 4 children were age five to eight years



Nature of near fatal injuries

- 10 of the children were diagnosed with or considered possible victims of Shaken Baby Syndrome or significant brain injury (non-accidental trauma);
- 2 of the children fell from a window/porch;
- There were singular near-fatalities reports from the following: severe burns; motor vehicle accident; leukemia; carbon monoxide poisoning; and undetermined.

C. Child Fatalities of children not involved with DCF

In 2008, the Case Investigation learned of 8 children that died and there was an allegation of abuse and/or neglect substantiated in conjunction with the child's death. These children were not open as DCF consumers at the time of their death and had not been involved with DCF in the six months preceding their death. The following information summarizes the data regarding these children:

Age of children at time of death

- 4 of the children were less than six months old;
- 2 of the children were between the ages of six and twelve months;
- 1 child was twenty-one months old; and
- 1 child was twelve years old.

Causes of death

The causes of death included: injuries from a fire, premature birth, co-sleeping, Sudden Infant Death Syndrome, drowning, accidental head trauma, fall from a window and inconclusive.

D. Sample of PAC comments related to child fatalities

Sample 1 – Professional Advisory Committee Review

Re: D-

DOB: 2 October 92

Deceased: 30 May 08

Dear Colleagues,

At your request, I have reviewed the DCF case file and the draft CIU report on the above-named child.

As we discussed on the phone, every child death warrants thoughtful review so that we may learn from experience. In addition, this case bears special consideration because

- *the DCF workers and the other providers who had been working on behalf of D- and her family were surprised by her death;*
- *it is not clear whether this death should be classified a suicide or a homicide; and*
- *D-'s background included the serious risk to girls and young women from male relatives who take sexual activity by unmarried females as a family disgrace warranting punitive measures, even homicide, to restore "blemished" honor.*

Case Summary. *D- was a 15½-year-old girl born in Jordan to a Jordanian father and an Irish-American mother from Boston. Her parents met at Northeastern, married, had five children in Jordan (D- the 4th of 5), then came back to Boston. In October 07 D- was a student at a Catholic school when she reported that a former boyfriend had raped her. Her father's rage and threats to harm either D- or the alleged rapist led to protective intervention. D-'s mother and maternal aunt expressed doubt that they could protect her. Over the next six months, D- and her family received DCF case management, outpatient mental health services, and family stabilization services from Family Services of Greater Boston. The FSGB team included a Muslim social worker. Despite these efforts, D- was hospitalized at least four times in the next half year. A referral to the DMH was screened out – "too much contact with DCF."*

On 30 May 08, a FSGB mentor called to tell D- about a soccer program. Told she had been missing more than 24 hours, the mentor suggested the family look in the basement, where they found her body hanging. A mandated report at the time of death was screened out, apparently because the case was referred to the district attorney. A criminal investigation may be underway.

Observations.

- 1) Format. *Readers will find useful the way the draft case report is written, with a narrative punctuated by "issues" and questions raised.*

- 2) Was D- murdered or did she take her life? Not clear. The family's failure to find D- in the 24 hours after she went missing is troubling. While the District Attorney has reportedly opened an investigation, the CIU report appropriately focuses on DCF practice in the months before D- died. It's not clear whether the team at FSGB has conducted a psychological autopsy. Uncertainty about how D- died, needless to say, does not preclude a psychological autopsy; it may make it more necessary.
- 3) Cultural competence. Protective intervention followed serious threats (reported sexual violation of a teenager and threats of violence from her father). More warning signs then came to light (unexplained injuries, including a shoulder injury that an older brother may have inflicted and that required surgical repair; female relatives scared of the father's retaliation; repeated psychiatric admissions). All this occurred in a specific cultural context – see below. What kind of cultural competence is evident in the DCF and the FSGB efforts?

It is not clear that the DCF-FSGB team saw the risks of “honor killing”. Did they consider all the risks in such cases – the risk of suicide, of homicide, or of homicide-presented-as-suicide?

Someone at the DCF may have been too credulous when D-'s father minimized his threats, saying “in Jordan people make threats all the time but do not follow through with them.” The FSGB, working with a family of an Irish-American Catholic mother and an apparently conservative Muslim father, assigned a Muslim social worker, but it is not clear whether that team appreciated the risks of honor killing.

It's also not clear whether anyone considered the possibility that a girl in D-'s situation, expecting a more sympathetic reaction, might have alleged rape rather than admitting to consensual sex. Such an effort to move from willing or impulsive to victimized, even if successful in the short term in mobilizing sympathy, can create its own guilt and risk of suicide.

- 4) “Honor” killings. Traditional punitive practices toward those suspected of engaging in non-marital sex are increasingly acknowledged. These conflicts occur in many countries, and not just in Muslim families; they are a “cultural” phenomenon, not a creedal one. Fathers feel a responsibility to deliver to a future husband a certifiably virginal daughter – or else they will bring shame onto the family.

How can we help the DCF and other child-serving agencies, aware of tensions like these, to protect children?

How do we support workers and supervisors who recognize that they have a case that “goes beyond the routine?” As you know, this is a challenge in many cases, though highlighted by this tragedy.

- 5) Men who may act violently, and their partners. It is hard to read this file without feeling the terror and the wish to make everything okay felt by D-a and the women in the family. Were they seen as victims of domestic violence, or threatened domestic violence? Was the domestic violence clinical specialist consulted?

In addition to the above comments, here are some other observations about the file.

- *We read, when the family was looking for a safe place for D-, that there were no vacancies in a hotel in Boston. Can that be true?*
- *D- required surgery on her shoulder after her brother may have injured her; the nature of the injury is not clarified.*
- *The time line meant to show D-'s life and death is confusing – the time intervals are not comparable.*
- *In a service agreement, the father agreed to participate in services. Is that what we want, or do we want him to change the behavior that is the problem?*

- *A neuropsychological assessment was recommended for D-. What criteria is DCF using in choosing this specialized, difficult to obtain, and expensive assessment?*

Sample 2 – Professional Advisory Committee Review

Re: D-W

DoB: 30 September 07
Deceased: 24 January 08

Dear Colleagues,

At your request, I have reviewed the DCF case file and the draft CIU report on the above-named child.

Case Summary. *D-W was a 4-month-old baby who died while in her parents' care. The father was 31, the mother 21.*

D-W was reported to DCF after being born, at 30 weeks gestation, because both parents had histories of substance use. The father also had a history of violence. A protective case was opened.

Worrisome signs of neglect (baby reported left alone in car, unkept pediatric appointments), likely continued drug use, at least by father (who was repeatedly trying to borrow money or pawn possessions to get money), and anger dyscontrol (an argument to which police responded; a declaration by the mother, not followed up, that she would get a restraining order) kept the case open.

In addition, the parents' cooperation with the DCF was flawed: the DCF repeatedly had to go to lengths to find and meet with them. The cause of death is not yet clear. Autopsy showed no signs of injury; pathology and toxicology reports are pending.

Observations: Learning from Experience.

- 1) *I appreciate and concur with the observations and recommendations made in the Draft Report, for instance regarding the conduct of domestic violence interviews, the frequency of contact with the family, and responses to lapses in parent behavior.*
- 2) *In particular, I would emphasize:*
 - a) *The challenge for protective workers, while trying to develop an alliance with challenged parents (cf "Working with Families Right from the Start"), of simultaneously maintaining an appropriate index of suspicion. In this case, workers had to be skeptical of what parents were saying*
 - i. *Regarding their past and current substance use; OR, in the language of recovery, regarding their struggles to stay sober;*
 - ii. *Regarding their history and risk of domestic violence; OR, in terms of strengths, regarding their progress in learning collaborative skills and anger control;*
 - iii. *Regarding the medical history, specifically, on hearing the statement, "had a history of apnea", of thinking immediately how that could be corroborated.*
 - b) *The need for the system to develop strength-based criteria to use in evaluating parents who are recovering either from substance use or from domestic violence*
 - c) *The life situation of the parents. As before, I notice that it is easier to characterize parents in terms of pathology (for example, When did she last use substances? How many months has she been sober?) than to ask where they are in their lives. Did the mother of D-W, already pregnant again when D-W*

died, have a future vision for herself, in terms of education, work, relationships with other adults? Did the father? Can the eliciting of a future vision help in assessing a person's progress toward recovery?

- d) Assessment of baby. D-W is said to have been born at 30 weeks gestation. She was still a very immature baby when she came home from the hospital. Her parents had, in addition to the generic challenges of new parents, the challenge of parenting a premie. Supports for such a family ideally would gather and use data about babies born at this gestational age.*
- e) Use of in-system resources. It's not clear in this record whether or in what ways the DCF clinical specialists were accessed and used.*

3) Lack of curiosity regarding substance use or domestic violence should be seen as a characteristic of the system, not just of individuals. In what systematic ways do we help professionals step back, listen reflectively to each others' work, speak from their different levels of experience, and ask questions like, Do we have the whole story here? What are the criteria for a decision? Are those criteria convincing? We're concerned here not with gaps in knowledge, but with doing better at information management and team collaboration.

Sample 3 – Professional Advisory Committee Review

Re: K-

DoB: 5 November 07

Deceased: 1 December 08

Dear Colleagues,

At your request, I have reviewed the DCF case file and the draft CIU report on the above-named child. This one-year-old child was found dead in bed; his 17-year-old mother told the police she had smothered him. She is now incarcerated.

While every child death warrants thoughtful review, this case warrants special review because this child came from a family, multiply challenged, that had received many services, including DCF services, over the years. In 2000, the family suffered the death of a 3-month-old child, the half-brother of the mother of -, N-, who was then 9 years old and often responsible for the care of her younger siblings. Though the police called this a SIDS death, I did not see evidence supporting that diagnosis.

Case Summary. *The T- family appears to have suffered privations in Vietnam, then a harrowing escape, then several moves in the US before coming to Worcester in the late '80s when V-T, the current matriarch (though only 31) was barely 10. The family retains some ties to the larger Vietnamese-American community: the older children spend summers with relatives in Boston. But N-'s new intimate partner when K- died, his Vietnamese-American father being long gone, has a Hispanic name.*

The family's adjustment in Worcester was difficult. V-T adolescence was marked by early motherhood (her first daughter, N-, was born when she was 14), school dropout, no employment or military service to speak of, and intermittent inconstant relationships with four men with whom she had seven children. One child, H-, died in 2000. In recent years she seems to have had intermittent alcohol use and problem gambling, neglected her children, and engaged with services inconsistently. Her daughter N- also had school truancy, pregnancy at 16, possible alcohol use, and inconstant male partners.

Protective services began after H-'s death, in response to findings of neglect, and resumed in 2007. During 2007 and 2008, while both V-T and her 16-year-old daughter N- were pregnant, the family received health care, school services, early intervention for a 4-year-old with special needs, family support through TANF, judicial supervision under a CHINS order, as well as DCF supportive services and various mental health services.

Observations.

1. Assiduous Support. The Area Office and the DCF worker, himself a Vietnamese-American, are to be commended for the level of support – with almost daily visits and phone calls – provided to this family.
2. Child Fatality Review. The draft review details many “practice concerns”. These are clearly stated, arise from the case story as documented here, and provide opportunity for improving practice.

Delivering such a two-level view of the family, both the vision and the plan, requires a division of labor. The larger perspective on a family’s adaptation will generally not come from the front-line worker closest to the family but from supervisors and Area leadership, those who have the training, experience, and distance to see things in a larger frame.

For example, a concluding statement like “the family needs to stay involved with the DCF for a while to help the mother develop stronger parenting skills” may state a useful element in a service plan, but cannot be taken as an adequate summary of the family’s challenges and the joint vision shared by DCF and the family. “Lack of parenting skills” under-diagnosed V-T’s and N-T’s challenges and was a futile guide to recovery. Such a statement needs to be reviewed and revised by those who understand that a family like this needs a lot more than that. A more comprehensive statement also keeps in mind the possibility that the parents in the case may not be able to meet their children’s needs, and that care and protection will have to be initiated.

- Given the risk in this family, more aggressive collection of collateral information was indicated. After K- died the DCF received new reports of neglect and ill health among the children, of drinking and domestic violence in N- and her partner, and of the 4-year-old’s feeling hated and being hit. How could the system have worked to bring earlier to light such critical information?
 - The DCF assigned a Vietnamese-American social worker and made at least one referral to the Centro Las Americas, a facility in Worcester that, despite its Spanish name serves Southeast Asian families. It’s not clear whether the T-g family, who seem to have been rather isolated from healthy supports, followed through. Questions arising from the T- family’s status as a new American family remain:
 - What did it mean to the family, or to various members of the family, to be identified as Vietnamese-American? To be served by a Vietnamese-American social worker? Did this family want closer ties to co-nationals who were doing better? Or was their path to Americanization making such ties irrelevant?
 - There are centers and DCF Area Offices, for instance in Boston, who serve many Vietnamese-American families. What would colleagues there contribute to the management of a family like the Ts?
3. Case assignment. In this case a single worker, albeit a con-national, had to engage with many members of a large – and divided – kinship. Family member’s relationships to the worker seem to have varied from appreciative to evasive to hostile. How were these relationships assessed by the worker and supervisor? Such a case argues for assigning workers in pairs.
 4. Liaison with medical examiner. The apparent firewall keeping conclusions from post-mortem examinations from the DCF needs to be reviewed.

State of Massachusetts

Citizen Review Panels Department Response 2008

July 1, 2008 – June 30, 2009

Massachusetts Department of Children and Families
Boston, Massachusetts

2008 Citizen Review Panel (CRP) Response from the Massachusetts Department of Children and Families Central Administration

In 2008, the Massachusetts House and Senate passed the bill, *An Act to Protect Children in the Care of the Commonwealth* with provisions that significantly increased the Commonwealth's effectiveness regarding protecting and strengthening families. The Department provided critical input and feedback on drafts of the legislation, where the recommendations of the Citizen Review Panel members were shared and when approved, were incorporated in to the legislation. The new legislation is referenced throughout as it addresses many of the recommendations made by the CRPs and the Department's recommended response.

Professional Advisory Committee (PAC)

The PAC regularly reviewed child fatality and near-fatality reports and made the following recommendations to the Department:

Address risk factors present in the families of the children who died

- A history of domestic violence was present in 22 of the families.
- Substance abuse was present in 21 of the families.
- Mental health challenges were present in 20 of the families.

To note, 11 of the families had all three: a history of domestic violence, substance abuse issues, and mental health challenges.

Department Response: New legislation passed in 2008 which created the Office of the Child Advocate

- The Child Advocate is appointed by the Governor and reports directly to him.
- Receives notice of any serious injury to a child in the care of the commonwealth and has the power to conduct an independent investigation, including subpoena powers.
- Receives complaints from the general public and children in the care of the commonwealth and may ensure resolution by the appropriate agency or may conduct an investigation.
- Monitors the treatment and services provided to all children in the care of the Commonwealth to ensure that each child receives humane and dignified assistance.
- Examines the entire system of care and services to children provided by executive agencies to evaluate for effectiveness and efficiency, as well as assessing possibilities for improvement.
- Works with a 25-member advisory board to create a 5 year plan to ensure a coordinated, system-wide response to child abuse and neglect.
- Responsible for educating the public and advising the administration and the legislature regarding the services of the office and the mission of the agencies serving children.

Effective Case Practices

The child fatality reviews identified effective practices including: frequent contact with providers in the community; prompt responses to providers' concerns; ongoing assessment of risk all factors; consultation with mental health, substance abuse, domestic violence and nursing specialists; development of an emergency service plan; and referrals to daycare, Early Intervention and therapy.

Department Response: The Department is pleased to receive positive feedback from the PAC on the work between DCF staff, other providers and the community. We will continue to provide this feedback to

staff and supervisors so that the strengths in case practice can be recognized, supported and encouraged to continue.

The new legislation creates new mandates to protect against abuse and neglect:

- Three abuse and neglect reports on a family in 3 months or in 1 year mandates review by area or regional DCF review boards; the commissioner of DCF reports results to DA, local law enforcement and the child advocate.
- Mandated reporters may choose to contact the local police if they see any suspected abuse or neglect in addition to contacting DCF.
- All mandated reporters will be required to receive training on how to recognize and respond to abuse and neglect.
- Increased penalties for mandated reporters who fail to report suspected abuse or neglect (\$5,000 or 2.5 years jail or both and upon guilty finding report to a professional licensing authority).
- Requires the District Attorneys to report on the outcomes of abuse and neglect cases referred to them.
- Mandates DCF not to close any abuse or neglect case until they receive the physical evidence results from the state lab.
- Prohibits the appointing, as a child's guardian, any person being investigated for assault and battery on the child.
- Makes it a crime for an adult to harbor a runaway child for any reason other than to protect the child from abuse.

Emerging Practice Concerns

The child fatality reviews identified emerging practice concerns including: fathers and newborns not being assessed; prior case records not accessed; parenting capacity and safety measures not evaluated; and domestic violence not addressed in terms of risk to children

Department Response: All PAC comments and feedback are sent to the Executive Committee and the Commissioner for review. Other major points of the new legislation include:

- Changes the name of the Department of Social Services to the Department of Children and Families.
- Establishes an interagency child welfare taskforce that the Secretary of EOHHS will chair in order to coordinate and streamline services to children and families who are receiving services from any agency in EOHHS.
- Requires social workers who are employed by DCF to have a bachelor's degree and supervisors to have a master's degree

Family Advisory Committee (FAC)

Prior to a scheduled meeting the FAC received a set of questions regarding the Family Advocacy Initiative and provided the following recommendations and comments on family advocacy for families involved with DCF:

- ***Advocates should help especially in cases where there does not seem to be extended family support;***
- ***Final decision needs to be by a supervisor due to safety concerns if a Family Advocate should be involved;***
- ***Family Advocates would be helpful at the beginning when the family is most overwhelmed, panicked and confused about what will happen next. Basically they all want to know: “What does this mean?” and “What do I do next?”***
- ***In cases of language or ethnic minorities, it might be helpful to match the family with an advocate they can relate to and share a language;***
- ***So many cases are families who are stressed economically. If that seems to be contributing to the problem, then a family advocate could explain that DCF can help with referrals to head start, day care, etc.***
- ***Poll the Family Advocates and the case workers who have used them to ask simply: What was the most successful use of family advocates, what happened and why do you think it worked;***
- ***Basic Family Advocacy training should be consistent so that each area office does not have to recreate the wheel. The same Power point presentation or video could be used for all; In particular some role playing training should be done, including suggestions for handy phrases to diffuse tension or provide reassurance;***
- ***Family Advocates should sit with the family when the plan is being developed;***
- ***The community should be aware that there are advocates available to guide families;***
- ***Information should go out with the family from the first moment of contact with DCF;***
- ***Not every family needs and advocate but every family should know where they can find one;***
- ***There should be PSAs about family advocacy;***
- ***Triage the calls from families to know what will go to advocates and what needs to go somewhere else. The Ombudsman’s office is a good place for that; have the responsibility and the authority on family advocacy;***
- ***Assess situations with the families and the Department;***

Department Response: The Department appreciates the FAC’s commitment to family advocacy and supports the recommendations made to the Family Advocacy Initiative. Department staff is available as ongoing resources to assist and support the FAC in their efforts. Department Managers and Program Directors have attended the FAC meetings to provide an ongoing dialogue between the FAC and DCF Central Administration. As in previous years, the Training recommendations will be forwarded to the Training Unit, who will be asked to follow-up with the FAC.

