MASSACHUSETTS DEPARTMENT OF Children & Families
Supporting Children • Strengthening Families

Annual Progress and Services Report

Federal FY2016

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Supporting Children : Strengthening Families

Commonwealth of Massachusetts
Department of Children and Families

Annual Progress and Services Report
2016

Table of Contents

Commonwealth of Massachusetts

Department of Children & Families

Reports – Updates on Service Descriptions

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.

The Department of Children and Families (DCF) is charged with protecting children from abuse and neglect and strengthening families. With the understanding that every child is entitled to a home that is free from abuse and neglect, our 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. As a result of DCF involvement, thousands of families are stronger and better prepared to protect and nurture their children.

SCOPE OF DCF WORK

Each year, the Department receives, on average, 80,000 reports of abuse and neglect involving more than 100,000 children. Close to 90% of the families DCF supports come to the attention of the Department through a report of abuse or neglect; of these, 85% involve an allegation of neglect. The remaining 10% of the families DCF supports come to the Department through a combination of voluntary requests for services, Children Requiring Assistance (formerly CHINS), probate court, and Baby Safe Haven reports.

The Department provides a wide range of services to children and families, including case management, foster care, family support and stabilization, adolescent services, medical services, domestic violence services, guardianship and adoption programs and subsidies, and services and supports for transitional age youth.

Over the past five years, the Department has seen an increase in the number of youth who at age 18, voluntarily continue their involvement with the Department for academic and professional supports as they transition into adulthood. We support over 1,600 youth who request to continue to receive support from the Department between the ages of 18 and 22. Over 75% of youth turning 18 request to continue receiving services from the Department beyond their 18th birthday.

STRENGTHENING THE DCF SAFETY NET

The Department is committed to both strengthening the quality of our operations and achieving better outcomes for the children and families we serve. We have worked diligently to improve our basic practices and have integrated industry innovations into our case practices to assure better responses and better results for children and families in our five key goal areas:

- Keeping Children Safe;
- Creating Lifelong Connections;

- Ensuring Well-Being;
- Embracing Community Connected Care; and
- Exercising Effective Leadership.

1. Keeping Children Safe
We have taken, and continue to take, steps to increase our effectiveness in keeping children safe. There is a strong correlation between the frequency of Social Worker contact and better outcomes for children and families.

2. Creating Lifelong Connections
Of equal importance to our safety objective, is ensuring that we are safely strengthening families and providing our children ample opportunities for lifelong connections. We believe that every child deserves and needs a safe permanent family. To work toward that goal, the Department established three priority objectives, including:

- Safely Stabilize and Preserve Families;
- Safely Reunify Families; and
- Safely Create New Families through adoption, guardianship and kinship.

We have made significant progress in increasing family stabilization rates, reducing out-of-home placements and increasing family reunification rates, which is evidenced by 2,000 fewer children in out-of-home care compared to 2008.

3. Ensuring Well Being
Our youth provide the Department with invaluable input and advice on the agency's policies and practices by making suggestions on how we can better work with them. For example, in 2009, our Youth Leadership Council developed and ensured the enactment of a *Foster Care Bill of Rights*. The bill lists 18 rights that all foster children are entitled to, chiefly among them is the right to be treated with dignity and respect. In 2013, Massachusetts along with the other New England States developed and enacted the *Sibling Bill of Rights*, to ensure that siblings understand their rights to maintain contact with each other.

DCF has been an active partner in addressing the prescribing practices related to psychotropic medication for children in foster care. In 2009, the Office of the Child Advocate in collaboration with other state agencies began to explore the efficiency and effectiveness of the process in place in Massachusetts for authorizing consent of antipsychotic medications for children in the custody of the Department of Children and Families. In November, 2011, the Government Accounting Office (GAO) prepared a national report which highlighted concerns regarding potentially problematic prescribing practices for children in foster care.

In January, 2012, the Commissioner of DCF and the Child Advocate convened an inter-agency group to develop a plan for monitoring psychotropic medications for children in foster care. This inter-agency group includes representatives from DCF, OCA, DMH, and several divisions within MassHealth. The group identified four primary potentially problematic prescribing practices to address: 1) Children under 6 years of age prescribed a psychotropic medication; 2) Children who were prescribed four or more psychotropic medications; 3) Children who are prescribed two or more medications in the same class; and, 4) Prescriptions that are outside standard practice relative to dosage or classification.

4. Embracing Community Connected Care
The Department's interagency efforts involving housing and homeless prevention, children's behavioral health, substance abuse, early education and care, and domestic violence has provided greater coordination of services and case management, ensuring that our case practice is community connected and better integrated with the work of our sister-agencies and community providers.

One example is the work of the Departments of Mental Health and Children and Families for the Joint Residential procurement, "*Caring Together."* This procurement has generated a great deal of competition and creativity on the part of providers across the Commonwealth to ensure that services are delivered in a child's home and community whenever possible. *Caring Together* is built upon the nationally recognized Evidence Based Practice Building Bridges and eliminates the silos between residential care and community services.

This procurement transformed our service delivery system by integrating residential placement and community based services, including unifying the two separate systems, elevating the role of family and youth in the clinical, managerial and systemic practices of the provider agencies, integrating state agency utilization and quality management systems, and introducing performance based contracts that incorporate fiscal incentives for achieving desired outcomes. The Agencies have begun serving families under the new system.

In addition, DCF's Family Resource Centers (FRC) are an effective model to increase the capacity of communities to more effectively respond to the needs of families at risk. Many of these families may have received voluntary services from the Department in the past but can be better served with a more informal approach and can benefit from peer to peer support. DCF is moving towards the development of a FRC model that fully integrates a number of family support innovations and state and federal funding streams.

5. Exercising Effective Leadership
By emphasizing the use of more efficient approaches and processes, we have strengthened all aspects of the Department's operations to ensure the greatest degree of effectiveness.

The Department has made significant progress in improving our focus on achievement of targeted outcomes. DCF is providing a unique and more focused response to each family's needs, and ensuring that we are working *with* the family. This has resulted in better outcomes for children and families, reducing costs, and better targeting resources to provide services in the least restrictive, most cost-effective manner. Some of the ways in which we have accomplished this have been through:

- Improving the quality of our practice;
- Reducing and maintaining caseloads;
- Developing proven implementation science to get new initiatives to scale while ensuring sustainability;
- Effective negotiations with labor management;
- Creating a culture that embraces performance based management and managing with data;
- Establishing implementation and Continuous Quality Improvement infrastructure across the Department at systemic, management and clinical levels; and
- Instituted effective knowledge transfer through training and coaching.

Despite our many successes, there are still additional opportunities for improving our responses and achieving better results. Consequently, the Department continues to aggressively pursue transformational innovations that will improve our child protective service practices. Our priority areas for improvement include: continuing to increase placement stability, increasing timeliness to adoption, and assuring that we achieve and maintain a low foster care reentry rate.

Integrated Case Practice Model:
The most significant reform the Department has implemented is a change in our case practice through an Integrated Casework Practice Model (ICPM). DCF began implementation of the ICPM in July 2009. Throughout implementation of this model, the Department has focused on reducing the incidence of child maltreatment by creating an approach that more effectively and efficiently targets resources where they are most needed. This approach also improves consistency in casework practice, while providing opportunities for children, families and their support systems to actively engage in the decision-making process. Under this new practice model, the Department has achieved an approximately 20% overall improvement in efficiency, including screen in rates, case opening rates, and case closing rates; resulting in a more targeted use of resources.

Well established state and national trends demonstrate that effective practice is moving away from a one-size-fits-all approach to child welfare. Key features of our Integrated Casework Practice Model include extended timeframes for screening child abuse/neglect reports and completing investigations; differential response to enable DCF to respond to allegations of child abuse and neglect based on the unique circumstances, strengths and needs of a family; and the use of nationally recognized assessment and planning tools to support consistent clinical practice in assessing danger, safety and risk.

DCF expanded its ICPM by implementing a Short Term Stabilization (STS) track for families coming to the attention of the Department. The STS track is designed to further enhance DCF's differential response system by formalizing our approach to strengthen interventions with families who would benefit from short term involvement with DCF. It also supports DCF's goal of quickly connecting families to supports and services aimed at preventing future family instability, repeat child maltreatment and case reopening.

In February 2015, Ms. Linda Spears assumed the role of Commissioner of the Department of Children and Families. Prior to taking on the role of Commissioner, Ms. Spears led the Child Welfare of America (CWLA) team that conducted a review of the Department and presented the Commonwealth with a series of recommendations to help enhance the work of DCF. THE CWLA report provided a blue print for the Department to follow on its path to reform and laid out initiatives for the Department to put into action through FY18. The CWLA report focused its recommendations on:

- Increasing social worker staff to reduce caseloads and achieve the caseload standard of 15 families per worker;
- Updating Department policies such as case transfers, children missing from care, and background record checks among others and ensuring staff are appropriately trained on the policies;
- Reviewing, strengthening and then re-launching the Department's integrated case practice model;

- Ensuring social work staff are adequately trained and licensed;
- Decoupling the area office 'pairings' – the management structure which has one area director managing two area offices;
- Restoring the Department to a system of six regional offices instead of the current four;
- Adding specialty staff to area offices with expertise on the issues of substance abuse, domestic violence and mental health; and
- Increasing medical staff supports to area offices by adding pediatric nurse practitioners and hiring a full-time Medical Director.

Budget Overview

The Department of Children and Families has experienced string support from the Governor's Office and the Executive Office of Health and Human Services. DCF was held harmless from FY15 agency budget cuts despite the need to close a significant gap in the state's FY15 budget. In addition, a $35M supplemental budget was filed for the Department to fill a hole in placement services for children within our FY15 budget. The State Legislature supported this request for additional funding, allowing DCF staff to meet this critical need for vulnerable children.

The FY16 budget recommends funding for DCF at a 3.4% increase over FY15 projected spending and a 14.2% increase over actual FY14 spending.

DCF's spending breaks down as follows:

- 68% of DCF's budget goes toward providing direct services for children and families. This includes out-of-home placements, adoption and guardianship subsidies, in-home support services, domestic violence services and family resource centers.
- 28% funds employee compensation for our 3,500 DCF employees, including over 2,800 social workers and supervisors responsible for investigations, assessment, case management and other social work practice.
- The remaining 4% is spent on the agency's operational costs including training, lease space and administrative overhead.

This breakdown demonstrated that DCF's resources are appropriately aligned with our mission of keeping children safe and supporting families.

Specifically, the FY16 budget:

1. ***Maintains the significant investment in staffing over the last 12 months, one of CWLA's most essential recommendations***

   The budget maintains the significant investment in staffing over the last 12 months. Since January 2014, the Department has added (accounting for attrition) 327 new staff to the agency – 175 of those in FY15 alone. Likewise, the Department has decoupled 5 of the largest area office pairings allowing a return to 1 Area Director managing only 1 area office in 10 more of our offices, another major recommendation made by The CWLA to support quality management and oversight. The Department is also in the process of adding clinical management capacity with the addition of 17 Area Program Managers.

   The FY16 budget also supports key CWLA-recommended positions that the Department has been authorized to hire as a result of FY15 funding. These include:

- Additional policy staff to help 'fast track' updates and enhancements to policy;
- A professional development manager to help ensure sufficient training opportunities for social work staff and allow them to meet the new 30 hours per year training requirement as established by the FY15 budget;
- A social worker licensing coordinator to help track the licensure of DCF staff and ensure staff are properly licensed; and
- A full-time Medical Director via an interdepartmental services agreement with the University of Massachusetts Medical School to provide oversight of the medical needs of children in foster care and to ensure the department meets the requirements for 7- and 30-day initial medical screens.

The FY16 budget includes an investment of 9 additional staff including:

- 5.0 FTE paralegals associated with a Title IV-E revenue maximization project, and
- 4.0 FTE Family Resource Managers/CORI staff to fully implement the FY15 background record check/fingerprinting expansion mandates.

In total the Fy16 budget includes over $13M to annualize the costs of these staff as well as accommodate collective bargaining increases and step increases for all DCF bargaining unit staff.

The budget also increases the Massachusetts Child Welfare Institute's line item by $415K. The increase supports additional training opportunities for social workers to meet the new 30 hours per year training mandate as well as pays for licensing exam vouchers to ensure all social workers have the support they need to get licensed.

There are always challenges in child welfare. The Department has not yet been able to achieve the goal of 15 families for all ongoing social workers. This would mean that each social worker would have no more than 15 families, 28 children and out of those 28 children, no more than 10 in out-of-home placement on their caseload at any given time. Though significant increases in staff have generated some relief in this area, social worker caseloads are still higher than the Department would like them to be.

Staffing alone cannot address this issue. So, as the CWLA specifically directed in its report, in addition to hiring staff and increasing training budgets, the Department is working to clarify policies, re-invigorate and re-launch our case practice model and ensure staff is adequately trained. It is important that current and future DCF staff have a strong foundation from which to do their jobs. A number of policy and practice areas have already been strengthened including Education, case Transfers, Background Record Checks and issues addressing children and youth on the run as well as guidance on home visits and photo documentation. These efforts will allow us to continue to bring caseloads down without additional staffing resources.

2. Provides for services for children and families

The FY16 budget also provides for services for DCF's children and families. The budget accounts for increased caseload growth in intensive foster care placement, congregate care placements and guardianship subsidies while recognizing slight decreases in departmental foster care placements and adoption subsidies. This is an area that the Legislature recently supported in the Fy15 supplemental budget.

The budget also provides for the annualization of the following FY15 rate increases: the Chapter 257 rate increase for intensive foster care that was implemented this past January and the increase to departmental foster care rates that was implemented on March 1st.

The budget also sustains community-based services by funding the DCF support and stabilization services account and annualizing the costs of the new Family Resource Center models launched this past January in compliance with Chapter 240 of the Acts of 2012.

3. Maintains investment in technology

The FY16 budget maintains the Department's significant investment in technology. By the end of FY15, DCF will have deployed 3,100 iPads to the field since July 2014. These tools are creating opportunities for the agency to innovate and move practice forward. It has enabled social workers to better utilize their time and input child visitation information while away from the office and it allows them to remotely access important case record information from the Department's iFamilyNet database. The budget maintains funding to support the data plans and costs for iPads currently in distribution as well as those still to be assigned this fiscal year.

As a result of having iPads in the field, DCF has seen improvements in case documentation. There have been increases in the number of recorded social worker contacts with children and young adults in the iFamilyNet database of roughly 50% when comparing the 10th working day of the month before iPads were distributed (July) and all of the months since iPads were deployed (August-present). The Department officially tabulates monthly visits with its children at the end of each month, so to see such a jump in the number of visits recorded in the system by the 10th day of the month is quite remarkable.

Photo documentation was an area of interest at legislative hearings last year. Staff now have the ability and guidance to incorporate photos into their casework. The Department also launched a new "Visitation Dashboard" for social workers, supervisors and managers at the end of July to provide information at a glance for workers about the status of home visits to the children and families in their caseload. It was also designed as a tool for supervisors and managers to support oversight and compliance with visit requirements. The addition of the dashboard has also assisted with the improved timeliness of reporting by social workers.

4. Maintains funding for domestic violence expansion

Lastly, the budget maintains funding for the domestic violence shelter expansion included in the FY15 budget. As a result, the Department has been able to expand shelter room capacity statewide by 19 rooms, over 6%.

MOVING FORWARD

Moving forward, the CWLA report will continue to serve as the Department's roadmap. The agency will keep working to enhance policy and practice, maintain staffing and make sure social workers have the resources and support they need to get their important work done. The FY16 budget allows DCF to continue the progress that has already been made and advance efforts of reform in the years ahead.

Commissioner Spears will continue her assessment of the organization, top to bottom and meet with staff across the state, with a goal of visiting each area office this year. Her goal is to ensure that staff knows she is available to support them, lead them and learn from them. It is time to get back to the basics of child welfare work and to do that, staff needs to feel supported as they serve children and families that are plagued by society's most difficult, damaging and complex ills.

In the long term, it comes down to two overarching priorities that will help keep children safe and families strong – 1) improve quality of practice and 2) support DCF staff. In terms of support for our staff, the Department needs to continue to provide them with adequate training, clear policies, more practice guidance, reduced caseloads and quality management oversight. They also must be provided with modern tools to enable them to be efficient and effective in their jobs.

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

DCF Contact for APSR:

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The APSR will be posted upon approval on the DCF web site, in the Reports section-
http://www.mass.gov/eohhs/gov/departments/dcf/

SUMMARY

In the coming years, the Department will continue its commitment to focus on continually improving our basic casework practices, as well as incorporating nationally recognized innovations. We will remain mindful of the importance of our positive presence in the lives of children and families and the communities in which they reside across the Commonwealth.

We will continue to strengthen our efforts to support staff in carrying out the challenging and rewarding responsibilities of our critically important work. Our partnership with providers to ensure the availability of quality services will continue to be a priority. Through our shared collaboration and diligence, we will also continue to strengthen the safety net for children and families for all in 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

I. INTRODUCTION

The Massachusetts Department of Children and Families (DCF) is building toward comprehensive institutional change. Progress moves forward incrementally as the agency continues to implement a number of innovations, including its Integrated Casework Practice Model (ICPM) and the jointly procured and managed community-based system of congregate care and flexible supports through Caring Together. The ICPM, a community-connected, strength-based differential response practice model, promotes greater reliance on the role that informal community supports can play for families. Because ICPM and Caring Together require comprehensive revisions of DCF's core work processes and policies, much work remains to align DCF field practice with the philosophies that underlie each model.

This work is further complicated by a host of additional factors in the external environment. This includes a continuing, growing epidemic of opiate abuse and its direct and devastating impact on families resulting in escalating caseloads and increasing numbers of children coming into care. Despite increased investments in staff and infrastructure by the new administration turnover remains a constant challenge. It is within this context and in service to this goal that the Community Support Team constructs its strategic work plan.

DCF has worked consistently to build a more positive engagement with the families we serve. Recognizing that success in supporting families depends as much on relationships as it does on resources and structures, DCF policy not only requires families' involvement in decision-making about their children but includes former consumers at multiple levels of the agency's administrative and governance structures. This past year we continued to prioritize the recruitment of birth families, with a particular focus on including fathers and youth in our expanded activity to institutionalize Area Office Boards – work aimed to further ground the Department's efforts to collaborate with, and be accountable to, our community partners.

Community Connections Coalitions have continued to maintain the significant base they have established at the community level and to act as a bridge between the Department and the community. An extension of Community Connections work into direct services resulted in the establishment of Family Resource Centers in eleven (11) communities. Our technical assistance, training and evaluation partnership with the Massachusetts Children's Trust - the state's Community-Based Child Abuse Prevention (CBCAP) grantee - allowed these FRCs to act as incubators for eventual statewide expansion.

In 2014 DCF, in partnership with the Executive Office of Health and Human Services (EOHHS), jointly procured an expanded Family Resource Center program. As of May 1, 2015, fourteen (14) programs – one in each County - were established as part of the first year pilot. Additional funding yielded an expansion to four additional communities with work actively underway to begin development prior to the close of the current fiscal year. Seven of the original 11 DCF-developed FRC programs were selected in the pilot and expansion.

FRCs enhance DCF's partnerships with the community and aim to increase the Department's capacity to provide a flexible mix of supports to families on a local level. This benefits not only the community-connected practice of DCF but also serves as a catalyst for the development of a more broadly defined community-based continuum of care which focuses on well-being and the promotion of a shared responsibility for at-risk children between DCF and the community.

SYSTEMS CHANGE

In our original Five Year Plan submitted in 1994, the Department of Social Services – the predecessor agency of the current Department of Children and Families - provided a strategic vision of systems change that was shaped by a multilevel organizing strategy focused on building empathetic relationships between families and sources of support at a community level and explicitly linking that effort to state government. This coalition building effort in some of the most significantly challenged communities in the Commonwealth, called Community Connections, laid the groundwork for a number of subsequent reforms that were unanticipated twenty years ago.

Community Connections became the incubator, not just of a different way of thinking, but of particular strategies that are now institutionalized: from parent involvement in planning, service delivery, and evaluation; to wider use of peers, groups, and informal support; and to employment of demographic data to inform and focus efforts and direct resources geographically.

Several years ago, DCF began to explicitly require Community Connections Coalitions to link their Action Plan objectives to the Protective Factors that are the foundation of the Strengthening Families framework. These are:

- **Parental Resilience**
- **Social Connections**
- **Knowledge of Parenting and Childhood Development**
- **Concrete Support in Time of Need**
- **Social and Emotional Competence of Children**

This report summarizes our efforts and progress in these areas for the past year, spotlights additional lessons learned from implementation, and outlines any changes in our plan for the next four years. Areas that align to specific objectives in the DCF Strategic Plan are noted.

II. FAMILY SUPPORT NETWORKS IN HIGH RISK COMMUNITIES

- **Protective Factor 2 - Social Connections**
- **Protective Factor 3 - Knowledge of Parenting and Childhood Development**
- **Protective Factor 4 - Concrete Support in Time of Need**
- **Protective Factor 5 - Social and Emotional Competence of Children**

- **DCF Strategic Plan - Strengthen Opportunities for Family Voice**
- **DCF Strategic Plan - Continue to Ensure Access to Community Services**

COMMUNITY CONNECTIONS COALITIONS

Community Connections Coalitions promote awareness and create opportunities to inform the public about the challenges and risks facing families. They challenge existing community norms by hosting

issue-oriented forums, events and summits. They contribute to the system of family support by promoting community-connected practice changes and by encouraging changes in existing policies of local organizations, and by supporting the adoption of family friendly legislation, rules and standards through local and statewide political discourse. Having the voice of parents at the table when this work is being done is critical if outcomes are to be consistent with the best interests of families.

The coalitions also offer many opportunities for families to make social connections within the coalition, neighborhoods and community. In the past year, for example, parents participated in planning committees for community-wide events that were social, educational, and/or advocacy- oriented. The coalitions organize parents and community residents to contribute their ideas, help organize activities and assist in planning for coalition activities and events.

The Department of Children and Families (DCF) Community Connections Team has asked coalitions to help create opportunities for DCF to engage in community-connected practice. The results from a recent provider survey suggest that service providers, including DCF staff, see multiple benefits from collaborating with their local coalition. The providers have learned about the resources the community has to offer, and gained an increased understanding about the local community culture and the needs of families.

Community Connection Coalitions are not primarily funded to provide family support services but, rather, to:

- Connect families to community-based resources and support
- Engage, mobilize and listen to families while making sure they have a voice in decisions that affect their families
- Identify challenges, coordinate responses, and engage the community in a collaborative change process
- Create awareness around the needs of families and emerging issues, especially those that threaten their well-being such as child abuse, domestic violence, and community violence
- Engage community stakeholders, build partnerships, find resources to address emerging issues, build community assets, and bring about systems change

Active Participation

The following provides a snapshot that indicates the breadth and depth of Community Connections Coalition activity reported for FY 14. Throughout this report, charts may represent not only the number of participants but aggregate numbers representing best practice examples reported from the whole network of twenty-two Community Connections.

■ DCF Strategic Plan - Strengthen Opportunities for Family Voice

Total Coalition Participation

Residents	32,055
Other Stakeholders	9,157

Partnerships on Steering Committees

Residents	652	
Other Stakeholders	414	

Resident Participation in Working Groups

Residents	2,254
Other Stakeholders	2,888

RESIDENT PARTICIPATION IN COALITION CONVENED TASK FORCES, COMMITTEES AND COMMUNITY GROUPS

Residents	12,920

Best Practice Examples

Collaboration and Coordination/Building Connections

■ **DCF Strategic Plan - Strengthen Opportunities for Family Voice**
■ **DCF Strategic Plan - Continue to Ensure Access to Community Services**

■**Protective Factor 2 - Social Connection**
■**Protective Factor 3 - Knowledge of Parenting and Childhood Development**
■**Protective Factor 4 - Concrete Support in Time of Need**
■**Protective Factor 5 - Social and Emotional Competence of Children**

Residents	2,561
Other Stakeholders	2,576

Coalitions may convene or co-convene these groups or they may be active participants in existing groups – bringing the view point of families to the table.

The Brick House Community Resource Center engaged several partner organizations (Center for New Americans, The Brick House, Montague Catholic Social Ministries, New England Learning Center for Women in Transition, Gill-Montague Regional School District, and others) established that there was a need to expand services to immigrant families in Franklin County, and the Franklin County Immigrant Services Coalition was created. This group has a few purposes: to collectively respond to crisis situations facing immigrant families, to identify emerging needs, and to collaborate to address these needs. While the group is still in its infancy, it has already had an impact. When a young mother was widowed as the result of a tragic accident on New Year's Eve, the group jumped in to help form a meal train to ensure that the mother and children had their basic needs met, and quickly raised a significant sum of money. This money allowed his family to repatriate the young man's remains to Mexico, and provided a safety net for his family as he had been the sole income provider.

The Lowell Alliance for Families and Neighborhoods collaborated with the Franklin Court Community Gardening Group, a coalition of families and teens who garden at the Franklin Court Community Garden in the Acre neighborhood of Lowell. The goals of the garden are to form social connections, produce healthy and culturally-appropriate produce, to be a place for sharing gardening knowledge and resources, to promote sustainable gardening practices, and to build a sense of community among the gardeners. This year's accomplishments include: hosting four community meetings, three skills and leadership-building workshops at the garden, and donating over 50 lbs. of produce to the Merrimack Valley Food Bank.

The New Bedford Community Connections Coalition continued to build on their several year engagements with local schools. This partnership increased capacity for families to have access to coordinated resources and services while ensuring quality of these services. They entered into a productive working relationship with the new superintendent of the New Bedford Public Schools both as an individual organization and also as part of the community driven Education Roundtable. A family support worker from the Family Resource and Development Center is located in each of the underperforming elementary schools in the district as well as the Innovation School and a middle school. The family support workers provide access and act as a connector to community resources for school staff and parents and also participate on Families and Community Together with Schools teams. These teams are multidisciplinary teams that identify at–risk children and connect them and their families to services. A presence in the schools gives staff the opportunity to build relationships with parents and has created opportunities for the schools to better promote parent engagement and parent leadership.

Southbridge Community Connections worked for over three years to open a Youth Center in the Southbridge public schools. Prioritizing this as their primary objective for FY14, the Southbridge coalition succeeded in raising funds to support the center - with the help of over 300 contributors. This success came about because of numerous outreach events designed to introduce the project and introduce community leaders to the youth who had lent their time and effort to making the center a reality. ***The Club House*** opened its doors to youth in grades 7 - 10 in May of 2014.

Parent Voices/Resident Led Group

■ **DCF Strategic Plan - Strengthen Opportunities for Family Voice**

■**Protective Factor 2 – Social Connections**

Residents	2,185
Other Stakeholders	914

The Framingham Coalition was approached by a group of parents who were seriously concerned about levels of soil contamination at a local playground. The coalition became the bridge that brought the town officials and the parents together and mentored a volunteer resident to bring the issue to Town Meeting. Subsequently, residents joined with the coalition staff in organizing a meeting with the Town Engineer. This meeting was shown on local cable. The community ultimately became comfortable as the levels were found to be acceptable. These activities, and the number of residents involved in leadership roles, resulted in an increase in coalition membership.

Community Connections of Brockton met their objective of supporting residents by continuing to produce a Parents Magazine. In 2014, 5000 copies were distributed to residents from the coalition. Local non-profits and businesses use the magazine to reach large numbers of residents. The magazine is created

by parents for parents and offers helpful information regarding resources for families and local issues. Parents choose topics that are important to them and most of the articles are written by parents.

Lowell Alliance for Families and Neighborhoods (LAFN) - The Khmer Parent Support Group is a resident-led group of between 20 and 30 Cambodian families who come together on a weekly basis to provide mutual support, learn about community resources, and work on community projects. In FY 2014 their accomplishments included preparing 15 trays of home-made Khmer food for the Coalition for a Better Acre's Annual Meeting, facilitation responsibilities and determining which community projects in which they would participate. In addition, they hosted 30 outside speakers at the group and hosted a table at the Southeast Asian Water Festival. The Khmer Support Group also helped to host the largest Khmer New Year Celebration yet. Over 400 people attended an event that was planned by 10 community partners, led by the LAFN Khmer Parent Support Group. This annual event provides the Lowell Khmer community the opportunity to celebrate their culture and traditions and gives non-Khmer residents an opportunity to learn more about Khmer culture and traditions in a fun way.

Resident Leadership Development, Support, Training and Advocacy

Community Connections of Brockton hosted a regional South Shore Leadership Conference. It was held for the purpose of empowering residents and building leadership skills in order to participate in community decision-making. Two-hundred and eight-five residents attended the conference. Workshops were offered in Community Organizing, Managing Conflict, Public Safety, Nutrition, Budgeting and Grant Writing. Thirty local agencies hosted resource tables. The Brockton Parent Leadership Team planned the conference and selected the workshop teams. These teams educated themselves on the various topics and on public facilitation so that they could present workshops for other parents. Building on last year's conference, the Planning Team expanded the conference to include an agenda for youth including workshops on leadership, self-image and bullying. This year's conference also included musicians and poets.

Dorchester CARES Coalition of the Family Nurturing Center had, for FY14, made it a priority to assist parents to take leadership in articulating current community needs to DCF and other community agencies. They **c**onducted a Community Forum at a local library at which they presented statistics regarding some prevalent problems in the neighborhoods. Over 50 residents attended. They prioritized issues and brainstormed goals and solutions. Many community members work toward these goals and 15 attendees, thereafter, became members of the coalition.

The Worcester Community Connections Coalition conducted a survey at various community resource fairs and with parents who visit the Resource Center. Their survey informed their objective of parents articulating the current needs of the families and to communicate those needs to DCF and other community agencies. Two hundred and ten parents responded to the survey which asked them to identify the top three challenges families face in the Worcester community. After compiling the survey results, the coalition held a meeting with residents, providers and parents who had responded to the survey and began discussing ways they could work together to help address some of the needs identified in the survey. At the initial planning meeting, they brainstormed possible strategies and invited area experts to meetings so as to help identify ways that they could better address the problem locally**.** At subsequent planning meetings, the group met with agency representatives from Project Bread and Neighbor to Neighbor to discuss food insecurity, and housing challenges. They also met with the Director of the Worcester County Food Bank to discuss local efforts to address local hunger needs, and voted on action steps with which to move forward. Having received information that new resources would soon be available in the city, they decided to hold a forum on local employment resources provided by Workforce Central.

Working With the Department of Children and Families/ Opportunities for Families to Learn How DCF Works and For Social Workers to Work In the Community

- **DCF Strategic Plan - Continue to Ensure Access to Community Services**
- **DCF Strategic Plan - Strengthen Opportunities for Family Voice**

- **Protective Factor 1 - Parental Resilience**
- **Protective Factor 5 – Social and Emotional Competence of Children**

The Dorchester CARES Coalition of the Family Nurturing Center holds a monthly forum, hosted by the Patch Coordinator, to promote the Each One Reach One (EORO) initiative. Agencies share information about upcoming events that will support community-connected practice, as well as providing direct services to families. EORO also allows providers opportunities for training and skills development, peer support, and sharing of resources and case experiences. These trainings and workshops are informed by trends social workers identify in their work with families. Trainings have included topics such as substance abuse, domestic violence, the juvenile justice system and orientation to trauma. This close connection with DCF has led to opportunities for social workers to participate in community events, broadening the lens through which they view how families engage in activities with their children and interact with their peers. These activities give community providers additional opportunities to participate in formal and informal settings where community residents gather socially, practicing intentional relationship building and insuring that families will have a greater knowledge of resources in this community. The longer term intent is for residents to take on leadership roles that may make them more resilient in time sof stress.