Foster Care:

In 2007, the FAC shared thoughts with the Department about the Foster Care System and how bio parents feel regarding the lack of input they have when their kids are in foster care. Some of the suggestions were that parents should be asked to participate in the buying of clothes, have a say on what is appropriate or not according to price – when kids come home they will not be buying sneakers for \$150.00 a pair. Parents could help ease the transition by letting foster parents know about foods and other preferences a child may have, and involve the bio parents in the activities with the kids. This would be good for all: the children, the foster parents and the bio parents. The committee also stated that the

kids who leave a placement from the department do not have enough skills to be successfully integrated in the community.

Department Response: The new legislation made the following changes and additions to the foster care system

- Creates a Grandparents Commission to address the fastest growing group of relative caretakers. The Commission will advise state agencies and recommend policies to legislators on issues around kinship care.
- Improves the procedure for grandparents and siblings to pursue their rights to seek visitation with children in care
- Creates a Foster Care Provider registry.
- Mandates that EOPPS and DCF formulate a plan to care for children whose parents or guardians are arrested.
- Expands upon the current tuition payments for children in care of the commonwealth to include the fees at all state colleges and community college.
- Requires DCF to make recruitment of foster parents a priority and reach out to the public to increase participation.
- Expands the reporting by DCF on residential foster care, incidents of abuse and neglect, racial disparities, and the status of children aging out.
- Mandates that all children who are entering the foster care system receive physical and mental health screening.
- Charges the DCF statewide advisory council with increasing the recruitment of medical professionals.
- Allows children who are aging out of the foster care system to return to DCF until they are 22. DCF reports annually to the legislature the number and reasons when it is unable to help these children.

Massachusetts State Child Fatality Review Program

Note: The Child Fatality Review Teams met quarterly this past year. We are waiting for their final report which was not ready at the time this report was due. We expect to receive the report from the Medical Examiner's report shortly, and will then update this section of the CRP Annual Reports and then provide the Departmental response.

Commonwealth of Massachusetts

Department of Children & Families

Compliance with ICWA – Indian Child Welfare Act

INDIAN CHILD WELFARE ACT

Annual Report

Commonwealth of Massachusetts

State Fiscal Year 2009

This report is submitted as part of the plan of the Commonwealth of Massachusetts for compliance with title IV-B of the Social Securities Act (the Act) and ICWA of 1978. The report includes the Annual Progress and Services Report.

Coordination with Tribes:

1. Identification of Indian Children by the Department of Children and Families

According to the Department of Children and Families' 2nd Quarter statistical report for SFY'09, DCF served 86,371 individual consumers who received a wide range of services. Of this consumer population, 163 identified themselves as Native American, which is less than 1% of the total consumer population.

During SFY'09, 70 children were referred to the ICWA Coordinator for tribal notification to tribes across the nation. The Department has custody of all referred children. Five children in DCF custody are members of the Wampanoag Tribe of Aquinnah and Forty two children who are members of the Mashpee Wampanoag Tribe. The social workers of the local DCF and the Tribes work together on cases involving tribal children in DCF custody

Families self-identify their race and ethnicity during the assessment phase of a family's case with the Department. This is when the DCF social worker will be made aware that a family has Native American ancestry. When custody is awarded to DCF of a child with Native American heritage, the social worker notifies the MA ICWA Coordinator to provide notice to the identified Tribes.

2. Notification of Indian Parents and Tribes

Notices to federally recognized tribes across the United States are sent by the ICWA Coordinator whenever DCF gains legal custody of a child whose family informs DCF of their Native American status and their child's potential eligibility for tribal membership. Copies of all responses from the tribes are forwarded to the DCF social worker and DCF attorney for their records. If a tribe is not identified or tribal location is not known to the family, a notice is mailed to the Regional Office of the Bureau of Indian Affairs, Department of Interior.

3. Special Placement Preferences

The DCF social workers work with the family, the tribe and the ICWA Coordinator to assess kin, other tribal members or anyone identified by the family, for appropriateness to have the child placed in their home. The Foster Care Review process assures that Native American children are placed in appropriate homes as required by ICWA. Child welfare staff from the tribes is invited to participate in Foster Care Reviews and they attend whenever possible.

The Commonwealth of Massachusetts and the Wampanoag Tribe of Aquinnah have an Intergovernmental Agreement which further specifies placement preferences over and above the ICWA requirements. The Mashpee Wampanoag Tribe and DCF have begun working together on an Intergovernmental Agreement.

4. Active Efforts to prevent breakup of the Indian Family

DCF continues to work with tribal family members, provides appropriate services and links the family to the community to prevent out of home placement while keeping the child safe. Active efforts to prevent the breakup of Indian families have been undertaken by DCF through Family Group Conferencing to work with family and kin to support the family unit.

DCF continues to work collaboratively with the Wampanoag Tribes of Mashpee and Aquinnah to ensure that the needs of tribal children and families are met. The Director of Human Services for Aquinnah is actively involved in the service planning and goal setting for children in the custody of DCF. The Mashpee Tribe has a vacancy currently for the position of ICWA Director, but has identified the Tribal Council Secretary as the contact person for DCF on any matter involving the Tribe's children.

5. Use of Tribal Courts in child welfare matters, Tribal rights to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe

Neither the Wampanoag Tribe of Aquinnah nor the Mashpee Wampanoag Tribe has established a tribal court as of June 2009. The Wampanoag Tribe of Aquinnah is in the process of developing a tribal court. To date Massachusetts continues to have jurisdiction of tribal children in DCF custody.

Of the 70 children referred for tribal notification during SFY'09, 52 children were determined to be eligible for membership of their respective tribes and for protection under ICWA. The identified Tribes were appropriately notified.

Of the 52 Indian children, 42 are members of or eligible for membership of Mashpee Wampanoag Tribe, and 5 are members of the Wampanoag of Aquinnah Tribe in MA. Of remaining 5 children, three are eligible for membership of the Choctaw Nation of Oklahoma, and two are eligible for membership of the Comanche of Oklahoma. These latter two tribes are in the process of completing membership application process for the children and their parents respectively.

6. Efforts to improve the compliance with ICWA

- DCF is in the process of implementing the Integrated Casework Practice Model that includes a differential response for families involved with DCF. As part of the differential response, family engagement at the onset of their involvement with DCF will include early self-identification of the family's race and ethnicity, including Native American ancestry.
- The DCF ICWA Coordinator met with the Tribal Council Chairwoman and the Director of Human Services for the Wampanoag Tribe of Gay Head (Aquinnah) in May, 2009, and there is also regular phone and email contact for problem solving in regards to individual cases.
- DCF ICWA Coordinator and Director of Human Services of Aquinnah conducted a training on ICWA at a local DCF office to DCF staff. This was done in June 2009.
- The DCF ICWA Coordinator, other DCF Directors and DCF Deputy General Counsel have met on two occasions with representatives of the Mashpee Wampanoag Tribe to develop language for an Intergovernmental Agreement. This process is ongoing.
- The DCF ICWA Coordinator and DCF social workers and ICWA representative for the Mashpee Wampanoag Tribe communicate regularly on cases as needed.

7. ICWA Outcomes for Indian families and children

- Improved early identification of tribal children in DCF Custody with appropriate notification to the tribe.
- Improved services to families through collaboration between Tribe and DCF staff.
- Increased tribal involvement with families to prevent placement.
- Early identification of kin and tribal families for out-of-home placement needs.
- Improved reunification efforts with bio-families.

8. Providing the assurances for Tribal children delineated in Section 422(b)(8) of the Act

DCF is operating the FamilyNet Information system to readily determine the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. Families, children age 12 and over and Tribes are invited to Foster Care Reviews that are scheduled every 6 months from date of child's placement. DCF and the Tribes work together by providing support and stabilization services to prevent out of home placements. If placement is needed the Tribe has input in identifying kin as potential resources. Recruitment of Tribal foster homes has not yielded great results but child-specific homes of kin and tribal members have been used in the past, when appropriate.

9. Ensuring fair and equitable treatment for Indian youth in care under the Chafee Foster Care Independence Act (Section 477(b)(3)(G))

There is currently one Indian youth who is receiving Chafee services through DCF. He is a tribal member of the Wampanoag Tribe of Aquinnah and is completing her sophomore year at Northeastern University in Boston. A DCF representative of the Adolescent Outreach Unit meets regularly with the Wampanoag Tribe of Aquinnah child welfare staff to identify youth who are Chafee eligible. DCF has met with the ICWA Coordinator of the Mashpee Wampanoag Tribe and are working on identifying eligible youth for services within that Tribe.

Commonwealth of Massachusetts

Department of Children & Families

Chafee Foster Care Independence Program/ETV Program

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM and EDUCATION and TRAINING VOUCHER PROGRAM

Program Design and Delivery

During the last five years, Department of Children and Families (DCF) has used its Chafee Foster Care Independence Program grant funds to support a variety of services with the objectives of preparing youth and young adults ages 14-21 for successful transitions to adulthood while assisting them develop permanent connections to caring and committed adults. These efforts have been guided by the agency's goals of safety, permanency and well being for the children, youth and young adults it serves.

What we have learned is that success for youth is multi-dimensional and all three components must be addressed in our work. Educational achievement and life skill mastery without permanent connections to family and/or other caring enduring relationships with adults is not sufficient to sustain youth well into adulthood.

Therefore, the Chafee funded programs have been based on the principles of positive youth development and address each of the five purpose areas of the legislation:

Help youth transition from dependency to self-sufficiency.

Help youth receive education, training and services necessary to obtain employment.

Help youth prepare for, enter and succeed in post-secondary training and educational institutions.

Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults.

Provide financial, housing, counseling, employment, education, and other appropriate support services to former foster care youth ages 18-21.

Overview

As of April 2009, 48.5% of the youth in out-of-home placement with DCF were between the ages of 14 and 24 and 14% were age 18 and older. The service needs of these youth are significant and varied. In addition to case management, DCF provides placement services for children and youth; the type of placement services include a range of settings - foster care, kinship care, intensive foster care, congregate care, independent living programs, etc. depending on the youth's individual needs. In addition, support and stabilization services offer youth and families a variety of services to address safety, permanency and well being. These services that strengthen, support, or maintain a family's ability to provide a safe and nurturing environment for child(ren). These services are designed to build upon the existing strengths and resources of family members and to enhance the ability of youth and families to better meet their goals and identified needs. Stabilization services may be delivered in any venue for the purpose of achieving any of the permanency plans as defined by the Family Team

Accomplishments

Continuing progress, as detailed below, has been made during this past year as in the previous 4 years to achieve our program goals.

Adolescent Outreach Program

The Adolescent Outreach Program employs a strength-based approach, providing intensive, individualized life skill assessment and training services to current foster youth and young adults ages 14-21 from across the state to assist them in developing necessary skills and supports to achieve their potential. Program services are also available to youth who were guardianshiped or adopted from DCF after attaining age 16 and to former foster youth who were discharged from DCF between ages 18-21. This program as a whole addresses each of the purpose areas of the Chafee legislation assisting youth with life skill development, access to education, training and other services necessary to obtain employment, support through mentors and connections to family and life long supports. The Outreach Program also assists youth with planning for and succeeding in post-secondary educational settings. In the next year, DCF would like to extend eligibility for Chafee services, as available, to foster youth who leave care/custody at age 17 but return to DCF for services after age 18. This extension would provide a safety net for those young adults who have not been able to achieve permanency and are in need of transitional services.

Serving Youth Across the State

The services funded with the Chafee Foster Care Independence Grant funds are available to eligible youth and young adults across the state. However, given the reduction in funding for the last few years, there are some area offices who are not assigned an Adolescent Outreach worker. These area offices are covered by the regional Outreach Program Supervisor. The Department serves youth who have left DCF at 18 or older – both those who sign in later and those who don't. From this year's statistics:

On the Active Caseload in June 2009, 4.8% of the youth being served were closed with DCF.

On the Tracking Caseload in June 2009, 33.7% of the youth being followed after Outreach services were closed with DCF.

Of the 757 youth who received Outreach contact support (as opposed to intensive weekly Outreach services) in 2009, 31.3% were closed cases with DCF.

Serving Youth of Various Ages and States of Achieving Independence

The DCF life skill curriculum, Preparing Youth for Young Adulthood (PAYA), is the standard tool used to guide the life skill development of youth ages 14 and older. Foster parents, providers, and staff are encouraged to integrate the information and activities suggested in the modules into the daily learning opportunities for youth in their care. The PAYA incentive program is also available to these youth.

For youth under age 16, PAYA is the most common method utilized although it is available to all youth.

For youth ages 16 -21, the Adolescent Outreach Program is a resource offered – intensive life skills training and support with educational achievement, job readiness, placement and maintenance, informed decision making, money management, etc. are some of the targeted services. Access to full Outreach services may be limited by the availability of an Outreach worker in specific geographic locations.

Youth who, after attaining age 16, left foster care for adoption or guardianship will be eligible for the same services; however, access to full Outreach services may be limited by the availability of an Outreach worker in specific geographic locations.

Additional services available to youth ages 14 and older (depending on funding limitations) include Independent Living Support – payment of life skill related items.

Youth Served

From June 2008 to June 1, 2009, 501 youth and young adults received or are presently receiving intensive, individualized life skill assessment to identify their strengths, life skills training to address their needs, as well as assistance for youth in developing and strengthening life long connections to caring adults. These services support the youth in mastering the skills they will need to live successfully in the community upon discharge from agency care. During this same time period, 757 additional youth received assistance from Outreach staff to assist with job search, financial aid/college applications, housing support, Mass Health applications, and referral/resource information. DCF has been providing these same services for the last five years and plans to continue this successful model into the next five years.

Permanency and self-sufficiency for current and former foster youth are two of the principal objectives Outreach staff work toward. This program enhances the agency's capacity to better prepare youth, age 14-21 for moving from agency care to permanence and strengthens their chances of leading productive lives within the community after discharge. This relational model of programming provides a highly individualized approach and accommodates youth with a variety of clinical issues and cognitive functions. The majority of youth served in the program are age 16 and older and most are open for services with DCF. However, 6.3% of the active Outreach caseload as of June 2009 had been discharged from DCF at age 18 or later and were recently re-opened with DCF for services (same percentage as last year.) These young adults include self-referrals and those referred to the program by community service agencies, homeless shelters, former foster parents, DCF social workers, etc. The program is presently staffed by 17 Outreach workers (15.60 FTE), as well as 3 Outreach supervisors. Overall program management is provided by the Director of Adolescent Support Services.

Staffing and Service Overview

Each full-time Outreach Worker carries an active caseload of 15 adolescents. They work closely with the DCF case managers, foster parents, group care providers, community service providers and adults important to the youth to offer opportunities for youth and young adults to learn life skills through practical activities and achievements in their communities. Fundamental to the program's success is its strength-based approach and focus on youth development. Youth are essential partners in their own goal setting, service planning, and life skill training, a key factor which facilitates their successful transitions into the community. Youth are encouraged to practice newly acquired skills and utilize problem-solving techniques effectively - within a safety net of adult supervision and support. Youth are continually empowered to establish goals, make decisions and practice newly acquired skills. Youth are also prepared to handle mistakes, disappointments and failures. The ultimate goal is to equip youth to live interdependently within the community, become self-supportive and able to advocate for themselves, as necessary. Through focused discussions around decision-making/problem solving, community-based activities and goal-focused skill building tasks, youth develop the skills necessary to cope with the challenges of adulthood and live self-sufficiently in their communities.

In addition, the workers also provide six months of follow-up tracking services to the adolescents who have been discharged from the program. Following the six months of tracking, youth are moved to a closed status. However, prior to the closing, all youth are encouraged to contact the program should they ever need additional services.

Outreach workers also provide resource information to youth, staff, providers and foster parents. Often Outreach workers will provide short term services to youth around education, housing, and life skills or

any number of other issues that may arise. The program categorizes this work as contact services and does not include these youth in the active caseload count. This past year staff provided 757 youth with such support.

Outcomes

Since its implementation, the Adolescent Outreach Program has been successful in assisting youth reach their life skill goals. Highlights of the most recent statistical review in June 2009 are presented below.

The percentages are based on a total of 263

youth who had received program services this year, but have been discharged from the program. Fifty-four percent (54%) of these cases are open with DCF, 2% were cases that DCF re-opened after the youth left at age 18 and 43% were closed cases.

Education

- 65% attained a high school diploma
- 11% attained a GED certificate
- 9% were still enrolled in high school
- 13% were enrolled in a GED program
- 3% of youth dropped out of high school with no other educational services in place

Among these 170 youth who completed high school or a GED ----

- 45% were enrolled in a 2 year college;
- 12% were enrolled in a 4 year college;
- 11% have been accepted to college or a vocational training program to begin in the fall of 2009;
- 8% were enrolled in a post-secondary vocational training program;
- 3% completed a post-secondary vocational training program; and
- 3% received an Associates Degree

Employment

- 18% of the youth were employed full-time
- 40% part-time
- 8% were working part-time during school year and full time in the summer
- 8% have secured jobs for the summer
- 5% were not working due to parenting responsibilities
- 2% were not working due to placement issues
- <1% were not working due to educational commitments
- 3% were not working due to documented disability
- 2% in internships
- 12% unknown
- 16% were connected enrolled with a Career Center
- 3% had applied to WIA for employment

The employment statistics reflect the fact that 63% of these youth were still attending high school, GED classes, college or vocational training and 14% had just completed an Associates Degree or received a post-secondary vocational certificate.

Other Source of Income

- 5% were receiving Social Security disability benefits
- 35% were receiving their own vendor (foster care) payments
- 2% were receiving TANF

Placement

- 28% were living in their own apartments with or without roommates
- 16% had returned to live with their immediate or extended family
- 14% were living in DCF foster homes
- 8% were living with friends & paying rent
- 6% were living at college
- 4% were unknown
- 4% were living in an independent living program or group care
- 5% were living in a kinship foster home
- 5% were living with friends-not paying rent
- 3% were living in a contracted Intensive Foster care placement
- 2% were living with former foster parent – paying rent
- 1% were renting a room
- 1% were in jail/prison
- <1% were living with spouse
- <1% were living in a Young Parents Program
- <1% were in shelter
- <1% were living at Job Corps
- <1 were living in a DYS Program
- 0% were in the military

Other Services

- 8% of the youth were taking psychotropic medications as prescribed
- 2% were prescribed psychotropic medications but were not taking them
- 1% of youth were receiving services from the Dept. of Mental Health
- 5% were receiving services from the MA Rehabilitation Commission

Additional Outcomes

- 86% had a connection to adults in their immediate birth family
 - 86% were in touch via telephone
 - 84% were visiting or living with family
- 96% of youth have a community support system
- 97% of youth have an identified life long connection
- 80% had connections with their siblings (Percentage did not differentiate between youth who had siblings or not).

The full reports for the Closed Caseload Statistics, June 2009, the Active Caseload Statistics, June 2009 and the Tracking Caseload Statistics, June 2009 are all available.
Similar outcome statistics have been achieved for the past five years.
Plans are to continue this successful program in 2010-2014.

Collaboration and Outcomes

- **EHS Task Force on Employment:** The Executive Office of Health and Human Services (EHS) has identified employment as a special area of focus for clients served by the EHS agencies and has established this task force to provide a forum for all Health and human service agencies to work together to address the needs of common consumers around employment. Within this task force, a Youth Employment Subcommittee has been established to expand opportunities for youth who are in state's custody and disabled youth. The Department of Children and Families with the Department of Youth Services, Department of Mental Health, Department of Transitional Services, and the Department of Education are developing a plan to promote employment as a critical path towards self sufficiency and independence of the targeted youth.
- Concerted efforts to strengthen connections between youth and young adults served by DCF and the WIA funded agencies have continued this year. Central office, regional and area office DCF staff have continued their participation in the **Pathways to Success by 21 (P21)** strategic initiative involving the Department of Labor and Workforce Development, Commonwealth Corporation, the regional workforce boards, the Dept. of Elementary and Secondary Education, community service providers and other state human service agencies with the goal of facilitating and improving youth employment readiness and job placement services in Massachusetts. The P-21 concept is also implemented at the regional level across the Commonwealth. The Regional Boards include DCF staff and outreach workers to examine the needs of high risk youth in communities at the local level. These efforts have resulted in a significant increase in the number of youth in the Outreach Program participating in the WIA/Career Centers services over the last few year– from 9% in 2007 to 28% this year to date. This number may continue to rise this summer as Massachusetts has responded to the availability of the federal job stimulus funds for at risk youth with intensive planned coordination among all the Executive Office of Health and Human Service child and family serving agencies, the state Department of Labor, Commonwealth Corporation and the 16 WIA boards across the state to identify eligible youth/young adults and connect them with the appropriate job training and work site. DCF worked with staff of the Commonwealth Corporation to develop an eligibility form to streamline the application process for youth in the care and custody of DCF while meeting WIA specifications.
- DCF has also been a state partner in the **Shared Youth Vision Project**. We continue to participate in the monthly national conference calls as well as local meetings.
- In addition, DCF participated in the **MA State Action Planning: Ready For Lifelong Success** effort, which included action planning meetings hosted by the United Way These session brought public and private youth serving agencies from across Massachusetts together to strategize ways to better align youth services. A strategic action plan is being developed to help coordinate services at the community and state level to address the many needs of youth including education, employment, safety and recreation.
- DCF has strengthened its collaboration with the state Department of Elementary and Secondary Education during the last few years. Regular data sharing is now providing DCF social workers

with information on the MCAS (MA Comprehensive Assessment System) scores for all youth in its care/custody. This information improves social workers' understanding of how youth in care are progressing in school and if remedial assistance is necessary.

- DCF also funds services through the ***Integrated, Comprehensive Resources in Schools (ICRS)*** initiative which was developed to try to establish an integrated system of education, support, and care using the assets of schools, behavioral health organizations, state agencies, and community based organizations. There have been 18 school districts involved in this initiative over the last few years and the assessments of the initiative have been encouraging.
- Since 2005 the DCF Adolescent Services staff have continued to develop collaborative working relationships with staff (support services and financial aid) from the state community and 4 year colleges as well as the University of MA campuses to enhance the availability of and access to these resources for our students. During next few years focused efforts will continue to strengthen these collaborations.
- DCF is represented on the MA Adolescent Health Council, an advisory Council to the Secretary of Health and Human Services. The goal of the Council is to promote physical, emotional, and social health of youth in Massachusetts through the interaction of key state agencies and experts in the field of adolescent and young adult health with emphasis on integration of services and advocacy directed at policy and funding priorities. Representatives from the MA Department of Public Health, Department of Youth Services, Department of Mental Health, Department of Developmental Disabilities, Mass Health along with appointed members including representatives from Boston's Children's Hospital, Boston University's School of Social Work, physicians and other health care professionals meet monthly to also share information and services. Members have been kept informed of DCF's work with adolescents, transition services funded via Chafee and new initiatives the DCF is pursuing.
- DCF staff joined the statewide teen pregnancy prevention workgroup two years ago whose members include public health staff, pregnancy prevention advocates, and community based agencies serving at risk youth. This group identified foster youth as a priority population and, as a result, received funding through the MA legislature in FY 09 to support programming and direct services. These funds were distributed to community based youth serving agencies contracted to DPH to provide science-based pregnancy prevention curricula to foster youth statewide. The group joined with Annie E. Casey and the National Campaign to Prevent Teen and Unplanned Pregnancy in a national roundtable in Maryland in April 2009. Efforts will continue on this important issue into the next five years.
- Concerned that 5% of the young women in the Outreach Program became pregnant in FY 05, DCF reached out to the MA Dept. of Public Health (DPH) in 2006 for targeted training of staff and follow up technical assistance to support Outreach staff in their work with youth and young adults around personal decision-making and sexual health. These collaborative efforts have continued to successfully reduce the number of pregnancies for foster youth served by the Outreach Program. Since this effort began, the percentage of pregnancy for Outreach youth has dropped to 2% each year - 2006, 2007, 2008 and 2009. Specifically, this year -- of the 263 youth who were served by the program and are now closed, 1.9% of the youth became pregnant after entry into the program. None of the youth presently open with the Outreach Program have become pregnant since intake.
- Throughout 2010 -2014 DCF plans to continue all of its current collaborations on behalf of youth and to expand inter-agency and community partnerships wherever possible.

Independent Living Support Program

This program provides Chafee funds for youth ages 14 -21 in placement to support their life skill development and transition needs, such as bus passes, SAT fees, senior class expenses, athletic uniforms, sports fees, tutoring, furniture, computers, etc. Between July 2008 and June 2009, 297 youth (total of \$109,674) received funding from this program. One example of the effective use of these funds is described below. The Cape Ann Outreach worker assisted a youth in implementing her dream of beginning her own business. With the assistance of \$250 in ILS funds, the youth was able to purchase a sewing machine and some materials needed to begin a business. This was a major achievement for a teen with a chronic medical condition which often involves lengthy hospital stays. The teen is now able to feel productive while dealing with her illness. This program will continue into 2010-2014.

Life Skill Curriculum

Preparing Adolescents for Young Adulthood (PAYA) is the Department's own life skill curriculum that has been successfully used by the foster parents, residential and group care programs and therapeutic foster care agencies for more than 10 years to help ensure continuity in the life skills training for youth in out- of- home placement. The components of the PAY A curriculum include five (5) life skills modules, each of which incorporates a number of related skill areas as described below:

Module 1: Money, Home and Food Management

Module 2: Personal Care, Health, Safety and Decision-Making

Module 3: Education, Job Seeking and Job Maintenance

Module 4: Housing, Transportation, Community Resources, Laws and Recreation

Module 5: Young Parents Guide – Sexuality, Reproduction, Decision-Making, Pre-Natal Care, Pregnancy, Child Development, Child Safety, Physical Care, Education and Career Planning and Housing

Currently, there are three components of each skill topic including:

- Assessment - to measure the youth's current level of skill mastery.
- Skill Plan - to guide the adolescent, his/her foster parent, group care provider and social worker in defining an action plan to promote skill building in the topic areas identified as needing increased mastery. (The skill plan can be used to document the specific tasks and activities which are to be included in the service plan for adolescents in substitute care who are age 14 or older.)
- Activity Workbook - to provide exercises and related resource information to support the adolescent as he/she learns and practices newly learned skills.

The PAYA curriculum also includes a Training Guide to assist staff and foster parents in the implementation of the program services. The Guide also presents strategies for working with adolescents around readiness for community living and teaching specific life skills. Preparation for agency discharge and the after-care needs of youth are also addressed.

In collaboration with the State Department of Public Health, DCF has updated Module 2 (Personal Care, Health, Safety & Decision Making) and Module 5 (Young Parents Guide) to include more current information and more youth focused language. Input was gathered from youth, DCF social workers, Outreach workers, independent living program staff, and foster parents, young parent program staff and staff of the Dept of Public Health.

Module 3 (Education, Job Seeking and Job Maintenance) will be the next module to be revised in the coming year.

Continuation into 2010 -2014 with appropriate updates and revisions are planned

PAYA Incentive Program

Since the implementation of the PAYA Program more than 10 years ago, the Department has utilized incentives to reward adolescents for their successful completion of a skill module, encourage their development of self-esteem, and empower them to continue their efforts of enhancing their life skills. The youth also learn to set goals for themselves and work toward their achievement – as well as the tangible reward. In order to qualify for an incentive, a youth must master the skills addressed in the individual life skill module. Youth may request \$50 for a life skill related item and a one time payment of \$300 toward driver education training. From July 2008 to June 2009, 326 youth were awarded PAYA incentives for a total cost of \$53,700.

Training Provided

- The Adolescent Services Unit presented 16 PAYA trainings this year – 12 statewide trainings with 460 participants and 4 agency/program specific PAYA trainings for specific programs/agencies including a total of 65 program staff and foster parents. The Adolescent Services Unit staff also continued to provide technical assistance to group care programs and contracted intensive foster care agencies to assist their staff with utilization of the PAYA (Preparing Adolescents for Young Adulthood) life skill curriculum and transition planning for foster youth.
- Outreach staff in some area offices provided life skill groups for youth utilizing the PAYA curriculum. This year approximately 40 youth attended these groups that social workers helped facilitate. The groups ranged in topics and included utilizing WIA funded Career Centers, developing job skills, accessing higher education, and accessing DCF services post age 18.
- During the last three years, Outreach workers along with Adolescent Services staff have provided resource information and technical assistance to all 29 DCF area offices, many group care programs, foster parent support groups and youth advocacy agencies, including a review of all the available adolescent resources and youth development activities such as the expansion of Mass Health coverage for youth discharging from DCF after age 18, the Independent Living Support Program, Discharge Support Program, state college tuition waivers, transitional living options, Peer Leadership trainings, Regional Youth Recognition Dinners, etc. These presentations will continue in FFY 2010 and beyond to ensure that social work staff, group care providers, foster parents and advocates are informed of all the resources/activities available to agency youth and that they know who to call at Central Office with questions regarding adolescent services.

All of these training opportunities have been available for the last five years and will continue into 2010 to 2014.

Mentoring/Internships Programs

Internship Program

In order to assist youth in gaining valuable work experience, the Department partners with private businesses and community based organizations for the last five years to provide internship opportunities for DCF youth.

With the support of DCF Outreach Workers through on-going supervision and a training curriculum, the program matches motivated and committed youth with employers in their communities in career orientated internship placements. Outreach workers who meet with youth on a weekly basis assist them in identifying their areas of interest and help seek out an internship opportunity to explore their field of choice. Outreach workers assess the youth's current employment skills and provide support around job readiness in areas such as appropriate dress, workplace ethics, time management and transportation. Outreach workers can also support the internship supervisors to address any needs or concerns that may arise during the placement.

These internships give the youth a chance to explore career opportunities and encourage youth to set educational and vocational goals, form natural mentor connections with employers and employees in a field they are interested in and gain experience in a professional work setting.

DCF youth are paid a stipend by the Department for their participation in this program. The average youth works 80 hours at \$7 an hour (\$560). The stipend payment is managed by the Outreach Worker and given to the youth when the employer verifies that the hours have been completed. The youth and the employer can ask for an extension in some cases. Some youth go on to be hired by the employer and/or form lasting mentoring relationships. The internship program has been a great way to introduce youth to a vocational or professional work setting and motivate them to continue with their educational goals.

In 2008/2009 there were 51 internship referrals. Three referrals were withdrawn because the youth found other employment and 48 youth were matched with internships. To date, 23 youth have completed their internships this year and another 25 are ongoing at this time.

Of the 23 completed internships, 10 youth have reported a continued mentoring relationships with their employer (43%), and 3 youth were hired by the employer (13%).

Some of the internships this year included:

Animal Rescue League	Bridgewater Art Museum	
City School		
The International Culinary Institute	YMCA	Learning Loft
Law Office of J Weagle	Joe's Garage	Tech 1
Restoration Resources	Glosta Computers	Headstart
Valley Opportunities	St Anne's Hospital	

DCF Mentoring Program

The Department's goal is that no youth should leave the agency care at 18 or older without a life long connection to family or a caring adult. To address this need, DCF has developed a small traditional mentoring program. Volunteers from the community are matched with transition-aged youth to provide community connections, guidance, and a positive role model. Our recruitment tools include our agency website, collaboration with the Adoption/Foster Care Recruitment Unit and through community and business resources. We include presentations at community events, professional meetings, sporting events, etc. We also partner with our area office family resource units to offer a mentoring alternative to those individuals who are just "thinking about" becoming foster parents to introduce them to the youth the agency serves.

This past year, 57 individuals inquired about participation in the program and were mailed applications. However, only 15 individuals have returned their applications to DCF to date. Of these, 11 were approved to be matched; the other four did not complete the application process, which includes a CORI, DCF background record check, submission of references, telephone and in person interviews. During this past year, 10 matches were made. One additional match is in process. Overall, both youth and mentors report that if they can connect on a particular task or issue, such as education or career exploration, the relationship can develop naturally. The outcomes described above for the Internship Program support this.

Plans for 2010-2014

The Adolescent Services Unit hopes to expand the Employment and Internship Program to encourage more community involvement and placements for our youth and young adults. Continued participation in the Pathways to Success by 21 Workforce Investment initiative will offer greater opportunities for DCF to partner with community youth serving agencies to identify prospective employers and possibly mentors.

DCF plans to develop a Peer Mentoring Program in conjunction with the Youth Advisory Board and the Education and Training Unit to support youth in setting and reaching their educational goals. The proposed model would focus on matching foster youth in secondary school with older foster youth in college to provide the mentoring. Foster youth are participating in the development of the model.

AGENCY ONGOING EFFORTS TO IMPROVE OUTCOMES FOR FOSTER YOUTH (2009)

This year one of the focuses of the Commissioner's Leadership Group on Adolescent Permanency (GAP) has been the development of the model of Review Panels to assist the social workers, youth and administration in planning the services needed as youth approach age 18. The recommendation is for the Area Director/designee to convene this Review Panel which would include a social worker and supervisor in addition to the assigned social worker and supervisor, a foster/pre-adoptive parent in addition to the youth's foster parent and a youth peer. The panel meeting might also occur in conjunction with a Foster Care Review meeting. It's suggested that the panel meeting take place at least 90 days prior to the youth's 18th birthday. The youth's most recent life skill assessment and transition plan would be reviewed; the youth would discuss his/her goals and service needs and the group would together develop a plan for the next steps which might include a Voluntary Placement Agreement between the youth and the agency for continued services after the youth turns age 18.

Considerations would include but not be limited to:

- the youth's current life skills preparation;
- her/his capacity to make progress if services are continued;
- the identification of one or more adults who will maintain a consistent, caring and permanent relationship with the youth;
- services requested and recommended;
- discharge from placement and/or transitioning to an adult service agency; and/or
- case closing.

A number of other efforts are continuing to address the goals of safety, permanency, and well being:

- DCF has implemented the service plan goal changes last year which eliminate "independent living" and "long term foster care" as options and add "kinship" and "alternative planned permanent living arrangement" (APPLA) as possible goals. The agency decided to limit the goal of APPLA to youth ages 16 and older. DCF youth participated in the training of DCF staff on these new goals.
- The changes to the Permanency Planning Hearings to include the participation of youth ages 16 - 18 at the hearing as well as a more focused review of the youth's progress toward his/her permanency goals have been successful. The Juvenile courts have joined with DCF and the MA Committee for Public Counsel Services to provide trainings statewide for agency staff, attorneys, judges, children's attorneys and court personnel.
- DCF has continued its support of the Family Search for Permanency: Finding Families initiative. The pilot sites across the state continue to test strategies to identify, locate, and engage kin to support children who are currently in placement. Staff are engaging relatives to determine what role they can have in establishing themselves as a placement resource or lifelong connection for youth in foster care.
- All service contracts continue to require providers to support the work of permanency on behalf of the children and youth they serve.
- Many of the area and regional office teams formed as part of the Department's Breakthrough Series on Adolescent Permanency in 2005 have continued to meet to consider practices for improving permanency outcomes for older youth in agency care. Agency policy and practice standards will continue to be reviewed with the goal of ensuring that permanency is pursued for all youth as vigorously as it has been for younger children.
- The Commissioner's Group on Adolescent Permanency (GAP) has reviewed and supports the youth generated Foster Child Bill of Rights.

Employment Efforts

- Assisting our youth develop employment skills - including readiness, search and maintenance - is one of the fundamental goals of the Outreach Program. As of June 2009, 312 youth or 66% of the 470 youth who are receiving or had received Outreach services during this fiscal year were employed or participating in an internship. An additional 58 youth (12%) are scheduled to begin summer employment soon.
- During the past few years, the Department of Children and Families has partnered with the state Department of Conservation and Recreation (DCR) to provide summer jobs to foster youth. The youth worked in various positions (from office staff to lifeguards to park/forest personnel) in the

state parks and district pools across the state. These employment opportunities were available to roll over into continuous summer employment for youth who were very successful in their positions. Unfortunately, this collaboration did not continue last summer. Only 4 foster youth were hired –based on their previous successful summer employment. DCF did not accept any new referrals for foster youth. One youth who worked for DCR the previous year was chosen for the Park Fellowship Program. This is the second DCF foster youth selected for this program. Park Fellows are a select group of 10 qualified and motivated college students eager to explore their interest in park management and operations through a summer of work and learning. DCF will continue its efforts to reinstate the partnership with DCF for the summer of 2010.

- In June 2008, Reality Based Learning provided computer training for 24 foster youth who received 2 and ½ days of instruction by a Microsoft certified educator. Upon completion of their training, the students received a computer, printer, and Microsoft Windows software. This is the 5th year DCF has contracted for this type of service. The students also participated in a pregnancy prevention workshop with a focus on informed decision making. This June 2009 DCF will provide another computer camp training workshop for 24 youth which will include life skills workshops and post secondary planning supports as part of the agenda.
- One of the challenges we have encountered with foster youth participating in the WIA funded services or the career centers has been the verification of eligibility. The paperwork requirement has delayed enrollment as the social workers and youth seek the required documents. In response to this barrier, the state's Commonwealth Corporation and DCF drafted a letter of verification that social workers can complete to verify a foster youth's eligibility for services. The letter received approval and is now also used by the state Dept. of Youth Services (DYS) to facilitate their youths' enrollment. This is a positive outcome of the collaborative work on the Pathways to Success by 21 (P21) strategic initiative involving the Department of Labor and Workforce Development, Commonwealth Corporation, the regional workforce boards, the Dept. of Elementary and Secondary Education, DCF, DHS, community service providers and other state human service agencies. The goal has been to facilitate access to and improve youth employment readiness and placement services in Massachusetts, particularly for those young people most at risk. The relationships that Adolescent Services/Outreach staff continue to develop with the local career centers is directly benefiting the youth they serve with improved access to job training programs, funding for vocational training programs. This access to WIA funding of vocational training programs is particularly beneficial to youth who attend a post-secondary school that is was not Title IV eligible, and, therefore, not covered by the federal Education and Training Voucher or the MA state Foster Child Grant Program. As of June 2009, 17% of the youth who were served by the Outreach Program in FY 09 were also receiving services or funding from the Career Center; an additional 67 youth (14% of the caseload) have applied for summer employment through the American Recovery and Reinvestment Act.
- DCF plans to continue these partnerships and programs into 2010 and beyond to support youth develop the employment skills they will need as young adults transitioning from care.