The New Bedford Community Connections Coalition Task Force on Foster Care Support is in its fifteenth year of existence. They were able to support the New Bedford Area Office in the retention of foster parents by co-sponsoring the Foster Family Cook-Out and Foster Children's Holiday Party. Over 100 foster parents and children attended each event. During Foster Care Month they co-sponsored a Foster Parent Appreciation Dinner which was attended by over 60 foster parents. They also received donations of over $5,000 for the Foster Teen and Enrichment Fund which provides funds for teens to attend summer camps and to support the purchase of sports and recreational equipment.

Fitchburg Community Connections Coalition helps ensure that DCF and local agencies are kept informed and updated on resources and activities for families by maintaining a strong working relationship with the DCF North Central Area Office. A DCF representative sits on the Coalition Steering Committee. The coalition helped reorganize and participate in the DCF Foster Care Committee. Additionally, the Coalition Director contributes (bi-monthly) to the Resources Allocation Team. Social Workers regularly refer families to the Family Resource Center for services and often use the FRC site for supervised visitation**.**

Springfield Family Support Programs – As a response to the disappearance and murder of Jeremiah Oliver, a 5 year old child whose family was involved with the Department of Children and Families, an assessment of agency practices was initiated by then Governor Deval Patrick and conducted by the Child Welfare League of America (CWLA). The Community Connections Coalition was successful in mobilizing 20 families involved with DCF to participate in a discussion with the Child Welfare League of America (CWLA) to share their personal stories of how their cases where being handled by the Department. Three of these families were able to express their concerns and have their cases reviewed

and assessed by the CWLA. These activities are in keeping with the coalition's objective of providing opportunities for families to have an impact on DCF policies and practices.

The **Lynn Community Connections Coalition** convened a working group to address issues facing DCF-involved mothers. This working group created a model of meaningful parent engagement and dialogue over a six month period. These parents also created simple workshops titled *Creating a Service Plan* and *How to Parent Your Child During Supervised Visitation*. These workshops led to a group of parents creating a service plan for parents that complements the DCF service plan and focuses on, and documents, their progress. The parents will also conduct monthly training for parents in the community, educating them on how to communicate with social workers in a positive way. Another outcome that the Lynn coalition and the group of parents have accomplished was to partner with DCF in providing activities for mothers and children at supervised visitation meetings as well as providing monthly workshops for community residents on learning how to make the visits most enjoyable and conducive to maintaining the family bond.

North Berkshire - The Summer Workshop Series served 123 residents in over 43 workshop sessions. Most participants took part in several workshops. These workshops were an opportunity to build skills, engage in positive social interactions, and develop leadership skills.

SOCIAL CONNECTIONS AND EVENTS

DCF Strategic Plan - Strengthen Opportunities for Family Voice

Protective Factor 2 – Social Connections

# of Participants	26,572
# of Residents	21,725

The **Lawrence/Methuen Community Coalition** sponsored a community resource and safety fair within the economically depressed Arlington District at three neighborhood locations. The fair was co-sponsored with employment, health care, public safety, Head Start and child care partners. The fair was held in a neighborhood notorious for drug activities and where events of this sort are practically non-existent. Over 500 residents attended. A total of 15 community organizations participated in this event. Residents were linked to community resources and invited to join the coalition. One attendee told LMCC staff that it was the first time in three years that she had let her children play in the park and that she met neighbors that were from her country.

Lowell Alliance for Families and Neighborhoods staff and members participated in local community events including: the annual LAFN Holiday Extravaganza, The Family Fun and Health Fair, Neighborhood Group Meetings, Block Parties, DCF Resource Fair, and LAFN's family whale watch and trip to the New England Aquarium. Resources were provided for families who would not otherwise be able to participate in these activities.

Enlace de Familias de Holyoke - During the grand opening of the tenant resident council in May 2012, a Dad made a suggestion to hold a Back to School celebration. During the summer months the parents planned and coordinated the event. Previous to this, for the past 15 years, there had been a lack of a tenant council and there have been no activities planned by the tenants themselves. Although the Housing

Authority property manager and resident manager did not support the notion, the parents were able to host a "Back to School Celebration". The event was very well attended; school supplies and back packs were given to every student living in the development. Dads and Moms cooked up barbeque while some of the parents organized children activities. Local allies provided Zumba sessions & cultural tropical dances like Bomba y Plena. The organizers felt it was a huge success and immediately started planning their next event around supporting the children in their neighborhood to stay in school and stay off the corner where the drug trafficking is taking place. Thus the coalition increased participation by the larger tenant community at the housing projects to create social connections, to access information about their rights and responsibilities as tenants, to understand their role as community leaders and to increase their knowledge about HUD regulations and public policies around public housing projects.

Tree of Life/Arbol de Vida – The Jamaica Plain Coalition promoted and succeeded in bringing not only community relations police officers to local community events, but rank and file police officers as well. They found it was very difficult for police officers to have positive relationship with youth and families when the rest of the system does not encourage or support their collaboration. JP will continue to build on their success with their police department and will extend their efforts to the county Sheriff's Office.

PREVENTION, EDUCATION AND AWARENESS EVENTS

■ **DCF Strategic Plan - Continue to Ensure Access to Community Services**

■ **Protective Factor 1 – Parental Resilience**
■ **Protective Factor 2 – Social Connections**

# of Participants	11,748
# of Parents	9,081

The **New Bedford Community Connections Coalition (NBCCC)** - As part of its strategy they created an integrated wraparound approach to working with a newly converted charter school and supporting its outcomes. Through the Family Resource & Development Center (FR&DC) they provided monthly parent-child activities and sponsored parent workshops. Each month the program had 15-25 parents join their children in theme related activities. Parents were also linked to other out of school activities sponsored by the NBCCC FR&DC. A family support worker was stationed at the Renaissance Charter School's Family Center one day a week to assist the Family Center Coordinator with families that need more intensive support. By year end more than 80% of the families had utilized the Renaissance Family Center. A Community Partnerships team of over 25 community partners met monthly to discuss resources and create opportunities for the students. As a result the children had access to various mental health supports as well as after school programming such as the Girl and Boy Scouts.

United Neighbors of Fall River has a Memorandum of Understanding (MOU) with the New Bedford Women's Center, who holds a Sexual Assault and Domestic Violence shelter contract for Fall River. As part of this agreement, the director and their primary educator come to the Nurturing Fathers group for two weeks. The men receive certification for having completed a course in domestic violence prevention. More important than the documentation is the information and conversations that take place. Many of the participants are still struggling with the "power over versus the power to" issues that are covered as part of the NFP curriculum. This education helps to reinforce that discussion and provide the men with concrete examples of "power and control" behavior that weakens and threatens their relationships with the mothers of their children and sometime their female adult children. This has become a very requested - and worthwhile addition to the program.

Chelsea Community Connections collaborated to with Legal Services to provide legal workshops for grandparents, support to the Nurturing Fathers Program group for fathers in homeless shelters, and assistance to youths who were incarcerated in a Department of Youth Services (DYS) juvenile offender facility. The coalition has also trained 25 public health nurses in the "Enough Abuse" curriculum. The Chair of the Public Nurses Association for Massachusetts was in attendance and expressed an interest in replicating this curriculum statewide.

Helping People Get the Support They Need

■ **DCF Strategic Plan - Strengthen Opportunities for Family Voice**
■ **DCF Strategic Plan - Continue to Ensure Access to Community Services**

■Protective Factor 4 – Concrete Support in Times of Need

The **Lowell Alliance for Families and Neighborhoods** collaborated with the Greater Lowell Evaluation and Advisory Network (GLEAN), a community-response task force aimed at combating domestic violence through intervention, education and training of local service providers. The GLEAN team is made up of representatives from 25 law enforcement, educational, social service and health organizations that meets monthly to bring together their expertise with domestic violence and high risk cases. During this past year, 80 cases were identified. For each of the cases, the team worked together with the survivor to ensure that they would be as safe as possible, helped empower them to navigate the often confusing criminal justice system and connected them to community resources and supports.

The **Chelsea Community Connections Coalition** has, for many years, operated a Clothes Closet. One of the long-term objectives for the Coalition has been to provide families access to basic clothing. In FY14, it was maintained largely through volunteer efforts with staff supervision and 254 families were assisted in providing clothing for their children and families. This assistance is often the first step toward involving parents in coalition activities or other community involvement.

United Neighbors of Fall River published a comprehensive Greater Fall River Resource Guide of emergency services information. This all-inclusive resource guide can also be accessed (along with much more information) on the resource tab of MyFallRiver.org. The guide has a color coded language availability key to help workers find agencies and services in Spanish, Portuguese, Haitian Creole, Cape Verdean Creole, and Khmer or to indicate where a translator is available. It includes a wide inventory of services and supports to families. Every social worker at DCF received a guide and they were very well received. Since then, the Coalition has had requests from the Department of Mental Health (DMH), Department of Transitional Assistance (DTA), Greater Fall River Re-Creation, Fall River Housing, Fall River Police Department, and a number of other agencies. United Neighbors has printed, and distributed, upward of 2,500 copies to date and have shared the link for the electronic version to more than 50 agencies that have requested the resource guide.

V**aluing Our Children/North Quabbin Community Coalition** - The Children's Health and Wellness Task Force has been improving access to local food sources and is creating a guide to local vendors. They were also involved with the Food-A-Thon drive that raised over $30,000 and twelve (12) tons of food for local food pantries.

Systems Change

■ **DCF Strategic Plan - Strengthen Opportunities for Family Voice**
■ **DCF Strategic Plan - Continue to Ensure Access to Community Services**

■ Protective Factor – Parental Resilience
■ Protective Factor 5 - Social and Emotion Competence of Children

The Brick House Community Center coalition was successful in helping the Gill Montague Regional School District incorporate Restorative Practices into the district's disciplinary process. A pilot program was put in place during the 2013-14 school years, and yielded immediate results. The Turners Falls High School principal said that he was really impressed by the effectiveness of the practice. He specifically recalled sitting in on a restorative circle and being amazed as he saw two teen boys crying and hugging after they had had a violent altercation. Previously, this would have simply led to both students being suspended, with little effort being made to address the underlying issues. This program is a big step in building school-connectedness, which is directly linked to a laundry list of positive outcomes. This pilot program contributes to the coalition's objective that youth receive collective support from the community,

The **New Bedford Community Connections Coalition** continued their efforts to support Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) youth. The Coalition has been working to ensure that their voices are heard and to spotlight their specific needs to funders. In response, the Lipsky-Whittaker Fund brought together different organizations that serve the LGBTQ population across the age spectrum in New Bedford. Their intent was to create a network of providers in order to best meet the needs of LGBTQ residents and then to fund the project identified by the network. New Bedford Community Connections Coalition was included in this network at its beginning stages and helped form the South Coast LGBTQ Network**.** This network came to the conclusion that what was needed was a Development/Community Organizing position. This person will work with the existing resources in the community to complete ongoing needs assessments and then will seek to raise the funds necessary to provide for identified needs.

Enlace de Familias de Holyoke has promoted parent leadership development through its *Building Parent Capacity Thru Parent Training* workshop. This group of 12 parents is now attending school committee meetings and following up with their local political representatives regarding issues that impact the education of their children. In June, they organized constituents to change a recent school committee decision that would create barriers to children living in downtown from entering Kindergarten. They were able to get the school committee to rescind their vote. Parents successfully reached their goal which addressed their objective of children reading proficient by grade 4. This helps parent leaders to have a voice in the implementation of early literacy strategies.

III. FAMILY ENGAGEMENT

■ **DCF Strategic Plan - Strengthen Opportunities for Family Voice**

Family Representative

The original title of the Family Representative was upgraded to the Director of Family Engagement in 2009. The goal of the initiative continues to be the promotion of partnerships between the Department of Children and Families and community members to facilitate parent involvement in planning, delivery and

monitoring of DCF services which assists DCF in better serving families and children. There are now over two hundred community representatives working with the Director of Family Engagement. They serve on the Family Advisory Committee (FAC) which advises the Commissioner, Senior Staff, the Statewide Managers Meetings and DCF Area Boards, among others. These representatives advise the Department on policy and practice and provide feedback on the quality of services. PSSF funds originally fully supported the entire Family Engagement Initiative, and continue to support over half of its operational costs, including stipends for community representation and other related programmatic expenses.

Since 2010, the number of Community Representatives doubled from 100 to over 200 in FY 15. There is a waiting list of potential candidates waiting to serve. Much has been learned about the difficulties inherent to recruiting and retaining families who have had a history of DCF involvement. This initiative has grown as a Central Office initiative, and as DCF Area Offices have increased their knowledge of the benefits of engaging families in multiple ways. Significantly influenced by the work of the Director of Family Engagement and the Community Connections Initiative, the Department has made noteworthy gains in implementing family-centered, community-based programming which are integrated into policies and practices.

The work of the Director of Family Engagement has been facilitated by the work of the DCF Community Support Team and by Community Connections Coalitions, both of which are important bridges between DCF and the community. Due in part to the measure of trust and confidence the team has built from their work with the coalitions, parents have been ready and willing to step forward into advisory roles. The following initiatives are the primary focus of the work.

2014 Parent and Guardian Survey

As part of DCF's continued commitment to assess the impact of our work on vulnerable families and children, and to enhance the family perspective in the work of the Department, DCF and Casey Family Programs partnered to develop a multi-year process for gathering and incorporating DCF parent and family feedback into DCF policy and practice. This long-term effort was launched with a survey of parents/guardians who have had recent experience with DCF.

In May of 2013, a random statewide sample of 3,000 parents/guardians, whose cases with the Department had closed within the past six months, received a letter notifying them that they were being asked participate in a phone survey about their experience working with DCF. The phone survey was conducted by trained Community Representatives who are parents with prior DCF experience. For this initial phase, the survey was conducted in English and Spanish. The pre-established intent was to survey a randomized sort of 1,000 from this larger set. However, only 643 of the available telephone numbers were either still valid, accepting calls, or responded to by English, Spanish or Portuguese speakers. Of these 643 parents/guardians, 480 consented to be surveyed by the Community Representatives; an effective response rate of 75%.

The confidential survey included questions in the following areas:

- Initial engagement with the family
- DCF's communication and work style with the family
- Efforts to build family capacity and focus on family strengths
- Opportunities to engage children
- Promotion of family partnerships in service planning
- Respect for family's individuality and culture

- Access and availability of community services
- Case closure

The Parent and Guardian survey for 2014 was completed last month. It was administered by 12 community representatives with DCF lived experience who were trained to conduct it. Nearly 6,200 families were called during this significant endeavor covering cases closed during the period from January 2014 and August 2014. Results are currently being analyzed.

Family Advisory Committee (FAC)

The purpose of the Family Advisory Committee (FAC) is to bring together a diverse group of individuals who have worked with the Department of Children and Families to provide counsel to the Department. The FAC is comprised of foster and adoptive parents, parents who have formerly had open protective cases with DCF, people who were involved with DCF as youth, and community members invested in the safety and well-being of children across the Commonwealth.

The Department makes its decision-making processes transparent by engaging community members in the review of new initiatives. The FAC provides the opportunity for parents and other community members to have input into the development of practice, policies and programs that effect families. The FAC builds mutual accountability between the Department and the families it serves by creating opportunities for dialogue and learning on both sides.

The FAC meets four to six times per year and is staffed by the Director of Family Engagement. Participants are provided stipends for their time and expertise if needed. Some choose to volunteer or are able to get release time from their employers.

FAC working groups focus on Membership and Legislative matters. Each is comprised of five members. The Membership Subcommittee focuses on the recruitment and mentoring of new Community Representatives and the Legislative subcommittee focuses on the passing of bills and policies that impact the lives of children and families. These subcommittees meet nearly every month, and focus on the following areas:

- Reviewing and reporting on relevant legislation
- Staff training and support
- Building good rapport with communities
- Developing DCF informational materials that are user-friendly
- Putting core values into practice.
- Recruiting new members for the initiative

Commission on the Status of Grandparents Raising Grandchildren

The mandate for the Commission is to address issues of concern raised by grandparents and other kin who are raising children. Since its inception in FY 09, the Director of Family Engagement has sat on this Commission as a member, and as staff to three subcommittees. She has guided the work of the committees, recruited generous donations of time and resources from community members, and has ensured that an increasing number of grandparents are involved. These efforts have resulted in many accomplishments, including:

- Providing correct and accessible information in order for Grandparents to access support and make knowledgeable decisions
- Creating and sustaining a website: http://www.massgrg.com
- Developing tip sheets for grandparents regarding:
  - DCF
  - Available supports in the community
  - How to work with the courts, and
  - Other legal issues that grandparents may face
  - Information about the Commission and its mandate
  - Substance abuse and its impact on families
- Assisting in the creation of, and support for, a model for Grandparents' Support Groups that are being implemented across the state.
- Creating a network of supporters and facilitators of support groups that meet quarterly
- Providing legislative advocacy on bills that affect the lives of children and their families.

The Grandparents Commission based its work plans on feedback received from Grandparents during its initial *Learning and Listening Tour*, through its annual conferences, and ongoing dialogue with stakeholders.

DCF Area Offices and Community Involvement

In conjunction with the other members of the Community Connections team, the Director of Family Engagement developed a roster of community representatives, conducted orientation for new representatives, provided training and professional development opportunities to enhance the skills of community representatives and is available for ongoing technical assistance to Area Directors. A yearly retreat is organized for the Family Advisory Committee to look at the work that was done in the previous two years and to prioritize the work to be accomplished. The Family Advisory Committee is committed to working in their communities and at the area office level, concentrating on the following:

- Reviewing how DCF Area Offices work with fathers
- Participating, and assisting, in the development of Fatherhood Engagement Leadership Teams (FELTs)
- Reviewing how DCF area offices work with kin, especially grandparents
- Providing advocacy to fathers, families with mental illness and grandparents raising grandchildren.
- Participating on Area Boards and mentoring new consumer applicants.

DCF Area Offices have made substantial headway in opening their doors to the community and involving community members in decision-making processes. They have also greatly increased their own presence in the community. Some Area Offices have made less tangible progress and the Director of Family Engagement works with Community Connections Team to develop appropriate strategies to assist these offices.

Ombudsman's Office – Family Liaison Program

The DCF Office of the Ombudsman is charged with responding to consumer inquiries about case practice and working toward resolution of problems and complex situations. Working with the Family Advisory

Committee, this office created the **Family Liaison Program** to increase problem-solving resources for DCF staff and families.

Family Liaisons are parents who were formerly involved with DCF. Their cases are closed, and they have become parent representatives on the Family Advisory Committee, and on Regional and Area Boards throughout Massachusetts. They are carefully selected and trained.
The Family Liaisons:

- Are impartial —committed to listening to all sides and helping all parties
- Have attended DCF Core Training and have an understanding of DCF policy and practice
- Can spend up to 5 hours listening and meeting with all parties
- Possess knowledge about policy and practice
- Some Family Liaisons have specialized knowledge about mental health, substance abuse, local community resources, the criminal justice system, probate court and fatherhood engagement.

Liaisons have been instrumental in helping families effectively engage with the Department to produce successful outcomes. The program has been enormously helpful to families ensuring that they have a voice, are empowered and have the tools, to successfully navigate a complex system.
The following chart outlines categories in which liaisons were involved:

Fatherhood	Special Needs	Substance Abuse	Grandparents	Family	TOTALS	%
0	6	1	0	1	8	16.7%
3	1	0	0	1	5	10.4%
3	1	0	0	0	4	8.3%
3	3	0	0	0	6	12.5%
2	2	1	0	1	6	12.5%
1	1	2	1	0	5	10.4%
1	0	0	0	0	1	2.1%
1	1	2	0	1	5	10.4%
1	2	1	0	2	6	12.5%
2					2	4.2%
17	17	7	1	6	48	
35.4%	35.4%	14.6%	2.1%	12.5%		100.0%

IV. FATHERHOOD ENGAGEMENT

- **Protective Factor 1 - Parental Resilience**
- **Protective Factor 3 – Knowledge of Parenting and Childhood Development**

- **DCF Strategic Plan - Strengthen Fatherhood Engagement**

Director of Fatherhood Engagement

The Director of Fatherhood Engagement reports to the Director of Family Engagement and is responsible for ensuring that the Department works with DCF involved fathers in an effective and productive manner. The Director focuses on:

- Policy and practice development for fatherhood engagement. Engaging fathers has been defined as working with all fathers and to create interventions that build upon the fathers' strengths while addressing challenges.
- Developing a framework for strength-based practice with fathers, and work with all area offices in order to create consistent best practice across all parts of the state.
- Developing a system of care/services for fathers by providing:
    - Access to training that focuses on evidence-based fatherhood groups
    - Curriculum materials for DCF staff and community partners who provide fatherhood groups to DCF-involved fathers.
    - Training and support in establishing specialized support groups for fathers, since many men wish to have ongoing supportive group engagement that enhances parenting capacity and life skills.
- Encouraging collaboration with community partners and other state agencies to promote services for fathers. Currently, there are collaborations with the Department of Housing and Community Development, the Department of Revenue (re: helping fathers with child support enforcement issues), the Department of Corrections and the Department of Youth Services.

The work of integrating Fatherhood Engagement into statewide Area Office practice has often seemed daunting. In addition to the reluctance to begin new programs during a time of decreasing resources, an additional factor is sometimes at work. Many believe that there can be some conflict between the fields of Fatherhood Engagement and Domestic Violence. The Director of Fatherhood Engagement has worked with both fields to promote an understanding that, while there may always be an inherent tension between the two practices, that tension can be effectively addressed. He, therefore, worked collaboratively with the DCF Director of Domestic Violence and a specially convened committee to develop policies and practice tip sheets for situations in which fatherhood practice is complicated by the existence of domestic violence. The goal is to work with fathers who have a history of domestic violence in a way that prioritizes safety, encourages men to take responsibility for changing abusive behaviors, and acknowledging the harm that witnessing domestic violence can inflict upon children.

The Director of Fatherhood Engagement worked with 16 Area Offices in creating Fatherhood Engagement Leadership Teams (FELTs) in order to promote the institutionalization of routinely engaging with all fathers, to provide training for social workers on positive fatherhood engagement and to create/support appropriate services for fathers. Creating services frequently involves collaboration with community partners, such as Community Connections Coalitions. This is the case in Lynn, Lawrence (in Spanish), Lowell, Worcester (2 offices), Springfield (2 offices), Boston (3 offices), Holyoke, Brockton, Cape Cod, New Bedford, and Fall River - all of which have established Nurturing Fathers Programs.

Coalitions have played a crucial role in creating and expanding services for DCF-involved fathers. In addition to the services hosted or co-hosted by Community Connections, fatherhood groups have been established and maintained in Arlington, Worcester, Lowell, Plymouth, Cape Ann (Salem), and Weymouth. Groups are planned in Pittsfield and Chelsea (also Spanish). Altogether, between fatherhood groups and support groups for fathers facilitated by DCF staff and/or community partners, there are currently fatherhood groups at 21 locations and two more groups are planned.

The Family Nurturing Center (FNC) in Boston and Enlace De Familias in Holyoke (Enlace) have been longstanding leaders in local fatherhood programming. The Family Nurturing Center, in partnership with organizations like Enlace, is also providing training on facilitation of fatherhood groups statewide. Since 2013, 90-100 group facilitators are estimated to have received training sponsored by DCF and supported with PSSF grant funds.

Statewide Events

In partnership with multiple state agencies and communities and building on the success of the previously hosted Fatherhood Summit, the Fatherhood Summit was a gathering of the leadership from state agencies. It promotes commitment and action in order to expand services for fathers and to coordinate cross agency work to help low income fathers with multiple challenges. It brought together 150 participants, mostly from upper level managerial ranks. It has brought about increased collaboration across agencies to provide services for fathers, to make sure fathers have access to services they are entitled to as parents, and to share training resources.

The Statewide FELT retreat brought together 140 DCF staff from 20 Area Offices and 15 community partner agencies to share best practices, information about services, and to broaden the community engagement in services for fathers. Community Connections Coalitions have been core participants in each of these events.

The Director of Family Engagement assists the Fatherhood Initiative at DCF in all levels of its work. She has met with Responsible Fatherhood providers across the state to identify and recruit fathers to work with the child welfare system in determining needs, and to support fathers' participation at area and statewide advisory councils. She is a member of the Steering Committee for DCF's Strategic Plan for Fatherhood Engagement. The Director of Family Engagement supervises and mentors an advocate to work with fathers who are involved with the court and with DCF in extremely complicated cases. This advocate guides the fathers through the legal paths and provides direction on how to self-advocate in arenas that are foreign to their experience and are often punitive if one doesn't understand the culture of these systems.

V. PARENT SKILL DEVELOPMENT

- **Protective Factor 1 - Parental Resistance**
- **Protective Factor 1 - Social connections**
- **Protective Factor 3 - Knowledge of Parenting and Childhood Developing**
- **Protective Factor 5 – Social and Emotional Competence of Children**

- **DCF Strategic Plan– Expand Family Resource Centers**
- **DCF Strategic Plan– Establish a Strengthening Families and Positive Youth Development Framework for Case Practice**
- **DCF Strategic Plan 2 – Strengthen Placement and Educational Stability & Educational**

Achievement

- **DCF Strategic Plan – Continue to Enhance Management and Outcome Reporting**

The Children Trust / Supporting Family Resource Centers

Program Development and Implementation

FRCs provide universal, strength-based education, resources and support to assist all families, with children prenatal through 12 years old, become as strong and secure as possible. FRCs offer core services that provide support, build and enhance protective factors, and educate and promote family stability. These core services include group-based parent education, individual and family-based parent education, support community resource and referral, and provide a baseline for the development of all FRCs.

Group-based Parenting Education

Group based parent education services encompass parent education courses, family education workshops, support groups, and parent/child activities.

Parent education courses focus on sharing information about child growth and development. In FY14, these courses included stress and anger management, positive discipline techniques, effective communication, and strengthening family support networks. Courses are structured, sequential, group-based programs that stress interactive learning techniques. The FRCs use established curriculum or original curriculum which provides flexibility and the ability to tailor classes to meet the needs of families. In FY14, FRCs enrolled 879 parents in parent education classes.

Parent support groups offered an opportunity for parents and caregivers with common life situations or a common set of challenges to meet and help each other by sharing experiences, challenges, successes, and hopes. The program reported an average of 834 diverse parents attending. While some FRCs had great success with Parents Helping Parents support groups, others have experienced challenges, often due to facilitation skills and low attendance. FRCs that struggled have suggested this is due to facilitator changes as attendance often drops when leadership in the group is impacted.

Parent and child activities offer activity through structured and drop-in playgroups. One of the most overlooked benefits of a playgroup is that parents/caregivers have a chance to talk, make friends, and share experiences and ideas in a comfortable, nurturing environment. This fiscal year, the FRCs enrolled 733 children and 1,140 children in parent-child activities. The planning and implementation of parent and child activities has improved significantly in FY14. It is encouraging to see that more and more programs are beginning to implement parent child activities; however there continue to be significant challenges is recruitment and retention efforts. CTF report recommended focused program management, support and planning to address this challenge.

Family education workshops are short in duration (1 or 2 sessions) with a specific focus and topic. The workshops offer parents and caregivers strategies, tips, and activities to assist them in addressing parenting issues and developing life skills. Many of the workshops are planned based on parent interest and need, as well as community need. During FY14 about 960 parents were enrolled in family education workshops. Programs continue to indicate that the short term commitment of these workshops make these groups more accessible to parents.

Individual Family Support occurs when family support workers provide structured, sequential family-based parent education and support services. The primary focus of individual support services is parent education and support, including information and referral or concrete services. Services are provided at the FRC, in the families' home or other locations convenient to the family. Family support workers help families assess their needs, develop individual family plans and set goals to ensure family stabilization. Family support workers provide supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. During FY14, the FRCs provided individual family support to approximately 7,025 families (duplicated). This is a significant increase from last fiscal year, when approximately 4,788 families served.

Special Family Events provide fun activities to help families build healthy informal support systems and foster a sense of community. In total, the FRC programs had 2,170 parents and 2,811 children attending special family events. There has once again been an increase in attendance compared to last year, when 1,198 parents and 1,716 children attended special family events.

Information and Referral and Concrete Support Services provide participants with links to services available in the community, and help participants receive basic needs, health related and family support services. Family support workers provide support to families in accessing the services needed and offer participants a personalized connection or "warm hand-off" to available support networks. For FY14, the FRCs provided 11,808 instances of information and referrals and 12,109 instances of concrete services. The most common area for referrals were under the basic needs category, and included referrals for housing, equipment / materials (clothing, etc.), food and transportation. The most common concrete supports fell into basic needs area as well. These included, equipment/materials, transportation, housing/shelter (assistance with applications), and food. Many FRCs also provide significant support translating forms and information for families.

Participant Data is aggregated at the end of year and participant data for FY14 is reported below. This is preliminary data as not all quarterly calls have taken place to confirm the numbers reported. It is also important to note that while some FRCs have advanced data collection systems that report data accurately others still face challenges in reporting information, thus aggregate data is skewed by the several sites where data reliability remains an issue.

Year End FY14 Aggregate Data for all FRC Sites	
Total UNDUPLICATED Families	8,471
Total NEW Families	4,478
Total CHILDREN in FAMILIES participating in Programs & Services	11,927
Total PRIMARY CAREGIVERS	8,434
Total Number Instances Information and Referrals given	11,808
Total Number Concrete Services provided	12,109
Parent Education Courses (total # parents enrolled)	1,269
Parent Education Courses (total # parents attending)	896
Parent Support Groups (total # parents enrolled)	1,070
Parent Support Groups (total # parents attending)	834
Parent-Child Activities (total # parents enrolled)	930
Parent-Child Activities (total # parents attending)	733
Parent-Child Activities (total # children attending)	1,140

Family Education Workshops (total # parents enrolled)	1,019
Family Education Workshops (total # parents attending)	960
Social Events (# PARENTS ATTENDED)	2,170
Social Events (# CHILDREN ATTENDED)	2,811
Total Number of PARENTS enrolled Group Based Parenting Education and Support	10,463
Total Number of CHILDREN enrolled PLAYGROUPS AND SPECIAL EVENTS	5,282
Individual & Family Based Parenting Education and Support (total # families served)	7,025
Total Number of Trainings Received	196

Reporting coordinated by the DCF/CT team continued the use of the Quarterly Report to submit data on participation, referral sources, information and referrals and concrete services provided, program activities and services, and program design. In FY14, a new section on Parent Involvement and Leadership was added to the quarterly report as a next step for this key component of the FRC model. The new section gives programs the opportunity to report on the number of unduplicated parents participating in a variety of opportunities for parent involvement including providing support to the FRC, providing services to other program participants, facilitating/conducting FRC programs and services, acting as advocates for the program or issues in the community, and participating in governing and/or advisory board. These opportunities support parents in developing leadership skills, empower parents to advocate for themselves and others, and help parents develop a sense of ownership and commitment to the program.