Housing Support & Room and Board Assistance

- The Adolescent Services Unit of DCF manages the Discharge Support Program to pay for start-up costs (i.e. first month's rent, security deposit, essential furniture, household items, bedding, etc.) for young adults who are leaving or have left agency care and are in need of such support. These are the expenses that DCF considers room and board payments for former foster youth and for youth preparing for discharge (90 days prior). Transportation expenses are also included in the discharge

support category. This past year from July 2008 to June 2009 - 79 young adults received discharge payments for housing expenses totaling \$ 49,293. Funds may be paid directly to the young adult or to the landlord. If necessary, the checks may be written to the young adult and mailed to the DCF area office so that the Outreach worker or social worker can assist the young adult in paying the rent and other living expenses. If the young adult's behaviors are such that providing money without his/her willingness to work with Outreach staff as described above would likely jeopardize safety, then the young adult is informed of the program and given contact information so that he/she may call at any time and request assistance. Since many youth are returning home at or after age 18, even if their service plan goals does not state "reunification," they have not been awarded discharge support. However, to support reunification, these youth may now be considered for some financial support – on a case by case basis.

- Efforts to inform youth, staff and providers of this transition benefit include training of staff in the area offices and at the pre-service/CORE training for all new staff; training of providers at PAYA trainings and technical assistance meetings; Outreach workers' review of the 151 report – Youth Turning Age 18 each month to identify youth who may be discharging; Outreach workers advocacy for youth transitioning from care; and discussion at Youth Advisory Boards of additional strategies to inform youth.
- DCF has continued its partnership with the Sisters of Charity for more than 4 years to provide housing accommodations for female students age 18 and older who are currently or formerly in the care of DCF and are now pursuing post-secondary studies. The Bachand Residence for Girls is an ideal example of collaboration and the valuable support that caring members of the community can offer to young adults preparing to transition to adulthood. The Sisters are responding to the community need for safe, stable housing for DCF post-secondary students who are attending community college or vocational training programs which do not offer housing accommodations. The Sisters of Charity rent DCF students private rooms in a previously vacant wing of their building at below market rent. In addition to their own rooms, the young women have a kitchen and dining area, a lounge, computer room, laundry and storage area. The Department provides a monthly stipend to these students to assist with their rent and living expenses. Outreach Program staff working closely with the residents, the Resident Assistant (a former DCF youth) and with the Sisters as the program changes/adapts to fit the needs of these adolescents. This past year, 16 young women have been residents at Bachand Hall. The students are only accepted as referrals from the DCF. Presently, 12 young women are residing there. DCF has been working with community housing advocates in an effort to develop a similar housing program for young men.
- The Lowell Adolescent Outreach Supervisor in collaboration with the Lowell DCF office has developed a partnership with the local housing authority to identify a housing structure that will be available for DCF males 18+. This housing opportunity will be available for males who are working and/or attending a post secondary-educational program. Several funding sources are being researched and a local church as expressed interest in housing these boys in an old rectory space. The church as retained a grant writer for the purpose of funding the renovations that would need to be made. The goal is to replicate Bachand Hall.
- This year DCF applied with the MA Dept. of Housing and Community Development for 100 Family Unification Program (FUP) vouchers. If awarded, DCF would identify 20 of the vouchers for "aging out" youth.

- This year the Adolescent Outreach Worker in Haverhill along with the Haverhill DCF office have developed a pilot program in collaboration with Emmaus House in Haverhill. Emmaus House is a family emergency shelter located in Haverhill where guests benefit from a structured family environment, counseling, referrals to outside agencies, and housing search assistance. Most families find permanent housing within 12 months. The average length of stay is 8 months. DCF youth referred to this partnership program will receive temporary housing in the Emmaus House rooming house. The youth will work collaboratively with shelter staff and Outreach staff to identify and address their educational, housing and employment needs. The youth will be encouraged to develop goals and work with the staff to achieve these goals. The youth will have access to the Bethel Business Center which is associated with Emmaus House. This training center provides job training as well as GED preparation, housing search assistance and job readiness. A referral to the Career Center in Haverhill will be made as well as to the appropriate educational support services available to the youth through DCF.
- The Safe Passage Program is funded via a combination of Chafee grant funds, 3 housing vouchers from the state Dept. of Housing and Community Development and funding support from the state Dept. of Transitional Assistance. The target population is primarily former DCF youth. However, with the diversified funding, we are able to accept young men who discharged from the Dept. of Youth Services as well as well as homeless youth. The program managed by Children's Services of Roxbury provides three residential Transitional Living Program beds and the support services that will assist the residents in becoming self sufficient. This year 5 residents have lived at Safe Passage. The outcomes for the 2 young men who were discharged from the program are as follows: one moved into an apartment with his girlfriend and the other moved out of state to live with a former foster parent. Three residents continue at Safe Passage.
- Current programs and partnerships will continue into 2010 through 2014 as will DCF's efforts to identify transitional living resources for our youth. We are involved in discussions with housing authorities, landlords, rental agents and community housing advocates.

Youth Development and Participation in Agency Improvements

The Department's Youth Advisory Board has been active for more than 9 years. Presently, there are 38 members of the Regional Youth Advisory Boards who are dedicated to improving services for youth served by DCF. Each Regional Youth Advisory Board meets monthly, providing a medium for youth in out-of-home placement to voice their concerns and suggestions to the Commissioner on issues facing youth in care. Delegates from each Regional Board sit on the Central Office Advisory Board; they are statewide representatives for their peers' interests, concerns, and questions. The agenda topics for each meeting are developed by the Board members based upon their own ideas/concerns or those of the youth they represent. DCF staff offer agenda topics as well for the Board's consideration.

The Department's efforts toward furthering leadership and empowerment opportunities for agency served youth will be ongoing. Youth will continue to have available to them many youth leadership opportunities focusing on peer support, program development, service delivery evaluations, etc. Through such activities, youth enjoy opportunities to learn from one another, function as role models for their peers, and address issues related to their "in care" status. Youth report that involvement in leadership activities helps them recognize their own strengths, increase their self-esteem and provides them with a very satisfying

sense of accomplishment. Board members also received training on public speaking and inter-personal communication this year.

The youth leadership achievements this year and future planned activities are described below:

1. Board members have worked to finalize the DCF Foster Child Bill of Rights and are now involved in the plan to train staff, foster parents and contracted providers on the Rights and their importance to youth.
2. Several members continue their active participation in the statewide Breakthrough Series and ongoing work to improve permanency outcomes for youth.
3. Youth continued their involvement in the training of staff, court personnel and attorneys on the changes to the permanency hearings – now including youth ages 16 and older as more active participants.
4. Board members planned and presented the statewide Youth Summit on Leadership for Adolescent Permanency on June 25, 2008. The Summit included a variety of workshops for youth ranging from planning for post secondary education, work readiness and career planning to healthy life styles.
5. Members are planning a statewide Youth Leadership Institute for this summer to prepare new Board members and to assist the area offices in offering leadership training to youth who may participate as youth members of the Area Office Boards – community members to advise the Area Director.
6. The Cape Ann office through consultation with the YAB members facilitated an adolescent foster youth support group.
7. Members of all the regional Boards continue to participate in MAPP trainings and regional recruitment events, sharing their experiences to help train and recruit Foster and Adoptive families.
8. Youth continue to participate in trainings, including CORE training, for social workers and supervisors to talk about the needs of youth in DCF care/custody.
9. YAB members who are in college assisted staff with the Area Office Educational Open Houses speaking with high school youth about their college experiences and offering helpful suggestions.
10. Again this year, Board members have given back to their communities by volunteering at a homeless shelter, spending time with younger youth in residential care.
11. One of the goals of the Youth Advisory Boards that continues into 2010 is to increase youth attendance at their Permanency Hearings and Foster Care Reviews so that they can actively participate in their own treatment planning and goal setting. Members have met with representatives from the Foster Care Review Unit to share their ideas on how Foster Care Reviews could be more productive for youth.
12. YAB members volunteered for the annual Santa Helicopter Party for foster children. The teens wrapped presents and helped coordinate the event from start to finish.
13. YAB members volunteered their time in assisting DCF offices in sorting and packaging donated children's clothing for needy families.

Our Board members are committed to promoting change for future foster youth through their voice, advocacy, and action. Plans for 2010 include the continuation of the above activities with a strong emphasis on foster home recruitment and ensuring that all staff, providers, foster parents and youth in the care or custody are informed of the Foster Child Bill of Rights.

- The Department's teen newsletter, *The Wave*, has continued to provide a voice for youth in care for more than 9 years and is an effective means of informing youth of the opportunities/services available to them both in the agency and the community. THE WAVE is now available on the DCF Intranet.

- The Teen Resource Line at 800-238-7868 (in operation for more than 10 years) facilitates quality communication among DCF staff, youth and young adults, foster parents, providers and community service staff. The Adolescent Services Unit staff answer any questions regarding adolescent resources, Chafee funded services and programs, educational and financial aid programs, etc.

All of these youth development and leadership opportunities will continue into 2010 to 2014.

Support Services for Foster Youth 18-21

- **MEDICAID** Massachusetts has implemented the Chafee Provision which allows the state to provide MassHealth coverage for youth who discharge from placement at or after age 18. This benefit will be provided up until their 21st birthday. This is the result of a collaborative effort in state government with DCF, the Division of Medical Assistance (DMA), the Executive Office of Health and Human Services and the state legislature working to improve health care access for these young adults. Youth who remain in DCF care under a Voluntary Placement Agreement after age 18 will continue to receive the same Mass Health coverage as before through DCF. An informational sheet which explains the benefit in English and in Spanish has been shared with youth, DCF staff and providers.

Voluntary Placement Agreement and Options

The agency allows youth who attain age 18 in custody or care to request continued care with the Department to pursue their educational and/vocational training. The Voluntary Placement Agreement that both the youth and the agency staff must sign specifies the conditions of continued care; the service plan details the goals that the youth and the agency have agreed upon as well as the tasks for all parties which will assist the youth achieve the identified goals. The Area Director or designee approval is required for continuation of care. The youth are expected to be attending school or a job training program, compliant with his/her service plan and willing to accept continued services. These young adults may remain in care until age 22. If during their 22nd year they will attain a Bachelor's Degree, then these young adults may remain in DCF care until age 23 with Area Director approval. This policy has been in effect for more than 10 years.

As of May 2009, there were 1627 young adults age 18 and older in the Department's care. This reflects a <1% increase over the previous year at this same time when 1624 youth ages 18 and older were in DCF placements. Previous years have seen growth in the number of young adults signing Voluntary Placement Agreements with DCF likely the result of a variety of factors including the Department's clarification of the "Over 18" Policy, which allows youth to return to request voluntary services after discharging after age 18. Another factor is likely the educational benefits available to youth to pursue post-secondary education and training. Youth are encouraged to stay in school to achieve their diplomas, GED certificates or to pursue post-secondary education or vocational training. At this same time, the agency has been working to re-connect youth to their families when safe and appropriate to do so and to ensure that youth have identified enduring relationships with caring and responsible adults prior to their discharge. During the last few years the Department's increased focus on permanency planning efforts has stimulated the development of a culture within the agency that recognizes life skills training and permanency planning as essential for all youth in any out-of-home placement. In fact, 2005 field guidance explains the procedures to staff for re-opening cases for youth adults who were in DCF care/custody at age 18, left DCF and return requesting supportive services prior age 21.

In addition to foster care and group care placements for youth ages 18 and older, the Department provides TIL (Transition to Independent Living) payments directly to young adults that DCF staff believe are responsible and able to live in an approved placement (i.e. college dormitory, apartment with or without roommates). Via this provision, youth receive a stipend to fund their living costs and daily expenses. These youth are most often either attending an educational program or are training for a job/career. DCF social workers provide case management services. The area office Adolescent Outreach Worker may assist with supervision and support. As of May 2009, there were 738 youth statewide who were receiving TIL payments.

Education

- Massachusetts awarded 502 Education and Training Vouchers in academic year 2008-2009. (A more detailed report on the ETV Program follows in a separate section.)
- Each year for the last 9 years the Department hosts Regional Youth Recognition Dinners to acknowledge the achievements of foster youth who graduated from high school, college, a vocational training program or received a GED. This June the academic/vocational achievements of 601 youth were recognized (440 graduating from high school, 104 youth achieving their GED, 21 youth receiving a post-secondary vocational certification, 27 youth graduating with a Bachelor's degree and 16 with an Associates Degree). Funding for these important events is provided via a collaboration of state and community members, including Jordan's Furniture Store which provides the space for the largest recognition event – statewide - with gifts for all the youth and a free movie in the IMAX Theater.
- To date, the Department has issued 2584 State College Tuition and Fee Waivers to current and former DCF foster youth – 352 waivers in the last 12 months. In June 2008 the MA legislature expanded the waiver program to cover fees in addition to tuition. The eligibility for the waiver was also expanded in 2008 so that DCF foster youth who are or were in agency custody and were not able to return home by age 18 are eligible for this benefit at the MA state two and four year colleges and the University of Massachusetts. Youth who were adopted through the Dept. of Children and Families are also eligible for the same waiver of tuition and fees.
- Adolescent Services Unit staff presented 29 Educational/Vocational Fairs in each area office for youth, foster parents, group care providers, and DCF staff. At these meetings Outreach staff presented information on financial aid – state and federal grant programs, assisted youth in completing their FAFSA applications and discussed the many options of college/vocational training opportunities available to foster youth. Foster youth who were currently attending college were also present to answer youths' questions. This resource has been provided for the last five years.
- The Department issued 27 William Warren Scholarships this year to agency youth who were attending two or four year colleges or vocational training programs. These scholarships were financed with dedicated state or donated funds for youth who did not qualify for the Foster Child Grant Program or Education and Training Voucher Program. These scholarships will continue in 2010 and beyond.
- In academic year 2008-2009, DCF referred 527 youth to the Massachusetts Board of Higher Education for consideration of the Foster Child Grant Program to assist financially with their college and vocational training needs. The Board makes the final determination of eligibility and award – based on financial need and student status, including full-time attendance, Massachusetts residency, and eligible educational program.

- The 2009 DCF Scholarship Guide was produced again this spring including information and applications for numerous scholarships most relevant to DCF youth. The Guide is revised annually to ensure current information, applications, and web sites. This guide is available to youth, agency staff, foster parents, program staff, and others interested in assisting youth identify financial support for post-secondary education and training.

Education and Training Voucher Program

Accomplishments

Massachusetts awarded 502 Education and Training Vouchers in academic year 2008-2009. This reflects an increase of 5.6% (N=27) from the 475 recipients from FFY08. In FFY09 there is a total of 256 new vouchers and 246 ongoing vouchers, which reflects a 2.4% increase in new vouchers (N=39) from FFY08 (211). Out of the 246 ongoing vouchers, 229 were recipients in FFY08, the remaining 17 were ongoing recipients from FFY's 04, 05, 06, 07 or some combination of the four fiscal years. (A chart is presented on the next page with these same numbers.)

There were 570 foster youth who applied to the ETV Program. Of these applicants, 502 received an Education and Training Voucher award. Sixty eight (68) students did not complete the application process in order to receive an award (despite outreach from ETV staff) or were not eligible upon review. The students who received an ETV payment attended 97 different colleges, universities and vocational programs in 13 different states. Of the 502 recipients, 399 students attended full-time and 103 attended part-time.

The ETV Program funding is particularly helpful to the DCF foster youth who were in agency CHINS custody (as they are not presently eligible for the state funded Foster Child Grant) and to those youth adopted from foster care or guardianed with kin after attaining age 16. The Educational and Training Voucher Program has provided significant post-secondary assistance to eligible foster and adopted youth and has assisted them with making more manageable and safer transitions to adult living.

In academic year 2008-2009, the goals of the ETV program included:

- increasing the number of vouchers awarded to youth;
- maximizing all state and federal academic and financial resources available to students involved with DCF;
- incorporating initiatives to connect youth with mentors at academic institutions and with support staff at DCF; and
- educating the communities that serve adolescents on the importance of adequate college planning and preparation as well as the need for intensive support while youth are attending post-secondary educational programs; and
- educating the post-secondary institutions on how to best serve and retain foster youth as students.

Direct Service/Mentoring

Twenty five College Advising and Mentoring Days were held during the 2008-2009 academic year. The two ETV social workers were able to meet with 142 students to discuss financial aid and housing, academic progress, and home and family life. These days also provided an opportunity for interested students to meet peer mentors who are also in the DCF system and attending the same academic institutions.

The Department hosted a statewide College Fair on April 22, 2009 and in 2008 specifically to connect foster youth to local public colleges. The event was attended by 220 foster youth accompanied by foster parents and group care program staff. All 28 Massachusetts public colleges were invited and 23 attended. In addition, one academic financing authority was in attendance.

Collaboration

The two ETV workers held on campus collaboration meetings with administrators from 10 colleges and 1 vocational training program during the year. As a result, college and program staff became more involved in college advising days and peer mentoring. Colleges also chose designated staff to work with DCF and to be available to students from foster care when support becomes needed. Building upon previous years' efforts to streamline the processes of verifying system involvement, the ETV Program staff expanded this initiative statewide. This system continues to provide for more efficient processing of financial aid for DCF students, which in turn reduces some barriers to enrollment and registration. As relationships between DCF and colleges are now more established, ETV workers have been able to join with the colleges at other levels including academic and mental health support systems.

The two ETV staff have developed partnerships with state community colleges to identify housing and educational support resources and have presented at numerous informational meetings for DCF staff and providers to share information on these resources. The ETV staff have also informed community service providers, high schools, GED programs, transitional living programs, and other state agencies which may be serving former foster youth of the resources available to them. The staff has strengthened relationships with the Department of Labor's Workforce Investment Programs for out-of-school youth, the WIA Career Centers, and other vocational training programs. This year the staff developed a college specific roommate matching program and a list of summer and holiday housing resources for youth who may need housing between semesters or on holiday breaks when dorms close.

The faculty mentoring program continued in 2008 and 2009 at Bunker Hill Community College. ETV staff assisted in identifying youth for potential matches which were made by student support staff at the school. One area of needed program improvement that has been identified is more targeted recruitment of faculty to match students' courses of study. ETV staff will work with the college staff to address this need.

In July 2008, ETV staff collaborated with the following partners to provide the Massachusetts DCF ETV Program College Prep Day: College of the Holy Cross, Quinsigamond Community College, University of Massachusetts Medical Center, and the Massachusetts Education Financing Authority. The day was designed to prepare youth for the opportunities and challenges that come with the transition from high school to post-secondary educational programs. Several speakers addressed the youth regarding ways to be successful in college. One speaker was a former Massachusetts foster youth and Harvard University graduate. The day also included a panel of current college students in foster care and workshops on topics such as Understanding Financial Aid, Drug and Alcohol Risk Awareness, Budgeting, and Time Management. There were 27 first time college students who attended the event and participant evaluations were very positive. The ETV Program will continue to develop programming over the next 5 years to support new post-secondary students with campus specific services.

Training/Technical Assistance

The ETV staff also made a significant effort this year to focus on professionals helping youth who are not yet in school to ensure adequate preparation and thorough understanding of the unique needs of foster youth attending college. Urban high schools were targeted by staff for outreach efforts to identify youth and educate staff on post-secondary preparation needs for foster youth students.