During FY14, the Children's Trust pulled data from one quarter from the Group-Based Parent Education Services section of the quarterly report in order to provide a cross-sectional analysis. Parenting education groups, parent support groups, and parent and child activities offered at each FRC were compared against each other in an attempt to show strengths and challenges of individual programs as well as the FRCs as a whole. The analysis displayed the breadth of activities offered at FRC sites across the state. By seeing all the activities side-by-side FRCs and the management team could identify trends in programming, such as Nurturing Programs, Grandparent Support Groups, and activities for Spanish speaking families. This analysis also showed that several FRCs continue to have challenges with group recruitment and retention. The analysis revealed that several FRCs across the state did not offer food, child care and transportation. This is an important component of the FRC model, as research has shown that the provision of these supports reduce barriers to participation and help families feel supported and valued, which can lead to better retention.

The formal relationship with the Children's Trust to support Family Resource Centers concluded in January of 2015, shortly after the procurement of the new Family Resource Center program model was closed. The relationship between DCF and the Trust, however, extends beyond this single initiative – DCF sits on the Board of the Trust, is active on the Program Committee and Home Visiting Initiative Steering Committee and both organizations co-fund Family Resource Center programs in a small number of communities. As partners, along with the Departments of Mental Health and Early Education and Care, in the Strengthening Families initiative in Massachusetts our connection runs long – and deep.

FAMILY NURTURING CENTER OF MASSACHUSETTS (FNC)

- **DCF Strategic Plan - Strengthen Fatherhood Engagement**
- **DCF Strategic Plan – Continue to Enhance Access to Community Services**

The demand for training and consultation for Nurturing Programs for Families and Fathers has remained strong throughout the year. The impact of the FELT teams throughout the state has generated a strong interest in training for the Fathers' Program, and programs who have offered the Fathers Programs are expressing interest in offering a Family Program, as well. Expansion of the DCF Family Resource Centers has also continued to generate interest in Nurturing Programs.

There is a growing demand to continue to focus on capacity building, and Nurturing Program development. Highlights include:

- Continued growth of the Fathers Speak Team and the number of presentations they have delivered throughout the state, from six in 2013 to fourteen in 2014.
- The competency of the statewide training team who again delivered 5 regional trainings for the Nurturing Fathers' Program during the past year.
- Weekly breakfasts offered to fathers who have graduated from the Nurturing Fathers Program as a means of offering ongoing support.
- Working with the Department of Housing and Community Development to train shelter staff and to offer the Nurturing Fathers Program at two new shelters.
- Offering five regional trainings in the Family Nurturing Program for staff people of the new FRCs.

Summary of Training

Activity	# Trained
3 day Fathers Program	99
1 day Fathers Training	15
3 day Family Training	18
Family Resource Center training	100
Total	232

DCF Workers	66
Community Connections Coalition staff	3
Family Resource Center staff	73
Community partners	93
Total	235

Consultation and Technical Assistance was provided to thirteen (13) Nurturing Programs delivered by DCF and a variety of community partners. In this role, FNC provides assistance in initial program development and start-up, screening and pre- and post-program assessment using the Adult and Adolescent Parenting Inventory (AAPI). Coding of AAPI information allows Massachusetts data to be separately analyzed - yet benefit from the size of the national dataset of Nurturing Parenting Programs to which it contributes.

Nurturing Program Development

A few of the successes of the Family Nurturing Center were:

- Engaging fathers who graduated from Nurturing Programs in the advisory group of Dorchester CARES including participation in event planning.
- Making inroads in the court system through presentations about working with fathers resulting in referrals to Nurturing Programs by court staff.
- Frequent requests to present to groups of Social Work students and a New England School of Law class about Fatherhood engagement.
- Sending three people to the national Nurturing Fathers Program training in Florida conducted by Mark Perlman.
- Exploring the expansion of the Statewide Training Team by including one of the people trained at the national facilitator training to begin to learn how to train facilitators.
- Assisting the staff of the new Administrative Services Organization (ASO) for the new FRC network, UMass Medical School, in understanding the Family and Fathers Nurturing Program and what is involved in starting new programming.
- Providing 5 trainings for the FRCs in the Family Nurturing Program throughout the state.
- Providing one Nurturing Fathers Training for the FRCs.
- Helping high risk parents understand and provide for the needs of their children.
- Working with Parents and Adolescents in a program designed to increase communication between both sides.
- Helping fathers reconnect to children who have been out of their care and custody, often for a considerable time.

FAMILY ADVOCATES

Historically, Family Advocates undertook a wide range of activities to assist and empower families. They advocated for families who feel like service providers don't understand their specific needs, they educated families about services available to them and ways to access those services and they shepherded families through the maze of providers and paperwork needed to access services. They supported parents throughout the process by paying attention to the parents' voices and perspectives and connect families to other families who have been in the same situation thus facilitating peer mentoring. Because the model was so successful, it was decided to incorporate key aspects of the role into the FRCs as the current Family Support Worker position - an essential ingredient of the FRC model. Over the past three years, DCF has been moving to transition its small contingent of legacy, often free-standing, Family Advocate positions to the Family Resource Center model. This offers the additional benefits of peer support for advocates as well as an infrastructure that increasingly systematizes and links the work.

Several Advocates still exist in local communities, and are still usually affiliated with a Coalition or, more rarely, with a local service provider. These Advocates inform local service providers and DCF Area Offices about any concerns gathered from families in order to make services more family-friendly. They encourage these providers to build on strengths to help meet the families' expressed needs. They partner with service providers to address issues of language and cultural sensitivity.

Staff often provide translation services at meetings and give a higher level of advocacy within systems such as schools. Finding resources for families with substance abuse and mental health issues has been a

challenge for families and for the advocates who work with them. Another challenge has been finding resources for families whose income exceeds eligibility (aka “the working poor”.) The need for help with tenant rights, evictions, homelessness /shelters, and rental assistance often stretch the advocates’ ability to be of assistance. In these cases, these more systemic issues are identified for the Community Connections Coalition to try to tackle as they can often times have a greater chance at being successful.

Advocates work with families around immediate hands-on problems such as obtaining food, creating a transportation plan, making a budget, accessing day care or working with utility companies regarding shut-offs. One pressing issue the families face when seeking advocacy for services is the navigation through each agency’s service systems. When parents are overwhelmed by the complexity of their situations and therefore do not utilize services, Family Advocates can educate families to overcome the fears and misconceptions about DCF (and other providers) that prevent families from utilizing the services they need for their children. Most importantly, advocates teach families how to advocate for themselves.

Family Advocates, collectively, receive referrals by word of mouth, from previous clients, friends and families, Resource Fairs, the DCF Area Office, churches, family/friends, partners/ collaterals, clinics and others.

PATCH

Patch offers a casework practice framework that supports the multi-level systems change necessary to develop a shared practice among DCF, other state agencies, schools and community organizations. These changes relate to:

- The growth of a community centered understanding of family assets and needs regarding individual families and groups of families
- Shared ownership of safety, permanency and well-being outcomes
- A shift in roles and responsibilities to accommodate a teamed practice that crosses agency silos

The Patch sites in the rural North Quabbin region and the urban Dorchester community have been operational for over 18 years. In 2007, Patch was expanded to include sites in the urban areas of Lawrence and New Bedford. Additionally, the Plymouth Area Office has partnered with a local subsidized family housing development to develop a program that incorporates Patch practice values. PSSF funds support a part-time Family Advocate for the Plymouth site. Core Patch teams typically include a Patch coordinator, a DCF supervisor and social workers, a family support advocate, and in some cases a Department of Youth Services (DYS) worker. Extended teams also include educators and community organizations.

Patch shared practice is rooted in neighborhoods. Teams develop local knowledge to understand the strengths and challenges of communities. Team members proceed with the understanding that family relationships form the inextricable bonds shaping a child's development. They work toward preserving and strengthening those bonds, and intervening only when necessary. Team members constantly have an eye out for "who else is involved." They work with families to identify who might also become involved in order to mobilize informal community resources that will support families, create opportunities, and motivate change. Service plans are developed to strengthen the family’s capacities to care effectively for their children in sustainable ways that are grounded in their own natural environments. Care is taken that these services are compatible with a family’s identity, culture and history.

Patch practice depends on encouraging a collaborative change process not only in families but in communities as well. Therefore, team members work as change agents within communities. Housing, health care, child care, neighborhood safety and education are all community level concerns. Patch team members help to facilitate community level responses to shared or emerging problems. They negotiate the differences between "family needs" and "systems requirements," working to minimize barriers and to create a better fit between systems and communities. Patch team members work persistently and in a variety of ways with both families and communities to partner and build trust so that the work of the Department can be successful and, ultimately, effective.

From FY 09 through FY 13, a Patch Practice Development group held quarterly sessions with 30 to 35 representatives from the four Patch sites and key staff from the Family Resource Centers. The DCF Community Support Team and longtime Patch consultants/facilitators Carolyn Burns and John Zalenski supported their efforts. The Patch Practice sessions were built on a standing agenda of cross-site peer consultation. In FY 13, we held some of the Practice Sessions at the Patch sites. This created the opportunity to experience firsthand the community conditions of families served by each Patch. In addition, sites were better able to share their best practices and most pressing problems. During FY 14 and 15, practice development continued with a focus on individual site consultation.

The process of examining core Patch practices in the context of current DCF priorities has continued as a theme in practice development. This process has supported the use of Patch principles in working with the most challenging family situations, even those that involve serious safety concerns and children presenting with complex situations and needs. The specific focus in the past has been on understanding the relationship between Patch teams and Family Resource Center practice. Participants have reviewed the population of families they serve and how they overlap and differ.

They have developed an understanding that:

- Their practice methods are the same,
- They are all applying a strengths based, community connected practice approach,
- They are creating conditions for the growth of Protective Factors, and
- They may be serving some of the same families, simultaneously or in sequence, towards the same long-term outcomes of safety, permanency and well-being for children.

What differs, typically, are the immediate goals of their work. For example, a DCF Patch team worker may be focusing efforts ensuring current safety for children in an intact family, while the Family Resource Center staff may be connecting the family to resources for ongoing parent education and to the social network in their community. During a time when DCF is reformulating an approach to evaluation, efforts have focused on building a community connected case practice model that can encompass the practice of Patch teams and Family Resource Centers. The Patch and Family Resource Center leadership will continue the development of this model for the areas that continue to have both Patch and Family Resource Centers.

The original goal of the Patch initiative was to replicate the model as widely as possible as funds became available. As the positive outcomes of Patch practice were identified and it became apparent that co-locating a unit of social workers with community supports could not feasibly be implemented statewide, the goal shifted. Instead of seeking to expand Patch one site at a time, DCF began shifting the focus of its efforts to identifying ways of applying elements of the Patch approach in more constrained and economically sustainable ways. The deployment of a part-time Family Advocate, in conjunction with a temporary rotation or “hoteling” of formal and informal resources, at the Algonquin housing development in Plymouth is one such example of this Patch-like approach. Patch principles have significantly informed

the development of DCF's Integrated Case Practice Model, the implementation of the Family Resource Centers and a number of other system reforms currently underway. During late FY 15 and FY 16, the focus will be to re-align the work of the four Patch sites with the priorities of a new administration. In parallel, there will be a renewed effort to understand and document the opportunities to transfer successful elements of Patch practice into mainstream DCF practice.

THE ROLE OF THE COMMUNITY CONNECTIONS TEAM

The role of the Community Support Team has evolved to include contract management, program development and support of numerous initiatives and activity - generally with some aspect of a systems change focus. The Team has significantly contributed to every activity detailed in this report. Their role goes well beyond simple oversight of the expenditure of these key federal funds. Some examples of their work is participating and/or staffing) interagency workgroups, convening Regional Diversity Teams, attending Coalition Steering Committee meetings, and convening monthly meetings of Community Connections Directors. The Team excels in managing from the middle. The role requires an ability to gain the trust of community residents, agencies and organizations, to lead by example, to promote resident leadership when possible, to contribute multi-disciplinary viewpoints and information in planning sessions and to promote conflict resolution during difficulties.

The past five years has provided the Team members with innumerous opportunities for their own professional growth and leadership development. At the time of this reporting, two members of the Team have graduated from the EOHHS Management Certificate and Succession Planning programs. Three are certified Diversity Trainers for the Executive Office of health and Human Services. One has sat as multi–term chair of the Massachusetts Family Literacy Consortium. Each is an accomplished facilitative leader in his/her own right.

Team members have been the ambassadors of the Strengthening Families work statewide – providing the "how" to the "know." All are familiar with the Protective Factors, the Strengthening Families Self-Assessment and building and assessing corresponding Logic Models. Team members have been trained in conducting Parent Cafés and Community Cafés which are used extensively by both Coalitions and Family Resource Center programs. With the expansion and procurement of Family Resource Centers, knowledge of Positive Youth Development concepts is now among repertoire of content that the team brings to its work with community programs.

VI. Future Directions

In 2012, Massachusetts enacted Chapter 240 of the Acts of 2012 which set the stage for reform of the Children in Need of Services (CHINS) program. CHINS was created in the 1970s as part of the movement in juvenile justice to shift youth behavior such as running away, truancy or failure to follow parental rules from crimes treated as delinquency to status offenses that necessitated help or intervention. The next generation of that reform effort is currently underway in the state. A major component is creation of Family Resource Centers to serve a redefined population now called Families and Children Requiring Assistance (CRA). DCF, in partnership with the Executive Office of Health and Human Services (EOHHS) has procured an enhanced FRC program that is intended to build upon the existing DCF Family Resource Center program model by expanding the population served and embedding a defined set of services for the Children Requiring Assistance population and their families. Ten of these 14 initial "pilot" program contracts, fully supported by state funds, are now fully operational.

For the past several years, the work of the team has been focused on refining a model that brings the key elements of the Community Connections family of programs into a more unified, and scalable approach. The Family Resource Center is a natural focal point, with elements of the Community Connections approach weaved throughout its development. From a governing council comprised of stakeholders representing multiple sectors of the community to hard-wiring the use of Evidence–Based Parenting Programs, particularly Nurturing Parenting Programs, the FRC program model is clearly more evolutionary, than revolutionary.

The advent of the enhanced FRC provides us with a set of significant opportunities and some unanticipated challenges. Unlike our previous approach to building an integrated model, we will be purchasing a platform for integration from the outset. Elements of the community engagement and partnership development aspects of Community Connections are inherently a part of this new program. Consequently, full state funding of this program may create a small pool of resources for reinvestment that, up to this time, has been invested primarily in Community Connections. We are proposing to utilize these PSSF funds to start a new program which we envision as a precursor to full Family Resource Center development. This is grounded in the recognition that best practices for engaging communities and building relationships take time. It also belies a pragmatic understanding that this time window does not necessarily align with a program development timetable shaped mainly by the state appropriations process. Prioritization of this next generation of programs would be on the same bases by which new FRC programs will be sited and will afford us the lead time to develop relationships in communities of both necessary breadth and depth to support sustainability of a "full service" FRC at a future time when appropriated by the state legislature and procured in the same manner as other FRC programs. As each program moves to full funding as an FRC, we commit to the prospect that the dollars will be reinvested in additional development.

This developmental framework addresses a number of shortfalls in our historical development approach. First, it is scalable by definition. Secondly, it affords opportunities to develop partnerships that can focus on "hot spot" issues linking the direct service work of DCF and other agencies to areas of similar interest in communities that focus on tangible, concrete issues related to safety, permanency and well-being. In this way, Patch becomes the way of doing the work, not just a specific place or funded "pilot" program.

By doing so, we will continue to use PSSF funds as an incubator for innovative program development that responds to emerging or unmet needs and also be a strategic lever for systems change. We will use these critical resources to help bridge gaps where they exist – whether at a direct service level, or more critically, at systems that can either support families or, often as not, pose additional challenges to them.

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

2015-2016

Agency Administering the Chafee Foster Care Independence Program (section 477(b)(2)of the Act)

The Massachusetts Department of Children and Families administers the Chafee Foster Care Independence Program. The grant funds provided through the CFCIP 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. The Chafee funded programs are based on the principles of positive youth development and address each of the 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 mentor type relationships 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 to complement their own efforts to achieve self-sufficiency and to ensure that program participants recognize and accept their personal responsibility for preparing for and then making the transition to adulthood.
- Make ETV funds for education and training, including post-secondary education, available to youth who meet eligibility requirements.
- Provide services to youth who, after attaining age 16, have left foster care for kinship guardianship or adoption.
- Ensure that children who are likely to remain in foster care until age 18 have regular, on-going opportunities to engage in age or developmentally appropriate activities**.**

Using stakeholders input, the Massachusetts Department of Children and Families has focused Chafee programming on assisting youth and young adults build strong foundations for success. We address their needs for permanency, safety and the many facets of well being. Educational achievement and life skill mastery with permanent connections to family and/or other caring enduring relationships with adults are the goals for our youth.

Description of Program Design and Delivery

The Department has designed programming to address the varied service needs of the youth and young adults in the agency's care and/or custody.

Adolescent Outreach Program

Since its implementation more than fifteen years ago, the Adolescent Outreach Program has utilized 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. Per grant guidelines, program services are also

available to youth who were guardianed or adopted from DCF after attaining age 16 and to former foster youth who discharged from DCF between ages 18-21 and is some instances youth who discharged from agency care at age 17 and request services. This extension has provided a safety net for those young adults who are in need of additional transitional services. This extension will continue as program funds allow.

Outreach services seek to address 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 connections to family, including siblings and life long supports. The Outreach staff also assist youth with planning for and succeeding in post-secondary educational settings as well as vocational training programming.

Strength-Based Approach

The Department believes that the relationship model that the Outreach program utilizes is a significant factor in the program's success. Since its development in the late 90's, the program's strength-based approach and focus on youth engagement with a youth development base has inspired the mentoring and employment program, internship program, our ETV support model, etc. We hold true to the principle that youth and young adults are essential partners in their own goal setting, service planning, and life skill training, a key factor which facilitates their successful transitions into the community. Youth and young adults are encouraged to practice newly acquired skills and utilize problem-solving techniques effectively - within a safety net of adult supervision and support. Youth are continually empowered to establish goals, make decisions and practice newly acquired skills. Youth are also supported in handling 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 work to develop the skills necessary to cope with the challenges of adulthood and live self-sufficiently in their communities. The staff work closely with the DCF primary case managing social workers, foster parents, congregate care providers, community service providers and adults important to the youth to offer opportunities for youth and young adults to learn life skills through practical activities and achievements in their communities – making efforts to normalize their experiences. Assisting youth identify their educational/vocational goals and develop strategies to realize their potential are critical tasks for program staff.

Aligned with the Fostering Connections law, the modifications made to the Department's Permanency Planning Policy in 2013 encourage permanency, sibling connections, extended voluntary care for transition age youth to support optimal goal achievement. The staff of the Adolescent Support Services Unit have provided focused trainings, pre-service trainings to new staff and technical assistance to agency staff, providers and foster parents to strengthen understanding and practice of the policy as it addresses youth and transition age young adults. These opportunities for training and technical assistance will continue into the coming year. The Adolescent Support Services staff also have modified the PAYA (Preparing Adolescents for Young Adulthood) Life Skills training to reflect the revised policy.

Youth Served

From July 2014 to May 2015, the Outreach staff served 1414 youth and young adults. Of these, 439 youth and young adults received or are presently receiving intensive, weekly 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, 975 youth received assistance from Outreach staff to assist with job search, education, financial aid/college applications, housing support, Mass Health applications, and referral/resource information. The outcome statistics are derived from the 439 youth/young adults served in the program this past year. Additionally, another 17 youth/young adults have begun working with an Outreach worker this May 2015; however, as their participation is so recent, their progress is not calculated in the outcomes.

The Outreach Program focuses its work with youth/young adults in Departmental foster care, kinship care, those who are receiving Young Adult Support Payments and youth eligible through guardianship/adoption. It is expected via contract requirements that youth/young adults in Intensive Foster Care or group/residential care are provided similar life skill preparatory services in their placements. To avoid duplication of services, the Outreach workers generally do not work intensively with youth while they are in these placements. Also, youth/young adults who received Outreach services in a previous year may return for services – intensive or short-term focused at any time prior to age 21.

Youth/young adults are referred to the Outreach Program by the case managing social worker. Outreach workers also identify prospective clients by reviewing the report of youth in placement. Current programming/staffing focuses primarily on youth/young adults ages 16 and older for two reasons: youth younger than age 16 have in the past not demonstrated sustained engagement for weekly life skills meetings and present staffing levels would not currently support the expansion of services to youth ages 14 and 15. However, the Outreach staff do serve 15 year olds when their needs may be met by the program.
The PAYA life skills curriculum is available to all youth in DCF placements age 14 and older.

As in previous years, the majority of youth served in the program are age 17 to 21. The vast majority, 94% of the youth on the active caseload as of May 2015, were open for case management services with DCF; an additional 5% (11 youth) of these youth are age 18 or older and had discharged from DCF and later returned to placement. 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. Given the updated Permanency Planning Policy, we expect to see a continuation in the high numbers of youth who choose to sign a voluntary placement agreement with DCF when they reach age 18. One percent of the active Outreach cases were closed with DCF –no longer in DCF placement (3 cases.)
At the time of the case review, 4% or 8 youth/young adults in the active caseload were youth who left care after age 16 for guardianship or adoption.
There are no differences in how youth/young adults would be served whether they are open with DCF for placement, former foster youth who left DCF after attaining age 18 or left DCF placement after age 16 for guardianship or adoption. The referrals to the Outreach Program for the youth in guardianship or adoptions are less frequent, however.

Staffing and Service Overview

The program is presently staffed by 19 Outreach workers and 4 Supervisors. Overall program management is provided by the Director of Adolescent Support Services. The Outreach workers are assigned to an area office. In some instances of smaller offices, the Outreach worker covers 2 offices. The Outreach supervisors cover the assigned region.

The Outreach staff provide weekly service to the youth and young adults on their Active Caseload and contact with the youth who have moved from the Active Caseload to Tracking for 6 months – to provide

any additional support needed. 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. Since implementation, the program has categorized this work as contact services and has not included these youth in the active or closed caseload count. However, given the extent of the services provided during these contacts – sometimes as much as weekly meetings that continue for many weeks, we are reporting these numbers to capture the full extent of support provided.

This past year staff provided 975 youth with such support. This number is most likely under reported as the Outreach staff have assisted many youth with completing the NYTD survey this year and in the process have connected them to DCF support services, educational programs, etc.

Determining Eligibility for Benefits and Services (section 477 (b) (2) (E) of the Act)

Massachusetts DCF uses the Chafee Program guidelines and criteria for program participation to determine which youth and young adults are eligible for services. The Permanency Planning Policy addresses the Outreach Program guidelines.
DCF also provides Chafee services for eligible youth/young adults for other states who are temporarily living in Massachusetts or attending college here as well as those who have moved to MA after discharging from another state at or after age 18.

Outcomes

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.

Since its implementation, the Adolescent Outreach Program has continued to assist youth reach their life skill goals. Highlights of the most recent statistical review in May 2015 are presented below. The percentages are based on a total of 216 youth/young adults ages 16-21 who had received program services this year, but have been discharged from the program. Most of these youth (79%) are open with DCF; 5% had left agency care at or after attaining age 18 and returned for services. Sixteen percent (16%) were closed cases.
The achievements over the last few years have been fairly consistent. The youth/young adults who engage in Outreach services are generally successful in reaching their educational and employment goals as well as attaining permanency connections with family and community.

Education

- 69% attained a high school diploma
- 11% attained a GED/HiSET certificate
- 13% were still enrolled in high school
- 4% were enrolled in a HiSET program
- 1% enrolled at Job Corps
- 3% of youth dropped out of high school with no other educational services in place

Among these 172 youth who completed high school or a GED/HiSET ----

- 29% were enrolled in a 2 year college;
- 13% were enrolled in a 4 year college;
- 5% were enrolled in a post-secondary vocational training program
- 5% completed a post-secondary vocational training program
- 2% completed a vocational training program at Job Corps
- 7% have been accepted to a 2 year college to begin in the fall;
- 4% have been accepted to a 4 year college to begin in the fall;

Employment*

- 20% of the youth were employed full-time
- 40% part-time
- 7% were working part-time during school year and full time in the summer
- 8% have secured jobs for the summer
- 2% were in internships or volunteer work
- 6% were not working due to pregnancy or parenting responsibilities
- 3% were not working due to educational commitments
- 3% were not working due to placement issues
- 2% were not working due to documented disability
- 1% were at Job Corps
- 1% were in the military
- 8% unknown

Additional Information

- 2% were participating in an internship or volunteer position in addition to employment
- 25% were enrolled with a Career Center
- 3% had applied to WIA for employment assistance

**The employment statistics reflect the fact that 82% of these youth were still attending high school, HiSET classes, college or vocational training at the time of reporting.*

Other Source of Income

- 4% were receiving Social Security disability benefits
- 52% were receiving state funded Young Adult Support payments
- 4% were receiving TANF
- 16% were receiving SNAP benefits
- 34% received ETV payments this year
- 26% used the MA Tuition and Fee Waiver
- 20% received state Foster Child Grant funds for full time post-secondary education
- 3% had utilized a Family Unification Voucher through the Outreach Program.

Placement

- 30% were living in their own apartments with or without roommates
- 13% had returned to live with their immediate or extended family

- 11% were living in DCF foster homes
- 9% were living in a kinship foster home
- 9% were living with friends & paying rent
- 7% were in living in college dorms
- 5% were living in an independent living program or group care
- 5% were unknown
- 2% were renting a room
- 2% were living in a contracted Intensive Foster care placement
- 2% were living with former foster parent – paying rent
- 2% were living with friends-not paying rent
- 1% were at Job Corps
- <1% were in the military
- <1% were living in a Young Parents Program
- <1 were living with a spouse
- <1% were living at a DMH Program

Other Services

- 9% of the youth were taking psychotropic medications as prescribed
- 2% were prescribed psychotropic medications but were not taking them
- 7% were receiving services from the MA Rehabilitation Commission
- 3% were on probation through the courts
- <1% were receiving substance abuse services
- <1% of youth were receiving services from the Dept. of Mental Health

Additional Outcomes

- 81% had a connection their birth parent(s)
  - ❖ *9.3% were in touch via telephone/social media only*
  - ❖ *71.3% were visiting with parents*

- 99% of youth have a community support system
- 99% of youth have an identified life long connection

- 98% of the youth who had siblings were connected with them; of these youth:

❖ *6% through phone calls only*
❖ *92% were visiting or living with their siblings*

- 92% of the youth have a connection with their extended birth family;
- of these youth:

❖ *2% through phone calls only*
❖ *90% are visiting with extended family*

Practice and Tools for Teaching Life Skills

Life Skill Curriculum

The Department's own life skill curriculum, Preparing Adolescents for Young Adulthood (PAYA) has been successfully used by the foster parents, residential and congregate care programs and intensive contracted foster care agencies for more than 20 years to help ensure continuity in the life skills training for youth in out-of-home placement. The components of the 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

On a regular basis, Adolescent Services staff provided life skills and youth development trainings statewide. There were 11 PAYA certification trainings across the state this year and 3 trainings on supporting foster youth in post-secondary education. All DCF staff, contracted and state agencies, community partners, and foster parents are invited to attend these trainings which address the use of the curriculum and the implementation of the program services. The training presents strategies for working with adolescents around readiness for community living and teaching specific life skills. Transition planning and the after-care needs of youth are also addressed.

The Department's revised Permanency Planning Policy (effective July 1, 2013) requires all Intensive Foster Care (IFC) contracted providers and congregate care providers to complete the Youth Readiness Assessment Tool for the same population of youth and young adults specified above. 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.

PAYA Incentive Program

Since the implementation of the PAYA Program, 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 or a one time payment of $300 toward driver education training. From June 2014 to May 2015, 431 youth were awarded at least one PAYA incentives for a total cost of $52,550. Some youth completed more than one module and received more than one incentive. There were 307 $50 incentives awarded and 124 driver education incentives awarded.

PAYA Life Skill Groups

Boston Region

A PAYA life skills group was held in the Boston Region this year with a focus on Module 1: Money, Home, and Food Management. Topics included: searching for and managing housing, how to save for and develop a budget for an apartment, including the cost of moving and items that are needed for living on your own. Tenant rights, the pros and cons of roommates and how to read a lease were other top topics addressed.

Many aspects of money management were discussed including checking and savings account options from local banks. The youth tracked what they spent their money on for one week and then examined their spending in terms of luxuries and necessities. They also developed monthly budgets. The participants' credit reports were reviewed and much discussion was focused on how to build good credit and avoid bad credit.

Other aspects of Module 1 were also addressed in additional sessions – including grocery shopping with an eye to nutrition and budgeting, food safety and cooking basics.

Southern Region

Utilizing the PAYA curriculum staff facilitated a life skills group with the focus on Healthy Relationships. Outreach staff assisted youth in identifying how music and the media influence youth's perception of healthy and unhealthy relationships. The group discussed conflict resolution and strategies to resolve and avoid conflict. The group focused on how to recognize dating violence and where to get help if they are in an unhealthy relationship. The group also discussed the importance of developing a healthy relationship with yourself, focusing on self-esteem and valuing your own self-worth. Sexual heath was also discussed, focusing on STD and pregnancy prevention.

Efforts to Provide Developmentally Appropriate Activities for Foster Youth

Life Skills Support Program

The Department is committed to assisting foster youth access developmentally appropriate activities and utilizes Chafee Program funds as well as state funds for this purpose. The Chafee program funds are used for a variety of activities such as team athletics/uniforms, senior class expenses, SAT prep courses, high school activity fees, short term transportation, computers, etc. Chafee eligible foster youth including youth adopted or guardianed with kin after age 16 and those youth who discharged from placement at or after age 18-21 may be awarded funds to support their life skill development and transition needs. Between June 2014 and May 2014, 709 youth (unduplicated count)) received funding of $395,058 from this program.

DCF Internship Program

The Department's continuing partnership with private businesses and community-based organizations provides internship opportunities for DCF youth with the goal of assisting youth gain beneficial work experience and exposure to careers in which they have expressed an interest. Such access to internships is certainly a developmentally appropriate resource for foster youth, particularly as the Outreach staff provide the support in helping the youth/young adult identify their area of interest as well as potential placement sites. The Outreach staff provide on-going supervision – meeting with the youth/young adult weekly -assessing the youth's current employment skills and providing 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. Staff use the PAYA Life Skill Curriculum Module 3 to assist youth with employment readiness skills.

These internships give the youth a chance to explore potential career opportunities and encourage youth to set educational and vocational goals, form natural mentor connections with employers and employees in a career/field they are interested in and gain experience in a professional work setting.

DCF youth are paid a stipend by the Department (Chafee funds) for their participation in this program. The average youth initially works 40 hours with an opportunity for a 40 hour extension. The youth receives a $7 an hour stipend. The stipend payment is managed by the Outreach Worker and given to the youth when the employer verifies that the hours have been completed. 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 FY 15, 94 youth were matched with internship placements. Of these, 48 youth have completed their internships and 46 youth have ongoing internships.

Of the 48 completed internships:

33% of participating youth have reported a continued mentor relationships with their employer;
21% of youth were hired by the employer; and
19% of youth continue to volunteer at their internship placement.

Some of the internships this year included:

- Arch Street Salon
- Beverly Children's Center
- Bristol County D.A.'s Office
- Children's Law Center
- Durfee High School
- Everett Public Library
- Lowell West Gym
- MSPCA
- Northeast Animal Shelter
- Saint Anne's Hospital
- Skye Computer
- YMCA
- Windsor Place Nursing

A focus group of DCF youth leaders were asked for their feedback on the Internship Program last year. Their recommendations are below:

- Expand the Internship Program to connect youth with mentors based on a shared interest. Many discussed how difficult it is to establish a relationship with a mentor without a common basis.