On a regular basis ETV staff provided *Preparing Foster Youth for Higher Education* and PAYA Life Skills trainings statewide. PAYA Life Skills trainings were held 14 times throughout the year in six different regions across the state. There were six *Preparing Foster Youth for Higher Education* trainings held in each of the DCF regions. Technical assistance for college planning and preparation was also provided to intensive foster care agencies, group care agencies, and DCF staff across the state during the academic year.

Chart follows on next page.

2008-2009 ETV Program Information	
Total ETV Applicants for 2008-2009	570
Total Recipients for 2008-2009	502
Incomplete or Ineligible	68
Breakdown of Total ETV Recipients for 2008-2009	502
Show New Recipients and Ongoing Recipients	
2009 (New)	256
2004, 2005, 2006, 2007, 2008, 2009	5
2004, 2006, 2007, 2008, 2009	4
2004, 2007, 2008, 2009	1
2005, 2006, 2007, 2008, 2009	4
2005, 2006, 2007, 2009	1
2005, 2007, 2008, 2009	5
2005, 2007, 2009	1
2006, 2007, 2008, 2009	29
2006, 2007, 2009	3
2006, 2008, 2009	6
2006, 2009	1
2007, 2008, 2009	65
2007, 2009	11
2008, 2009	110
Total	502
Number of Universities/Colleges/Vocational attended by 502 ETV Recipients	97
Number of States	13
Enrollment Status of 502 ETV Recipients	
Full-Time	399
Part-Time	103
4 Year Public	98
2 Year Public	278
4 Year Private	73
2 Year Private	9
Vocational Training	44
Total Summary of Higher Education Programs	
Massachusetts Foster Child Grant Applicants	527
ETV Recipients	502
Received ETV and Applied for FCG	314
Received ETV and did not apply for FCG	188
Total Students	715

Determining and Maintaining Program Eligibility

All potentially eligible youth are asked to complete the Educational/Vocational Training Voucher (ETV) Program application and attach a copy of their financial aid award letter and statement of account so that DCF staff may determine the cost of attendance as well as the total amount of financial aid from all sources prior to ETV funding. Students are also asked to attach their most recent college transcript that includes course credits and grades. Students also supply information on housing and employment status as well as case status with the Department.

Students must maintain satisfactory performance status in accordance with their school and the federal financial aid guidelines. Toward this goal, DCF makes every effort to connect our students to the academic and personal support resources on campus. The ETV and/or Outreach staff will try to maintain contact with the students to provide ongoing support. These services may range in intensity from weekly Outreach worker services to occasional assistance with the completion of the FASFA and review of the ETV application re-determining eligibility and identifying any additional support needs. This support is essential to a student's success. Each student receiving ETV funds will also receive a listing of the support resources at his/her college along with the business cards of the ETV worker closest to the college. This year ETV staff will partner with interns who are foster youth attending college to identify valuable resources, information, and support services on campus and add this information to existing lists.

If the ETV worker determines that the student is in need of more intensive support services, he/she will refer the student to the Outreach Program.

ETV staff provided training again this year for the Department's Foster Care Review (FCR) staff. These FCR staff provide semi-annual case reviews of all youth under age 18, including a review of the youth's educational and/or vocational planning. They have been informed of the ETV Program and provided with program information sheets to distribute to potentially eligible youth at their reviews.

Youth Served

MA follows the ETV Program guidelines under Section 477 (i) for identifying eligible young adults:

- 1) youth otherwise eligible for services under the Massachusetts CFCIP program;
- 2) youth adopted through DCF from foster care after attaining age 16;
- 3) youth placed with a kinship guardian through DCF after attaining age 16, and
- 4) youth participating in the voucher program on their 21st birthday, until they turn 23 years old, as long as they are enrolled in a post-secondary education or training program and making satisfactory progress toward completion of that program.

Youth otherwise eligible for CFCIP services are those youth eligible for services under the MA program.

Program Adjustments

Due to the growing number of eligible youth accessing vouchers and the rising cost of higher education, DCF, in October 2005, chose to reduce the maximum award from \$5000 to \$4000 for 4-year Bachelor programs and from \$5000 to \$2000 for vocational training schools unless youth could demonstrate that they could not afford their chosen educational path without full funding. We have found that youth who are able to take advantage of the MA Tuition Waiver for Foster Children, MA Foster Child Grant as well as ETV were able to attend school at the state and community college level with no loan nor cash balance, and four year Bachelor programs with a nominal loan balance and generally no cash balance. Youth who

were able to take advantage of both the MA Foster Child Grant and ETV and attended vocational training schools generally carried no cash balances and nominal loan balances. The \$4,000 maximum award for most students will remain in effect for the 2009-2010 academic year. Projections for the years 2010-2014 are likely to remain the same unless the ETV funding for MA is increased.

ETV continued to fund computers this year for youth who could demonstrate need, though many computers are now being rolled into the cost of attendance in school financial aid packages. Transportation continues to be a financial burden especially for youth who are attending colleges and vocational training programs without housing and those in rural areas. Our ETV awards include funding for transportation when the request is verified and the funds are available.

2010- 2014 Projection

The Department anticipates a progressive increase in youth applying for voucher awards over the next 5 years. The number of awards is anticipated to rise as a result. However, if the federal funding does not increase or is further reduced, then the amount of the individual awards will, of necessity, decrease.

The support services to youth accessing post-secondary funding, federal or state, will continue and will be adapted to the changing needs presented. One constant will be youth participation in all service improvements.

Massachusetts State Financial Aid Programs for Foster Youth

DCF coordinates the ETV Program with other Massachusetts state-funded education and training programs currently offering financial assistance to eligible foster and adopted youth including the State College Tuition and Fee Waiver Program, the Foster Child Grant Program and the William Warren Scholarship Program.

The ETV staff work with the MA Board of Higher Education – Office of Student Financial Assistance around the Foster Child Grant. ETV staff review all ETV applications, Foster Child Grant Applications, William Warren Scholarship applications and financial aid award statements in an effort to prevent duplication of benefits and determine that the amount of assistance from any Federal sources combined with ETV funds does not exceed the “cost of attendance” as outlined in 477 (b) (3) (J).

Foster Child Tuition and Fee Waiver Program

In July 2008, Massachusetts expanded the Foster Child College Tuition Waiver Program for DCF youth and former DCF youth who are/were in custody through a Care and Protection petition and did not/cannot return home when discharged from agency care. The waiver applies to all public 2 and 4-year colleges and universities. Where in prior years the tuition waiver covered only the cost of tuition, new legislation mandates that the cost of fees at these public colleges also be waived for qualifying students.

To date, the Department has issued 2584 State College Tuition and Fee Waivers to current and former DCF youth, 352 waivers in the last 12 months. DCF also grants state college tuition and fee waivers to children and youth who were adopted or placed in guardianships through the agency.

MA Foster Child Grant Program

The Foster Child Grant Program was developed in January 2001 and provides up to \$6000 of financial aid for current and former DCF youth (in custody via a C&P) who have left care at age 18 or older without returning home. This aid may be used at any public or private college. The MA Board of Higher Education manages these grants, determining the level of funding per student. This academic year (2008-2009) DCF referred 527 youth to the Massachusetts Board of Higher Education for consideration of the Foster Child Grant Program to assist financially with their college and vocational needs.

William Warren Scholarship Program

DCF awarded 27 William Warren Scholarships this past year to DCF youth who are attending public or private colleges/universities or vocational training programs. The scholarships are based on academic merit, demonstrated ability to overcome challenges, financial need, etc. The scholarships are supported primarily with private donations, and therefore, provide a means of financial support to youth who are not eligible for ETV and other financial aid programs. Many of the recipients have a high school certificate of attendance, but not a diploma because they could not pass the MCAS test nor the GED. Others are dealing with immigration issues or were adopted prior to age 16. The DCF Youth Advisory Boards also raise money with various events throughout the year for this program.

Collaborative Efforts

Our work continues as Massachusetts is committed to improving service coordination that provides foster youth with the skills and supports they need to cope successfully with the challenges inherent in adulthood. Following are ongoing efforts:

- The Hand Up Program, a pilot to facilitate access to state jobs for young adults preparing to transition from or formerly in foster care continues in the planning phase, but remains a goal to be pursued in the next five years.
- The juvenile courts in Massachusetts together with the DCF are implementing changes to their Permanency Planning Hearings to include the youth's voice and a more focused review of the youth's progress toward his/her transition goals. All but a few jurisdictions have been trained in this new practice. The final trainings will be scheduled within the next few months.
- The Department of Children and Families and the state Department of Elementary and Secondary Education have been sharing data on the Massachusetts Comprehensive Assessment System (MCAS) scores for foster youth through an interagency agreement. The agencies are working toward more comprehensive information sharing and ongoing communication to provide social workers with the information they need to make effective and appropriate educational plans for the children and youth under their supervision and support them with their advocacy efforts, when necessary. This year "drop out" data has also been shared between the agencies and work is underway to refine the reporting process to achieve more timely information which will, in turn, assist staff in responsive interventions.
- Collaborative efforts among staff of DCF, DYS, the Department of Transitional Assistance, the Dept. of Housing and Community Development, the Metropolitan Boston Housing Partnership and transitional housing providers will continue in 2010 to identify and connect young adults who are

homeless or at risk of homelessness to appropriate and supportive resources. Expansion of the resources available in Mass Rental Vouchers will be pursued. The various supportive housing models will be examined along with an exploration of potential additional finance options.

- The state Department of Transitional Assistance continues since 2007 to provide DCF with \$20,475 through an Interagency Agreement to support the Chafee funding of the Safe Passage Program – supportive housing program - for former DCF youth who discharged at or after age 18 and are in need of housing support. This funding level has been approved for 2010. The state Dept. of Housing and Community Development and Metropolitan Boston Housing Partnership also provides 3 Mass Rental Vouchers for the Safe Passage Program.
- DCF will continue to pursue grant funding to expand its Internship Program which provides youth with career-building internships as well as life mentors.
- DCF will continue its outreach to the MA Registry of Motor Vehicles to begin discussions of facilitated access to state ID's for foster youth. Additional considerations to be presented are reduced or free driver's licenses and/or car registrations.
- DCF will continue its collaborative work on the Pathways to Success by 21 (P21) strategic initiative involving the Department of Labor and Workforce Development, the Executive Office of Health and Human Services, Commonwealth Corporation, the regional workforce boards, the Dept. of Elementary and Secondary Education, community service providers and other state human service agencies with the goal of facilitating and improving youth services in Massachusetts, particularly for those young people most at risk.
- DCF will continue its participation with the Dept. of Public Health and its community partners to address the issue of teen pregnancy.

Consultation and Services – Aquinnah Wampanoag Tribe

A representative from the Adolescent Outreach Program met with Bonnie Chalifoux, Director of Human Services of the Aquinnah Wampanoag Tribe, on June 4th, 2009. These meetings have been held for the last five years. Services and funding available to Tribal youth through the Chafee Grant and the state of Massachusetts were reviewed and all applications were provided to the Director. Information regarding summer jobs available to youth through Federal stimulus funds was also provided along with an application.

The Outreach Program continues to work with the female Tribal youth who is currently completing her sophomore year at Northeastern University. Through phone calls and emails an Outreach Worker remained in contact with the youth throughout the school year and assisted her in applying for both State and Federal grants including ETV funds. The brother of this youth is in a DCF Guardianship placement and is approaching age 18. An Outreach Worker will meet with him shortly to explain funding and services available to him for his post-secondary education.

No other adolescents are in placement at this time from the Aquinnah Wampanoag Tribe

A representative of the Outreach Program also met with Maria Turner, a representative of the Mashpee Wampanoag Tribe, on June 8th, 2009. Available services and funding available through the Chafee Grant to Tribal youth in placement were reviewed and applications to access funds and services were provided. The Outreach Program will work with Tribal officials to identify older Tribal youth in placement and will

assist any youth in accessing any State and Federal funds available to them. DCF Outreach staff shared program goals and services planned for the next years and encouraged input and recommendations.

Preparation to Implement the National Youth in Transition Database

DCF began planning for the implementation of the National Youth in Transition Database (NYTD) first by identifying the staff to lead the effort. These staff include the Assistant Commissioner for Adoption, Foster Care and Adolescent Services, the Chief Information Officer, and Assistant Commissioner for Continuous Quality Improvement - along with a number of staff in the 3 divisions. Meetings have been held to discuss the agency's approach and the Commissioner has been involved in planning. Specific discussions have focused on how to include the NYTD requirements in the agency's upcoming electronic record build. DCF staff have participated in the national and regional conference calls to understand more about the requirements/expectations and to learn planned approaches from other states.

Youth have shared their thoughts on the outcome survey requirement – offering a variety of opinions on the social networking sites as a means of communication with youth. Other recommendations include employing current or former foster youth to maintain contact with their peers following transition and a website sponsored by DCF but separate from the agency's website.

DCF has added information to its new transition planning tool to inform youth transitioning from care that DCF staff will be reaching out to them in the future regarding the NYTD. As DCF moves further along toward implementation, we will submit requests for any needed technical assistance.

JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

(1) RESPONSIBLE STATE AGENCY

The Massachusetts Department of Children and Families (DCF) is the state agency responsible for administering the Title IV-E program; DCF will also administer the Independent Living Program under section 477 (section 477 (b) (2)). DCF will cooperate in national evaluations of the effects of the programs implemented to achieve its purposes.

CFCIP FUNDS REQUESTED

Federal Funds Requested	\$2,813,371	
State Match Amount	\$703,343	Source: Account 4800-0041 RESG02 Independent Living Programs

Amount of Federal Funds to be Used for Room and Board: \$160,000

Education and Training Voucher Program Funds Requested: \$946,051

Chafee Foster Care Independence Program

Expenditures for FFY 07 \$3,159,197

Expenditures for FFY 08 to date - \$1,404,655

Education and Training Voucher Program

Expenditures for FFY 07 \$1,083,775

Expenditures for FFY 08 to date \$937,868

Commonwealth of Massachusetts

Department of Children & Families

Child Welfare Institute Training Plan

The Massachusetts Child Welfare Institute

“A Partnership For Learning”

FFY 2010 DCF Training Plan

**Department of Children and Families
Massachusetts Child Welfare Institute**

The primary goal of the MCWI is to promote effective child welfare practice. MCWI activities strive to improve the knowledge and skills of individual social workers; the quality of supervision; and the agency environment that promotes creativity and professional growth. The MCWI is committed to advancing the strategic goals and objectives of the Department of Children and Families.

**FFY 2010 DCF Training Plan
Department of Children and Families
Massachusetts Child Welfare Institute**

This state training plan for Fiscal 2010, as required by intersecting federal law, regulation, and Program Instructions (ACYF-CB-PI-04—01; 45 CFR 1356.60 (b); 45 CFR 1357.15 (t) (1); and 45 CFR 235.60-235.66), lays out the planned training activities for DCF to achieve a higher level of excellence in staff development in child welfare practice.

The coursework and programmatic details included in this plan are organized in accordance with the requirements noted specifically in ACYF-CB-PI-04-01 using the following key where the label for each row in this section of the report represents a shortened version of a corresponding federal requirement:

<i>DCF State Plan Label</i>	<i>Federal Language</i>
<i>“Training Description”</i>	<i>A brief, one paragraph syllabus of the training activity</i>
<i>“Admin Function”</i>	<i>Indication of the specifically allowable Title IV-E administrative functions the training activity addresses (45 CFR 1356.60 (c) (2) (i-x))</i>
<i>“Venue”</i>	<i>Indication of the setting/venue for the training activity</i>
<i>“Duration”</i>	<i>Indication of the duration category of the training activity (i.e. short-term, long-term, part-time, full-time) (45 CFR 235.63-235.66 (a))</i>
<i>“Provider”</i>	<i>Indication of the proposed provider of the training activity</i>
<i>“Days” and “Hours”</i>	<i>Specification of the approximate number of days/hours of the training activity</i>
<i>“Audience”</i>	<i>Indication of the audience to receive the training</i>
<i>“Cost”</i>	<i>Description of the estimated total cost</i>
<i>“Allocation”</i>	<i>Cost Allocation Methodology (45 CFR 1356.60; SEC. 474 (3) (A-B))</i>

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Training Title	New Worker Training New Worker On-the-Job Training
	workers. The training will run monthly from September 2009 until June 2010 and is expected to engage approximately 240 participants this fiscal year. The training curriculum is consistently modified to reflect updates in practice and to ensure that the Departments New Worker practice values are incorporated into all aspects of the curriculum. During the 16 days of classroom learning staff receive training on a variety of topics. Training is delivered by both DCF staff as well as specialists within the Department and is based on the professional development and support the performance of social workers as they enter the Department and progress through their careers. Competencies define the knowledge, skills and abilities that are necessary to do the important work involved in promoting safety, permanence and well-being for children and families in the Commonwealth of Massachusetts. New Worker Training Program consists of 16 days of classes, as instruction and four days of On the Job Training (OJT). The OJT component of the training occurs at the local area office one day per week. This is an opportunity for new staff to develop the knowledge gained from classroom instruction and adding to their new work field staff shadow experienced Social Workers in a variety of settings. The OJT experience is fundamental in the role of transfer of learning and as a component of New Worker Training and will run for 10 months of the year. New Worker Training program will be revised to include a greater emphasis on the training and transfer of learning. It is hoped that Computer Based
Admin	Development of Case Plan
Function	Referral for Service
Admin	Case Management and Supervision
Referral for Service	
Placement of the Child	
Development of Case Plan	
Case Management and Supervision	
Days	160
Hours	Area Offices 960
Audience	Newly hired DCF service social workers
Cost	DCF supervisors and training staff 140000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable New Worker Training, direct staff will be social workers
	2000
	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is

Training Title	New Worker Follow-up
Training Description	<p>*NEW WORKER TRAINING*</p> <p>All newly hired DCF social workers attend a mandatory one month training program known as NEW WORKER. This training program provides an overview of the agency, the role of the social worker, and the legal and clinical issues which inform the practice of child welfare. After working in area offices for three months, the workers return for a one day follow-up training. It provides them with an opportunity to reconnect with classmates from NEW WORKER training and reflect on their experiences as new DCF social workers. Workers explore the topic of social worker development and learn that they will pass through a series of normative stages on their way to becoming experienced child welfare professionals. They learn that feelings of anxiety that are common during the first months of employment will lessen as they become more experienced. The role of supervision in the learning process is addressed, as are the rewards of developing supportive professional relationships with co-workers. Recognizing that some of the information presented in NEW WORKER training may not be fully processed by workers not yet assigned cases, the topic of the social worker/client relationship is revisited in the follow-up training. A strengths based approach is utilized with an emphasis on the development of respectful professional relationships that recognize and build upon client strengths, rather than focusing on deficits and appreciating culture. Solution focused interviewing techniques such as asking about past successes, exception finding questions, miracle questions, coping questions, and scaling questions are integrated into the training and workers learn how to apply them in their own casework practice. Consistent with the strength based approach, workers learn to look for signs of safety in each family. This training is a component of New Worker New Worker Training and will run for 10 months from September 2009 to June 2010 to include approximately 240 staff in total over FY10.</p>
Admin Function	Development of Case Plan
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Venue	Hotel Conference Centers and Local State and Community Colleges
Duration	Short Term-Part Time
Provider	DCF trainers and consultants
Days	10
Hours	70
Audience	Recently hired direct service social workers who have completed NEW WORKER Training
Cost	22200
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Training Description	Admin Function	Admin Function	Admin Function	Admin Function	Venue	Duration	Provider	Days	Hours	Audience	Cost	Allocation
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Training Title	New Worker Legal Follow-up
Training Description	<p>*NEW WORKER TRAINING*</p> <p>DCF social workers and supervisors interact with the juvenile justice system on a daily basis. DCF staff advocate for children who enter into the court system for delinquency and status offences and support the caregivers of these children through this process. DCF staff need to understand the legal system, the court process, the roles of probation officers, attorneys, and other stakeholders involved in juvenile justice. Social workers also need to have a foundation in the laws affecting children, particularly CHINS. This two day seminar will introduce social workers to the knowledge and skills necessary to effectively support children and families through the legal system.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	<i>Placement of the Child</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted Trainers
Days	20
Hours	140
Audience	DCF staff
Cost	4400
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Trauma Training For New Workers
Training Description	<p>*NEW WORKER TRAINING*</p> <p>Trauma Training for New Workers is a required training for all new social workers. This one day training is designed to help new DCF workers understand trauma informed social work practice in child welfare.</p> <p>Although mandatory for new workers, the training is open to all DCF staff if space is available. The training has been well received by both new and experienced staff.</p>
<i>Admin Function</i>	<i>Development of Case Plan</i>
<i>Admin Function</i>	<i>Referral for Service</i>
<i>Admin Function</i>	<i>Case Management and</i>
<i>Admin Function</i>	<i>Placement of the Child</i>
Venue	State and rented training space
Duration	Short Term-Part Time
Provider	DCF Staff and Training Consultants
Days	10
Hours	70
Audience	Newly Hired direct service social workers
Cost	22200
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Investigations Training
Training Description	<p>The Investigation Training Series focuses on the critical competencies necessary for social workers to assess the capacities of parents or caregivers to meet a child's essential physical, developmental and emotional needs. The curriculum prepares social workers to: respond effectively to situations in which a parent or caregiver is not currently capable of ensuring the safety of a child; or work with the family to resolve their immediate needs for safety; or support the family in using community supports when no further DCF involvement is warranted. Social workers need to develop wide ranging skills in engaging, assessing, planning and intervening with families during the investigation process and the topics addressed in the Investigation Training Series reflect this including: an introduction to critical policy and procedure issues specific to Screening, Investigations, and Hotline responses; strategies for conducting the home visit and interviewing adults; forensically sound child interviewing; domestic violence, substance abuse and mental illness as co-occurring risk factors in child maltreatment; medical indicators of child abuse, neglect and sexual abuse; legal and court procedures, including testifying and the DCF Fair Hearing process; worker and client safety; and Hotline Emergency Response system procedures. The Investigation training series consists of 7 full days of seminar and will run 4 times during this fiscal year.</p>
Admin Function	<i>Placement of the Child</i>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Preparation for Judicial Determinations</i>
Admin Function	<i>Referral for Service</i>
Venue	Community College training space and Hotel Conference Centers
Duration	Short Term-Part Time
Provider	DCF trainers
Days	28
Hours	196
Audience	New hired DCF investigators and Hotline Workers
Cost	40000
Allocation	

Training Title	New Supervisor Training
<p>Training Description</p>	<p>*SUPERVISOR TRAINING* During FY2010, the MCWI will offer a revised New Supervisor curriculum presented during five days of training over the course of a month. This course is designed to support new supervisors in their transition from social worker to supervisor; to promote understanding of the role of supervisor in DCF; to teach basic principles and skills of supervision; and to assist supervisors in developing their own professional development plans. The competencies addressed during this course include: Understanding the stages of transition; understanding the mission of the agency; Understanding stages of worker development; understanding the fundamentals of personnel management; self-reflective supervision, understanding self-care skills; understanding the importance of culture and diversity in supervision and understanding the interaction of social work and the law. This training series runs two times per fiscal year and includes approximately 35 participants.</p>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Case Review</i>
Admin Function	<i>Case Management and Supervision</i>
Admin Function	<i>Preparation for Judicial Determinations</i>
Venue	State College classrooms or Hotel Conference Centers
Duration	Short Term-Part Time
Provider	DCF Staff and consultants
Days	10
Hours	70
Audience	Newly hired direct service Supervisors
Cost	25000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	"So you want to be a supervisor": Introduction to CW Supervision
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>As the Department continues to support social workers in their efforts to complete masters level educational programs, with an emphasis on MSW education, social workers will seek career advancement and promotional opportunities. This seminar will introduce front line staff to the foundational practices and responsibilities of child welfare supervisors in preparation for this next step in their careers. This training will prepare direct service social workers with the values and knowledge of strengths based supervision and to the New Worker functions of a DCF supervisor.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	1
Hours	7
Audience	Direct line social work staff
Cost	950
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Supervisor Seminars
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>This seminar series focuses on developing a range of management abilities for Supervisors entering into the Child Welfare Supervisor Professional Development Program. The first two days address a broad range of personnel management issues. The third day focuses on promoting the ability to define goals and measure outcomes in managing a unit caseload. The course is offered one day per week for three weeks in two sessions per year. The main competencies of this seminar series are as follows: Strengths based, solution-focused supervision, understanding personal boundaries, understanding cultural competency, understanding the Department's professional standards and ethics, understanding workplace safety and employee assistance programs, understanding performance evaluation and labor relations; understands the concepts of outcome measurement; using technology to track caseload data, understanding the principles of appreciative inquiry; and understanding the principles of critical thinking.</p>
Admin Function	<i>Case Reviews</i>
Admin Function	<i>Case Management and Supervision</i>
Admin Function	<i>Cost Related to Data Collection and Reporting</i>
Admin Function	
Venue	Community College or Hotel Conference Centers
Duration	Short Term-Part Time
Provider	Contracted Trainers: Casey Hall and Gary Calhoon
Days	6
Hours	42
Audience	Newly hired Supervisors and Supervisors entering into the Certificate Program
Cost	9000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Group Supervision
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>This three day course focuses on knowledge and skill needed to successfully support social workers as a unit, working together, and to address issues which arise within the work group. Supervisors who attend this training will learn to: understand their role in decision making and problem solving; establish a positive work climate; address workplace safety requirements, including workplace violence and sexual harassment; develop and support a team approach to work; manage effective team meetings; apply conflict resolution skills and techniques; manage to avert crises; and guide group dynamics. This seminar will run 2 times during this fiscal year and will include 70 participants.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	State and Community College training space
Duration	Short Term-Part Time
Provider	Contracted Trainers
Days	6
Hours	42
Audience	Supervisors enrolled in CW Sup. Training Program
Cost	11700
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Supervisor Learning Circles: Supervisor PDP
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>The Department is implementing a dedicated training program for child welfare supervisors. This program is a comprehensive, continuous learning experience that involves four main components: Classroom work, learning circles, portfolio development, and action plans for learning. Learning circles are facilitated groups meeting consistently over a year to reinforce course content and reflect upon practice innovations. This fiscal year the MCWI will facilitate 6 learning circle groups consisting of 12 supervisors each. The learning circles will be held on a regional basis.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	36
Hours	120
Audience	DCF Supervisors
Cost	25900
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Evaluation and Feedback: Performance Review
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>This one day workshop will engage DCF supervisors in the skills for effective employee evaluation and review. Understanding the process of giving consistent and intentional feedback, supervisors will explore strategies for observing and communicating the moments of success for supervisees and their opportunities for growth. This workshop will highlight the importance of open and direct dialogue with supervisees and the essential nature of regular supervisory meetings to assess a supervisee's strengths and needs, develop clear goals and identify actions for growth and professional development.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	2
Hours	14
Audience	DCF Supervisors
Cost	3900
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Supervisor as “Coach”
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>Promoting effective child welfare practice relies on quality supervision. When supervisors embrace their role as a coach and mentor for their staff, they are able to build strong relationships in the work place. This one day seminar will introduce supervisors to the key elements and skills necessary to integrate coaching into consistent supervision.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	2
Hours	14
Audience	DCF Supervisors
Cost	3900
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Orientation to Supervisor Training
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>The Department is implementing a dedicated training program for child welfare supervisors. This program is a comprehensive, continuous learning experience that involves four main components: Classroom work, learning circles, portfolio development, and action plans for learning. For this program to be successful and for supervisors to participate to their fullest, they need to be informed of the expectations and process of completing the program. This one day seminar is intended to introduce supervisors and managers to the components of the supervisory program and prepare them to be experts on the process of supervisory training. By attending this training, supervisors and managers will appreciate the value of this formal training program and demonstrate an understanding of the various components in order to complete the program.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	2
Hours	14
Audience	DCF Supervisors and Area Program Managers
Cost	1440
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Adult Learning: Supervisor as Teacher
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>As part of the Department's focus on supervisor training, there is an increased recognition of the important role that supervisors play in teaching their staff about child welfare social work. This course takes a practical, experiential approach to better preparing supervisors for the responsibility of being a teacher. In particular, the content of the course addresses basic concepts of adult learning theory, assessment of staff learning needs, one-to-one instruction vs. group instruction, transfer of knowledge and assessing progress in skill acquisition.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	State and Community Colleges and DCF area offices
Duration	Short Term-Part Time
Provider	DCF staff and contracted trainers
Days	1
Hours	7
Audience	DCF Supervisors
Cost	3600
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Supervising the “Signs”: Navigating Danger and Risk, Safety and Strengths with your Supervisees
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>Supervising workers in situations of complex child abuse and neglect calls for careful judgment and collaboration among professionals, parents and children. In these situations, working with supervisees to think our way through present dangers and future risks and determine sufficient safety can be difficult. This one day workshop, drawing on key ideas from Andrew Turnell’s —Signs of Safety” approach, will showcase ways of working with your supervisees to distinguish danger and risk, safety and strengths and will offer a model for explicit, ongoing safety planning that maintains a purposeful focus on abuse and neglect. Participants will leave with skills and principles that will be immediately applicable to their ongoing work.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	4
Hours	28
Audience	DCF Supervisors
Cost	13800
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Supervising Effective Safety and Risk Assessment
Training Description	<p>*SUPERVISOR TRAINING* Supervising workers in situations of complex child abuse and neglect calls for careful judgment and collaboration among professionals, parents and children. The Department of Children and Families is implementing Safety and Risk Assessment tools as a part of the Integrated Case Practice Model. This one day workshop will introduce supervisors to the elements of the safety and risk assessment through the structured use of these tools. Supervisors will learn how to effectively use these tools to support critical thinking and effective decision making.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	12
Hours	84
Audience	DCF Supervisors
Cost	28800
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Finding the Balance: Supervisor Resiliency
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>This training is designed for the supervisors who must deal with the added dimension of managing staff and implementing policy. Using open discussion and peer support, the trainer will facilitate a discussion among the participants to identify and implement concrete tools and strategies to cope with the responsibilities and pressures inherent in the supervisor's job function.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	4
Hours	28
Audience	DCF Supervisors
Cost	5850
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Facilitator's Seminar
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>The hub of the Supervisor Professional Development Program are Learning Circles. During this interactive and engaging group dialogs, supervisors will share and reflect upon the best practice of child welfare social work. The success of these learning experiences rely on an effective facilitator who is able to promote collaborative processes while allowing the group to attend to the important content from coursework, learning plans and experiential practice. This seminar series is designed specifically to support the professional growth of learning circle facilitators, with particular focus on the interactive method of collaborative group process.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	4
Hours	12
Audience	DCF Supervisors
Cost	8800
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Statewide Supervisor Conference
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>DCF employees over 400 supervisors. This statewide conference is an opportunity to bring supervisors together to embrace contemporary child welfare practice through a range of plenary sessions, workshops, and networking opportunities.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	3
Hours	21
Audience	DCF Supervisors
Cost	28000
Allocation	<p>Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.</p>

Training Title	Supervising in Community Connected Practice
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>Workshop in development: targeted specifically for Community Connections Coordinators to advance their skills in supervising staff engaged in collaborative community projects.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	4
Hours	28
Audience	DCF Supervisors
Cost	1350
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Building Staff Resilience
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>Professionals who listen to the stories of fear, pain and suffering of others are challenged to maintain a hopeful and positive stance about their work and practice. Taking a strengths-based perspective on workers' skills and assets, this training will assist supervisors and managers in identifying those behaviors and attitudes which foster worker resilience. This training will identify those measures supervisors can and do take to effectively manage workers' exposure to trauma and pain in their work. We will be looking at practical strategies to bolster professional resilience.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	State and Community Colleges and DCF area offices
Venue	Short Term-Part Time
Duration	DCF staff and contracted trainers
Provider	contracted trainers
Days	4
Hours	28
Audience	DCF staff
Cost	3900
Allocation	<p>Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.</p>

Training Title	Curriculum Development for Supervisor Training Program
Training Description	<p>*SUPERVISOR TRAINING*</p> <p>The design of supervisory training focuses on the key role that supervisors play in carrying out the mission, and implementing reforms of DCF. Supervisors establish and maintain operational excellence of the agency. The learning process must reinforce and support supervisors in this effort. Therefore, the principles of design and implementation for MCWI are: Priority of MCWI is support of reform efforts; Content should be clearly related to the New Worker practice values; Leadership development is a necessary component—reflective supervision supports learning organization culture; Learning should be an on going process (i.e. once earned, must be maintained) All new curricula materials developed under this program will become the property of the MCWI.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Salem State College-DCF Central Office
Duration	Long Term-Part Time
Provider	Contracted Providers
Days	
Hours	
Audience	DCF Supervisors
Cost	27000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	New Area Program Manager Series
<p>Training Description</p>	<p>*MANAGER TRAINING* An important focus of the MCWI for this fiscal year 2010 is to provide quality training options for Area Program Managers at DCF through the New Worker New APM training. The training curriculum for newly hired managers was written to assist staff making the transition into the role of a manager. The content of this series includes managing for performance, appreciating diversity, leadership, building staff capacities, and effective team building. During this fiscal year, the MCWI will run this training program one time with approximately 12 new managers to attend. This training series is conducted in four day long sessions over the course of a month. During this fiscal year, the MCWI will review and revise the content and curriculum of this program to promote contemporary practice in child welfare management.</p>
Admin Function	<i>Case Management and Supervision</i>
Admin Function	<i>Case Reviews</i>
Admin Function	<i>Cost Related to Data Collection and Reporting</i>
Admin Function	
Venue	State and Community College training centers
Duration	Short Term-Part Time
Provider	Contracted Trainers and DCF staff
Days	4
Hours	24
Audience	Newly hired Area Program Managers
Cost	7400
Allocation	<p>Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.</p>