- Extend the time period of the internship to allow sufficient time to establish connections that could build into a mentoring relationship.

DCF has made efforts to incorporate these recommendations into the programming this year with positive results noted above.

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 May 2015, 296 youth or 67% of the 439 youth who are receiving or had received Outreach services during this fiscal year were known to be employed at this writing. An additional 55 youth (13%) had secured summer jobs and are scheduled to begin summer employment soon. There were also 15 youth (3%) were participating in an internship or were volunteering. The Outreach staff will continue to assist youth develop work readiness skills and facilitate access to placement services.

- The relationships that Adolescent Support 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 and 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 May 2015, 108 youth or 25% the youth who are presently being served or were served by the Outreach Program in FY 15 were also receiving services or funding from the Career Center. An additional 28 youth (6%) applied for summer employment through WIA.

  One of the challenges to accessing services through the Career Center has been the detailed verification process for determining eligibility. DCF and Commonwealth Corporation developed a standard letter to facilitate this process to access WIA funded services and/or the career center services.

Youth and Young Adults Participation in CFCIP Planning and Service Improvements

On an ongoing basis, the Department seeks input in planning and refining CFCIP services from the members of the Regional Youth Advisory Boards and the Massachusetts Network of Foster Care Alumni.

Youth Advisory Boards

The Department's Youth Advisory Board has been active for more than 15 years. Presently, there are 27 members of the Regional Youth Advisory Boards who are committed to promoting change for future

foster youth through their voice, advocacy, and action. They provide recommendations to the Department on services, policy and practice. Additionally they want to ensure that foster youth are known for their strengths, achievements, goals and not labeled as likely failures. The Regional Youth Advisory Boards generally meet monthly, providing a medium for youth in out-of-home placement to voice their concerns and offer suggestions to the agency 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 jointly developed by the Board members based upon their own ideas/concerns or those of the youth they represent and by DCF administration – often seeking youth input on policy, programming, etc.

The most recent meeting of the statewide Youth Advisory Board was held on March 19th in Worcester when the newly appointed Commissioner met with the Board members for the first time. The Board members reviewed achievements and discussed their priorities – continued Outreach Program services, maintenance of the educational support programming for foster youth. The members praised the agency for its policy of continued support for transition age youth between ages 18 and 22.

- The youth leadership achievements this year and future planned activities are described below:

1. Board members participate on the Youth Panels at the area offices to review applications from former foster youth wishing to return to agency care.
2. Board members assisted in the planning for the Youth Leadership Institute last July and are working now on this year's Youth Leadership Academy and Youth Summit to be held on July 29 and 30. BNY Mellon sponsored the Leadership Summit last year and will do so again this year.
3. DCF maintains its participation in the New England Youth Collaborative – a regional youth group dedicated to improving the services/resources and outcomes for foster youth. Each New England state has 3-4 youth representatives. This year the group has been working on a normalcy survey for youth in congregate care and planning a Youth Conference for again this July.
4. DCF Youth Advisory Board members participated in the production of the annual graduation video that was presented at the Jordan's Furniture Youth Achievement Celebration this May 3rd, 2015. The video is also used for training new social work staff, foster parents and as a recruitment tool for adoptive and foster parents.
5. 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. Board members also participated in the DCF Adoption Option event this past September to assist in recruiting foster/adoptive homes for transition age youth.
6. Members spoke at Area office legislative breakfasts to present the youths' perspective on foster care.
7. The Youth Advisory Boards are often asked to offer feedback on a number of issues relevant to the Department. This year they were asked to provide feedback on Lead Agency services delivered by the Family Network agencies.
8. Board members provided valuable input on the agency's PAYA Life Skill Module 2 that address personal care, health, relationships, decision-making, etc.
9. Members assisted with the Education Open Houses at the area offices for younger foster youth interested in post-secondary education.
10. Many DCF area offices have included youth voice on the Area offices' Community Boards.
11. 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.
12. Again this year, Board members have given back to their communities by volunteering -at homeless shelters and hosting food drives.

13. Board members have been very helpful in assisting DCF with strategies for reaching out to foster youth regarding the NYTD surveys.
14. The members planned activities with a local nursing home - craft projects with the elderly residents around the Halloween, Christmas, and Easter holidays. This intergenerational project was a rewarding experience for both the youth and the residents, and the youth look forward to continuing similar projects in the future.
15. Board members also planned and hosted an Easter Egg Hunt at one of the Boston area offices for foster children.
16. The Department's teen newsletter, *The Wave*, has continued to provide a voice for youth in care 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 available on the DCF Intranet.

The Massachusetts Network of Foster Care Alumni

- The Massachusetts Network of Foster Care Alumni, initiated and funded through DCF, has continued to grow this past year. Its purpose it to illuminate the diverse needs of alumni of foster care in the state by advocating for appropriate services and supports, by promoting a healthy peer community, and by developing opportunities for service and leadership. The Network's Advisory Board has strong representation of foster care alumni. The Board has obtained its 501c3 certification. This past November the fourth annual Thanksgiving Dinner was held to provide members and interested young adults the opportunity to network with one another and learn more about the opportunities the Massachusetts NFCA offers.

CFCIP Services 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 – life skills training, internships, discharge support, etc. In the area offices where there is not an Adolescent Outreach worker assigned, the regional Outreach Program Supervisor will provide the access to Chafee funded services and supports.
The Chafee funded services are the same in each of the 4 regions of the state. The particular focus of the services is based on the individual youth/young adult's needs.
The state funded services are comparable across the state – again with the focus on the unique needs of the individual youth to be served in each area/region. Former foster youth ages 18-21 are offered the same Chafee services as foster youth under age 18. Former foster youth who leave DCF care after attaining age 18 may access Outreach services and other Chafee Program funded services, i.e. internships, discharge support, assistance with educational services.

Housing Support & Room and Board Assistance

As the Chafee Program funds cannot be used to support the room and board costs for foster youth in agency custody/care, Massachusetts uses less than 30% of its allotment of the federal Chafee Foster Care Independence Program for room and board payments. As many of the youth sign Voluntary Placement Agreements with DCF upon turning age 18, and the state provides the funding for placements for youth/young adults ages 18 and older – from foster care, to Intensive Foster Care (contracted) to independent living programs. In addition, the DCF utilizes the state funded Youth Adult Support Payments to directly provide room and board payments to young adults who are determined to be responsible and able to safely manage these funds.
The Department uses the Chafee funds for the Discharge Support Program:

The Discharge Support Program is managed by the Adolescent Support Services Unit of DCF using Chafee grant funds. The program supports start-up costs (i.e. first month's rent, security deposit, essential

furniture, household items, bedding, etc.) for young adults who have left agency care and are in need of such support. These are the expenses that DCF considers room and board payments for former foster youth. Transportation expenses are also included in the discharge support category. This past year from June 2014 to May 2015 (to date) – 58 young adults received discharge payments for housing and related expenses totaling $54,100. 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. Given the Department's focus on achieving permanency for our children and youth, many youth are leaving care/custody to return home prior to age 18 –making them ineligible for the Discharge Support funds. Also, as the DCF has modified its Permanency Planning Policy to broaden the criteria for youth/young adults to remain in voluntary care beyond age 18 – up to age 22, we are seeing more young adults leave care at or after age 21 – making them ineligible for the Chafee Discharge Support funds. An increase in the age for eligibility for Chafee funds would be beneficial to these young adults as they transition into the community.

With the Department's Foster Care Reviews for youth age 17 and older in DCF custody/ care, there are opportunities for the youth to be informed of this resource. Further 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 the agency's monthly report of youth in placement to identify youth ages 17 and older who may be discharging from care. Outreach workers regularly inform youth at Youth Advisory Board meetings of the resources and request that they share the information with other foster youth.

Below is a summary of the housing supports offered through state and federal housing funds, DCF, as well as donated supports. .

- **VOLUNTARY PLACEMENT AGREEMENT AND OPTIONS** - DCF encourages youth who attain age 18 in custody or care to request continued care with the Department to pursue their educational and/vocational training and access the services they need to reach their potential as participating citizens. The Voluntary Placement Agreement (VPA) that both the youth and the agency staff must sign has been modified to allow for agreements between the young adult and DCF and to specify the expectations of continued care. The service plan details the goals that the youth and the agency have agreed upon as well as the tasks for all parties who will assist the youth achieve the identified goals. This new form also includes reference to the Health Care Proxy.

  As of March 2015, there were 1848 young adults age 18 and older in DCF placement settings. In addition to foster care and congregate care placements for youth ages 18 and older, the Department provides Young Adult Support Payments directly to young adults that DCF staff believe are responsible and able to live in an approved placement (i.e. college dormitory, apartment with or without roommates). Via this provision, young adults receive a stipend to fund their living costs and daily expenses. 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 March 2015, there were 861 young adults statewide who were receiving Young Adult Support Payments.

The supports available for post-secondary education and vocational training from both the federal government and the state are certainly an incentive for youth to pursue their educational goals. Youth are encouraged to stay in school to achieve their diplomas, GED certificates or to pursue post-secondary education or vocational training. This year DCF celebrated the 41 young adults who achieved their Bachelor's Degrees; 24 students with Associates Degrees and 41 young adults who were awarded post-secondary vocational training certificates. 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. Eighty-one (81) percent of the youth served and discharged from in the Outreach Program this year have connections with their birth parents and 92% were connected with their extended families. Their connections with siblings were even higher at 97%. More details of this contact are available on pages 7 and 8 of this report.

- DCF has continued its partnership with the Sisters of Charity for more than 11 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. 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, 20 young women have been residents at Bachand Hall. The students are only accepted as referrals from the DCF. Presently, 14 young women are residing there**.**

- The Lowell Area office of DCF has also collaborated with community housing advocates and a developer to create a housing program for young men in the Lowell area, Paige Street Apartments. The program includes 10 one bedroom apartments. Nine of the apartments are reserved for DCF young adults ages 18 and older in voluntary care and receiving Young Adult Support Payments, and one room is for the Resident Advisor (RA). The apartments are very affordable as the group was able to secure project based Section 8 vouchers for the units. The young adults pay 30% of their income for rent. They are responsible for their own use of electricity and cable. The building also has a common area in the basement for the residents to gather and a space for the young adults to meet with their social workers. The expectation is that the residents will attend college or a vocational training program. The program has been very successful with a current waiting list.

- Since 2009, DCF and the MA Dept. of Housing and Community Development have jointly applied to HUD for Family Unification Program (FUP) vouchers– a portion of which have been assigned for "transition age" youth. These vouchers are limited to an 18 month period, unlike the standard FUP vouchers. As the young adults awarded the 18 month FUP vouchers are required to work with an Adolescent Outreach worker, the program is referred to as the FUP-AOP. Since 2009, we have maintained 28 vouchers for the transition age youth. Outreach staff are assigned to work with each recipient to support them with educational pursuits, money management, employment, housing and other needs that may arise. The young adults do not have to be in the voluntary care of DCF to be

eligible for the FUP vouchers, just Chafee eligible. Below is an overview of the details for the young adults with FUP vouchers as of May 2015.

FUP (Family Unification Program) Program Summary – 2015

This year the program has served 40 young adults. Presently 21 young adults are in their apartments using their vouchers, and 7 additional young adults are in the process of securing housing.
Six young adults completed their time with the FUP Program and moved on to secure housing. Another six of the young adults who completed the Family Unification Program moved on to participate in the Youth Transitioning to Success Housing Program. *

FUP Participants
(21 current + 7 approved searching for apartments)

Employment
6 not working
5 working full time
17 working part-time

Education
1 High School
21 College
1 Vocational Training Program
5 not in school (working)

*After successfully completing their 18 month FUP voucher, six young adults have moved from the FUP-AOP into the newly developed Youth Transitioning to Success Program. Description follows.

Youth Transitioning to Success Program (YTTSP)

Following focus groups of young adults who participated in the Family Unification Program (FUP) for transition age youth and feedback from DCF Outreach staff, the Department of Housing and Community Development and DCF partnered to develop the Youth Transitioning to Success Program (YTTSP). This is a relatively new program designed to assist youth who have been successful with their FUP voucher; it includes many of the principles of the Moving to Work Program. Some of the features are subsidized rent, a special needs account for approved emergency expenses as well as an escrow account to assist youth to save for the future. The participants are required to be enrolled in a post-secondary degree program/vocational training program and to work at least 12 hours weekly. This YTTS Program also includes assigned Outreach workers to assist the young adults with managing the responsibilities of money management, education, employment and housing.

Presently, 10 young adults are participating in the YTTS Program and an additional 2 young adults will transition to the program once their FUP vouchers end within the next two months.

An additional 2 participants transitioned from the YTTSP in FY 15, one young adult is age 23 and continuing in college; the other has obtained full time professional employment.

The collaboration between DCF and DHCD has been very successful. Whenever questions/challenges arise, both agencies discuss alternatives, and resolutions are readily agreed upon.

Extension of IV-E Foster Care Assistance to Young Adults 18-21

- MA has a long history of extending voluntary care to young adults ages 18 and older. As of March 2015, there were 1848 youth age 18 and older in the voluntary care of the DCF. The conditions under which they can remain in DCF care after age 18 mirror the recommended conditions for extended care under the Fostering Connections Law.

- The placement settings available to youth and young adults in the agency's care after age 18 are the same settings that are available for youth under age 18 with the exception of the Young Adult Support Payments which are available to youth age 18 and older who have demonstrated their ability to manage a budget. These young adults may reside in a college dormitory or an apartment.

- The Department's Adolescent Outreach Program (supported with Chafee grant funds) provides individualized support to youth and young adults seeking or maintaining employment. Employment readiness services including practice with job applications, resumes, interview prep and practice, and job search as well as employment support on the young adult secures a job. Additionally, the Internship Program provides placements for youth/young adults in employment settings of interest to them. Young adults are also referred to the Career Centers across Massachusetts for career interest counseling, resume writing and job search.

- The Department provides specialized services to youth and young adults with special service needs. DCF contracts for teen living programs for teen mothers and their children to receive parenting skills training and life skills training. These services are available with a housing component or as stand alone services.

- DCF also works closely with the state Department of Transitional Assistance to assist transition age youth access SNAP benefits when appropriate and AFDC for parents whose children are not in the custody/care of DCF.

- DCF works collaboratively with the state Department of Mental Health (DMH) and the Department of Public Health to facilitate access to services for youth and young adults with mental health and/or substance abuse histories. This collaborative working relationships are in addition to the services that DCF provides directly to foster youth through treatment programs (residential or community based). The Department's Caring Together Initiative allows DCF to contract for congregate care and support services jointly with DMH. DCF has also extended this partnership model to contracting for intensive foster care with the Department of Youth Services.

- Young adults who leave DCF care after age 18 but prior to age 21 are eligible for the Chafee funded services and the Education and Training Vouchers described throughout this report. The vast majority are also eligible for the state funded Tuition and Fee Waivers. The Adolescent Outreach workers are key in assisting these youth adults access the needed services including those to address their educational/vocational needs.

- With the revised DCF Permanency Planning Policy, the agency assumes that youth turning 18 will sign a Voluntary Placement Agreement to continue in care – unless they are returning home, adopted or unwilling to work collaboratively with DCF toward their service plan goals. Youth who choose not to

participate in the treatment services that DCF assesses to be necessary for them may leave care to avoid these supports. Young adults who leave DCF care before reaching age 21 most often do so to return to family – especially the youth who are age 18. The older the young adult is the more likely they will transition from DCF care after having completed an educational/vocational program. A significant benefit for DCF young adults is the agency's policy that they may return to request voluntary services after discharging at age 18 or older. Planning for discharge is a fundamental part of service delivery. DCF provides a Discharge Support Program with Chafee funds. The program supports start-up costs (i.e. first month's rent, security deposit, essential furniture, household items, bedding, etc.) for young adults who have left agency care and are in need of such support. These are the expenses that DCF considers room and board payments for former foster youth. (More detail on pages 15 and 16.)

Collaboration with Other Private and Public Agencies

- DCF has been collaborating with the state Department of Housing and Community Development for the last few years to manage the Family Unification Program Vouchers (FUP) for housing for transition age youth and the newer program, the Youth Transitioning to Success Program (YTTSP). (Fuller descriptions can be found under the housing section.) To date we have served or are presently serving 109 young adults with FUP housing vouchers and 40 young adults in the YTTSP.

- DCF Adolescent Services staff have continued to work collaboratively with staff at the Board of Higher Education, the state universities, the 2-year public colleges as well as the staff of the campuses of the University of MA. These collaborations have been very helpful in resolving issues on behalf of our shared students. DCF Adolescent Support Service staff have continued their presence on campuses and work in partnership with higher education (in the areas of support services, financial aid, registrar, etc.) to enhance the availability of and access to needed resources for our students. Outreach to the private colleges and post-secondary vocational training programs our youth attend has been ongoing. Twenty college advising events were held on 18 campuses and two DCF area offices this past academic year. More detail is provided in the ETV section.

- DCF Outreach social workers are continuing their communications with local shelters in an effort to identify any young adults who may qualify for DCF and/or Chafee services. Outreach workers reach out to local shelter programs to ask staff to call them if they identify a young adult who identifies as a former foster youth. Our goal is to connect with the young adult to offer Outreach services and other services as appropriate.

- The state Department of Elementary and Secondary Education has continued its data sharing with DCF providing a range of demographic and educational information (SIMs data) which is visible for workers on iFamilyNet, including the SASID (State Assigned Student Identification Numbers), language, country of origin, enrollment information, truancy days, grade, school attending, special education status. The agencies continue to work to improve the timeliness of the data. DCF also receives the MCAS scores on students who were in agency custody when they took the exam. All this educational data is essential to social workers as they support youth in reaching their educational potential.

- DCF has updated the education policy which gives a consistent message of the importance of promoting educational stability, continuity and engagement from birth through post-secondary education or career for all children and youth involved with the Department.

- DCF's 29 Education Coordinators are affiliated with each of our geographical area offices to provide assistance, training and support to workers and families for all education and special education related concerns that impact our children and youth. Their focus includes school enrollment, school engagement and supporting transitions for youth who are hospitalized or returning from congregate care placements. They fulfill a critical role in fostering educational stability and progress for our youth.

- DCF youth have continued their involvement with the New England Youth Collaborative this year and have shared the progress that Massachusetts has made with growing the MA Network of Foster Care Alumni. Plans are underway for the annual youth conference in July this year.

- DCF Outreach Program staff have continued their efforts to strengthen connections with WIA funded agencies and career centers with the goal of accessing services and supports for our foster youth. This year 24% of the youth on the Active Outreach caseload and 25% of the youth on the Tracking/Closed Outreach caseloads were enrolled at a Career Center as of May 2015.

- The Department of Children and Families' partnership with Jordan's Furniture has grown significantly over the last few years. One of the programs assists youth who are transitioning into their first apartments. In an effort to support these youth, Jordan's Furniture provides stipends in the form of gift cards for needed furniture. Eligible youth are between the ages of 17-23 who are leaving placement or who will move into unfurnished housing in order to pursue an educational or vocational goal. Referrals are made to the Outreach Program by DCF outreach workers or social workers. Youth must write a letter stating their needs and goals in support of the request. In FY 15, Jordan's Furniture assisted 18 youth each with $800 in gift cards for a total donation of $14,400. Youth were then able to go to Jordan's Furniture store with their outreach worker or social worker to buy new furniture.

- This year's Youth Achievement Celebration honoring youth who graduated from high school, college, a vocational training program or received a HiSET certificate was held on May 3rd once again at Jordan's Furniture Store in Reading, MA. More 500 graduates and their guests were invited to celebrate their educational achievements, to share food, activities and a movie. The graduates were also given a certificate of achievement and gifts to commemorate their accomplishments. The DCF Regions will also celebrate their graduates this June at local events.

- The Department's partnership with BNY Mellon has continued for five years. The Bank has generously sponsored the Department's Youth Leadership Summit and Youth Leadership Academy this past year and will do the same again this July 29 and 30th. This past year staff from BNY Mellon joined with AFC Mentoring to present a workshop at the Summit on money management strategies which was well received by the youth. More than 200 participated in the 2-day event with workshops ranging from the dangers of texting and driving, cyber-safety, credit management, skills for apartment living, safe relationships, post-secondary education options/careers, to finding positive outlets for energy.

- Collaboration continues between DCF and the staff of the Department of Youth Services (juvenile justice) to identify transitioning youth connected with both agencies who are eligible for Chafee and/or state funded resources, such as Discharge Support funds, Tuition and Fee Waivers, Education and Training Vouchers, etc.

- The MA Network of Foster Care Alumni has continued its development of members and held the fourth annual Thanksgiving Dinner Celebration on November 20, 2014 in Worcester, MA. More than

100 alumni of foster care, ranging in age from 18 to 80, gathered to share a turkey dinner with all the trimmings. They enjoyed connecting with old friends and making new ones. Also in attendance were foster parents, state legislators, and DCF personnel, all members of MASS NFCA as allies of young adults in foster care. The Network provides a valuable resource to adults age 18 and older who have experienced foster care, adoption or guardianship. Its goals are to illuminate the diverse needs of alumni of foster care in Massachusetts by advocating for appropriate services and support, by promoting a healthy peer community, and by developing opportunities for service and leadership.

- This year the Department hosted its 9th annual statewide College Fair on April 23. The event was attended by more than 200 participants including foster youth, providers, foster/adoptive parents and staff to learn about the opportunities of post-secondary education as well as the state and federal financial support available. Representatives from more than 30 colleges and post-secondary educational programs attended along with a representative from MEFA (Massachusetts Educational Financing Authority) and the Massachusetts Education and Career Opportunities, Inc. Also invited were a select group of private colleges that have committed to providing supportive services to foster care students. Colleges and programs were able to highlight courses of study as well as support programs available to foster youth.

Mass Health – Chafee Foster Care Independence Program and the Affordable Care Act

The Department of Children and Families and the MA Department of Medical Assistance have continued their partnership to support Massachusetts' utilization of the federal Chafee Provision allowing states to provide Mass Health coverage for youth who discharge from placement at or after age 18. This benefit is provided up until their 21st birthday and, here in MA does not require youth/young adults to re-apply each year. This is a collaborative effort among federal and state government with DCF, the Department 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.

DCF and the Department of Medical Assistance have been working to facilitate the continuation of Mass Health - Medicaid to eligible young adults so that they do not experience a gap in coverage from "in placement" Mass Health to the coverage under the Affordable Care Act eligibility. Additionally, DCF and Mass Health staff work closely to facilitate access to FFC Mass Health for former foster youth over age 21 who lost coverage after attaining age 22. DCF and the office of Medicaid are working on a flyer to share with young adults, DCF staff, foster parents and providers/advocates that will assist in streamlining the application process. The CIP Youth website: http://www.masscip.org/content/chapter-nine is also a useful resource. DCF has provided and will continue to provide outreach and education to foster parents, young adults, staff, providers regarding this benefit to identify young adults who are eligible but no longer in agency care. DCF has provided information about the FFC eligibility in its Youth Newsletter, Educational Newsletter, and foster parent newsletter. Outreach staff also share this information with young adults as they administer the NYTD survey. As these individuals are identified, DCF Outreach staff shepard their applications through the approval process. The Department of Medical Assistance has identified two staff to facilitate processing of these applications and address any problems that arise.

DCF and the Office of Medicaid continue to explore the possibility of sharing data that will automatically enroll eligible foster youth – soon after their transition from DCF care –without the application process. This process would ensure that eligible former foster youth are enrolled with Mass Health coverage.

Massachusetts has also selected the option to cover former foster youth from other states, as well.

Human Trafficking

The Department in partnership with the Justice Resource Institute (JRI), the applicant organization, was awarded a Child Welfare Trafficking Grant. The goal of the grant here in MA is to develop within the state's child welfare system sustainable methods for preventing minor trafficking, identify trafficking victims and connect them with support and services. The process will include data gathering, infrastructure development awareness-raising and cross-systems collaboration and outreach. The collaboration with DCF includes the My Life My Choice Program which works with at risk youth and youth who have experienced trafficking and the Support to End Exploitation Now (SEEN) Program, a multi-disciplinary response addressing human trafficking in the Boston area. The Massachusetts Juvenile Court and a number of other stakeholders have committed to active roles in the project.

The Department's PAYA Life Skills curriculum addresses the dangers of the domestic violence, dating violence, victimization and human trafficking. The focus on self esteem building, self care and personal goal setting is also the approach that the Adolescent Outreach staff use with their youth.

Staff of the Adolescent Services Unit who provide Pre-Service Training on Adolescents and other trainings to staff, providers and foster parents participated in a training of trainers on human trafficking with the goal of incorporating essential components into other agency trainings.

NYTD

The Department contracts with the Judge Baker Children's Center to assist with the NYTD surveys. The DCF Outreach staff locate and survey the youth and young adults who are in agency custody/voluntary care as well as young adults who are no longer in agency placement, but whose contact information is know to DCF. The Judge Baker staff search for young adults ages 19 and 21 who are no longer in agency placement and whose contact information is not current. To date, DCF has been able to reach the required percentages of youth and young adults to survey.

Baseline Population Highlights from NYTD Survey

Below is a summary of the NYTD survey responses for 816 youth who turned age 17 while in placement in FY 2014. The surveys had to be conducted within 45 days of the youths' 17th birthday.

Participated	671
Declined to respond	93
Incapacitated	21
Runaway	28
Unable to locate	3
Total Baseline Population	816

Highlights of Survey Responses of 671 Youth Turing Age 17 in FY2014

- 93% of the youth reported that they were enrolled in an educational program;
- 93% of the youth responded that they had at least one adult in their lives (other than their DCF social worker) to whom they could go to for advice and emotional support;
- 20% of the youth reported that they had a part-time job;
- 27% of the youth reported that in the past year they completed an internship, apprenticeship or other on the job training – paid or non-paid;
- 20% of the youth reported that they had been incarcerated in the last two years;
- 96% of the youth knew that they had Mass Health coverage;
- 4% of the youth reported that they had given birth or fathered a child within the last 2 years.

Discussions

- Discussions of the NYTD requirement and agency efforts to collect information on all the services delivered to youth ages 14 and older have been ongoing with staff, managers, providers, foster parents, youth leaders and other stakeholders. Greater emphasis on the data entry of services delivered to youth – documentation in the NYTD Window on the Family Net system is planned. The current data is not capturing all the support services delivered to the adolescents in the federally designated "served population." Efforts will continue to increase the entry of all services provided.
- DCF has shared the NYTD outcomes with the agency's Group on Adolescent Permanency and statewide managers to continue assessment of the implementation of the Permanency Planning Policy and our efforts to support permanency for all foster youth. DCF has shared the NYTD data with the Massachusetts Alliance for Families (MAFF), the foster/adoptive advocacy association that is dedicated to enhancing the quality of life for foster children and foster families. The areas noted as strengths – school enrollment and permanency connections were shared as well as other survey outcomes. Discussions continue on strategies to maintain focus and positive outcomes for permanency, education, employment readiness/work experience and overall well being for our foster youth.
- Input from the members of the Youth Advisory Board has been solicited since the implementation of the NYTD – seeking strategies for engaging youth to complete the surveys to helping staff determine which survey questions needed more explanation. Subsequently, DCF has shared the NYTD data with members of the Youth Advisory Boards for feedback and insight into the service needs and best practice approaches/strategies to use toward improved outcomes. One example is the Medicaid/Mass Health coverage question. While most youth understand that they have Mass Health coverage, they do not fully understand health insurance – private vs. public. DCF is working with staff of the Office of Medicaid and our youth leaders to produce a youth friendly flyer that explains coverage for foster youth – while in care and after leaving DCF care.

Education and Training Vouchers (ETV) Program

Education

- Massachusetts awarded 514 Education and Training Vouchers in academic year 2014-2015 current to May 31, 2015. (A more detailed report on the ETV Program follows in a separate section.)

- Each year the Department hosts Statewide and 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 year the academic/vocational achievements of 529 youth were recognized (392 graduating from high school, 31 youth achieving their HiSET certificate, 41 youth receiving a post-secondary vocational certification, 41 youth graduating with a Bachelor's degree and 24 with an Associates Degree. The Jordan's Furniture Store is a primary sponsor providing the space for the largest recognition event – statewide - with gifts for all the youth and a free movie in the IMAX Theater. The TJX Corporation and private donors also donate gift certificates for the youth.

- As of May 2015, the Department has issued 4764 State College Tuition and Fee Waivers to current or former DCF foster youth – 350 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 or placed in a guardianship home through the Dept. of Children and Families are also eligible for the same waiver of tuition and fees.

    - Adolescent Support Services Unit staff again presented Educational/Vocational Fairs in 26 of 29 area office for youth, foster parents, group care providers, and DCF staff. 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 is a resource that has been provided for the last ten years and will continue. The area offices that did not host an Educational/Vocational Fair chose to provide individual appointments with foster youth to assist with their educational/financial questions/needs.

    - In academic year 2014-2015**,** DCF referred 520 youth to the Massachusetts Board of Higher Education for consideration of the Foster Child Grant Program to assist financially with their college/vocational training needs. The Board makes the final determination of eligibility. Awards are based on financial need and student status, including full-time attendance, MA residency, and eligible educational program.

    - The 2015 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. The Guide will continue to be produced during the next five years.

- The DCF website, www.mass.gov/dcf , provides an online resource for students and foster parents to access up to date post-secondary and higher education financial benefits and support programs. The information is found under the Adolescent Support Services tab. ETV staff update and maintain the education information provided via the website.

Education and Training Voucher Program

Accomplishments

- Massachusetts awarded 514 Education and Training Vouchers in academic year 2014-2015. This reflects a decrease of <1% from the 516 recipients in academic year 2013 - 2014. However, this year there were 75 students who applied for ETV awards and had to be denied as they were age 23. This is an increase of 20 students in this category over last year. There were 227 new vouchers and 287 ongoing vouchers this year; 56% of the vouchers awarded this year were for returning students. DCF staff continue to support students in persisting with their education.
  (A chart is presented on the next page with these same numbers.)

- The students who received an ETV award this year attended 92 different colleges, universities and vocational programs in 16 states. Of the 514 recipients, 423 (82%) students were enrolled full-time, and 91 students (18%) were enrolled part-time.

The ETV Program funding is particularly helpful to the DCF foster youth who were not in protective custody (as they are not presently eligible for the state-funded Foster Child Grant) and to those youth who were adopted from foster care or who were guardianed with kin after attaining age 16. The Education 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.

2014-2015 ETV Program Information	
Total Recipients for 2014-2015	***514***
Breakdown of Total Recipients for 2014-2015	
Show New Recipients and Ongoing Recipients	
2015 (NEW)	***227***
2014, 2015	***109***
2013, 2014, 2015	***79***
2012, 2013, 2014, 2015	***41***
2011, 2012, 2013, 2014, 2015	***17***
2013, 2015	***12***
2012, 2013, 2015	***5***
2012, 2014, 2015	***4***

2011, 2012, 2014, 2015	***4***
2012, 2015	***3***
2011, 2015	***3***
2011, 2012, 2015	***3***
2011, 2012, 2013, 2015	***2***
2010, 2014, 2015	***1***
2010, 2011, 2013, 2014, 2015	***1***
2010, 2011, 2012, 2014, 2015	***1***
2010, 2011, 2012, 2013, 2014, 2015	***1***
2009, 2010, 2011, 2012, 2013, 2014, 2015	***1***
Total	***514***
Number of Universities/Colleges/Vocational attended	
by 506 ETV Recipients	**92**
Number of States	**16**
Enrollment Status of 506 ETV Recipients	
Full-Time	***423***
Part-Time	***91***
4 Year Public	***147***
2 Year Public	***265***
4 Year Private	***62***
2 Year Private	***13***
Vocational Training	***27***
Students enrolled not awarded ETV @ age 23	***75***

The goals for the ETV Program remain the same. Some progress has been achieved as noted:

- Increasing the number of foster youth persisting in post-secondary education; a *slight increase has been realized if we include the 75 youth who are age 23 who no longer qualify for ETV but who are persisting in their educational program.*

- Providing academic and personal support to foster youth pursuing post-secondary education;
- Maximizing all state and federal academic and financial resources available to students involved with DCF;
- Incorporating initiatives to connect youth with adult and peer mentors at academic institutions and with support staff on campus and at DCF;
- Educating DCF social workers and partners 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;
- Increasing education of college staff who work in student support services about the needs of foster youth;
- Encouraging participants of the ETV Program to join the DCF Youth Advisory Board and the MA Network of Foster Care Alumni;
- Continuing focus groups of ETV recipients to obtain feedback on program services and recommendations for improvements, and

- Developing a Youth Advisory Board specific to the ETV program, made up of college students from foster care.

DCF efforts toward the above goals are documented on the following pages:

Direct Service/Mentoring

- Twenty College Advising events were held on 18 campuses and two DCF Area Offices this past academic year. More than 150 foster youth were served through these events via either direct meetings with ETV staff or through advocacy on their behalf to college financial aid or student support personnel. Students were assisted with financial planning, housing, academic progress and social/emotional needs. These events also provided an opportunity for interested students to meet peer mentors from foster care who attend the same academic institutions.

- ETV staff provided The Education Highway Workshop at the 2014 DCF Youth Summit. Students at all levels of education were assisted in mapping out their long term educational and career goals and defining short term goals that will lead to their desired achievements.

- The Department hosted its 9th annual statewide College Fair on April23, 2015. The event was attended by over 200 participants including foster youth, foster parents, agency and group care program staff. Representatives from more than 30 colleges/universities, and vocational trainings programs as well as organizations that included the MA Educational Finance Authority (MEFA), The Massachusetts Network of Foster Care Alumni and The Massachusetts Education and Career Opportunities Inc. Also invited were a select group of private colleges that have committed to providing supportive services to foster care students. Colleges and programs were able to highlight courses of study as well as support programs available to foster youth.

- Some progress has been achieved with the agency's plan to provide direct marketing of post-secondary supports to students with the quarterly newsletter and two webinars on post-secondary educational supports. Guidance from the Youth Advisory Board members and DCF college students will continue to be solicited to ensure the information is relevant to the needs of the students and presented in a manner that will engage students.

Collaboration

- DCF has maintained and will continue its membership on the Massachusetts Department of Education's Financial Aid Advisory Board to ensure that foster care youth are represented when financial aid policy and practice is developed at Massachusetts colleges.

- ETV staff met on campus with financial aid staff of 22 Massachusetts public colleges for the purposes of programmatic planning as well as review of current financial aid packaging for enrolled foster youth. This year ETV staff partnered with the Bunker Hill Community College LifeMap initiative to better equip colleges for effective transition support for students. This particular college served 36 students from the ETV program this academic year.

- This year ETV staff partnered again with TRIO staff at 4 community colleges across the eastern part of Massachusetts to develop processes to increase referral and collaboration between the DCF Adolescent Outreach and TRIO programs.

- ETV staff continued to provide significant support to the University of Massachusetts Boston UAccess Program. This office is designed to provide support and referral for students who are facing social, emotional, and financial challenges at UMass. ETV staff work to facilitate services offered by the UAccess Program to foster care students enrolled at UMASS. UAccess held its second annual conference, this year the theme was Supporting Post-Secondary Students facing homelessness. ETV staff provided a workshop to 25 participants on effective housing models for this population and how to utilize child welfare resources for qualified students.

- ETV staff continue to serve as advisory board members on the Statewide Workgroup on Homeless College Students and the Massachusetts Board of Higher Education Financial Aid Advisory Board. On these Boards ETV staff ensure that current state programming and resources are inclusive of the needs of foster youth.

The two ETV staff have developed and maintained 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.

Training and Technical Assistance

- ETV staff again assisted in the production of a video highlighting the accomplishments of youth graduating from high school and college. The theme of this year's video was gratitude. Youth gave peer advice on how to be successful in school and thanked adult supporters who were fundamental to their success. The video is utilized by Adolescent Outreach Workers as well as recruitment and training staff of the Department.

- DCF staff continued to assist in financial aid coordination for The Home for Little Wanderers ASCL (Academic Support for College and Life) Program. This residential program is located on campus at Bridgewater State University and serves youth with life skills training while they are earning college credits.

- The ETV and Outreach staff provided technical assistance this year statewide to the Department's contracted foster care agencies, group homes and independent living programs in order to increase competency of care providers in assisting youth plan for, pursue and persist in post-secondary education.

- On a regular basis, Adolescent Services staff provided life skills and youth development trainings statewide. There were eleven PAYA certification trainings across the state this year and three trainings on supporting foster youth in post- secondary education. All DCF staff, contracted and state agencies, community partners, and foster parents are invited to attend these trainings.

- Again this year two e-newsletters were distributed from the Massachusetts ETV Program. The first was a publication of training dates and resource and referral information for professionals supporting youth in post-secondary education. The second was for the students themselves and provided dates when ETV staff would be on campus advising; happenings at the DCF that would be of interest and support to students; and tips/advice for financial planning and college success.

- This year ETV staff partnered with the Massachusetts Child Welfare Training Institute to train new and existing DCF staff at all levels of service on the new DCF Education Policy which included

compliance with the Fostering Connections Act. The agency sought to provide a cradle to career service for child consumers through a trained and empowered workforce. ETV staff spoke to the issues of helping foster youth with planning for and executing a post-secondary plan for education, work, or vocational training.

- ETV staff is collaborating with Ascentria Care Alliance to assist DCF youth who have immigration/refugee status with post-secondary education needs.

- ETV staff provided support and a presentation about child welfare resources for post-secondary education at a higher education conference for TRIO and Upward Bound professionals sponsored by the Massachusetts Educational Opportunity Association.

- Webinars on post-secondary education planning and support were provided by ETV staff to the Massachusetts Education Financing Authority in February 2015 and to the Federation of Children with Special Needs in April 2015. Both webinars are posted to these organizations' websites for future reference.

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. In addition to this information students sign consents to release information for the school or the Department for the purposes of financial or academic planning.

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 name and contact information for the ETV worker.

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.

DCF staff have maintained strong collaborative efforts with the Department of Higher Education that manages the state supported Foster Child Grant Program and the Tuition and Fee Waivers. Regular

meetings ensure any issues/questions regarding eligibility and benefits are resolved quickly. The technology collaboration initiated last year by the Office of Student Financial Assistance has resulted in a more efficient method of exchanging information and faster payments of the Massachusetts Foster Child Grant to colleges and vocational training programs for students.

The DCF Adolescent Outreach staff and the Education and Training social workers are in ongoing communication with the ETV recipients and gather feedback from them at meetings held on the college campuses. The DCF Youth Advisory Board members also provide input on services and program recommendations. Feedback has been focused on the need for additional ETV funds for post-secondary vocational training programs in addition to the private, more expensive colleges. Advisory Board Members have raised the question of extending ETV and other post-secondary funding beyond the current age limits.

DCF measures the success of the program in a number of ways including number of vouchers issued, persistence in school, achievement of degrees or certifications as well as participation in on campus advising days, etc. The Young Adult Readiness Tool captures the progress, transition work, and well being of ETV recipients who are in voluntary placement agreements with DCF.

Program Adjustments

No changes have been made with the ETV Program this year.

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

The Foster Child Tuition and Fee Waiver Program provides waivers for undergraduate tuition and fees for state-supported classes at the in-state rate to foster children at any one of Massachusetts' 29 state universities and community colleges. Initially approved by the Board of Higher Education in June of 2000 for tuition waivers, this program was expanded to include fees in July of 2008. Youth eligible for the state college undergraduate or certificate tuition and fee waivers include:

- A current or former foster child who was placed in the custody of the Department of Children and Families and remained in custody through age 18 without subsequently being returned home. The youth must have been in custody for at least six months immediately prior to age 18;
- Youth adopted through the Department of Children and Families; and

- Youth who have been in the custody of the Department of Children and Families and whose guardianship was sponsored by the Department of Children and Families through age 18.

To date (May 2015), the Department has issued 4764 State College Tuition and Fee Waivers to current and former foster and guardianed DCF youth, 350 waivers in the last 12 months. DCF also grants state college tuition and fee waivers to children and youth who were adopted 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 IV- E eligible public or private college. The MA Board of Higher Education manages these grants, determining the level of funding per student**.** This academic year (2014-2015) the Department referred 520 youth to the Massachusetts Board of Higher Education for consideration of the Foster Child Grant Program to assist financially with their college/vocational needs.

William Warren Scholarship Program

- The Department issued 6 William Warren Scholarships this year to youth served by the agency who were attending four year colleges and who demonstrated need beyond financial support programs available at the state and federal level. These scholarships were financed with donated funds and nominally by the State Ward account. Many of the youth who apply for the program are also eligible for the Massachusetts Tuition and Fee Waiver and other higher education support programs such as ETV. Applicants who qualify for other forms of student aid are supported by ETV workers to access such aid.

Hope Worldwide Dr. Martin Luther King Essay Contest

- DCF has continued its partnership with Hope Worldwide, an agency that sponsors an essay contest each year to celebrate the birthday of Dr. Martin Luther King. College students from foster care are invited to compete in an essay contest where they reflect on their public service. This year again over $3500 in scholarships were awarded to college students from DCF. The winners were honored at a service dedicated to Dr. King.

Consultation with Tribes (section 477(b)(3)(G)

Representatives from the Adolescent Outreach Program have been in contact with Bonnie Chalifoux, Director of Human Services of the Aquinnah Wampanoag Tribe on Martha's Vineyard throughout the year. Ms. Chalifoux has been made aware of Outreach services available to Tribal youth who are eligible and had been given all paperwork and forms relative to the Outreach Program. She has also been informed of post-secondary educational funding available to Tribal youth through the Chafee Grant and the state of Massachusetts. In our discussion to identify Tribal youth eligible for Chafee services, Ms. Chalifoux stated that, currently, the Aquinnah Tribe has no youth age 14-21 in placement. She did report, however, that the Tribal youth who worked with Outreach and graduated from Northeastern University continues to be employed by the Tribe working with their youth at their facility in Aquinnah.

A representative of the Outreach Program has also been in contact with the Mashpee Wampanoag Tribe. ICWA Director, Catherine Hendricks, has been informed of services and funding available through the Chafee Grant to Tribal youth in placement, and forms and applications to access funds and services have been provided.

The Outreach Program will continue to work with Tribal officials to identify older Tribal youth in placement and will assist any youth in accessing services as well as any state and federal education funds available to them while they are in a post-secondary program. At this time, the only Mashpee Tribal youth eligible for the federal Educational Training Voucher and state Foster Child Grant is a female who will be a senior at the University of Massachusetts Dartmouth. She works with an Outreach Worker and receives all services and educational funding available.

CFCIP Program Improvement Efforts

The following DCF Strategic Plan Goal Objective is related to the CFCIP Program Improvements:

Goal 2.0: Strengthen Case Practices and Processes

Strategic Initiative 2.1: Strengthen Core Functions and Innovations in Case Practice

Progress has been achieved in the following:

Objective 2.1.6: Strengthen Engagement with Youth Adults

- Foster Care Review (FCR) Policy/strengthen our FCR process with youth ≥ 18 years old
  - *The Department's revisions to the Permanency Planning Policy have enhanced the focus on transition planning for youth ages 17 and older through the Foster Care Reviews. Foster Care Review staff alert the area office staff and Adolescent Services staff if concerns are identified with transition planning, completion of the Youth Readiness Assessment Tool, etc. Identification of training or technical assistance needed prompts response from staff of Adolescent Support Services Unit.*

- Permanency Hearings for youth ≥ 18 years old
  - *The Department continues to work with the courts and agency staff to increase the attendance of youth at their permanency hearings.*

- Youth Panels in each area office to address any concerns with youth ≥ 18 continuing in agency care
  - *Progress has been made in many area offices with the development or maintenance of the Youth Panels.*

- Support the MA Network of Foster Care Alumni to become self-sustaining
  - *The MA Network of Foster Care Alumni has expanded its Board of Directors this year and raised funds to assist with the costs of the annual Thanksgiving Dinner. Regional events to bring the members together for learning and community are now occurring on a regular basis. Membership is growing as a result.*

- Develop placement supports for youth ≥ 18 years and older

- ➢ *The Caring Together initiative has provided a variety of programming to support foster youth in their placements. The Adolescent Outreach Program continues to provide direct support to youth in foster care around life skills development, transition planning, education planning, and permanency connections.*

- Develop additional educational supports
- ➢ *The Department's data exchange with the state Department of Elementary and Secondary Education continues to offer vital information on foster youths' status in the schools.*
- ➢ *The state has increased funding for the State Foster Child Tuition and Fee Waiver Program.*

- Continue to strengthen the NYTD program.
- ➢ *The Department's Adolescent Outreach staff and contracted staff through Judge Baker Children's Center have been successful in surveying the cohorts of foster youth – 17, 19 and 21 year olds. When a youth/young adult has identified needs, the Outreach staff respond appropriately to address those needs.*

CFCIP (Chafee Foster Care Independence Program) Training

Training Provided

- The Adolescent Support Services Unit presented 11 PAYA Certification Trainings this year to ensure that staff, foster parents and providers understand the PAYA life skill curriculum and strategies to help youth develop and practice needed life skills. A videotape of foster youth speaking about the importance of permanency and life skills is incorporated into these trainings.

- Adolescent Support Services staff presented on adolescent services at all the Department's Pre-Service/CORE trainings for newly hired DCF Social Workers this year. This is standard practice.

- The Adolescent Services Unit staff also continued to provide training and technical assistance to congregate 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. With the increase in new DCF social work staff, trainings addressing the Department's updated Permanency Planning Policy, including the Youth Readiness Assessment Tool and transition planning practice have been presented. There will continue to be local and regional trainings focusing on these topics.

- Outreach staff have provided resource information and technical assistance to all 29 DCF area offices, many congregate care and independent living 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 to age 26 through the Affordable Care Act, the Independent Living Support Program, Discharge Support Program, Foster Child Tuition Waivers, transitional living options, Peer Leadership trainings, Regional Youth Recognition Dinners, etc.

Attachment A

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	$2,799,692	
State Match Amount	$699,923	Source: Account 4800-0041 RESG02 Independent Living Programs

Amount of Federal Funds to be used for Room and Board: $100,000

Education and Training Voucher Program Funds Requested: $904,665

Attachment E

Annual Reporting of State Education and Training Vouchers Awarded

Name of State: Massachusetts

Final Number:	**Total ETVs Awarded**	**Number of New ETVs**
2012-2013 School Year (July 2012 to June 2013)	521	256
2013 -2014 School Year (July 2013 to June 2014)	516*	223
2014-2015 School Year	514**	227

* In the 2013-2014 academic year there were 55 additional students who were enrolled in post-secondary education and applied for ETV awards but had to be denied as they were age 23.

** In the 2014-2015 academic year there were 75 additional students who were enrolled in post-secondary education and applied for ETV awards but had to be denied as they were age 23.

Commonwealth of Massachusetts

Department of Children & Families

Update on Assessment of Performance

Child and Family Services Reviews

Statewide Assessment Instrument

April 2014

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Table of Contents

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Massachusetts Department of Children and Families

CFSR Review Period

CFSR Sample Period: October 1, 2014-May 15, 2015

Period of AFCARS Data: 2012A – 2014B

Period of NCANDS Data: FY 2013 and 2014

(Or other approved source; please specify if alternative data source is used):

Insert other approved data source

Case Review Period Under Review (PUR): October 1, 2014-September 24, 2015

State Agency Contact Person for the Statewide Assessment

Name: Ruben A. Ferreira

Title: Assistant Commissioner, Continuous Quality Improvement

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Special thanks to the following for their contributions:

Virginia A. Peel, Senior Counsel, DCF

Rosalind M. Walter, Director of Data Management, DCF/EHS IT

Joy Cochran, Director of Foster Care Support Services, DCF

Andrea Cosgrove, Director of Program Operations, DCF

Vivian Davidovich, Director Foster Care Review, DCF

Leo Farley, Director of Adoption Support Services, DCF

Mary Gambon, Assistant Commissioner, Adoption, Foster Care & Adolescent Support, DCF

Andrew Todd Rome, General Counsel, DCF

Liz Skinner-Reilly, Federal Grants Coordinator, DCF

Susan Tucke, Director of Foster Care and Adoption Recruitment, DCF

John Vogel, Associate Director, Massachusetts Child Welfare Institute, DCF

Section II: Safety and Permanency Data

State Data Profile

Statewide data indicators – Summary of performance and potential program improvement goals

Table 1 shows, for each statewide data indicator, the periods of data used, the state's risk-standardized performance relative to the national standard, and the initial determination of whether the state must include the indicator in its Program Improvement Plan (PIP).

Table 1. Summary of performance against the National Standards

	State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination													
	using data submitted to the Children's Bureau as of July 10, 2014 (dataset used in initial NS determination)							using most recent data submitted as of April 16, 2015						
Indicator	12-month period [a]	Data used [b]	RSP [c]	95% interval [d]	National Standard [e]	Perform-ance relative to NS [f]	PIP	12-month period [a]	Data used [b]	RSP [c]	95% interval [d]	National Standard [e]	Perform-ance relative to NS [f]	PIP
Perm in 12 months (entries)	11B12A	11B – 14A	46.8	45.4 - 48.2	40.5%	Met	No PIP	12AB	12A – 14B	46.0	44.7 - 47.4	40.5%	Met	No PIP
Perm in 12 months (12-23 mos.)	13B14A	13B – 14A	40.0	37.8 - 42.2	43.6%	Not met	PIP	14AB	14A – 14B	34.2	32.2 - 36.3	43.6%	Not met	PIP
Perm in 12 months (24 + mos.)	13B14A	13B – 14A	24.7	23.2 - 26.3	30.3%	Not met	PIP	14AB	14A – 14B	24.2	22.6 - 25.7	30.3%	Not met	PIP
Re-entry to foster care in 12 mos.	11B12A	11B – 14A	14.0	12.6 - 15.5	8.3%	Not met	PIP	12AB	12A – 14B	13.6	12.3 - 15.1	8.3%	Not met	PIP
Placement stability [i]	13B14A	13B – 14A	5.37	5.22 - 5.51	4.12	Not met	PIP	14AB	14A – 14B	6.23	6.08 - 6.38	4.12	Not met	PIP
Maltreatment in foster care [j]	13AB, FY13	13AB, FY13	27.02	24.89 - 29.33	8.50	Not met	PIP	14AB, FY14	14AB, FY14	34.40	32.12 - 36.84	8.50	Not met	PIP
Recurrence of maltreatment	FY12-13	FY12-13	14.3	13.7 - 14.9	9.1%	Not met	PIP	FY13-14	FY13-14	22.4	21.8 - 23.1	9.1%	Not met	PIP

For indicators that must be included in a PIP, Table 2 shows the state's baseline performance and the potential PIP goal for the indicator based on the specified baseline period. If the indicator has a companion indicator, the table shows the state's baseline performance and threshold for the companion indicator.

Table 2. PIP Baselines, Goals and Thresholds (if applicable)

Indicator	Primary Indicator				Companion Indicator (if applicable)		
	12-month period used for Baseline	Baseline [g]	Adjusted Improvement Factor	PIP Goal	Baseline [g]	Adjusted Threshold Factor	Threshold [h]
Perm in 12 months (entries)	12AB						
Perm in 12 months (12-23 mos.)	14AB	33.1	1.082	35.8		Not applicable	
Perm in 12 months (24 + mos.)	14AB	24.3	1.091	26.5		Not applicable	
Re-entry to foster care in 12 mos.	12AB	13.4	0.891	11.9	46.3	.966	44.7
Placement stability [i]	14AB	6.53	0.904	5.90		Not applicable	
Maltreatment in foster care [j]	14AB, FY14	24.15	0.812	19.61		Not applicable	
Recurrence of maltreatment	FY13-14	17.6	0.903	15.9		Not applicable	

For descriptions of the indicators, including denominators, numerators, and exclusions, see the CFSR 3 Data Dictionary at the end of this document. For details about statistical terms and the Children's Bureau's approach to calculating the national standards, states' risk-standardized performance, and PIP baseline and goals, see the Federal Register notice, Statewide Data Indicators and National Standards for Child and Family Services Reviews published on 10/10/2014, the revisions published on 5/13/2015, and the amended Child and Family Services Technical Bulletin #8A published on 5/13/2015.

Table Footnotes

[a] **12-month period:** The 12-month period specified in the denominator for this indicator. The FY periods (e.g., FY 12) refer to NCANDS data, which span the 12-month period Oct 1st – Sept 30th. All others refer to AFCARS data: 'A' refers to the 6-month period Oct 1st – March 31st. 'B' refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1st 2012 – March 31st 2013).

[b] **Data used**: Refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome.

[c] **RSP**: State's risk-standardized performance. The RSP is derived from a multi-level model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate.

[d] **95% interval**. The 95% interval estimate reflects the amount of uncertainty associated with the RSP. For example, the Children's Bureau is 95% confident that the true value of the RSP is between the lower and upper limit of the interval.

[e] **National Standard**. The observed performance for the nation as described in the aforementioned Federal Register notices.

[f] **Performance relative to NS**. Indicates whether the state's 95% interval showed that the state met, did not meet, or was no different than the national standard (NS). "No Different" means the interval includes the NS. For indicators assessing permanency in 12 months, "Met" is used when the entire interval is above the NS and "Not Met" is used when the entire interval is below the NS. For the remaining indicators, "Met" is used when the entire interval is below the NS and "Not Met" is used when the entire interval is below the NS.

[g] **Baseline.** Data Profiles may show a preliminary PIP baseline derived from the state's observed performance for the indicator using the most recent 12-month period of available data (shown in the next two tables, *Observed performance on permanency indicators* and *Observed performance on safety indicators*). At the time that a state PIP is due to CB, the baseline period is updated or specified and does not update with subsequent Profiles other than in certain situations when the state resubmits data for the baseline period.

[h] **Threshold**. If the state must include permanency in 12 months (entries) in its PIP, the state must also not go above the threshold shown for re-entry to foster care. If the state must include re-entry to foster care in its PIP, the state must not go below the threshold shown for permanency in 12 months (entries).

[i] Performance on **placement stability** is expressed as the number of moves per 1,000 days in care.

[j] Performance on **maltreatment in foster care** is expressed as the number of victimizations per 100,000 days in care.

Observed performance on permanency indicators

	Denominator			Numerator			Percentage		
	11AB	11B12A	12AB	11AB	11B12A	12AB	11AB	11B12A	12AB
Permanency in 12 months (entries)	**5138**	**4871**	**5101**	**2508**	**2282**	**2363**	**48.8%**	**46.8%**	**46.3%**
Age at entry									
0 – 3 mos	479	464	461	155	152	146	32.4%	32.8%	31.7%
4 – 11 mos	218	223	237	104	94	92	47.7%	42.2%	38.8%
1 – 5 yrs	1180	1114	1174	584	501	507	49.5%	45.0%	43.2%
6 – 10 yrs	716	639	737	345	288	334	48.2%	45.1%	45.3%
11 – 16 yrs	2307	2209	2229	1250	1187	1209	54.2%	53.7%	54.2%
17 yrs	238	222	263	70	60	75	29.4%	27.0%	28.5%
Re-entry to care in 12 months	**2500**	**2275**	**2350**	**313**	**305**	**314**	**12.5%**	**13.4%**	**13.4%**
Age at exit									
0 – 3 mos	44	37	24	1	1	2	2.3%	2.7%	8.3%
4 – 11 mos	115	113	113	15	17	13	13.0%	15.0%	11.5%
1 – 5 yrs	623	543	553	60	66	65	9.6%	12.2%	11.8%
6 – 10 yrs	352	302	350	32	36	37	9.1%	11.9%	10.6%
11 – 16 yrs	1140	1069	1102	194	173	187	17.0%	16.2%	17.0%
17 yrs	226	211	208	11	12	10	4.9%	5.7%	4.8%

Observed performance on permanency indicators (continued)

	Denominator			Numerator			Percentage or Rate		
	2013AB	2013B14A	2014AB	2013AB	2013B14A	2014AB	2013AB	2013B14A	2014AB
Permanency in 12 months (12-23 mos.)	**1904**	**1811**	**1961**	**766**	**701**	**649**	**40.2%**	**38.7%**	**33.1%**
Age on 1st day									
1 – 5 yrs	723	734	808	362	359	334	50.1%	48.9%	41.3%
6 – 10 yrs	362	333	362	144	135	119	39.8%	40.5%	32.9%
11 – 16 yrs	626	573	617	219	179	175	35.0%	31.2%	28.4%
17 yrs	193	171	174	41	28	21	21.2%	16.4%	12.1%
Permanency in 12 months (24+ mos.)	**2613**	**2468**	**2430**	**727**	**599**	**590**	**27.8%**	**24.3%**	**24.3%**
Age on 1st day									
2 – 5 yrs	493	441	469	276	238	240	56.0%	54.0%	51.2%
6 – 10 yrs	509	497	507	200	169	169	39.3%	34.0%	33.3%
11 – 16 yrs	1192	1134	1050	222	173	152	18.6%	15.3%	14.5%
17 yrs	419	396	404	29	19	29	6.9%	4.8%	7.2%
Placement stability	**766550**	**926482**	**993299**	**4513**	**5322**	**6483**	**5.89**	**5.74**	**6.53**
Age at entry									
0 – 3 mos	81799	97420	125951	225	339	460	2.75	3.48	3.65
4 – 11 mos	41632	53292	54273	220	260	313	5.28	4.88	5.77
1 – 5 yrs	181916	246312	268019	1050	1501	2030	5.77	6.09	7.57
6 – 10 yrs	129336	155487	166938	819	901	1164	6.33	5.79	6.97
11 – 16 yrs	302924	337929	336586	2012	2118	2236	6.64	6.27	6.64
17 yrs	28943	36042	41532	187	203	280	6.46	5.63	6.74

Observed performance on safety indicators

	Denominator			Numerator			Rate		
	FY 2012	FY 2013	FY 2014	FY 2012	FY 2013	FY 2014	FY 2012	FY 2013	FY 2014
Maltreatment in foster care	**3074546**	**3033398**	**3378310**	**530**	**568**	**816**	**17.24**	**18.72**	**24.15**
Age at entry or on 1st day									
0 – 3 mos	109880	118882	176664	12	24	46	10.92	20.19	26.04
4 – 11 mos	133835	142389	166192	19	36	38	14.20	25.28	22.87
1 – 5 yrs	771092	791886	949399	129	140	249	16.73	17.68	26.23
6 – 10 yrs	520706	546449	640144	130	111	176	24.97	20.31	27.49
11 – 16 yrs	1362051	1257757	1262248	227	236	281	16.67	18.76	22.26
17 yrs	176982	176035	183663	13	21	26	7.35	11.93	14.16

	Denominator			Numerator			Percentage		
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2011-12	FY 2012-13	FY 2013-14	FY 2011-12	FY 2012-13	FY 2013-14
Recurrence of maltreatment	**19942**	**19350**	**20427**	**1564**	**2147**	**3597**	**7.8%**	**11.1%**	**17.6%**
Age at initial victimization									
0 – 3 mos	1418	1429	1621	140	222	354	9.9%	15.5%	21.8%
4 – 11 mos	998	1062	1149	80	129	257	8.0%	12.1%	22.4%
1 – 5 yrs	6671	6640	6811	622	750	1397	9.3%	11.3%	20.5%
6 – 10 yrs	5233	4985	5367	419	569	908	8.0%	11.4%	16.9%
11 – 16 yrs	5103	4729	4963	292	459	658	5.7%	9.7%	13.3%
17 yrs	484	491	514	11	18	23	2.3%	3.7%	4.5%
Missing	35	14	2	0	0	0	0.0%	0.0%	0.0%

Permanency context data

- Entry rates are calculated using Census population estimates as of July 1st of each year. Rates are shown in the 12-month period that includes July 1st, and uses the number of entries for that 12-month period as the numerator.
- Please note that the context data for entries, exits and children in care on the first day may not match the numbers shown in the section, "Observed performance on permanency indicators." There are methodological differences in calculations of observed performance on the statewide data indicators that are not applied to the context data (e.g. data from additional periods used, records excluded due to data quality issues, exclusion of children with length of stay in care less than 8 days and youth age 18 and older). Additional information regarding differences are described in the Data Dictionary beginning on page 15 of this Profile.
- Context data provided below correspond with the data periods used in calculating observed performance on the statewide data indicators. Data periods that do not correspond to an indicator on this Profile are grayed out.