Training Title	Area Program Manager Follow-up Seminar
Training Description	<p>*MANAGER TRAINING*</p> <p>An important focus of the MCWI over the FY10 will be to provide quality training options for Area Program Managers at DCF. This training curriculum for newly hired managers was written to further support staff making the transition into the role of a manager. The content of this series concentrates on the transfer of knowledge from the New APM training series into actual management practice. The curriculum builds upon the following competencies: reflective management, cultural diversity, managing for performance, leadership, building staff capacities, and effective team building, and using data to inform management decisions. This seminar is expected to run one time during this fiscal year to include approximately 12 managers.</p>
Admin Function	Case Management and Supervision
Admin Function	Cost Related to Data Collection and Reporting
Admin Function	
Admin Function	
Venue	Community College or Rented Hotel Conference Centers
Duration	Short Term-Part Time
Provider	Contracted Trainers and DCF staff
Days	1
Hours	6
Audience	Area Program Managers
Cost	1900
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Manager Professional Development Program
Training Description	<p>*MANAGER TRAINING*</p> <p>An important focus of the MCWI over the FY10 will be to provide quality training options for Area Program Managers at DCF. This training curriculum was developed to maximize the learning experience for managers while also affording the depth of learning that generates practice change. Working with the Family Centered Services Project, the MCWI had developed 6 connected workshops to promote effective management in child welfare. These 6 workshops are tied together with manager learning circles which will be facilitated to support the development of professional learning plans for each manager.</p>
Admin Function	Case Management and Supervision
Admin Function	Cost Related to Data Collection and Reporting
Admin Function	
Admin Function	
Venue	Community College or Rented Hotel Conference Centers
Duration	Short Term-Part Time
Provider	Contracted Trainers and DCF staff
Days	6
Hours	42
Audience	Area Program Managers
Cost	61200
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	APM Conference
Training Description	<p>*MANAGER TRAINING*</p> <p>Two times per year, the MCWI holds a statewide conference for Area Program Managers. The Fall and Spring conferences are connected through common child welfare management themes and combine plenary sessions and small workshops to promote effective child welfare practice and organizational development.</p>
Admin Function	Case Management and Supervision
Admin Function	Cost Related to Data Collection and Reporting
Admin Function	
Admin Function	
Venue	Rented Hotel Conference Centers
Duration	Short Term-Part Time
Provider	Contracted Trainers and DCF staff
Days	2
Hours	14
Audience	Area Program Managers
Cost	20000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Strategic Panning
Training Description	<p>*MANAGER TRAINING*</p> <p>Departmental managers are increasingly called upon to design and implement innovations in programming, practice and policy. The integration of the many change initiatives underway in child welfare requires effective planning and strategy. This one day seminar will introduce managers to the fundamental concepts of strategic planning and will encourage the use of skills necessary to learn, think and act in a strategic way. This course will be framed along three parts: 1. Determining the current reality for the organization. 2. Envisioning the future of the organization. 3. Deciding the steps necessary to take to move from the reality to the vision. This information will be used to explore changes processes at all levels, from organizations to individuals, to better understand the power of strategic planning.</p>
Admin Function	Case Management and Supervision
Admin Function	Cost Related to Data Collection and Reporting
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	2
Hours	14
Audience	DCF Managers
Cost	1800
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Learning Oriented Manager
Training Description	<p>*MANAGER TRAINING*</p> <p>Managers play an essential role in the success of the agency to reach it goals and improve outcomes for children and families. The role of managers is increasingly reliant on their leadership skills. This course introduces managers to the new role of leaders in organizations and uses a number of interactive dialogues, exercises, and activities to explore how managers can become designers of change processes, teachers and facilitators of learning, and stewards of the mission and people in the agency. This course uses an appreciative inquiry approach to encourage managers to reflect upon the parallel processes of supervision and direct service practice.</p>
Admin Function	<i>Case Management and Supervision</i>
Admin Function	
Admin Function	
Admin Function	
Venue	State and Community Colleges and DCF area offices
Duration	Short Term-Part Time
Provider	DCF staff and contracted trainers
Days	2
Hours	12
Audience	DCF managers
Cost	1400
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	In-Service Workshops
<p>Training Description</p>	<p>*IN-SERVICE TRAINING* The Department offers continuous learning and professional development opportunities for DCF staff in the form of the In-Service Workshop series. In this fiscal year, the Department is focusing workshop content specifically on safety organized approaches to child welfare social work. The training topics for this series include: Solution Focused Interviewing; Building resilience in the face of trauma; working with adolescents from a strengths based perspective; and assessing the Signs of Safety in child welfare social work, social work with culturally diverse populations. This training series will provide approximately 1000 DCF staff with continuous learning opportunities.</p>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Case Management and Supervision</i>
Admin Function	<i>Case Reviews</i>
Admin Function	<i>Placement of the Child</i>
Venue	State and Community College settings and Hotel Conference Sites
Duration	Short Term-Part Time
Provider	Contracted trainers
Days	48
Hours	336
Audience	DCF staff
Cost	69000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Children and Trauma
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>This course provides an overview of child development, addressing both normal development and effects of child maltreatment on child development. Social workers who take this course will learn to: understand key developmental domains including attachment, regulation, and resilience; understand the impact of culture on child rearing; understand the interaction between child and caregiver and assess caregiver capacities; understand the effects of abuse, neglect and trauma on child development; and can assess differentially. This course will be run 3 times this fiscal year as a component of the initial coursework for the formal supervisor training program.</p>
Admin Function	Case Management and Supervision
Admin Function	Placement of the Child
Admin Function	
Admin Function	
Venue	State and Community College Training Space
Duration	Short Term-Part Time
Provider	Contracted Trainers
Days	3
Hours	21
Audience	Child Welfare Social Workers
Cost	5850
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Safety and Risk Assessment
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>The Department of Children and Families has worked to develop a comprehensive practice model for child welfare services in the Commonwealth. Effective safety and risk assessments are necessary to insure consistent and accurate decision making through out the Department's involvement with families. This one day seminar will introduce DCF staff to the approach to assessing safety and danger that is founded on a –signs of safety” practice. This approach makes a clear distinction between the capacities of individuals and families which increase safety for a child and the indicators that a child is in danger. A similar approach is taken to estimate the protective capacities that reduce the likelihood of future maltreatment balanced with those factors which increase the likelihood of future maltreatment. This training will also introduce the evidence that supports actuarial models of risk assessment as an effective tool in child welfare social work.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	<i>Placement of the Child</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	DCF Staff and Contracted Trainers
Days	12
Hours	84
Audience	DCF Staff
Cost	30000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Interviewing Children form the Resolutions Approach
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>Building working relationships with families requires a range of complex skills demonstrated by child welfare social workers. Interviewing children is a profoundly important skill and requires knowledge about best practice techniques. When children are at risk of placement, or are already placed, interview skills are a vital part of insuring their safety. This one day workshop is designed to introduce social workers to the Resolutions Approach to interviewing children. This evidence based approach focuses on simple but powerful ways to frame questions to engage children. Using demonstrations and case presentations, the instructors will guide social workers through the techniques that they can use immediately in working with children.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	<i>Placement of the Child</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	DCF Staff and Contracted Trainers
Days	6
Hours	42
Audience	DCF Staff
Cost	5850
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Engaging Families through Genograms
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>Assessment is an essential function of child welfare practice. This one day workshop will offer social workers the knowledge and skills necessary to conduct comprehensive family assessments using genograms as a important tool. Talking with parents about their network of family and community supports is an effective means of identifying potential kinship placements in the event that a child needs foster care placement.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	<i>Placement of the Child</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	DCF Staff and Contracted Trainers
Days	2
Hours	14
Audience	DCF Staff
Cost	3900
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Mandated Reporter Training
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>Effective child welfare practice is dependent upon strong community collaboration with the Department of Children and Families. When professionals are worried about the safety of children and families, they need to know their legal responsibility to report this information to the Department of Children and Families. This program will establish a comprehensive curriculum for the training of mandated reporters through web-based learning applications, stand-up training materials, and informational packages distributed widely through the mandated reporter community.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	<i>Placement of the Child</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Rented Conference space and Online learning
Duration	Short Term-Part Time
Provider	DCF Staff and Contracted Trainers
Days	
Hours	
Audience	DCF Staff and providers
Cost	6000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Stories from the Field Project
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>The purpose of this project is to collect stories of effective practice focused on safety and grounded in DCF's practice values. This program is a series of focus groups to explore what child welfare work looks like — that's best." We plan to include a variety of different perspectives (workers, supervisors, administrators, parents, and lawyers). These stories will be used to help the Department develop concrete steps to expand upon your best work in challenging situations." We also hope that this will help to shift the way in which we talk about the work we do — from worst case scenarios to best case scenarios. Using video tape and audio tape, the MCWI with support from consultants, will create materials that can be used to reinforce effective child welfare practice in training and learning environments.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	<i>Placement of the Child</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	DCF Staff and Contracted Trainers
Days	12
Hours	36
Audience	DCF Staff and parent partners
Cost	22000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Adolescent Permanency and Planning
Training Description	<p>*IN-SERVICE*</p> <p>The Department has developed a greater understanding of the factors that contribute to adolescent permanency and the role that social workers play in ensuring that youth leave the child welfare system with lifelong supports and family connections. This one day seminar will build social worker knowledge and skills necessary to improve outcomes for youth aging out of the DCF system. Using evidence from the Breakthrough Series on Adolescent Permanency, this training will engage social workers in experiential learning intended to change social work practice in working with teens towards permanency.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	<i>Placement of the Child</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted Trainers
Days	6
Hours	45
Audience	DCF staff
Cost	11700
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Substance Abuse Update
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>This training will offer the opportunity for social workers to explore some of the more recent approaches to understanding addiction and the treatment of people with addictions.</p> <p>The focus is on building skills to engage, motivate clients and to formulate service plans that more accurately reflect the tasks clients need to engage in given their stage of change.</p>
Admin Function	Case Management and Supervision
Admin Function	Development of Case Plan
Admin Function	
Admin Function	
Venue	Community Colleges and Conference Centers
Duration	Short Term-Part Time
Provider	Contracted Trainers
Days	2
Hours	14
Audience	DCF Staff
Cost	5850
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Solution Focused Interviewing Skills
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>Solution Focused treatment is being successfully applied to child protective service agencies worldwide. This training was well received by DCF staff who found great practical value in the skills taught. This training is an opportunity for workers to begin to integrate the Solution Focused model into their work with families. Participants will learn the theory as well as the techniques of the Solution Focused model. The use of video taped sessions and several role plays will facilitate the integration of the concepts into each worker's repertoire of interventions. Participants will leave this energizing training excited and confident about integrating these techniques into their work with families.</p>
Admin Function	Development of Case Plan
Admin Function	
Admin Function	Case Management and Supervision
Admin Function	Referral for Service
Venue	State and Community Colleges and DCF area offices
Duration	Short Term-Part Time
Provider	DCF staff and contracted trainers
Days	3
Hours	21
Audience	DCF staff
Cost	5850
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Family Resource Policy Training
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>The Department has invested considerable time aligning the Family Resource policies and procedures with the New Worker values of family centered practice. The revised policy will be released during this fiscal year and will require significant training efforts to prepare all DCF staff to implement this policy. This policy training will include guidelines for identifying potential kinship and child-specific family resources, referrals for foster home placement, and emergency placements. Staff will also be trained on licensing standards, home-study protocols, re-approvals, and license renewals. This policy training will prepare staff for practice innovations which focus on increasing teamwork, understanding the role of culture in kinship placements, shared decision making in placement decisions and involving foster and birth parents in identifying a child's placement needs, progress, and plan for permanency. Special attention will be paid to kinship placements and to the evaluation of caretaker capacity. The training will involve approximately 220 staff, including family resource social workers.</p>
Admin Function	<i>Placement of the Child</i>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Referral for Service</i>
Admin Function	<i>Preparation for Judicial Determinations</i>
Venue	State colleges and contracted conference space
Duration	Short Term-Part Time
Provider	DCF Staff
Days	6
Hours	36
Audience	Family Resource Staff and Area Program Managers
Cost	3000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Trauma in Child Welfare		Training Title
<p>*IN-SERVICE TRAINING* Understanding that child welfare social work practice is focused on the impact of trauma on families, DCF social workers need a foundation and understanding of trauma work. This one day seminar will introduce DCF social workers and supervisors to the essential theory and evidence that informs trauma work and offer DCF staff the skills necessary to assess the impact of trauma on child development, relationship building, and adult functioning. Further, the knowledge and skills of working with trauma will prepare social workers and supervisors to develop effective partnerships with families through the service planning process. This seminar will be offered as an in-service training 4 times during this fiscal year and will involve 120 staff.</p>		Training Description
Case Management and Supervision		Admin Function
Placement of the Child		Admin Function
		Admin Function
		Admin Function
Rented Conference space		Venue
Short Term-Part Time		Duration
Contracted consultant		Provider
4		Days
28		Hours
DCF staff		Audience
5800		Cost
<p>Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.</p>		Allocation

Children and Mental Health		Training Title
<p>*IN-SERVICE TRAINING*</p> <p>DCF social workers and supervisors are routinely engaged in the assessment of children's mental health and the design and implementation of services necessary to support the capacities of families to provide for their children. This one day seminar will introduce social workers and supervisors to the state of the art approaches to evaluating children's mental health. This training will provide an overview of the impact of mental health issues on child development and behavior and discuss the risks associated with behaviors related to psychiatric disorders in children.</p>		Training Description
Case Management and Supervision		Admin Function
Placement of the Child		Admin Function
		Admin Function
		Admin Function
Rented Conference space		Venue
Short Term-Part Time		Duration
Contracted consultant		Provider
3		Days
21		Hours
DCF staff		Audience
		Cost
		Allocation
<p>Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.</p>		

5850

Integrated Child Welfare Practice	
<p>*IN-SERVICE TRAINING* This course presents an understanding of the interaction and co-occurrence of substance abuse, domestic violence, and mental health disorders within the child welfare caseload, with an emphasis on assessment and intervention planning. Supervisors who attend this two day seminar will gain the knowledge and skills to: assess their own attitudes and beliefs about substance abuse, domestic violence, and mental illness; understand the influences and variations of culture; understand gender differences; understand the associated shame and stigma arising from these issues; understand the interaction of these three domains; identify observable signs and symptoms; apply strengths based practice; can assess signs of danger; and can organize interventions. This seminar will be offered 2 times in this fiscal year and will accommodate approximately 70 people.</p>	
<i>Case Management and Supervision</i>	
<i>Referral for Service</i>	
<i>Development of Case Plan</i>	
<i>Placement of the Child</i>	
State and community college training space	
Short Term-Part Time	
Contracted Trainers	
6	
36	
Supervisors and social workers	
11700	
Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.	

Training Title
Training Description
Admin Function
Admin Function
Admin Function
Admin Function
Venue
Duration
Provider
Days
Hours
Audience
Cost
Allocation

Training Title	Substance Abuse Assessment
Training Description *IN-SERVICE TRAINING* Substance abuse is a significant factor in child welfare practice and leads to a high number of children being placed out of their homes. Assessing child safety and risk requires that DCF social workers have specific knowledge and skills in substance abuse. This one day seminar will focus on contemporary evidence about working with substance abuse to reduce the risks to children and families. The information and exercises used in this training will better prepare social workers to assess the impact of substance abuse on child and family functioning and to intervene in an effective way.	
Admin Function	<i>Case Management and Supervision</i>
Admin Function	<i>Placement of the Child</i>
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	: Contracted Trainers
Days	2
Hours	14
Audience	DCF staff
Cost	3900
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Training Description	Admin Function	Admin Function	Admin Function	Admin Function	Venue	Duration	Provider	Days	Hours	Audience	Cost	Allocation
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Training Title	Family Centered Practice in Teamwork approaches to Child Welfare
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>The Department is committed to exploring the advantages of teamwork models in case management. In support of an ongoing pilot of teamwork models in case management, the Department will continue to provide training an professional development opportunities for participants. This training series will focus on supervision in teaming units with particular attention to group dynamics and shared decision making. This training will also include practice skills necessary to include parents are partners in the intervention process, especially at times when a child is in placement. The training will engage supervisors and social workers in teamwork workshops.</p>
Admin Function	<i>Placement of the Child</i>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Case Management and Supervision</i>
Admin Function	<i>Referral for Service</i>
Venue	State and Community Colleges and DCF area offices
Duration	Short Term-Part Time
Provider	DCF staff and contracted trainers
Days	6
Hours	36
Audience	DCF staff engaged in Teaming Pilot
Cost	3900
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Effective Communication Across Difference
Training Description	<p>*IN-SERVICE TRAINING*</p> <p>Child welfare social work requires DCF staff to routinely talk with individuals about very challenging and sensitive topics. DCF social workers need to be confident and skilled at exploring the issues of domestic violence, substance abuse, child physical abuse and sexual abuse, to name a few, with parents to insure the safety, permanence and well being of children. During this one day seminar, social workers will learn to approach these difficult conversations in a manner that results in better relationships with family members and offers more reliable assessment information to develop effective action plans.</p>
Admin Function	Case Management and Supervision
Admin Function	Placement of the Child
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	3
Hours	21
Audience	DCF staff
Cost	1800
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Legal Training
Training Description	<p>*IN-SERVICE *</p> <p>The child welfare system in the Commonwealth works in partnership with the Juvenile Courts to strive for the safety, well-being and permanency of children. The connection between these two systems is made primarily through Department lawyers advising social work staff and representing the best interests of children. Departmental Lawyers will be offered opportunities for continued learning through training and professional development seminars. These seminars will be based on the most current legal precedents impacting child welfare law and will be in alignment with the New Worker values of the Department. The trainings will focus on skill development for lawyers in the domains of litigation and case preparation. Included in this training program will be an introduction to the skills of mediation with an emphasis on shared decision making and partnerships with social workers, supervisors and managers.</p>
<i>Admin Function</i>	<i>Development of Case Plan</i>
<i>Admin Function</i>	<i>Placement of the child</i>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	
Venue	State and Community Colleges and DCF area offices
Duration	Short Term-Part Time
Provider	contracted trainers
Days	2
Hours	12
Audience	DCF lawyers
Cost	10500
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is

Training Title	Conferences and Seminars
Training Description	<p>*CONFERENCES AND SEMINARS*</p> <p>An essential component of professional development is the opportunity to participate with other child welfare practitioners at conferences, seminars and specialized training events. The Child Welfare Institute supports staff seeking a wider view of the practice by arranging for attendance at a variety of conferences, both in-state and out-of-state. The MCWI pays the conference fee and associated travel costs if necessary. During this fiscal year, the MCWI expects to offer staff an opportunity to attend the specialized conferences and seminars that support practice skill development and case management and supervision effectiveness.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Contracted training sites
Duration	Short Term-Part Time
Provider	Contracted Trainers
Days	50
Hours	300
Audience	DCF staff
Cost	154000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	CQI Leadership Program
Training Description	<p>*LEADERSHIP*</p> <p>This innovative training series offers the executives of residential programs serving children and families involved with child welfare services the opportunity to learn change management skills, leadership in times of change, and organizational development. This series occurs in the context of significant system changes in child welfare with a dramatic shift away from residential services as a resource for children with emotional and behavioral needs. This change represents the Department's commitment to Family Centered Practice and the development of community supports to wrap around children and families. This course prepares leaders in residential programs to build more family focused and community responsive models of service provision.</p>
Admin Function	<i>Placement of the Child</i>
Admin Function	
Admin Function	
Admin Function	
Venue	Rented conference space
Duration	Short Term-Part Time
Provider	Contracted trainers
Days	12
Hours	72
Audience	Executives of Residential Programs
Cost	40000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	MCDHH/DCF Collaborative
Training Description	<p>*COLLABORATIVES*</p> <p>DCF social workers and supervisors provide support and services to a wide range of the population in the Commonwealth, many of these families experience challenges resulting from disabilities. During this training, social workers and supervisors will gain knowledge about contemporary approaches to working with families who experience disabilities, specifically those with hearing limitations. This curriculum for this seminar is founded on current evidence from the disabilities field and will offer DCF staff additional skills in most effectively advocating and supporting families with disabilities.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Rented Conference space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	6
Hours	45
Audience	DCF staff
Cost	15000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Foster and Adoptive Parent Continuing Education
Training Description	<p>*FAMILY INITIATIVES*</p> <p>A range of trainings, workshops and seminars offered for foster and adoptive parents to advance their knowledge of effective models of parenting, cultural competence, crisis intervention, children's mental health, child development, service planning and intervention. These trainings are offered through contract with MSPCC (Kidsnet) and open to all DCF foster and adoptive parents.</p>
Admin Function	<i>Placement of the Child</i>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Preparation for Judicial Determinations</i>
Admin Function	
Venue	Private facility conference space
Duration	Short Term-Part Time
Provider	Contracted trainer
Days	
Hours	
Audience	Foster and adoptive parents
Cost	40000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Adoption 101
Training Description	<p>*FAMILY INITIATIVES*</p> <p>This one-day training will provide social workers with an introduction and review of some of the evidence based practice concerning child welfare adoptions as well as practical guidance of how to move an adoption through the child welfare and court systems. The clinical issues that will be introduced include grief and loss, entitlement and claiming, attachment and bonding and kinship issues. Practical guidance around ASFA law, permanency planning, service plans, testifying and various referrals will be addressed. The emphasis will be on helping new social workers to get a sense of the most important aspects of adoption as well as providing some practical guidance on the steps required in a successful adoption.</p>
Admin Function	<i>Placement of the Child</i>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Case Management and Supervision</i>
Admin Function	<i>Referral for Service</i>
Venue	State and Community Colleges and DCF area offices
Duration	Short Term-Part Time
Provider	DCF staff and contracted trainers
Days	3
Hours	18
Audience	DCF staff
Cost	2000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Engaging Fathers
Training Description	<p>*FAMILY INITIATIVES*</p> <p>Engaging fathers has traditionally been challenging for child welfare social workers. This practical, interactive training will guide you to a place of greater competency in working with fathers. We'll explore some of our assumptions about mothers and fathers, the changing nature of the family, and gender roles. Each participant will develop a toolbox to help her/him build a working relationship with all the adults in each family. We will discuss ways to maintain safety and promote change when working with fathers . . . and mothers.</p>
Admin Function	Placement of the Child
Admin Function	Development of Case Plan
Admin Function	Case Management and Supervision
Admin Function	Referral for Service
Venue	State and Community Colleges and DCF area offices
Duration	Short Term-Part Time
Provider	DCF staff and contracted trainers
Days	2
Hours	14
Audience	DCF staff
Cost	3900
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Family Advocate Training
Training Description	<p>*FAMILY INITIATIVES*</p> <p>When families participate in all aspects of reform initiatives, the child welfare system has a better chance of innovation. This training series prepares family partners to engage in essential planning and strategy meetings throughout the Department of Children and Families. With a focus on collaborative facilitation and building knowledge of the complexities of aq large child welfare agency.</p>
Admin Function	<i>Placement of the Child</i>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Case Management and Supervision</i>
Admin Function	<i>Referral for Service</i>
Venue	State and Community Colleges and DCF area offices
Duration	Short Term-Part Time
Provider	DCF staff and contracted trainers
Days	6
Hours	36
Audience	Family Partners
Cost	3900
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Massachusetts Approach to Parenting Partnerships--MAPP Train-the-Trainers Series
Training Description	<p>*FAMILY INITIATIVES*</p> <p>This 36 hour training for staff and foster/adoptive parents who need to be certified in the new MAPP curriculum. The training will cover the following topics: An overview of the care giving process; the experiences of loss and the stages of grieving; the effects of maltreatment on child development; the cycle of attachment; addressing the needs of children who have been sexually abused and exposed to domestic violence; effective behavior management; special needs of children in care; and maintaining and supporting connections of children to their families of origin and their cultural identity. This training program consists of 6 full days of seminar and will include approximately 110 participants over the four sessions offered this fiscal year.</p>
Admin Function	<i>Placement of the Child</i>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Case Reviews</i>
Admin Function	<i>Preparation for Judicial Determinations</i>
Venue	State College and DCF Area Office space
Duration	Short Term-Part Time
Provider	Contracted trainers and DCF staff
Days	24
Hours	72
Audience	DCF staff and foster/adoptive parents
Cost	31500
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	MAPP Foster/Adoptive Parent Training
Training Description	<p>*FAMILY INITIATIVES*</p> <p>This certification program for prospective foster and adoptive parents requires 8 three hour long training sessions. The topics of this training include: understanding the child welfare system; an overview of the care giving process; the experiences of loss and the stages of grieving; the effects of maltreatment on child development; the cycle of attachment; addressing the needs of children who have been sexually abused and exposed to domestic violence; effective behavior management; special needs of children in care; and maintaining and supporting connections of children to their families of origin and their cultural identity. Over this fiscal year, it is expected that 600 foster and adoptive parents will complete this certification program.</p>
Admin Function	<i>Placement of the Child</i>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Preparation for Judicial Determinations</i>
Admin Function	<i>Preparation for Judicial Determinations</i>
Venue	DCF Area Offices
Duration	Short Term-Part Time
Provider	DCF Trainers
Days	480
Hours	1440
Audience	New foster and adoptive parents
Cost	10000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	MSW Fellowship
Training Description	<p>*PROFESSIONAL EDUCATION*</p> <p>It is a priority of the Child Welfare Institute to help DCF increase the number of staff members who hold formal degrees in social work. The MCWI's flagship academic program is the MSW Fellowship offered through the School of Social Work at Salem State College, Bridgewater State College, Springfield College and Simmons College Urban Leadership Program. MCWI Fellows receive a scholarship as they earn their masters degree in social work. The MCWI will fund fellowships for 35 DCF staff in the Salem State College MSW program, 5 at Bridgewater State College and 5 at Simmons College this fiscal year. These Fellowships offer generalist practice curriculum with a strong focus on public social work. The program serves child welfare professionals in the public sphere and prepares students to be effective DCF social workers and supervisors through a broad range of practice, policy and research coursework.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	Schools of Social Work
Duration	Long Term-Part Time
Provider	Salem State College
Days	
Hours	60 credit hours
Audience	DCF staff seeking masters level degree
Cost	190000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Graduate Reimbursement Program
Training Description	<p>*PROFESSIONAL EDUCATION*</p> <p>The Department provides financial assistance for DCF staff attending graduate level degree coursework. This program will assist approximately 70 DCF staff to attend graduate classes in human service related fields. This program supports the educational advancement and evolving practice skills for DCF staff and prepares staff for promotional opportunities to supervisor level positions.</p>
Admin Function	Case Management and Supervision
Admin Function	
Admin Function	
Admin Function	
Venue	State and Private Colleges in Massachusetts
Duration	Long Term-Part Time
Provider	College faculty
Days	
Hours	30-60 credit hours
Audience	DCF staff
Cost	129000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Advanced Practice in Trauma Certificate
Training Description	<p>*PROFESSIONAL EDUCATION*</p> <p>The MCWI has supported the development and implementation of a year long intensive education program for DCF staff who have masters degrees. Through Simmons College School of Social Work, 15 DCF staff members will attend the Certificate program focused on trauma in child welfare.</p>
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	
<i>Admin Function</i>	
<i>Admin Function</i>	
Venue	Schools of Social Work
Duration	Long Term-Part Time
Provider	Simmons College
Days	
Hours	60 credit hours
Audience	DCF staff with Masters degrees
Cost	44000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Preparing Adolescents for Young Adulthood
Training Description	<p>*PERMANENCY INITIATIVES*</p> <p>Working with adolescents in care can be challenging. Trying to overcome resistance and help our teens prepare for their independence can be extremely trying—even for the best of us. DCF has developed a curriculum to help us refocus our energies and reconsider our strategies for intervention. This one day training is open to everyone, but is specifically designed to assist adolescent and CHINS workers, supervisors, foster parents, and group care staff in working creatively and proactively with older youth.</p>
Admin Function	<i>Placement of the Child</i>
Admin Function	<i>Development of Case Plan</i>
Admin Function	<i>Case Management and Supervision</i>
Admin Function	<i>Referral for Service</i>
Venue	State and Community Colleges and DCF area offices
Duration	Short Term-Part Time
Provider	DCF staff and contracted trainers
Days	8
Hours	48
Audience	DCF staff
Cost	6000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Curriculum Development for Safety Organized Practice Initiatives
Training Description	<p>*Organizational Development*</p> <p>The Department is committed to advancing child welfare practice in alignment with the evidence based, research supported models of Safety Organized Practice in Child Welfare. For all training and professional development, the MCWI seeks to develop curriculum to support the implementation of family centered practice values, knowledge and skills into all aspects of practice in child welfare in the Commonwealth. The Child Welfare Institute will contract with curriculum developers who are experts in the Signs of Safety and Resolutions Models of practice and are able to design and deliver trainings, workshops and seminars to staff across all domains of practice. The resulting training activities will reinforce the core values of DCF, will advance formal practice change initiatives and will enhance organizational learning. Specifically, the curriculum development will include component of reflective practice, parallel processes, and solution focused skills in child welfare interventions.</p>
Admin Function	Development of Case Plan
Admin Function	
Admin Function	Case Management and Supervision
Admin Function	Referral for Service
Venue	State and Community Colleges and DCF area offices
Duration	Short Term-Part Time
Provider	contracted trainers
Days	
Hours	
Audience	DCF staff
Cost	27000
Allocation	Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.