	Number							Percentage or Rate						
	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB
Entry Rate														
Entry rate per 1,000 in child population								3.8	3.6	3.8	3.7	1.9	2.2	
Entries to Foster Care														
Number of children entering	5334	5079	5268	5151	5378	6269	6587							
Age at entry														
0-3 mos	473	460	461	475	526	674	781	8.9	9.1	8.8	9.2	9.8	10.8	11.9
4-11 mos	238	237	249	256	298	334	351	4.5	4.7	4.7	5.0	5.5	5.3	5.3
1-5 yrs	1241	1183	1231	1212	1282	1622	1766	23.3	23.3	23.4	23.5	23.8	25.9	26.8
6-10 yrs	764	694	782	822	883	1059	1140	14.3	13.7	14.8	16.0	16.4	16.9	17.3
11-16 yrs	2363	2260	2261	2110	2092	2226	2184	44.3	44.5	42.9	41.0	38.9	35.5	33.2
17 yrs	254	242	282	275	294	348	360	4.8	4.8	5.4	5.3	5.5	5.6	5.5
18 yrs and older	1	3	2	1	3	5	4	0.0	0.1	0.0	0.0	0.1	0.1	0.1
Missing	0	0	0	0	0	1	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0

	Number							Percentage or Rate						
	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB
Placement setting at end of report period														
Pre-adoptive home	56	67	53	60	80	74	98	1.0	1.3	1.0	1.2	1.5	1.2	1.5
Foster family home (relative)	969	970	1038	993	1150	1457	1489	18.2	19.1	19.7	19.3	21.4	23.2	22.6
Foster family home (non-	1980	1933	2014	1981	2052	2467	2493	37.1	38.1	38.2	38.5	38.2	39.4	37.8
Group home	678	708	689	690	703	760	741	12.7	13.9	13.1	13.4	13.1	12.1	11.2
Institution	153	143	139	159	155	176	204	2.9	2.8	2.6	3.1	2.9	2.8	3.1
Supervised independent living	17	15	14	11	16	21	28	0.3	0.3	0.3	0.2	0.3	0.3	0.4
Runaway	75	60	80	73	93	85	72	1.4	1.2	1.5	1.4	1.7	1.4	1.1
Trial home visit	1395	1174	1234	1177	1121	1218	1442	26.2	23.1	23.4	22.8	20.8	19.4	21.9
Missing	11	9	7	7	8	11	20	0.2	0.2	0.1	0.1	0.1	0.2	0.3
Number of removals														
1	4005	3802	3959	3865	4076	4867	5199	75.1	74.9	75.2	75.0	75.8	77.6	78.9
2	965	914	947	953	979	1053	1034	18.1	18.0	18.0	18.5	18.2	16.8	15.7
3	279	268	268	247	241	250	258	5.2	5.3	5.1	4.8	4.5	4.0	3.9
4 or more	85	95	94	86	82	99	96	1.6	1.9	1.8	1.7	1.5	1.6	1.5
Missing	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Exits from Foster Care														
Number of children exiting	5450	5473	5120	5075	5108	4984	5055							
Discharge reason														
Reunification	3181	3163	2873	2927	2940	2838	2961	58.4	57.8	56.1	57.7	57.6	56.9	58.6
Live with other relative(s)	218	211	197	157	173	250	296	4.0	3.9	3.8	3.1	3.4	5.0	5.9
Adoption	707	806	824	763	798	693	584	13.0	14.7	16.1	15.0	15.6	13.9	11.6

	Number							Percentage or Rate						
	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB
Guardianship	330	320	336	346	332	307	312	6.1	5.8	6.6	6.8	6.5	6.2	6.2
Emancipation	947	922	858	855	822	842	856	17.4	16.8	16.8	16.8	16.1	16.9	16.9
Transfer to another agency	64	48	28	25	43	52	42	1.2	0.9	0.5	0.5	0.8	1.0	0.8
Runaway	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Death of Child	3	3	4	2	0	2	4	0.1	0.1	0.1	0.0	0.0	0.0	0.1
Not applicable	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Length of stay in care														
Less than 8 days	220	225	186	124	159	227	246	4.0	4.1	3.6	2.4	3.1	4.6	4.9
8 days to 5 mos	1126	1080	1009	1015	1046	1118	1252	20.7	19.7	19.7	20.0	20.5	22.4	24.8
6 – 11 mos	1302	1288	1143	1199	1188	1120	1168	23.9	23.5	22.3	23.6	23.3	22.5	23.1
12 – 17 mos	649	704	714	695	709	697	669	11.9	12.9	13.9	13.7	13.9	14.0	13.2
18 - 23 mos	493	511	498	536	604	548	477	9.0	9.3	9.7	10.6	11.8	11.0	9.4
24 - 29 mos	397	379	380	378	314	300	290	7.3	6.9	7.4	7.4	6.1	6.0	5.7
30 – 35 mos	279	273	282	264	245	214	212	5.1	5.0	5.5	5.2	4.8	4.3	4.2
36 - 41 mos	259	230	188	196	190	175	181	4.8	4.2	3.7	3.9	3.7	3.5	3.6
42 mos or longer	725	783	720	668	653	585	560	13.3	14.3	14.1	13.2	12.8	11.7	11.1
Missing	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Children in Care 1st day of 12-month period														
Number of children in care 1st day					8230	7945	8318							
Length of stay in care (as of the 1st day)														

	Number							Percentage or Rate						
	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB
Less than 6 mos					2323	1938	2498					28.2	24.4	30.0
6-11 mos					1431	1752	1448					17.4	22.1	17.4
12-23 mos					1871	1789	1936					22.7	22.5	23.3
24 mos or longer					2605	2466	2436					31.7	31.0	29.3
Missing					0	0	0					0.0	0.0	0.0
Children in Care 1st day of 12-month period (12-23 mos.)														
Number of children in care 1st day (12-23 mos)					1871	1789	1936							
Age on 1st day														
1-5 yrs					714	730	793					38.2	40.8	41.0
6-10 yrs					360	329	360					19.2	18.4	18.6
11-16 yrs					607	555	605					32.4	31.0	31.3
17 yrs					190	171	174					10.2	9.6	9.0
18 yrs and older					0	4	4					0.0	0.2	0.2
Missing					0	0	0					0.0	0.0	0.0
Placement setting at end of report period														
Pre-adoptive home					202	183	189					10.8	10.2	9.8
Foster family home (relative)					446	446	493					23.8	24.9	25.5
Foster family home (non-					594	558	589					31.7	31.2	30.4
Group home					111	129	155					5.9	7.2	8.0
Institution					101	83	82					5.4	4.6	4.2

	Number							Percentage or Rate						
	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB
Supervised independent living					15	22	29					0.8	1.2	1.5
Runaway					43	37	38					2.3	2.1	2.0
Trial home visit					359	331	360					19.2	18.5	18.6
Missing					0	0	1					0.0	0.0	0.1
Number of removals														
1					1382	1327	1432					73.9	74.2	74.0
2					348	327	365					18.6	18.3	18.9
3					103	100	94					5.5	5.6	4.9
4 or more					38	35	45					2.0	2.0	2.3
Missing					0	0	0					0.0	0.0	0.0
Case plan goal														
Reunify					543	517	540					29.0	28.9	27.9
Live with other relative(s)					98	76	66					5.2	4.2	3.4
Adoption					769	755	817					41.1	42.2	42.2
Guardianship care					30	21	39					12.7	13.1	14.7
Long-term foster					238	235	284					1.6	1.2	2.0
Emancipation					192	185	190					10.3	10.3	9.8
Missing					1	0	0					0.1	0.0	0.0
Children in Care 1st day of 12-month period (24 + mos.)														
Number of children in care 1st day (24+ mos)					2605	2466	2436							
Age on 1st day														

	Number							Percentage or Rate						
	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB
2-5 yrs					492	440	469					18.9	17.8	19.3
6-10 yrs					508	494	506					19.5	20.0	20.8
11-16 yrs					1176	1127	1042					45.1	45.7	42.8
17 yrs					419	395	402					16.1	16.0	16.5
18 yrs and older					10	10	17					0.4	0.4	0.7
Missing					0	0	0					0.0	0.0	0.0
Placement setting at end of report period														
Pre-adoptive home					312	273	284					12.0	11.1	11.7
Foster family home (relative)					419	412	414					16.1	16.7	17.0
Foster family home (non-					1011	963	900					38.8	39.1	36.9
Group home					258	286	286					9.9	11.6	11.7
Institution					242	220	215					9.3	8.9	8.8
Supervised independent living					47	55	75					1.8	2.2	3.1
Runaway					62	68	58					2.4	2.8	2.4
Trial home visit					254	189	203					9.8	7.7	8.3
Missing					0	0	1					0.0	0.0	0.0
Number of removals														
1					1860	1759	1709					71.4	71.3	70.2
2					558	531	536					21.4	21.5	22.0
3					140	132	148					5.4	5.4	6.1
4 or more					47	44	43					1.8	1.8	1.8
Missing					0	0	0					0.0	0.0	0.0

	Number							Percentage or Rate						
	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB	11AB	11B12A	12AB	12B13A	13AB	13B14A	14AB
Case plan goal														
Reunify					342	315	325					13.1	12.8	13.3
Live with other relative(s)					360	356	343					13.8	14.4	14.1
Adoption					1032	971	981					39.6	39.4	40.3
Guardianship care					304	282	282					11.7	11.4	11.6
Long-term foster					114	111	108					4.4	4.5	4.4
Emancipation					453	431	397					17.4	17.5	16.3
Missing					0	0	0					0.0	0.0	0.0

Safety context data

	Number				Percentage or Rate			
	FY 2011	FY 2012	FY 2013	FY 2014	FY 2011	FY 2012	FY 2013	FY 2014
Referrals received by CPS	73,294	75,439	75,560	77,974				
Screened-in	37,799	37,678	37,867	47,591	51.57	49.94	50.12	61.03
Screened-out	35,495	37,761	37,693	30,383	48.43	50.06	49.88	38.97
Children referred to CPS (duplicate)	123,813	126,623	126,722	136,511				
Screened-in	73,358	73,312	74,169	94,949	59.25	57.90	58.53	69.55
Screened-out	50,455	53,311	52,553	41,562	40.75	42.10	41.47	30.45
Screened-in rate (per 1,000 in child population)					43.92	44.06	44.76	55.09
Children screened-in (unique)	61,804	61,659	62,395	76,790				
Population of children 0-17	1,407,240	1,399,417	1,393,946	1,393,946				
Re-reported within 12 months (unique)	6,870	9,370	12,616	NA	15.60	22.37	32.74	NA
Children screened in, by dispositions (unique)								
Victims	20,221	19,191	20,261	31,825	32.71	31.11	32.46	41.42
Substantiated + Indicated	20,221	19,191	20,261	31,825	32.71	31.11	32.46	41.42
Alternative response victim								
Non-Victims	41,598	42,493	42,155	45,002	67.29	68.89	67.54	58.58
Alternative response non victim	19,028	21,222	20,041	13,883	30.78	34.40	32.11	18.07
Unsubstantiated	12,061	10,529	10,718	17,974	19.51	17.07	17.17	23.40
Other	10,509	10,742	11,396	13,145	17.00	17.41	18.26	17.11
Victimization rate (per 1,000 in child population)					9.72	9.31	14.53	22.82
Substantiated + Indicated (unique)	13,672	13,027	20,255	31,816				

Population of children 0 – 17	1,407,240	1,399,417	1,393,946	1,393,946	

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

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

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

Children Are First And Foremost, Protected From Abuse And Neglect

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

Research has shown that the safety of children and families is significantly enhanced when families and their broader familial, social and community network are engaged in the efforts to promote safety and mitigate the risk of harm. The Department has incorporated Andrew Turnell's, *Signs of Safety,* to ground efforts in this area; including the use of Safety Mapping. 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 and community partners, must each be vigilant to indications that a child or family may be in danger. Further, they all must work collaboratively to address that risk. Only through these collective efforts will the occurrence of maltreatment be effectively reduced.

Following a high profile safety-related incident, Massachusetts enlisted the Child Welfare League of America (CWLA) to conduct a thorough, independent review of the Department to help inform DCF policies and practices and identify areas for action in the short-and long-term. Recommendations included:

- **Staffing and Budget** – a comprehensive workforce strategy including adequate allocation of frontline, supervisory, and managerial staff to stabilize the caseload; the use of specialized substance abuse, health, mental health and domestic violence staff in each area office; along with credentialing, training, hiring and workforce supports.

- **Technology** – support for the Department's initiative to provide workers with mobile technology, allowing them the ability to have immediate contact with supervisors and emergency personnel, document visits in real-time and upload photos of children to the Massachusetts SACWIS.
- **Policy and Practice (ICPM)** – the Department's Integrated Case Practice Model (ICPM) rolled out in 2009, is at a crossroads in its development and use. The Department will address inconsistencies in implementation and concerns regarding DCF's case practice model.
    - DCF should develop clear protocols for evaluating risks to children living at home using Structured Decision Making tools & safety assessments to assist workers.
    - ICPM Re-tool and re-launch.
- **Policy and Practice (0-5 year olds)** – continuation of the Department's directive to screen in for investigations any report alleging abuse or neglect of a child five years old or younger with young parents or any parent with a history of substance abuse, domestic violence, mental health issues, or unresolved trauma.
    - Screening and assessing according to the directive should continue until such time as safety and risk assessment protocols and the case practice model have been implemented consistently across the state, and a quality improvement plan has been developed.
- **Medical Services** – the addition of medical staff to area offices. At each DCF area office, staff should be responsible for conducting a medical triage within 24-hours of each child's entry into care to identify any significant medical needs.
- **Substance Abuse** – recognizing the significant challenges posed by the opioid abuse epidemic, CWLA recommends DCF, Department of Public Health (DPH), lawmakers, substance abuse programs, and other community partners should work together to develop a plan to increase the funding for and availability of substance abuse programs in the Commonwealth to parents and expectant parents.
- **Quality Improvement** – build on existing protocols to implement a comprehensive quality improvement process.

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

	FY2013		FY2014	
Total CA/N Reports Disposed	**37,867**		**47,591**	
Substantiated	14,071	37.2%	22,282	46.8%
Unsubstantiated	8,161	21.6%	13,771	28.9%
Other	15,635	41.3%	11,538	24.2%
***Children Served in Placement**	**13,609**		**14,907**	

**Children in Placement on last day of year + discharges during year.*
Data Source: ACF Data Profile May 19, 2015

Significant year-over-year increases are evident when comparing total CA/N reports disposed between FY2013 and FY2014 (25.7% increase). During the same time period a significant

increase in substantiation rates was also observed (25.8%). The number of children served in placement increased 9.5%.

Timeliness of Initiating Investigations of Reports of Child Maltreatment

Safety Outcomes 1 and 2 include timeliness of initiating investigations of reports of child maltreatment. The initiation of timely CPS responses and face-to-face contacts with children involved in screened-in reports of alleged maltreatment is a primary means of ensuring the safety of children. The 2007 Child and Family Services Review identified timely initiation of investigations of reports of child maltreatment as an area needing improvement. With a strength rating of 64.0%, DCF exceeded the 2007 PIP Negotiated Improvement Goal of 58.2% for two (2) consecutive quarters following its baseline review.

Performance on this indicator was assessed utilizing a PIP case review instrument developed by the Massachusetts DCF and approved by the Children's Bureau. The Department contracted with the *Center for the Support of Families* (CSF) to conduct its PIP case reviews. The following findings relative to timeliness of initiating investigations of reports of child maltreatment came out of CSF's reviews:

Highlights of Quality Case Practice

- DCF was found to have a general strength in the timely initiation of response reports across all PURs and response types.
- Emergency responses were found to be consistently initiated timely and reported children were seen within the required 24-hour window.
- Investigations were found to generally be both initiated in a timely manner and were thoroughly completed with sound, well-reasoned judgment.
- Response reports with allegations of neglect, the most common allegation, were found to be relative strengths compared to other allegation types.

Areas for Improvement in Case Practice

- Non-emergency response reports lacked the strength and consistency of practice of emergency responses, and to a lesser extent initial assessments (differential response), particularly as it relates to seeing reported children within three (3) business days of assignment.
- On some reviewed cases, workers neglected to see all reported or non-reported children listed in the response report.

While the Department met its 2007 PIP Negotiated Improvement Goal on timely initiation and seeing children involved in responses to reports of alleged child maltreatment, DCF recognizes this as an area requiring additional focus. Toward this end, focused safety and risk-related case reviews were conducted on behalf of the Department during the months of March through June of 2014. These case reviews included both a quantitative and qualitative assessment of timeliness of initiating investigations (see *Safety And Risk-Related Case Reviews* at the end of this section for additional details). Findings from these case reviews, indicate that 84.7% of investigations of reports of child maltreatment were completed in a timely manner. The

Department is utilizing findings from this safety and risk-related review to highlight trends and identify barriers to meeting the response timeframes; with the goal of improving timeliness.

SAFETY OUTCOMES: Maltreatment in Foster Care & Recurrence of Maltreatment
Reducing the incidence of maltreatment in foster care and recurrence of maltreatment is an important measure of the Department's success in promoting the safety of children and families and identified as areas needing improvement in the 2007 Child and Family Services Review. The Department monitors maltreatment in foster care and recurrence of maltreatment on open and closed cases on a monthly/quarterly/annual basis as a component of its performance management and accountability system.

Chart S2.

	State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination						
	using most recent data submitted as of April 16, 2015						
Indicator	12-month period [a]	Data used [b]	RSP [c]	95% interval [d]	National Standard [e]	Performance relative to NS [f]	PIP
Maltreatment in foster care [j]	14AB, FY14	14AB, FY14	34.40	32.12 - 36.84	8.50	Not met	PIP
Recurrence of maltreatment	FY13-14	FY13-14	22.4	21.8 - 23.1	9.1%	Not met	PIP

The Department of Children and Families has historically fallen below the national standard for *Maltreatment in Foster Care* and *Recurrence of Maltreatment*. As evidenced in Chart S2 above, children in the care and custody of DCF are experiencing more *Maltreatment in Foster Care* than the recalculated national standard of 8.50 per 100,000 days in care. Further, the Department is evidencing increasingly more incidences of *Recurrence of Maltreatment* than the recalculated national standard of 9.1%. Both of these safety indicators necessitate PIP Goals, which for the baseline time period specified in the CB generated State Data Profile are:

- Maltreatment in Foster Care – 14AB, FY14 = 19.61 per 100,000
- Recurrence of Maltreatment – FY13-14 = 15.9%

The Department has identified maltreatment in foster care and recurrence of maltreatment as priority areas of focus and has thus far enumerated the following strategies to more effectively assess risk and reduce maltreatment:

1. Provide additional training using the "Signs of Safety" approach for staff.
2. Fully implement safety and risk assessment tools.
3. Develop critical pathways to support consistent decision-making in casework practice.
4. Increase collaboration with fellow state agencies, community partners, law enforcement, and the schools to identify additional strategies for reducing maltreatment and promoting the safety of children and families.

The commitment to promote safety and reduce maltreatment requires a systemic approach and the Department has integrated the following additional strategies into its strategic plan:

- 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 District Attorney offices, mandated reporters and police departments.
- Improving ties with the community to reduce repeat maltreatment by preventing crises and supporting earlier responses.
- Sharing information and replicating effective practice about successful engagement through maximized use of regularly scheduled and ad hoc meetings within DCF and with community partners.
- 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 to ensure independent verification of family perceptions.
- Communicating DCF's role as a preventive social service agency – not solely the agent of child protection – through community resource building.
- Empowering parents to have a real voice in decision making in family meetings at the outset of their involvement with DCF.
- 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.

Children Are Safely Maintained In Their Own Homes Whenever Possible And Appropriate
Assuring the safety of children and mitigating risk to the safety of children is a cornerstone of child welfare practice. One aspect was assessed in the Department's 2007 Child and Family Services Review: Services to Protect Children and Prevent Removal or Re-Entry into Foster Care. This item was identified in the 2007 CFSR as an area needing improvement. With a strength rating of 96.3%, DCF met and exceeded the 2007 PIP Negotiated Improvement Goal of 94.2%% for two (2) consecutive quarters following its baseline review.

The case review conducted by CSF for the Department's 2007 PIP looked at several aspects of this area of practice; including services provided to families to protect children maintained in their homes and prevent removal. This item measures the extent to which child welfare agencies access necessary services and supports for families to either prevent removal or prevent re-entry. Specifically, this item asks whether the agency made efforts to provide or arrange for these services and, if children did in fact need to be removed from their home, was it done to ensure their safety.

CSF's 2007 PIP case review findings revealed that the Department showed a significant strength when it came to providing services to families to protect children and prevent removal or re-entry into foster care. DCF achieved a strength rating on this item early on during its PIP. Case reviews revealed that safety-related and crisis services were regularly provided or accessed for children and their families to meet the immediate or emerging danger for children. More recent focused case reviews on in-home cases suggest that there is currently room for improvement (e.g., matching services to needs and monitoring services provided to families).

As described in the *Service Array* section of this statewide assessment, Massachusetts has re-designed and re-procured its residential (congregate care) service system. This service system,

Caring Together integrates congregate care treatment and home or community based treatment under a single service model. *Caring Together* allows providers to serve children and families on a continuous basis regardless of where the child is living. If a child meets the criteria for a residential level of service, it does not preclude providing that intensity of service in the child's home. It also allows for eligible programs to be primarily a community based model with placement as an adjunct service, or to primarily be an out of home treatment model with services that follow the child back into the community. For some families it will be possible for children to remain at home or have a very brief episode of out of home placement.

Risk Of Harm To Child

This was identified in the 2007 CFSR as an area needing improvement. With a strength rating of 82.3%, DCF exceeded the 2007 PIP Negotiated Improvement Goal of 59.4% for two (2) consecutive quarters following baseline review. The following findings came out of the PIP case reviews conducted by CSF on behalf of the Department utilizing a case review instrument (limited to record review) agreed upon by the Children's Bureau and Massachusetts DCF:

Highlights of Quality Case Practice

- DCF does a credible job at the beginning of a case, particularly as it relates to upfront or initial assessment of safety and risk; whether formalized tools are utilized or not.
- Providing services to both keep children safe in their home and prevent removal/re-entry and to respond to children in crisis were noted as strong practices.
- Though consistent use of the formalized Assessment of Danger and Safety tool is not present, when implemented, these tools were generally accurate and timely; leading to better decision making. This finding is further supported by recent focused case reviews on in-home cases.
- Once assigned, investigations were found to be initiated in a timely manner.

Areas for Improvement in Case Practice

- While initial assessments of safety and risk were found to be practice strengths, ongoing assessments of safety and risk were done on a more inconsistent basis; possibly due to the reliance on informal as opposed to formal methodologies.
- The Assessment of Safety and Danger tool was found at times to be inaccurately used by staff, inadequately identifying risk and safety factors, and safety and risk factors and decisions were not well described in the instruments reviewed.
- Inconsistent initiation of safety planning in cases where domestic violence was present.
- Quality of visitation with both children and their parents was most often an area needing improvement; mainly due to lack of engagement.
- Children were often not the focus of visits and documentation was lacking regarding workers' individual interactions with children during visits.
- Though initiation of investigations was found to be a strength, timely interviewing of victim children at the initiation of a response was found to be an area needing improvement. This finding was supported in the Department's focused case reviews on in-home cases.

While the Department met its 2007 PIP Negotiated Improvement Goal on *Risk of Harm to Child*, DCF recognizes this as an area requiring additional focus. Toward this end, the findings from focused safety and risk-related case reviews (see below for additional details) are being utilized to address and improve practices related to risk of harm to children.

Safety And Risk-Related Case Reviews

As a correlate to its foster care review system which assesses the safety and quality of care provided to children/youth in out-of-home care, the Department enlisted the *Center for the Support of Families* (CSF) to conduct safety & risk-related case reviews on children and families in the DCF in-home population. These case reviews provided insight into safety and risk-related practice issues present in DCF's work with children and families. Because DCF is able to supplement its review of outcomes and certain performance indicators through aggregate data reports, this review was designed to explore the "practice behind the numbers" in order to provide insight into which practices are working well and which merit attention for improvement.

The Department worked with CSF to develop a case review instrument that systematically guided these in-home safety and risk-related case reviews. Review instrument development was informed by findings relating to child safety and risk from case reviews conducted by CSF in 2008 on behalf of the Department. These findings sort into the following thematic categories:

- A need for improved use of the Safety and Risk Assessment Tool, including identification of parental protective capacities;
- A need for attention to caseworker visits with children and parents;
- A need for improved engagement of family members;
- A need for timely initiation of CPS responses and face-to-face contacts with children involved in screened-in reports of alleged maltreatment; and
- A need to identify and consider underlying issues within families contributing to maltreatment of children.

The Department's Safety and Risk-Related Review Instrument probed the quality of safety and risk-related activities for each of the thematic categories identified above. Safety and risk-related reviews were conducted in ten (10) area offices on two-hundred (200) randomly selected in-home cases. The Department's leadership team reviewed the report during September of 2014 and incorporated findings into its performance management and accountability system.

CPS Referrals Received by DCF

As found in the CB generated CFSR Round 3 Data Profile and indicated in Chart S3 below, CPS referrals increased between FY2011 and FY2014. This 6.4% rise in referrals tracks with the occurrence of several high profile child fatalities during the same time period. CPS referrals are tracked at the state/region/area office level and have continued to rise through FY2015; albeit less steeply.

Chart S3.

	Counts of Referrals Received by DCF			
	FY2011	**FY2012**	**FY2013**	**FY2014**
Referrals received by CPS	73,294	75,439	75,560	77,974

Screen-in Rates

As found in the CB generated CFSR Round 3 Data Profile and indicated in Chart S4 below, screen-in rates have risen significantly between FY2011 and FY2014. This 25.4% rise in screen-in rates, which tracks with the occurrence of several high profile child fatalities during the same time period, climbed at a greater rate than referral rates. Screen-in rates are tracked at the state/region/area office level and have begun to stabilize in FY2015.

Chart S4.

	Rate per 1,000 in Child Population per CB CFSR Round 3 Data Profile			
	FY2011	**FY2012**	**FY2013**	**FY2014**
Screen-in rate	43.92	44.06	44.76	55.09

Victimization Rates

As found in the CB generated CFSR Round 3 Data Profile and indicated in Chart S5 below, victimization rates have risen significantly between FY2011 and FY2014. This dramatic 134.8% rise in screen-in rates, which tracks with the occurrence of several high profile child fatalities during the same time period, rose at a greater rate than screen-in rates. Victimization rates are tracked at the state/region/area office level and have begun to stabilize in FY2015.

Chart S5.

	Rate per 1,000 in Child Population per CB CFSR Round 3 Data Profile			
	FY2011	**FY2012**	**FY2013**	**FY2014**
Victimization rate	9.72	9.31	14.53	22.82

Entry Rates

As indicated in Chart 1, the number of children served in placement increased 9.5% between FY2013 and FY2014, and has continued through FY2015. As evidenced in Chart S6 below, the Department's rate of entry per 1,000 children had been lower than the national average through FY13B14A, but is presently on the rise.

Chart S6.

	Rate per 1,000 in Child Population per CB CFSR Round 3 Data Profile						
Entry Rate	**11AB**	**11B12A**	**12AB**	**12B13A**	**13AB**	**13B14A**	**14AB**
All Ages	**3.8**	**3.6**	**3.8**	**3.7**	**1.9**	**2.2**	missing
0-3 months	8.9	9.1	8.8	9.2	9.8	10.8	11.9
4-11 months	4.5	4.7	4.7	5.0	5.5	5.3	5.3
1-5 years	23.3	23.3	23.4	23.5	23.8	25.9	26.8
6-10 years	14.3	13.7	14.8	16.0	16.4	16.9	17.3
11-16 years	44.3	44.5	42.9	41.0	38.9	35.5	33.2

17 years	4.8	4.8	5.4	5.3	5.5	5.6	5.5
18 years and older	0.0	0.1	0.0	0.0	0.1	0.1	0.1

B. Permanency

Permanency Outcomes 1 and 2

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

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

PERMANENCY OUTCOME 1:
Children Have Permanency And Stability In Their Living Situations

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

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

The Department of Children and Families (DCF or Department) has historically placed the emphasis for permanency on the processes of adoption or guardianship 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 more recent focus has been expanded to revitalize 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 at all junctures in working with a family. Recent revisions to the Department's Permanency Planning Policy highlight that the responsibility for permanency starts upon initial contact with the family and continues throughout the agency's involvement. It is the role of *all* DCF staff to pursue permanency for families; regardless of the function to which a staff person is assigned.

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

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

The Department has made significant progress on a number of indicators related to permanency. Despite these improvements, DCF has not yet achieved the national standards on each of the permanency composite indicators. Massachusetts anticipates that fidelity to its revised Permanency Planning Policy will result in improved outcomes.

Chart P1.

	State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination						
	using most recent data submitted as of April 16, 2015						
Indicator	12-month period [a]	Data used [b]	RSP [c]	95% interval [d]	National Standard [e]	Performance relative to NS [f]	PIP
Perm in 12 months (entries)	12AB	12A – 14B	46.0	44.7 - 47.4	40.5%	Met	No PIP
Perm in 12 months (12-23 mos.)	14AB	14A – 14B	34.2	32.2 - 36.3	43.6%	Not met	PIP
Perm in 12 months (24 + mos.)	14AB	14A – 14B	24.2	22.6 - 25.7	30.3%	Not met	PIP
Re-entry to foster care in 12 mos.	12AB	12A – 14B	13.6	12.3 - 15.1	8.3%	Not met	PIP

In order to support the strengths of children and families and address the needs that brought them to the attention of the Department, effective service delivery and permanency planning is critical to ensuring that children are returned to their homes as quickly and safely as possible and that caregivers have the capacity to ensure the safety and well-being of their children. As noted in Chart P1 above, the Department has been meeting the national standard of moving children to permanency within 12 months of entering care. This notwithstanding, the Department is challenged to meet the national standards for those children who remain in care longer than 12 months. Both of these permanency indicators necessitate PIP Goals, which for the baseline time period specified in the CB generated State Data Profile are:

- Permanency in 12 Months (12-23 mos.) – 14AB = 35.8%
- Permanency in 12 Months (24 + mos.) –- 14AB = 26.5%

The Department contracted with the *Center for the Support of Families* (CSF) to conduct its 2007 PIP case reviews. The following recommendations were made by CSF as part of the Department's 2007 PIP focused case reviews:

- Ensure provisions are included in contracts with provider agencies that are continuously monitored by DCF staff to focus on completed and appropriately filled out documentation,
    - o including treatment plan progress updates, and updated treatment plans as case circumstances change;

- Develop policy and practice guidance supporting the engagement of youth in achieving permanency when the goal involves independent living; including services, placement, education and income planning, at an earlier age.
    - A trigger for this could be the moment the goal changes to APPLA, or as soon as the child turns 14, whichever comes first; and
- For youth who are struggling to maintain stability in their placements, develop policy, training and guidance regarding when to convene meetings to determine the most appropriate placement for meeting the youths' presenting needs; even if that means a step up in care to stabilize behaviors.

These recommendations were incorporated into the Department's new Permanency Planning Policy. The Department's recently established CQI Unit (see *Quality Assurance* section of this document) will conduct systematic case reviews to assess practice fidelity to this new policy.

Though the Department recognizes that performance on *Permanency in 12 Months for Children Entering Care* has improved, performance on *Re-entry to Foster Care in 12 Months* has trended upward in each of the past five (5) years. The Department acknowledges that these paired measures are interrelated and that successful reunification necessitates that services be in place to stabilize exits to permanency and mitigate factors leading to reentry. Toward this end, DCF anticipates improvement on both sets of measures as a planned outcome of Caring Together (see *Service Array* section of this document). The Department's performance on *Re-entry to Foster Care in 12 Months* necessitates a PIP Goal, which for the baseline time period specified in the CB generated State Data Profile is:

- Re-entry to Foster Care in 12 Months – 12AB = 11.9%

Placement Stability

Stability of children who are in out-of-home care is an important indicator of the Department's efforts to achieve permanency for children and families. Multiple moves disrupt a child's ability to maintain connections with family and to develop the connections needed for positive emotional and social growth. Furthermore, instability in placement significantly impacts a child's educational achievement. Research has also shown that the more frequently a child moves subsequent to a home removal, the longer the timeframe for reunification.

Chart P2.

	State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination						
	using most recent data submitted as of April 16, 2015						
Indicator	12-month period [a]	Data used [b]	RSP [c]	95% interval [d]	National Standard [e]	Performance relative to NS [f]	PIP
Placement stability	14AB	14A – 14B	6.23	6.08 - 6.38	4.12	Not met	PIP

Placement Stability is another indicator where the Department did not meet the national standard as shown in Chart P2. This permanency indicator necessitates a PIP Goal, which for the baseline time period specified in the CB generated State Data Profile is:

- Placement Stability – 14AB = 5.90 per 1,000 days in care

Placement stability was identified as an area needing improvement in the 2007 CFSR. As such, the Department worked with the *National Resource Center for Data and Technology (*NRCDT) to analyze DCF data; to identify specific opportunities for improving placement stability. When NRCDT's analysis was complete, a Placement and Educational Stability Steering Committee was convened to establish the following set of recommendations and to guide the following steps:

- ***Kin First.*** NRCDT's findings strongly suggested that placement stability would be improved through a focused effort to increase the use of kinship placement as a first placement whenever a child needed to be removed from home. To this end, the Department initiated a "kin first" strategy.
- ***Intensive Foster Care.*** Following additional NRCDT findings which highlighted placement *instability* within Intensive Foster Care (IFC), the Department worked with its IFC providers to identify and implement strategies for improving stability.
- ***Supportive Child Care.*** Another important component of the Department's work included the establishment of a Memorandum of Understanding (MOU) with the Department of Early Education and Care (EEC). The MOU sought to improve access to supportive child care slots for foster parents, and to extend supportive child care for up to six (6) months after a child returned home and the DCF case closed.

Placement with Kin

The Department has increased efforts to identify kin as a placement alternative when out of home placement is necessary. These efforts have resulted in significantly increasing the ratio of kinship placements compared to non-kinship. The Department had observed a subsequent improvement in placement stability, but the revised indicator shows increased instability.

	DCF Target	SFY'08	SFY'09	SFY'10	SFY'11	SFY'12	SFY'13	SFY'14	SFY'15
Kinship Care Rate **Kinship as a % of all children in out-of-home placement**	≥ 28.5%	19.2%	22.6%	22.7%	24.5%	26.0%	26.9%	29.4%	31.5%

Data Source: MA DSSRP210 – Children in Placement

At the end of SFY2015, 31.5% of all children in out-of-home placement were placed with kin. This represents a 64.1% increase over SFY2008. In an effort to identify disproportionality in utilization and address disparity in outcomes, this indicator is tracked by race/ethnicity.

	DCF Target	SFY'10	SFY'11	SFY'12	SFY'13	SFY'14	SFY'15
Kinship Care as a % of Departmental Foster Care*	≥ 55.0%	46.4%	48.1%	51.4%	52.1%	53.1%	56.3%

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

At the end of SFY2014, 56.3% of all children in Departmental Foster Care (i.e., foster family home) were placed with kin. This represents a 21.3% increase over SFY2010. In an effort to identify disproportionality in utilization and address disparity in outcomes, this indicator is tracked by race/ethnicity.

PERMANENCY OUTCOME 2:
The Continuity Of Family Relationships And Connections Is Preserved For Children

As part of its 2007 CFSR PIP, the Department developed practice expectations for engagement of fathers. Toward this end, a number of activities to promote *Father Engagement* throughout DCF involvement with a family – from screening through ongoing case management, have been undertaken. Toolkits on *Father Engagement* serve as a resource for social workers and supervisors. Area office social workers consult the *Tip Sheets* for ideas on how to approach specific topics as they develop approaches to more effectively engage fathers. Supervisors also utilize the *Tip Sheets* during supervision to assist in guiding the course of casework practice.

Similar to *Father Engagement*, the Department committed to expanding its effort on the identification of kin before the comprehensive assessment and service planning process. As such, identification of kin has been incorporated into the Department's revised intake guidance. The identification of kin is now incorporated into screening activities, as well as during Investigation or Initial Assessment responses. In addition, the Department developed a *Kinship Fact Sheet* that can be completed by families during their initial contact with the agency.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

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

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

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

Well-being for individuals begins with a strong self-identity, a purpose in life and emotional connections. A family's well-being is reflected in the ability to function as a unit in the home and community with satisfaction/enjoyment. Family well-being is enhanced through the ability to function independently; without the support of an external structured/formal system. Like family well-being, a child's well-being is reflected in the ability to function successfully in home, school and the community with satisfaction/enjoyment. A child's well-being is dependent upon physical health, mental/behavioral, social/emotional and educational needs being met. Every child and family 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 following approaches are the focus of the Department's efforts to improve the well-being of children and families:

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

- The cultural identify of child and family is recognized and supported.

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

WELLBEING OUTCOME 1:
Families Have Enhanced Capacity To Provide For Their Children's Needs

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

Assessment and Service Planning with Parents
As part of its 2007 CFSR PIP, the Department utilized case reviews to assess the extent to which the agency conducts an initial/ongoing informal or formal assessment of children, parents, and foster parents' strengths and needs, as well as whether appropriate services are put in place to address the identified needs based on these assessments. With a strength rating of 76.2%, DCF exceeded the PIP Negotiated Improvement Goal of 46.6% for two (2) consecutive quarters following baseline review.

Child and Family Involvement in Service Planning
As part of its 2007 CFSR PIP, the Department utilized case reviews to assess whether DCF makes concerted efforts to actively involve children, birth mothers and birth fathers in the entire case planning process. With a strength rating of 69.3%, DCF exceeded the PIP Negotiated Improvement Goal of 49.1% for two (2) consecutive quarters following its baseline review.

Performance on the above two indicators was assessed utilizing a PIP case review instrument developed by the Massachusetts DCF and approved by the Children's Bureau. The Department contracted with the *Center for the Support of Families* (CSF) to conduct its 2007 PIP case reviews. The following findings came out of CSF's reviews:

Highlights of Quality Case Practice

- Demonstrated strength in conducting assessments of strengths/needs and subsequent provision of needed services for children and parents involved with the agency.
- Practice reflects the importance of engaging case members and maintaining/developing connections for children in out of home care.
- Active preparation of children and their out-of-home caregivers for placement; oftentimes ensuring that prior meetings were held to promote a smooth transition/appropriate fit.
- Effective work connecting all case members with culturally competent services when cultural differences are identified.
- Tasks in service plans and referred/provided services are tailored to reflect the individual strengths and needs of the family and in particular, the parents.
- Service coordination and communication with providers.

Areas for Improvement in Case Practice

- Trend of lack of involvement of ALL key case members. While most key case members are involved in case activities, oftentimes one key case member is not involved.
- Failure to consistently involve children and birth fathers in case planning activities—for in-home cases.
- Although service plans are generally tailored to the needs of the family, plans often inadequately address child-specific tasks.

Caseworker Visits with Child

As part of its 2007 CFSR PIP, the Department utilized case reviews to assess the extent to which both the frequency and quality of case worker visits with children was sufficient to ensure their safety, permanency and well-being. With a strength rating of 82.3%, DCF exceeded the PIP Negotiated Improvement Goal of 75.6% for two (2) consecutive quarters following its baseline review

Caseworker Visits with Parents

As part of its 2007 CFSR PIP, the Department utilized case reviews to assess the extent to which case workers have sufficient frequency and quality of visits with both mothers and fathers to ensure the safety and well-being of children. With a strength rating of 68.7%, DCF exceeded the PIP Negotiated Improvement Goal of 54.4% for two (2) consecutive quarters following its baseline review.

Social Worker Contacts – Jun-2015

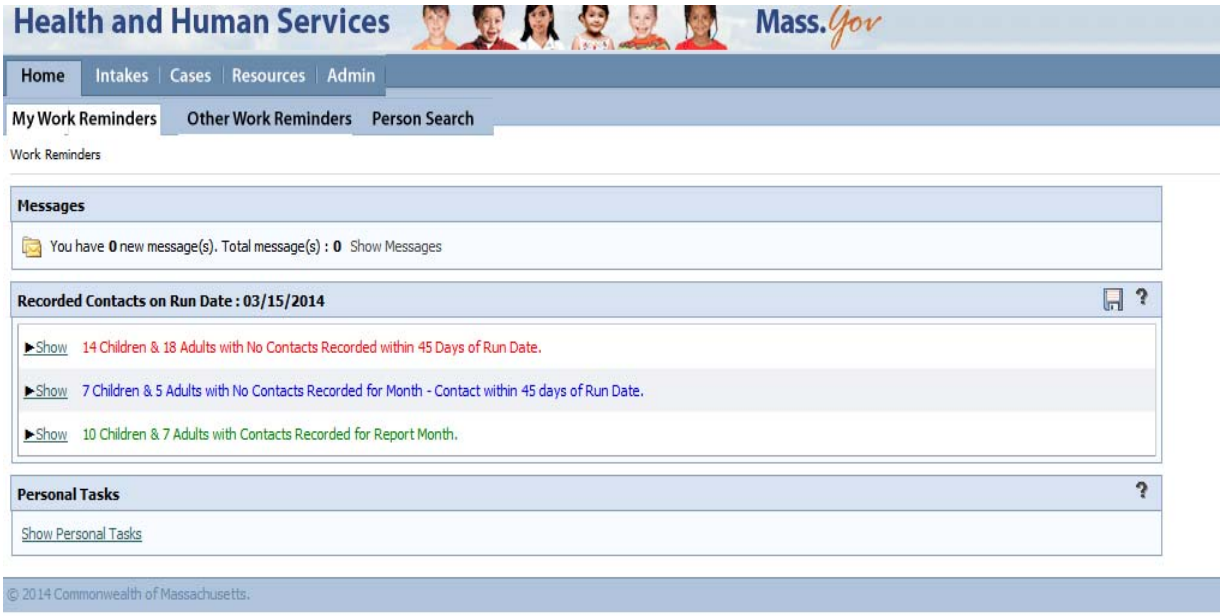
Research demonstrates that regular visits from social workers significantly improve positive outcomes for children and families; including permanency. Contact with children and with families is tracked on a monthly basis in the Department's *Worker Contact with Consumers Monthly Report*. While not reflected in the Department's summary data below, many children and families, particularly during periods of crisis, are seen more frequently than once per month.

SOCIAL WORKER CONTACT WITH...	June 2015 Within 30 days	June 2015 Within 45 days
ADULTS (parents)	55.3%	62.4%
CHILDREN & YOUNG ADULTS	85.0%	91.4%
Young Adults Age 18+	81.2%	88.6%
Children Age 0-17	85.2%	91.6%
Children Age 0-5	87.8%	93.3%
Children Age 6-11	85.1%	91.6%
Children Age 12-17	82.0%	89.3%
PLACED CHILDREN	88.4%	NA

Data Source: MA(DSSRP097 – Worker Contact with Consumers Monthly Report

The Department prioritized and implemented the following in its ongoing efforts to affirm the importance of social worker contacts as a core function of the agency:

- Developed and deployed ***Promoting Quality Visits and Contacts with Families: A Field Guide for DCF Staff*** —which includes protocols to assist workers with engaging, assessing safety and risk, observing and documenting contact.
- Enforced expectations for visit documentation within thirty (30) calendar days of contact and implement mandatory real-time time data entry of visits.
    - ACTION STEP: Deployed mobile devices (iPads) to all field staff and supervisors—for real-time documentation and tracking.
    - ACTION STEP: Developed real-time dashboard report on status of visits for social workers, supervisors and managers (screenshot below).



WELLBEING OUTCOME 2:
Children Receive Appropriate Services To Meet Their Educational Needs

Education is critical to a child's healthy growth and development and sense of well-being. The Department's efforts to ensure that children are receiving appropriate education services were identified as an area of strength in the 2007 CFSR Report. Ongoing focus in this area continues to support children's academic achievement. Recognizing that educational achievement is impacted by CPS involvement, the Department proactively works with teachers and school departments to ensure that children in its care or custody receive appropriate educational services and are making progress toward achievement of educational or vocational goals.

The Department tracks a number of education related indicators:

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

- High School Equivalency Testing Program (HSE) Rates (formerly GRE)

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

Massachusetts Department of Elementary & Secondary Education (ESE) calculates and reports on graduation rates as part of overall efforts to improve educational outcomes for students in the Commonwealth. Reporting graduation rates is required by the federal *No Child Left Behind Act* (NCLB) and by a National Governors Association compact signed on behalf of Massachusetts. The Department tracks these graduation rates for children in its custody utilizing the same methodology utilized by ESE.

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

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

	DCF Target*	2011	2012	2013	2014
Four-Year Graduation Rate	≥ 67.0%	52.0%	50.3%	54.5%	54.0%
Five-Year Graduation Rate		62.8%	53.0%	62.4%	na

**DCF Target of 67% reflects the MA ESE population which most resembles DCF students (LEP, SPED & Low Income).*
Data Source: MA data exchange between DCF and ESE

While the *Four-Year Graduation Rates* between academic years 2011 and 2014 are below the established target, extending the timeframe to graduation by one (1) year results in an additional 8% of cohort students receiving *acknowledgment* for graduating in 2013.

Massachusetts Comprehensive Assessment System (MCAS) Passage Rates

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

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

As required by the Education Reform Law, students must pass the grade 10 tests in English Language Arts (ELA), Mathematics, and one of the four high school Science and Technology Engineering tests as one condition of eligibility for a high school diploma (in addition to fulfilling local requirements). Recognizing the importance of this metric, the Department tracks *MCAS Passage Rates* for students in its custody utilizing an automated data exchange with ESE.

MCAS tests three (3) broad subject areas:

- English Language Arts (ELA)

- Mathematics
- Science and Technology/Engineering

	DCF Target	2011	2012	2013
MCAS OVERALL DCF PASSAGE RATE	≥ 40.0%	26.9%	26.7%	25.9%
ELA Passage Rate		47.3%	63.7%	68.2%
Mathematics Passage Rate		32.9%	42.5%	43.0%
***Science/Tech./Eng. Passage Rate**			76.6%	78.9%

**Science and Technology/Engineering subject area was adopted in academic year 2012 .*
Data Source: MA data exchange between DCF and ESE – 2014 is not yet fully tabulated

MCAS overall passage rates for children in the custody of DCF between academic years 2011 and 2013 are below the established target. While the 2013 MCAS overall passage rate is 64.8% of the established target, performance on each of the MCAS subject areas exceeded the overall target of 40.0%. This indicates that while children in DCF custody demonstrate relative strength in specific subject areas, positive performance in one subject area does not necessarily correspond to positive performance on other subject areas.

WELLBEING OUTCOME 3:
Children Receive Adequate Services To Meet Their Physical And Mental Health Needs

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

- improve the data collection to document children's medical/dental appointments, and
- collaboration with community partners to improve access to medical and dental care for children in DCF's care or custody.

Initial and Comprehensive Medical Encounters
DCF policy stipulates that children in the Department's custody are to receive an initial medical screening within 7-days and a comprehensive medical examination within 30-days of entry into custody. Acknowledging that the timely recording of these medical encounters in the Department's FamilyNet/i-FamilyNet is somewhat challenged, the Department reached out to *MassHealth* (Medicaid) in order to obtain documented evidence of medical care.

	Jul-2010 through Sep-2012
7-day Rate	50%

30-day Rate	77%
+/- 30-day Rate	90%

Data Source: MassHealth

While there is significant room for improvement, the findings highlight that 90% of children entering the Department's custody receive medical care (including behavioral health services) within a 30-day window of custody (either 30-days pre-entry or 30-days post-entry).

The following action steps were therefore initiated:

- The Department obtained/reviewed data which allowed for the identification of key providers of medical services to children in custody and worked with these providers to strengthen and expand partnerships to ensure timely and quality access to medical care.
- An expert panel of physicians was convened to identify and codify clear medical priorities to ensure that children with the highest medical needs receive priority for screenings and comprehensive medical assessments.
- The Department is designing and staffing a defined infrastructure/medical system within the Department.
    - Interviews are underway for a DCF Medical Director who will report directly to the DCF Commissioner.
- Mobile devices (iPads) have been deployed to field staff in an effort to facilitate the timely recording of medical/dental encounters and to enhance staff access to case records.

Pediatric Behavioral Health Medication Initiative

Recognizing that children in the care of child welfare agencies are disproportionately prescribed psychotropic medications, DCF convened a *Psychopharmacology Workgroup* co-chaired by the Massachusetts Child Advocate. Among several alternatives, the Department partnered with the Office of Medicaid/MassHealth and the Department of Mental Health to explore and initiate a behavioral health medication prior authorization process.

The MassHealth Pharmacy Program, in collaboration with the Department of Children and Families (DCF) and the Department of Mental Health (DMH), developed a *Pediatric Behavioral Health Medication Initiative* (PBHMI) that requires prior authorization to ensure the highest quality and safest care to *pediatric members* less than 18 years of age in the Primary Care Clinician (PCC) Plan who are prescribed behavioral health medications. An expert workgroup convened by the DMH served as an advisory board to the MassHealth Pharmacy Program to create the approval criteria that will be used to evaluate prior authorization requests submitted to the Drug Utilization Review Program.

As part of this initiative the following situations now require a prior authorization:

1. **Behavioral health medication polypharmacy**: pharmacy claims for any combination of four (4) or more behavioral health medications (i.e., alpha$_2$ agonists, antidepressants, antipsychotics, atomoxetine, benzodiazepines, buspirone, cerebral stimulants, hypnotic agents, and mood stabilizers) within a 60 day period for members less than 18 years of age;

2. **Antipsychotic polypharmacy**: overlapping pharmacy claims for two (2) or more antipsychotics for at least 60 days within a 90 day period for members less than 18 years of age;
3. **Antidepressant polypharmacy**: overlapping pharmacy claims for two (2) or more antidepressants for at least 60 days within a 90 day period for members less than 18 years of age;
4. **Cerebral stimulant polypharmacy**: overlapping pharmacy claims for two (2) or more cerebral stimulants (immediate-release and extended-release formulations of the same chemical entity are counted as one) for at least 60 days within a 90 day period for members less than 18 years of age;
5. **Benzodiazepine polypharmacy**: overlapping pharmacy claims for two (2) or more benzodiazepines for at least 60 days within a 90 day period for members less than 18 years of age;
6. **Mood stabilizer polypharmacy**: overlapping pharmacy claims for three (3) or more mood stabilizers for at least 60 days within a 90 day period for members less than 18 years of age;
7. Any pharmacy claim for an **antidepressant, antipsychotic, atomoxetine, benzodiazepine, buspirone, hypnotic or hypnotic benzodiazepine, or mood stabilizer** for members **less than 6 years of age**; and
8. Any pharmacy claim for an **alpha$_2$ agonist or cerebral stimulant** for members **less than 3 years of age**.

As a method for continuous quality assurance, improvement, and transparency, a multidisciplinary Therapeutic Class Management (TCM) workgroup has been created to retrospectively review prior authorization requests that do not meet the required criteria and to provide an increased level of clinical expertise to evaluate outlier cases. The workgroup may also conduct outreach to individual prescribers to discuss clinically appropriate treatment options in certain cases.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at http://www.acf.hhs.gov/programs/cbhttp://www.acf.hhs.gov/programs/cb/resource/cfsr-procedures-manual), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

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

> Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

The Massachusetts Department of Children and Families (DCF) has operated a Statewide Child Welfare Information System (SACWIS), known as FamilyNet, since February 1998. FamilyNet was extended to the internet in 2006 to support collaboration between DCF, hospitals and placement service providers to help move children out of hospital settings when a less intensive treatment setting is appropriate. Since 2006, DCF has continued to move FamilyNet functionality to the web-based application i-FamilyNet. *See i-Familynet Overview as of 8/18/14c.docx.* FamilyNet, i-FamilyNet and FamilyNetworks (a client/server application used by DCF Lead Agencies) all update and draw data from the same Oracle production database. These applications (collectively referred to as FamilyNet) support approximately 8,000 users.

Starting in July 2014, DCF deployed nearly 2,500 4G enabled iPads with access to i-FamilyNet. DCF clinical and legal staff can now view and update information available in the i-FamilyNet application from anywhere with a cellular or secure Wi-Fi signal. Recent changes to i-FamilyNet allow caseworkers to upload pictures taken with an iPad and documents into the relevant case record.

FamilyNet is the DCF system of record for most case, family resource and subsidy related functions and maintains demographic data for all persons receiving services from DCF. It also retains a history of home, business and placement addresses for children and adults involved with the agency and maintains a placement history for all children in the care or custody of DCF in out-of-home placement.

I. Required information for children in placement

Status: In foster care or no longer in foster care

FamilyNet captures the history of a child's placement status using an explicit home removal episode (HRE) for each period of out-of-home care. An HRE must be started before a referral for a placement service can be activated or a location not requiring a service referral (known as a non-referral location (NRL)) can be recorded for a child in the care or custody of DCF. Data required to be recorded at the start of an HRE include:

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

To ensure consistency and improve timeliness of the data entry of HRE end-dates, HREs are end-dated by a weekly batch process. The HRE end-date and end-reason are derived from a combination of the legal status and placement end-dates and end-reasons and the child's age. An HRE has three sets of start and end-dates which can vary depending on the rules applicable to placement episodes for DCF, AFCARS and Title IV-E.

Timeliness errors for the AFCARS 2015A submission were

0.39 -- Element 22 – Removal Transaction Date

7.83 -- Element 57 – Foster Care Discharge Transaction Date

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

Timeliness of service referral activation is monitored using the Service Referral Activation Report DSSRP179.

Location: child physical location

FamilyNet captures a history of the child's placements (name of provider, start-date, end-date, type of placement) and a history of the child's placement addresses. Placement types include paid placements, documented by a service referral, and unpaid placements. Paid placement types are described by a taxonomy which includes a category, program and model. The placement taxonomy provides a fine-grained description of the placement service, in some instances including the staffing level for congregate care placements. Unpaid placements are tracked using less fine-grained categories which nonetheless distinguish between placement in family settings, both kinship and non-kinship, residential, group homes, institutions and hospitals. On-the-run episodes are tracked using non-referral locations. The type of psychiatric hospital placement can also be recorded.

When the service referral for a paid placement is "activated" by recording the actual start date, or a non-referral location is saved, the child's address history is automatically updated with the child's placement address. A placement address is identified as a Full-time Placement, Part-time Placement or NRL address. Placement addresses are automatically end-dated when the

actual end-date is added to a service referral or the end-date added to an NRL. If a placement record is data entered retroactively, the placement address is still automatically created.

Paid placements are carefully tracked by area, region and central office financial staff using the AuthoCosts report and other financial reports. Payrolls are closely monitored Department of Administration and Finance (DAF) staff for any unusual activity.

See *Summary of Children in Placement on 5-1-2015.xlsx*

The following data comes from the Service Referral Activation Report (dssrp178 and 179). This report includes all placement service referrals activated during the reporting month. A service referral is "activated" when the date the child entered the placement ("actual start date") is recorded. The data entry timestamp is also included in the report allowing managers to track both the time between the child's actual start date and data entry of the service referral and the time between the actual start date and data entry of the actual start date (activation).

	Days between Placement and Data Entry of Service Referral								
	0 to 7		8 to 14		15 to 28		29+		Total Count
Placement Type	Count	%	Count	%	Count	%	Count	%	
Dept FC*	821	85.2%	71	7.4%	41	4.3%	31	3.2%	964
CFCI**	150	90.9%	7	4.2%	4	2.4%	4	2.4%	165
Congregate	424	92.6%	11	2.4%	9	2.0%	14	3.1%	458
Grand Total	**1395**	**87.9%**	**89**	**5.6%**	**54**	**3.4%**	**49**	**3.1%**	**1587**

	Days between Placement and Service Referral Activation								
	0 to 7		8 to 14		15 to 28		29+		Total Count
Placement Type	Count	%	Count	%	Count	%	Count	%	
Dept FC*	632	65.6%	194	20.1%	81	8.4%	57	5.9%	964
CFC**	133	80.6%	21	12.7%	7	4.2%	4	2.4%	165
Congregate	382	83.4%	36	7.9%	21	4.6%	19	4.2%	458
Grand Total	**1147**	**72.3%**	**251**	**15.8%**	**109**	**6.9%**	**80**	**5.0%**	**1587**

Source: DSSRP179 Run 5/4/15

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

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

Demographic Characteristics: date of birth, sex, race, ethnicity, disability, medically diagnosed condition requiring special care, ever been adopted

FamilyNet captures

1) Actual and estimated dates of birth;
2) Sex (female/male);
3) Race (any combination of American Indian/Alaskan Native, Asian, Black, Native Hawaiian/Other Pacific Islander, and White; or Declined or Unable to Determine)
4) Ethnicity (Hispanic/Latino origin);
5) Medically diagnosed conditions

6) Whether a child in placement was previously adopted.

Race (12/31/2013)				
Race/ Ethnicity	**All DCF Consumers**		**Children under 18 in Placement**	
White [1]	32,840	44%	3,615	47%
Hispanic/Latino [2]	19,301	26%	1,983	26%
Black [1]	10,633	14%	1,059	14%
Asian [1]	1,020	1%	86	1%
Native American [1]	145	*	14	*
Pacific Islanders [1]	27	*	1	*
Multi-Racial [1] [3]	2,127	3%	532	7%
Unable to Determine	3,011	4%	387	5%
Missing	6,286	8%		
Total Consumers	75,390	100%	7,677	100%

[1] Excluding Hispanic/Latino

[2] Hispanic/Latino includes all races, [3] Multi-racial = two or more races

Source: Annual Data Profile 2013

Considerable care has been taken in the design and construction of FamilyNet and i-FamilyNet to ensure caseworkers are made aware of critical safety information regarding consumer children. Safety alerts based on medical diagnoses and certain observed behaviors appear wherever case members are listed.

Case workers are required to obtain birth certificates for children in placement. These are used to verify dates of birth and parental relationships. Courts often require newly issued birth certificates at various junctures in the life of a court case to ensure accurate paternal relationships are available.

See *Excerpt from Manage_Person-BR-CM0017 with corrections.docx.*

See *CFSR 3 Data Profile 5-20-15a – MA.docx, pages 13 and 14* for results of AFCARS and NCANDS Data quality checks.

Goals for permanency: reunification, adoption, guardianship, other planned permanent living arrangement, not yet established.

DCF has the following permanency goals:

1) Stabilization
2) Reunification
3) Adoption

4) Guardianship
5) Alternative Planned Permanent Living Arrangement (APPLA)

Permanency goals are recorded as part of a child's service plan. Service plans are reviewed and updated at least every 6 months. Part of this review necessarily includes viewing the goal recorded in the service plan. If a child's permanency goal remains the same, FamilyNet retains the original goal start date. Service plans are easily accessible by area and regional office staff who can view the permanency goals for children in placement and in intact families. For children in placement, permanency goals are reviewed every six months as part of the Foster Care Review. The review ascertains whether the correct goal is listed in the service plan being reviewed and determines if the goal is appropriate. Permanency goals are also provided in 6 routinely used monthly reports. Permanency goals are highly visible, affording staff responsible for a child's wellbeing many opportunities in the course of their work to see and act if the permanency goal was erroneously recorded or is no longer appropriate.

Children receiving services at home have a goal of Stabilization. The initial permanency goal for children in placement is generally Reunification. Subsequent goals are set during a Permanency Planning Conference (PPC). A child's first PPC occurs within 9 months of the child's entry into placement. Area office staff are provided with a monthly report to support scheduling timely initial PPCs. A child's initial PPC is used to determine if DCF should pursue termination of parental rights (TPR) on behalf of the child, and if not, to record the reason TPR is not appropriate. If the decision of the initial PPC was not to pursue TPR and the child remains in placement for 15 of the first 22 months, another PPC is required to reconsider the decision not to request TPR. Subsequent PPCs are held at the request of clinical or legal staff or when a foster care review (FCR) determines the child's current permanency goal is inappropriate.

The official record of PPCs and semi-annual FCRs is maintained in FamilyNet. PPCs were recently moved to i-FamilyNet and 6 week placement reviews have also been implemented in i-FamilyNet.

II. Other FamilyNet functionality

Service Referrals

FamilyNet includes referrals for all paid services and interfaces with the Office of the State Comptroller through the MMARS system to initiate payment for most services and to track receivables and collections in the event an overpayment occurs.

See *Sect19 – ACCOUNTS RECEIVABLE PROCESS.doc*

Contracts for DCF paid services are organized according to a taxonomy including a category, program and model. Every service referral references the taxonomy of the service provided. The taxonomy is used for placement and non-placement services. Many reports include the taxonomy or non-referral location representing the child's current placement.

Family Resource Licensing

Family Resource home-studies, annual re-evaluations and license renewals along with required background record checks are recorded on FamilyNet for homes licensed by DCF and DCF contracted providers.

Active Family Resource Homes on 5/2/2015			
FR Home Type	**DCF**	**Contracted**	**Grand Total**
Intensive Foster Care	6	1549	1555
Kinship/Child-Specific	2696	50	2746
Unrestricted*	1919	191	2110
Inquirer/Applicant	1921	874	2795
Grand Total	**6542**	**2664**	**9206**

FR Home Type	With Placements	No Current Placements	Grand Total
Intensive Foster Care	1135	420	1555
Kinship/Child-Specific	2193	553	2746
Unrestricted*	1530	580	2110
Inquirer/Applicant	9	2786	2795
Grand Total	**4867**	**4339**	**9206**

Source: DSSRP 225

*Includes Pre-Adoptive

Foster Care Reviews

FCRs occur every six months for children who have been in placement at least 6 months. FCRs are recorded on FamilyNet and FCR reports can be viewed by any user with access to the case. A batch process automatically creates review records three months prior to the review due date. Batch extracts and ticklers support the review scheduling and invitation process. DCF field staff must review the proposed invitation list and update FamilyNet as needed to ensure required invitees are invited. Invitation letters are sent through an automated process once an FCR has been scheduled. In addition to the determinations and supporting narratives, FCR records include the names of all persons who were invited and who attended the FCR. A report of the FCR is sent to all attendees through an automated process.

See *DSS Policy #86-009, Revised 9/6/2000 Foster Care Review Policy*

ICPC

ICPC requests were recently moved to i-FamilyNet. 100A and 100B documents received from other states can now be scanned into i-FamilyNet and associated with a child's ICPC request. 100A and 100B documents are generated from i-FamilyNet when Massachusetts is the sending state.

Legal

Court case records moved to i-FamilyNet in November 2014. DCF attorneys can access and update court cases using iPads. This includes entering legal dictation, court dates/actions and court results.

See *CIP Summary Data for ffy2014.xlsx and CIP Summary Data for ffy2013_Final v.2.xlsx*

Provider Services

Service providers have had access to portions of the case record in i-FamilyNet since 2006. Providers record Child and Adolescent Needs and Strengths (CANS) assessments, incident reports, treatment plans and treatment plan reviews have been recorded in i-FamilyNet since 2008. This information is available to providers while they are providing services to a particular consumer and to DCF staff through the consumer's case record. Data from the CANS assessments and incident reports will be used to evaluate the Caring Together IV-E waiver project.

During FFY2014, 2397 **CANS** assessments were completed for 1780 children & adolescents

During CY2014 (through 6/14/14), 9481 **Incident Reports** were completed for 1982 children

IV-E Eligibility Determinations

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

III. Reporting

Data necessary to ensure compliance with DCF policies and document trends are available to DCF staff through on-line queries, batch and warehouse reports. On-line queries are available in FamilyNet and i-FamilyNet and provide information used to assign cases, obtain lists of scheduled activities, view the summary of a court appearance, print case narratives, etc. Batch reports run on a schedule, are less widely available and are distributed to managers and administrative staff. DCF is currently in the process of making batch reports more accessible to

administrative and management staff. In July 2014, DCF implemented a user dashboard available to caseworkers and supervisors in i-FamilyNet. This report provides aggregate counts of the consumer children and adults assigned to a caseworker by the length of time since the last recorded in-person contact during the current month. Caseworkers and supervisors can download a list of assigned consumers including the last in-person contact date using their pc or iPad. An on-line query makes the same consumer contact information available to managers.

Batch reports and batch letters are being moved to a Jasper server as part of a data analytics initiative. Batch reports will be accessed from a central repository based on user security roles. This migration is being used as an opportunity to enhance existing reports, cull reports no longer in use, and ensure reports are easily available in the format most appropriate to the report purpose.