Training Title	Statewide Worker Safety Conference
Training Description	<p>*Organizational Development*</p> <p>The Department is committed to insuring the safety of social workers and providing them with the knowledge and skills to remain resilient in the face of difficult and threatening situations. This one day conference will provide social workers and supervisors with tools and awareness about keeping themselves safe in direct practice experience.</p>
Admin Function	
Admin Function	
Admin Function	Case Management and Supervision
Admin Function	
Venue	Rented training space
Duration	Short Term-Part Time
Provider	DCF staff and contracted trainers
Days	
Hours	
Audience	DCF staff
Cost	9000
Allocation	<p>Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.</p>

Training Title	Area Office Organizational Practice Development
Training Description	<p>*Organizational Development*</p> <p>Promoting effective child welfare practice requires constant reinforcement for social workers who are mastering innovative techniques to engage, assess, plan and partner with families. The MCWI will provide area level consultation and coaching to build practice leader networks of social workers and supervisors who can spread best practice ideas more broadly. This intensive hands-on training will help to improve the quality of safety and risk assessments, family assessments, service planning and case documentation. Specifically, the MCWI will facilitate direct practice dialogs to advance practice in the context of the Integrated Practice Model. These groups are referred to as Action Learning Groups.</p>
<i>Admin Function</i>	<i>Development of Case Plan</i>
<i>Admin Function</i>	
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	
Venue	DCF Area Offices
Duration	Short Term-Part Time
Provider	MCWI Trainers
Days	
Hours	
Audience	DCF staff
Cost	48000
Allocation	<p>Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.</p>

Training Title	Area Office Managerial Support
Training Description	<p>*Organizational Development*</p> <p>It is inevitable that Area Offices will have case situations that garner particular scrutiny or public interest. These moments can be debilitating for area level management and cause serious problems with office morale. The MCWI will provide organizational development support to Area Office management during these times of crisis to promote appreciative, solution focused interventions.</p>
<i>Admin Function</i>	<i>Development of Case Plan</i>
<i>Admin Function</i>	
<i>Admin Function</i>	<i>Case Management and Supervision</i>
<i>Admin Function</i>	
Venue	DCF Area Offices
Duration	Short Term-Part Time
Provider	MCWI Trainers
Days	
Hours	
Audience	DCF staff
Cost	20000
Allocation	<p>Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.</p>

Training Title	Administrative Costs: Office Space Overhead
Training Description	<p>The Child Welfare Institute is the Department of Children and Families partnership for learning. The MCWI has the purpose of developing and implementing training and professional development for DCF staff, families, and providers. The administrative costs are necessary to provide for the rental of office space, utilities, facility maintenance, furniture, computer service and IT support, telephone service, photocopier and fax machine and office supplies.</p>
Admin Function	Proportionate share of agency overhead
Admin Function	
Admin Function	
Admin Function	
Venue	Office space maintained at Salem State College
Duration	
Provider	
Days	
Hours	
Audience	
Cost	98000
Allocation	<p>Currently, cost allocations for trainee salary and trainer costs (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. However, a new cost allocation methodology is being developed and negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable training activities, the Title IV-E FC rate is used.</p>

Commonwealth of Massachusetts

Department of Children & Families

2009 DSS Organizational Chart

Commonwealth of Massachusetts

Department of Children & Families

2009 Continuity of Operations [COOP] Plan

Continuity of Government (COG) Plan

Annex A

Massachusetts Department of Children and Families

24 Farnsworth Street, Boston MA 02210



Annex A: COOP Summary Information

Agency Name: Department of Children and Families

Mission Statement: The Department's vision is to ensure the safety of children in a manner that holds the best hope of nurturing a sustained, resilient network of relationships to support the child's growth and development into adulthood.

Primary Operating Facility	
Address	24 Farnsworth Street, Boston, MA 02210
Senior COOP Official	Olga Roche, Deputy Commissioner for Field Operations
Phone Number	Work: 617-748-2338; home: 508-853-1033; Blackberry: 508-944-5929
Email Address	Olga.Roche@state.ma.us

Emergency Relocation Site	
Address	DCF Central MA Regional Office, 25 Winthrop Street, Worcester, MA 01604
Site Support Official	Valerie Lovelace-Graham, Regional Director
Phone Number	508-929-2130
Email Address	Valerie.Lovelacegraham@state.ma.us

List the agency's key positions in the first column. In the remaining columns, list the positions that would assume the authority of the key position if it became vacant unexpectedly, i.e., illness, injury, special assignment, etc. Provide names, office, home, and cell phone numbers, e-mail, and home street addresses. Consider the qualifications necessary to perform in the key position and the qualifications of the successor positions, as well as organizational and geographical proximity.

Delegations of Authority				
Authority	Position Holding Authority	Triggering Conditions	Procedures	Limitations
Continuity of child protective services, investigation of child abuse reports	Angelo McClain Commissioner DCF, Central Office	Incapacity of the Commissioner	Automatic transfer to the next successor in the delegation of authority	

Delegations of Authority				
Authority	Position Holding Authority	Triggering Conditions	Procedures	Limitations
Operational management of protective children's service functions, Supervision of children in care	Olga Roche Deputy Commissioner, Field Operations DCF, Central Office	Incapacity of Deputy Commissioner	Automatic transfer to the next successor in the delegation of authority	
Legal determinations of child custody, court hearings and trials	Virginia Peel General Counsel DCF Central Office	Incapacity of General Counsel	Automatic transfer to the next successor of authority	
Information and Technology System Utilization	Mary Ellen Bennard Asst. Commissioner, Information and Technology. DCF Central Office	Incapacity of Asst. Commissioner of IT	Automatic transfer to the next successor of authority	
Administration and finance – continuity of provider payroll, bill paying and contract management	Ellen Finnegan Director Financial Management DCF Central Office	Incapacity of Director of Financial Management	Automatic transfer to the next successor of authority	

Delegations of Authority				
Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Angelo McClain Commissioner For child protection & placement determinations	Olga Roche Deputy Commissioner, Field Operations	Jan Nisenbaum Deputy Commissioner, Programs, Planning & Performance	Virginia Peel General Counsel	Terry Flynn Regional Director Boston
Angelo McClain Commissioner Supervision of children in DCF custody	Olga Roche Deputy Commissioner Field Operations	Jan Nisenbaum Deputy Commissioner Program, Planning & Performance	Valerie Lovelace-Graham Regional Director Central MA	Mary Gambon Asst. Commissioner Adoption, Foster Care, Adolescent Services
Virginia Peel, General Counsel Child custody proceedings, legal determinations	Pat Casey Deputy General Counsel	Deputy General Counsel	Rene Herman Regional Counsel Boston	Pat Scibak Regional Counsel Central MA
Mary Ellen Bennard Asst. Commissioner, Information and Technology Operational management of IT functions, Family Net, tech support, Helpdesk	Tomy Abraham Technical Manager	Ros Walter Data Manager	Walter Johnson, Network Manager	Bill Geary IT Business Analyst

Delegations of Authority				
Key Position	Successor 1	Successor 2	Successor 3	Successor 4
Ellen Finnegan Director, Financial Management Operational management of budget, provider bill paying, and contract management	David O'Callaghan Budget Director	Robert Scherer Director of Procurement		

List of essential functions: (at this facility)

FIELD OPERATIONS

1-1 - Direct Service Functions:

- A. **Child Protection.** Capacity to receive and triage reports of child abuse and neglect and provide responses for children at imminent risk of abuse 24/7
- B. **Placements of children.** Emergency placements and resource approvals of kinship placements, including Background Record Checks
- C. **Legal Custody.** Legal determinations for children regarding removal from homes, filing Care & Protection petitions, attending critical court hearings and trials.
- D. **Supervision of children in placement** including support to foster parents, provision of respite care, staff consolidation at residential facilities, triaging children in residential care for consideration to be sent home temporarily with a safety and support plan devised by DCF, Area Lead case manager and the family
- E. **Medical support** for children in DCF care or custody especially medically involved children, children at high risk for flu; planning for and prevention of contagion
- F. **Family visitation** for parents visiting children in care and home visits to be triaged and based on ability to keep children safe and availability of staff.
- G. **Monitoring of high priority families.** Home visits to conduct safety assessments for families that require a high level of supervision due to safety and medical concerns
- H. **Supervision of children placed out of state.** Conduct safety assessment of all children in DCF custody who are placed out of state. Dissemination of safety information of children placed in Massachusetts from other states, to those states.

1-2. Information and Technology:

- A. LAN and Helpdesk Support: job aids accessible on FamilyNet for critical Family data entry and other essential functions. IT technical support.
- B. Telecommuting: providing staff with remote access to FamilyNet and DCF e-mail to enable staff to work from home or remote location,
- C. FamilyNet authorized access to designated staff to access all DCF case records on FamilyNet for urgent approvals
- D. Switchboard greeting message: Create and record alternative greeting message for the switchboard, that can be activated remotely for relevant circumstances
- E. Payment Authorization: Authority to access funds for emergency purchases and payments

1-3 Management Functions:

- A. **Administrative and clinical support** for field operations
- B. **Staff reassignment and relocation** to ensure coverage to perform essential functions
- C. Ensuring **security** of sites, staff and information.
- D. **Background Record Checks (BRC)**
 - Triage BRC checks for critical situations and emergency placements.
 - Utilize police departments and courts for emergency CORI checks if needed.
- E. Interstate compact request approvals

1-4 Administrative Functions:

- A. Ability to redirect calls
- B. Production and approval of foster, adoptive and subsidy payroll
- C. Processing payments to corporate entities
- D. Budget management and fiscal request approvals
- E. Approvals of contracts and contract management
- F. Time reporting – attendance, overtime, sick or family leave, physician's letter
- G. Review and authorization of Reasonable Accommodations.

2. COMMUNICATION

2-1 Public Relations

Dissemination of information to public about continued operations during a pandemic or other catastrophic event. All related public announcements and communication with media regarding DCF ability to provide services to families and care for children in DCF care or custody.

2-2 Communications with staff

- Utilize updated **employee phone tree** in each area and regional office and Central office, including home phones, cell phones, pagers, emergency contact information and voicemail information, to contact employees and keep them updated on developments, changes in plans and other relevant information.
- Daily pre-scheduled statewide conference call into command center with designated Central Office and Field leadership staff.

2-3 Communication with Service Providers and Families

- Voicemail updates on status of operations at Central, Region and Area switchboards, Child-at-Risk Hotline, Foster Parent Helpline
- DCF Internet daily or weekly updates on status.

Brief Description of Core Essential Function:

DCF is responsible for the protection of children from abuse and neglect. This responsibility includes prevention of child abuse by caretakers, the investigation of child abuse reports and provision of services to keep children safe from abuse. DCF provide foster care services if a child's parents or legal caretakers are not able to provide a safe environment for a child. DCF provides adoption services for children in DCF custody who cannot be reunited with their birth families for a variety of reason.

Reason why function is essential:

DCF is mandated to protect children and investigate reports of abuse and/or neglect. It is essential to provide services to families in order to keep children safe. If it is not possible for a caretaker to keep a child safe, DCF provides foster care and other placement services for children. In order to place a child in foster care or other placement resource, the child must be in DCF care or custody. Custody is obtained through a court proceeding, namely Care and Protection. DCF provides visitation to families on DCF caseload and supervision of children in DCF care or custody.

Resource Requirements

Identify resources necessary to support each essential function. First list critical processes and services that support the function. Next, list the personnel needed to perform that service, and in the last columns record all vital records, information technology systems, and administrative equipment needed to perform the essential function.

Resource Requirements				
Critical Process or Service	Personnel	Vital Records	Critical Systems	General Resources
Child Safety and Protection	Social workers Supervisors Area Managers	M.G.L. c.119, sections 51A-F (110 CMR 1.00 – 18.00) Clinical and Legal records	FamilyNet	computers, telephones, fax machines, cars
Child Placement and Supervision	Social Workers Supervisors, Family Resource workers Attorneys, Area Managers	Same as above	FamilyNet MMARS, MMIS	Foster and adoptive resources, residential facilities, contracted providers
Child custody proceedings, legal determinations	Social Workers Supervisors, Attorneys Area Managers	Same as above	FamilyNet	Court access
Information Technology System utilization	Helpdesk staff, analysts, technical and data managers		FamilyNet, MMIS, LAN MMARS, Internal and external computer networks	Computers, telephones, fax machines
Management Functions	Managers	Same as above	Same as above	Computers, Internet, phones, faxes
Administrative Functions	Administrative staff and managers		MMIS MMARS	Computers, faxes, phones

Agency Essential Functions with Recovery Time Objectives

Agency Name: Department of Children and Families						
Essential Function	Recovery Time Objectives (RTO)					
	Zero	24 hr.	3 Days	One Week	One Month	Specify Time Period
Child Protection and placement of children	X					
Legal custody		X				Next business day
Supervision of children in placement				X		
Medical support	X					
Family visitation				X		
Monitoring of high priority families		X				
Supervision of children placed out of state					X	
Information & Technology functions (FamilyNet operations, helpdesk, programming)		X				
Management functions (Clinical and management support, CORI checks, staff re-assignment and relocation, site security)	X					
Administrative functions (Processing payments, budget approvals, contract management)				X		

Agency Name: Department of Children and Families						
Essential Function	Recovery Time Objectives (RTO)					
	Zero	24 hr.	3 Days	One Week	One Month	Specify Time Period
Communication function (public relations with media and community, communication with staff, DCF case families and service providers)	X					

Commonwealth of Massachusetts
Department of Children and Families
CFS-101 Forms

Fiscal forms sent as separate PDF files

Commonwealth of Massachusetts

Department of Children & Families

Child and Family Service Plan

Assurances and Certifications

Signatures sent as separate PDF files