DCF has a data warehouse of purpose-built tables storing summary data extracted from the FamilyNet production database of child placements, financial transactions, AFCARS, NCANDS and NYTD data, title IV-E determination data and more. Data from the warehouse is currently accessed through ad hoc queries and using Oracle Discoverer. Reports available in Discoverer are referred to as the DataMart and include the AuthoCosts report, CFSR child welfare outcome reports, reports for tracking trends in reports of child abuse/neglect and responses, case openings and closings, and to support IV-E eligibility determinations. The AuthoCosts report tracks all payments for DCF-licensed and applicant foster homes, contracted foster homes, family-based services and most congregate care placements. All warehouse tables are designed to hold multiple years of data and are updated on a schedule tied to business reporting needs, generally, weekly, monthly or quarterly. All DataMart reports include aggregated data summaries and support drill-down to detail data in the warehouse tables. See *DCF DataMart Child Welfare Outcomes Reports.doc*. The data warehouse also includes a data set known as “Flow Data” which documents all child placements organized with one row per placement per child. The Flow Data set includes the child’s permanency goal as of the beginning of the placement in focus as well as the child’s demographic data and the placements, if any, immediately prior to and after the placement in focus. This data set is used extensively for analytic purposes. A similar warehouse table is planned for all service referral data, which will provide similar opportunities for analysis of non-placement service data. A proof of concept is underway to migrate DataMart reports to Jasper.

On-line queries, batch and DataMart reports are based on state-wide data and most can be parsed by DCF region, area and unit or provider agency and provider division. This permits comparisons across regions, areas, providers and will enable data level report security to ensure access to confidential data is limited to appropriate users.

New reports are constantly under development to support DCF’s evolving needs. A report to better track youths who are on-the-run is currently in use even as it is being modified to provide better information to discern the patterns and triggers for run-away episodes as well as possible interventions. Reports have been developed and more are planned to evaluate the efficacy of new Caring Together services under a Title IV-E waiver and for permanency planning, legal and fair hearing functionality as they move to i-FamilyNet. Two reports support the qualitative review of non-placement cases; one lists cases with 3 or more reports of child abuse/neglect

within a three month period and the other lists cases which have not had a child in placement or a report of abuse/neglect for at least two years.

A selection of reports supporting various DCF business processes are enumerated in the *Representative List of Management Reports*

IV. Data Quality

DCF provides caseworkers, supervisors, clinical managers, legal managers and family resource licensing staff with many aids and opportunities to verify the accuracy of data contained in FamilyNet. Although DCF has not had a dedicated case review unit for some years, it has worked hard to promote a culture of data accuracy by making pertinent detailed data available in all reports and on windows throughout the FamilyNet/i-FamilyNet application. Routine case management events administrative reports provide opportunities throughout the year for the staff most familiar with a case to review the data recorded in FamilyNet, and to identify and correct inaccurate data. These events and reports include, but are not limited to the following checkpoints.

Checkpoints for Data Accuracy

Activity	Child in Home	Child in Placement
Intake/response: • Initial data entry of demographics and location	Applies	Applies if there is an emergency home removal or child is placed during response

Comprehensive Assessment (CA):
• Frequency:
  o Currently, at beginning of case opened for services and as desired while case open;
  o After new policy is implemented, at least every 6 months in conjunction with updating the action plan
• Demographic data is updated.
• AFCARS edit ensures demographic data needed for AFCARS are data entered before CA is completed.
	Applies	Applies

Service/Action Planning (SP/AP): • Frequency: At least every 6 months • Permanency goal is reviewed and updated if required • Demographic data is updated • Placements and visitation plans reviewed • AFCARS edits must be satisfied prior to completion of new/updated SP • The name will change to Action Plan when new policy	Applies	Applies

is implemented.		
Caseworker Contact Reports: • A dashboard updated daily after the first week of the month indicating which consumers do not have caseworker contacts recorded for the current month • Caseworker Contacts Preview Report (monthly report which lists consumers for whom a contact has not been recorded for the reporting month)	Applies	Applies
Service Referral for Placement or Non-Referral Location: • Each time a new placement is recorded, either by activating a service referral or entering a non-referral location, FamilyNet checks to see if there is a Home Removal Episode and custody record in effect on the start date of the placement.		Applies
Monthly Clinical Reports • Children in Placement (all children with an open HRE) • ASFA Report (children who need a 6 Week Review or Permanency Planning Conference) • Children with a Goal of Adoption/Guardianship • Children with a Finalized Adoption/Guardianship • PACT Report (children for whom supplementary payments are made) • Service Referral Activation Report • Early Intervention (children qualifying for EI referral)		Applies
IV-E Eligibility Determination: • Frequency: Shortly after home removal and every 3 months for children found to be IV-E eligible • What is reviewed and validated? o Demographic data, o court orders, o custody and o placement records		Applies
Six Week Placement Review and Permanency Planning Conferences (PPC): • Frequency: o Six Week Placement Review: 6 weeks after start of placement; o 9 months after start of placement or as required by changed circumstances or Foster Care Review recommendation • What's reviewed? o Need for placement o Permanency goal o Progress toward goal o Whether current placement is appropriate o Whether TPR is needed		Applies
Foster Care Reviews (FCRs):		Applies

• Frequency: Every six months while child is in placement
• What's reviewed?
  o Six weeks prior to review due date:
  ▪ Need for review (is child still in placement)
  ▪ Whether required invitees are in FamilyNet with current addresses
  o At review:
  ▪ Need for placement
  ▪ Whether current placement is appropriate
  ▪ Permanency goal
  ▪ Progress toward goal
  ▪ Whether required medical/dental care has been provided		

Quarterly Adoption Reviews:
• Frequency: Quarterly for children with a goal of Adoption
• What's reviewed?
  o Appropriateness of goal (if no, the child is referred for a PPC)
  o Barriers to progress toward goal
  o Status of termination of parental rights (TPR)
  ▪ Whether parental relationships are correctly recorded
  o Whether child is matched to a preadoptive home and whether the fact of a match is recorded
  o Whether child can be adopted within 24 months of placement
		Applies

Monthly Legal Reports: • Permanency Hearing Tickler Reports (supports scheduling Permanency Hearings) • Reasonable Efforts Report (supports data entry of Reasonable Efforts and Contrary to the Welfare court results)		Applies

Permanency Hearings:
• Frequency: Annual
• What's reviewed?
  o Need for placement
  o Permanency goal
  o Progress toward goal
  o Whether current placement is appropriate
  o Whether reasonable efforts to reunify have been made or are not required
		Applies

AFCARS Validation Data • Frequency: Semi-Annual • Used by IT to identify data and report coding issues		Applies
NCANDS Validation Data • Frequency: Annual • Used by IT to identify data and report coding issues	Applies	Applies
NYTD Validation Data • Frequency: Semi-Annual • Used by IT to identify data and report coding issues	Applies (served population only)	Applies
Activity	**Departmental Foster Care**	**Comprehensive Foster Care**
Foster/Pre-adoptive License Homestudy, Annual Reassessments and License Renewals • AFCARS edits for resource demographic information must be satisfied prior to completion	Applies	Applies
Monthly reports: • Active Family Resources • Overdue License Renewals • Unapproved Homes with Active Referrals	 Applies Applies Applies	 Applies Applies
Periodic reports: • Primary Caregiver has marital status of Married and there is no Secondary Caregiver	Applies	Applies

DCF is in the process of staffing a CQI unit with five staff members who will conduct systematic statewide case reviews using a review tool modeled after the CFSR Onsite Review Instrument. This is the final piece needed for a systematic data quality review process.

Data regarding paid placements is generally very good as payment is predicated upon the placement being accurately recorded. Payments for Departmental Foster Care and invoices for other services are generated by FamilyNet using the same service referral data used to create the placement records. If the service referral information is accurate, the placement information is accurate and vice versa. Invoice and payment data is closely monitored by the central office, regional and area office staff responsible for ensuring that budgeted funds are properly spent. If a placement and its corresponding service referral are end-dated in arrears, FamilyNet creates a receivable which is also tracked in FamilyNet. See *Sect19 – ACCOUNTS RECEIVABLE PROCESS.doc*

Data regarding unpaid placements has significantly improved in recent years as a result of the work done to ensure psychiatric hospitalizations are accurately recorded by the Mental Health Specialists closely monitoring these placements and due to the focus on tracking children who are on-the-run from placement.

A monthly batch report lets the Subsidy unit support the timely activation of adoption subsidies once adoptions are legalized. Documenting diagnosed health conditions and the family structure of foster care providers are areas where data entry needs to improve. Health information for medically fragile children is documented by staff nurses and these children are closely monitored. System edits in FamilyNet and i-FamilyNet ensure demographic information for

consumers and family resource providers is data entered at junctures when the information should be known (i.e., at the completion of Comprehensive Assessments, Service Plans and during Family Resource licensing). An ad hoc report is provided to area offices and provider agencies to monitor and support accurate data entry of the marital status of family resource providers. The Permanency Profile Facesheet for the child(ren) being reviewed includes demographic, relationship, health/behavior and education data recorded in FamilyNet so that missing or incorrect information can be updated at the time of the PPC.

See *Permanency_Profile_Facesheet.docx.*

The Hotline Intakes/Investigations Overview is an on-line report designed to monitor data quality and is used to aid in the timely completion of Hotline intakes/investigations.

The comprehensive family assessment and service planning process have been redesigned and new functionality is being built in i-FamilyNet for release early in 2016. The new Comprehensive Assessment and Action Plan will make demographic, medical and education data more visible and include more robust edits to ensure these data are recorded and updated.

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

See attached *Data Extract Validation Protocol.doc*.

Providing the detail data represented by the statistics in reports provided to the field is a very effective strategy for identifying inaccurate data. Showing what is being counted allows the people most interested in a report's accuracy to validate their data.

Inaccurate HRE and placement data identified during IV-E eligibility determinations is referred to DCF staff members who research and correct the data when appropriate. The IV-E secondary review conducted during the week of 9/27/12 and covering the period 10/1/11 to 3/31/12 found,

Program Strengths & Promising Practices

The State has a highly-automated system which provides access to demographic information from DCF's Family Net and family financial information through the TANF and Medicaid automated systems operated by other State agencies. Overall the automated worksheets provide clear documentation of the eligibility decision, basis for the decision, and period of eligibility. As previously stated, there are areas in which additional documentation would be helpful for reviewers. Court documents clearly explained the contrary to welfare and reasonable efforts findings. The removal court orders were completed timely, usually the next day if an emergency removal occurred after hours. All required judicial findings were obtained in the sample cases reviewed. The State has made improvements in

the licensing of foster care placements as all foster homes were fully licensed during the PUR. We also noted the Interstate Compact for the Placement of Children cases in the review sample contained all necessary information to document title IV-E eligibility. This represents a substantial improvement from our prior onsite review where four cases were determined to have ineligible payments due to the lack of documentation that the foster care provider was licensed by the receiving State. Finally, DC has worked with EEC to improve the documentation of criminal background checks for residential facilities. All cases involving a residential placement contained the information necessary to document compliance.

See *Massachusetts Department of Children and Families Title IV-E Foster Care Eligibility - ma2012_secondary*, p7.

DCF looks forward to having a CQI unit with the ability to develop and track metrics for data accuracy. This will enhance, but not replace, the work being done daily by staff at all levels of the agency to promote good quality actionable data.

Attachments:

1) i-FamilyNet Overview as of 5-29-15.docx
2) Summary of Children in Placement on 5-1-2015.xlsx
3) Excerpt from Manage_Person-BR-CM0017 with corrections.docx
4) CFSR 3 Data Profile 5-20-15a – MA.docx
5) Sect19 – ACCOUNTS RECEIVABLE PROCESS.doc
6) DSS Policy #86-009, Revised 9/6/2000 Foster Care Review Policy
7) CIP Summary Data for ffy2014.xlsx and CIP Summary Data for ffy2013_Final v.2.xlsx
8) DCF DataMart Child Welfare Outcomes Reports.doc
9) Representative List of Management Reports
10) Permanency_Profile_Facesheet.docx
11) Data Extract Validation Protocol.doc
12) Massachusetts Department of Children and Families Title IV-E Foster Care Eligibility - ma2012_secondary.pdf

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

> Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

In Massachusetts, Service Planning is a fundamental component of social work practice and is intended to be a dynamic, interactive process which involves the Department of Children and Families (DCF or Department), family members, substitute care and other service providers. The service plan represents a time-limited agreement between the Department, the family and those providing services to the family, which includes a shared understanding of why the family is involved with the Department and identifies the goal(s), projected date of goal achievement and outcome(s) to be achieved by the Department's intervention with the family. The service plan includes the related change indicator(s) by which family members demonstrate they have achieved the identified outcome(s). The service plan specifies the expectations negotiated with the family regarding participation in services and completion of tasks which support the family member's ability to effect these changes, achieve the service plan goal and eventually close the case; it also includes the tasks for the Department, substitute care and other service providers. The service plan reflects the direction of a case, guides case practice and provides information for decision-making. To the greatest extent possible, the service plan is written in the family's preferred language, in a manner that is clearly and easily understood by the involved parties.

It is the policy of the Department that an initial full service plan is developed within fifty-five (55) working days for every case which will remain open following assessment. To the greatest extent possible, the service plan is developed jointly with the family. In most cases, the service plan involves the parent(s)/guardian(s) or other caretaker(s); the reported child(ren) and/or the child(ren) who is the subject of a voluntary application for services or a court order; other children in the family; DCF; and, in cases where children are in placement, the substitute care providers. Other service providers also may be included in the service plan.

The Department monitors its performance on completing service plans within the mandated timeframes. A monthly case work report (DSSRP071-Statistics for Casework) is available to all staff and is used by supervisors and managers to monitor individual office performance. Historically, the Department had been completing 80% of service plans within the mandated timeframe. Given the significant increase in caseloads over the past two years, meeting this historical performance level has proven to be a particular challenge for the Department.

State Fiscal Year 2016 and Beyond

Family Assessment and Action Planning

The Department's Family Assessment and Action Planning work is intended to be guided by the practice principles and approaches included in the DCF Case Practice Model. The Department has recognized the need and has been actively working over the past several years to update the current written policy and procedures, along with sections of our information technology system used to document/record family assessment information and the case plan work. DCF is currently in negotiations with the union representing its social workers (SEIU local 509) to reach agreement on the new policy and in September 2014 kicked-off the design phase for a new electronic assessment and case plan tool. The Department anticipates that the Family Assessment and Action Planning policy and SACWIS support will be fully in place within state fiscal year 2016.

While the Department has been able to track the quantity and timely completion rates of service plans, the existing FamilyNet service plan tool limits the ability to assess quality of service plans. The planned Family Assessment and Action Planning i-FamilyNet tool should allow for both a quantitative and qualitative assessment of service plans. Along with this, the Department's new CQI Unit will utilize systematic case review methodology and tools to assess service plan quality.

Consistent with the Department's Case Practice Model, family assessment and action planning centers on engaging family members in an integrated and dynamic process of exploring their unique strengths and needs for 2 important and related purposes:

1. determining whether the Department must remain involved with the family and why; and
2. for families who must stay involved, jointly developing a plan to support the family in strengthening their capacity to meet the safety, permanency and well-being needs of each child.
    - For the young adult who has sustained connection or re-engaged with the Department, the focus of the assessment and action planning is on the identification and relationship development of one or more adults who will maintain a consistent, caring and permanent relationship with the young adult and on assessing preparation for successful adulthood, supporting life skills development and providing resources to promote adult independence.

Family Assessment and Action Planning is:

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

Values and Principles

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

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

Outcomes

The Family Assessment and Action Planning process should result in the Department and the family having shared understanding of:

- Everyone's concerns for the child's safety, permanency and well-being – whether or not they agree with each other's concerns;
    - What is working well that promotes the safety, permanency and well-being of the child; and
    - What actions or changes need to happen to assure the safety, permanency and well-being of the child.
- As a result of this process, and the development of an Action Plan, family members should know:
    - What changes in caregiver behaviors the Department needs to see, and for what period of time, in order to close the case;
    - What services and resources the Department recommends to support changes in caregiver behaviors and to strengthen the safety, permanency and well-being of the child, and how to sustain those changes over time; and
    - What assistance and supports the Department and others will provide in order to help the family make any changes needed.

Family Assessment and Action Planning identifies and engages all family members who have a role to play in the child(ren)'s safety, permanency and well-being, including all parents/ guardians, individuals residing in the home (kin and other), children in Department placement,

minor siblings residing out of the home and/or others identified by the family as important to them. When the Family Assessment and Action Planning involves a ***young adult*** who is sustaining connection or re-engaging with the Department after leaving care or custody at age 18, the young adult is the focus, and other family members are involved only when the young adult agrees.

Collaterals such as kin, service providers, educators and other resources are also likely to be involved. Assessment of adults who reside in the home or in the home of any non-resident parent/guardian/parent substitute is important because of the likelihood that they may assume a caregiver role, however briefly or informally, or otherwise be crucial to the child(ren)'s safety, well-being or permanency. For the purposes of the Family Assessment and development of the Action Plan, these individuals will be identified as ***"kin collaterals"*** and will be assessed on a limited basis.

If a Family Assessment is being completed on a previously opened case (which has a previous Family Assessment), the Social Worker reviews information from the previous Assessment(s) to inform the current Assessment. If the Family Assessment is being completed on a family whose case was open within the previous 6 months, the Social Worker updates the existing Family Assessment and Action Plan to reflect the reason for current involvement and any changes since the previous involvement that impact child safety, permanency and well-being.

When the Family Assessment identifies needs that must be addressed, the Department engages the family in the development (or update) of an ***Action Plan***. In addition to identifying the assessed Area(s) of Focus, the Action Plan specifies the permanency plan for each child; identifies the needed behavioral changes; and the actions/tasks/services/resources that will be utilized to support the desired behaviors.

Permanency Plans

The Family Assessment and Action Plan must identify each child's permanency plan. In all cases, the Department makes reasonable efforts to engage in ***concurrent planning*** with a family so that the child may achieve permanency through adoption, guardianship or care with kin, if stabilization of, or reunification with family is determined not to be a viable option.

Action Plan Scope

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

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

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

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

If the Action Plan is for a youth age 14 years or older, the Social Worker may review the Youth Readiness Assessment, when completed, and include tasks/services/supports to promote the youth's life skill development and readiness for transitioning to adulthood.

Multiple Family Assessments/Action Plans for a Family

In certain cases including, but not limited to, situations involving domestic violence in which the Family Assessment and/or Action Plan includes information which may compromise the safety of a child or parent, or custody situations in which parents have conflicting interests, consideration should be given to developing separate Family Assessments and/or Action Plans. The Social Worker, in consultation with the Supervisor, determines how these situations will be addressed.

Family Assessment & Action Plan for Child with a Goal of Permanency through Adoption

When the goal of adoption is established for a child, a Child Permanency Assessment is completed by the assigned Adoption Social Worker or a contracted agency. Within 5 working days after the Child Permanency Assessment is completed, the Adoption Social Worker updates child assessment information and revises the Action Plan in the electronic case record, as necessary, based on the information obtained. The revised Plan is approved by the Supervisor and signed by the Adoption Social Worker and the substitute care provider.

Services and Supports

The Department provides support and stabilization services as well as placement services either through contracts with private provider agencies or through its own resources. Contracted services and placements managed by the Department are generally initiated through service referrals. In preparation for the Foster Care Review scheduled every 6 months for a child in placement, providers of appropriate services are asked to evaluate progress made by the child or parent(s). The social work supervisor or other designated Department employee initiates service referrals for Departmental foster homes and requests progress evaluations directly from them. The Department also refers families to non-contracted resources and

supports available in their communities. It is not necessary for the Family Assessment and Action Plan to be completed to initiate the provision of services. Referrals should be made as soon as service needs are identified.

Item 21: Periodic Reviews

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

> Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

DCF Policy # 86-009, Foster Care Review (FCR) establishes the requirements and procedures for the regular review of the status of children in out-of-home placement. The Department's Foster Care Review system provides an opportunity for involved individuals to participate in a meeting focused on a review of: the necessity and appropriateness of the child's placement; individuals' participation and level of completion of tasks identified in the service plan; progress made during the preceding six (6) months toward the goal identified in the service plan; and the date by when the goal will be achieved.

This policy is currently in the process of being updated to reflect the practice principles and approaches in the Department's Case Practice Model and to prepare for migration of the functionality for the documentation of reviews to DCF's web-based SACWIS platform (i-FamilyNet). The Department's new Permanency Planning Policy embeds the Foster Care Review System within a broader system of regular and ongoing reviews of the status of children in out-of-home placement.

The Foster Care Review Unit (FCRU), an independent unit within the Department of Children and Families, is charged with selecting, scheduling and conducting reviews for all families with children in the Department's care or custody and living outside of their home. The review includes all family members, including siblings not in out of home placement (open consumers). The Department's Foster Care Review policy clearly defines both the purpose and process for periodic reviews.

During state fiscal year 2014, the Foster Care Review Unit completed 10,955 reviews involving 11,712 children. Case selection is fully automated through FamilyNet, with specific criteria that trigger initial reviews within 3 to 6 months of the child(ren) entering placement. FamilyNet sets a review cycle that identifies subsequent reviews every six (6) months following the initial review. In only very rare cases is a child not selected for review, generally due to an error or delay in data entry. Foster Care Review managers work closely with area office staff to clarify what criteria trigger reviews, identify children not selected through the automated system, and minimize and correct those situations in a timely manner.

Policy requires that reviews "are scheduled and conducted at times which ensure, to the maximum extent possible, the participation of all invited parties." Participants must receive no

less than a 14 day notice of the review. This requires a high level of coordination involving Foster Care Review and Area Office staff. Effort is made to include everyone involved with the family. Policy and regulation mandate that parents, children age 14 and older, foster parents, group care providers, and the child's attorney be invited to reviews. FamilyNet procedures are designed to automatically invite those parties. Additionally, the Foster Care Review Unit automatically invites parents' attorneys when they are open as legal court case participants in FamilyNet. The assigned social worker is responsible for identifying who else should be invited to the review and ensuring their addresses are up to date in FamilyNet. Potential invitees may, and often should, include therapists, extended family, and school personnel. Reviews are usually scheduled in the area office responsible for providing services to the family. In cases where a parent is incarcerated, arrangements are made to hold the review at the corrections facility whenever possible. To ensure that parents and other key parties are given a chance to be heard when their attendance is not possible, participation through conference calls as well as through their submission of written documentation is offered.

The Foster Care Review Unit makes every effort to complete reviews within the month they are due. Reviews not completed within the month are generally due to scheduling issues, the unavailability of the family and/or child's attorney, or cancellations (weather, emergencies, etc.). These reviews are completed as soon as possible. The Foster Care Review unit has experienced challenges managing the increased workload since renewing reviews for young adults ages 18-22 as well as the recent significant increase of children in care. To address these challenges, there has been an increase in staffing level which is continuously assessed.

Overview of Case Identification and Foster Care Review Scheduling Process

- Families with a child in out of home placement are automatically selected to be reviewed every six months with the first review taking place between 3-6 months of entering placement.
- Social workers receive a "FCR due" Tickler on the 10th of each month.
- Social worker and supervisor are responsible for completing/updating the invitee list (including current address) and review status by due date to ensure all necessary parties are invited. Mandatory Invitees include:
    - parents/guardians;
    - children 14 years-of-age and older;
    - children's attorneys;
    - substitute care providers; and
    - additional collaterals as invited by the social worker.
- 5 days before the end of each month, a Scheduling Report is system generated of all reviews coming due within two months and any prior reviews not held.
- Turn Around documents are generated for each review due identifying:
    - all children requiring review;
    - invitee list; and
    - date availability information as provided by the child(ren's) social worker.

- FCRU managers review all Turn Around documents prior to a scheduling meeting. When workload exceeds capacity, families are prioritized for review as capacity allows according to the following protocol:
    - families who did not have their prior FCR held (these reviews encompass up to a 12-month review period; in these situations two reviews are “combined”);
    - initial reviews;
    - youth 17.5-18 years-of-age (for Sustained Connection decision); and
    - families with a child 5 years-of-age or under living at home.
- Scheduling process is completed and invitation letters are mailed between the 12th –15th of the month prior to the review month.
- Cancelled Reviews: When a scheduled review requires rescheduling, every effort is made to re-schedule within the review month.
    - Reasons for re-scheduling may include requests by parents, attorneys, social worker; unavailability of case reviewers, weather, etc.
    - When reviews are cancelled and do not need to be re-scheduled (e.g., reunification with dismissal of custody, adoption/guardianship finalized, older youth declines further placement services), every effort is made to schedule other pending reviews in the vacated time slot.

Foster Care Review determinations are made by a review panel. The panel is led by the Foster Care Reviewer, who is an employee of the Department’s Foster Care Review Unit. The review panel is structured to include a "Second Party” panel member, who is a manager/supervisor from the office where the review is being held, and a Community Volunteer. The Foster Care Reviewer is responsible for preparing for the review, facilitating the meeting, and recording the results. The "Second Party" on the panel is not involved in the case being reviewed, but is able to bring information and knowledge regarding the community and available resources. The Community Volunteer brings an unbiased perspective to the meeting. The panel members have an equal vote in the review determinations. Reports are sent to parents, children ages 14 and older, children’s attorneys, foster parents and parents' attorneys. Social workers access the reports electronically.

The review panel is responsible for making specific binding determinations, with a focus on safety, permanency and well-being. For each review, the panel must decide:

- Is placement necessary and appropriate?
- What is the level of participation by each party in the tasks and services identified in the case plan?
- What progress has been made toward the child(ren)’s permanent goal(s)?
- What is the appropriate permanent goal?
- When should that goal be accomplished?

In making these determinations, the strengths and needs of the family and individuals within the family are considered. The child’s health, educational, social and behavioral needs, and how those needs are met, are key issues addressed in the process. The panel may make

nonbinding recommendations in support of the goals and objectives identified at the review. While they are nonbinding, the panel at the subsequent review will explore if and how the recommendations were addressed.

Policy includes a process to address disagreement with the review panel's determinations. Parents, foster parents, children 14 and older, and children's attorneys may appeal the panel's decision to change the permanency goal. That appeal is heard through a Fair Hearing (FH) process. All other determinations may be grieved. Additionally, when the Permanency Planning Conference held at the area office disagrees with the goal identified by the review panel, the goal is reviewed at a Regional Clinical Conference. Based on the outcome of that review, the Regional Director determines the appropriate goal.

FCR Fair Hearing Statistics

CY2013 – 8 fair hearing requests

- 2 – remanded to local area office to address issue
- 6 – dismissed
    - 2 – were grievances
    - 3 – inappropriate issues
    - 1 – requested beyond the required timeframe

CY2014 – 10 fair hearings requests

- 1 – remanded to local area office to address issue
- 4 – held
    - 1 – FCR decision upheld
    - 3 – FH decision pending
- 5 – dismissed
    - 1 – was a grievance
    - 2 – inappropriate issues
    - 2 – requested beyond the required timeframe

FCR Grievance Statistics

CY2013 – 14 grievances

- 9 – upheld the FCR determination
- 3 – changed the FCR determination
- 1 – edited information in the FCR report
- 1 – deferred until the subsequent FCR review by consensus agreement

CY2014 – 11 grievances

- 5 – upheld the FCR determination
- 2 – changed the FCR determination
- 2 – were fair hearings – forwarded on for a Fair Hearing
- 2 – concern related to the local area office – forwarded on to the area office

The Foster Care Review Unit utilizes an Alert system designed to bring appropriate attention to issues, barriers or problems identified during a case review. Those issues are related to safety, permanency or well-being, and are generated in three categories: Priority, Administrative and Legal.

- ***Priority alerts*** generally address situations where risk to the child has been identified.
- ***Administrative alerts*** identify planning, progress, case management and technical issues.
- ***Legal alerts*** address issues requiring legal action.

Alerts are sent either to the Director of Areas or the Regional Counsel, who is expected to respond with what action(s) will take place to address the concern. Secondary alerts are sent to “specialty units” as a support to the area office. These specialty units may lend their expertise to address the identified issue. In addition to allowing the Department to identify and resolve problems or barriers that impact safety, permanency or well-being, the alert system tracks potential trends in case practice.

The Foster Care Review Unit is in the process of redesigning its data collection tool. This tool is being designed to identify trends, strengths and areas needing improvement in agency practice with the goal of strengthening family engagement, enhancing children's well-being, and achieving permanency more expeditiously. This tool is being created to track all of this information on a statewide, regional, area and individual basis to be shared with management and staff regularly. It may assist in identifying training needs for the agency. The Department anticipates that this tool will be fully incorporated within i-FamilyNet by the fall of 2016.

The Foster Care Review Unit continues to evaluate its process with a focus on improving practice and increasing participation in reviews. Reviews are strengths based with a family centered approach. To further improve and support consistent practice, Foster Care Review management participate in periodic meetings with Area and Regional Office Management and contracted providers, as well as participate in a variety of statewide workgroups and Clinical Review Teams.

Additionally, Foster Care Review staff occasionally conduct mini trainings in area offices. The Foster Care Review Unit provides an environment of continuous learning through trainings to strengthen staff and Community Volunteers' clinical skills including Trauma Informed Practice training. The Foster Care Review Unit holds monthly Practice Committee meetings, in which Community Volunteers are regular members and part of the self-assessment process.

Item 22: Permanency Hearings

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

> Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

The Massachusetts General Laws requires the Court which grants custody to DCF to schedule a permanency hearing within 12 months of the grant of custody and every 12 months thereafter to review the permanency plan for the child. *MGL c. 119, § 29B*. If the Court determines that reasonable efforts to preserve and reunify the family are not required, the permanency hearing is held within 30 days of that determination. The Massachusetts Trial Court has established rules to carry out this requirement. *Trial Court Rule VI: Uniform Rules for Permanency Hearings.* The Trial Court Rule requires the Custody Court to send a list of the required hearings to the Department 120 days prior to the scheduled due date. When these are sent, DCF reviews the list and notifies the court of children who have returned home for more than 6 months, or had an adoption or guardianship finalized.[1] 60 days prior to the scheduled date for the permanency hearing, the court notifies all parties of the permanency hearing date and within 30 days of the scheduled date DCF is required to file a permanency hearing report. Some of the Juvenile Courts have begun to schedule the first permanency hearing date when the Department is granted initial custody.

In addition to the lists received from the Court, DCF has its own monitoring system to determine when permanency hearings are due for each child in DCF custody. DCF runs a monthly report of all children in placement, with key information such as the child's age, permanency goal, the last permanency hearing date, the due date for the next permanency hearing and the next scheduled permanency hearing date if available. This report provides a monitoring mechanism to assist with scheduling timely permanency hearings on an annual basis, particularly where the date the child entered placement and the date the court granted custody to DCF are not always the same. The report is provided to the DCF legal managers in each region to utilize in

[1] *Beginning in 2012 the Juvenile Court began to convert its data system to the Trial Court's Mass Courts system. As a result of the conversion, the Juvenile Court's reporting mechanisms also needed revision. As each of the courts converted to the new system they were unable to send these lists to DCF. The General Counsel has recently been in contact with the Administrative Office and they are now able, and will soon begin, to send the lists out again to the DCF Legal Offices.*

comparing against lists and notices received from the court. DCF legal and clinical staff has established procedures to obtain and file the permanency hearing reports.

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

In FFY 2014, 67.47% of the children who had a permanency hearing due, had one held; 52.10% were held within the required 12 months.[2] This was a slight decrease from FFY 2013 in which 68.6% were held and 56.7% were held timely. Care and Protection (C&P) cases are the highest percentage of court cases where custody is obtained - 83.41% of the court cases - and therefore where permanency hearings are held. When you look at the permanency hearings held in C&P cases only, the Commonwealth does slightly better in the overall percentage held. In FY14 72.82% were held and of those 56.30% were timely.

In Massachusetts, permanency hearings are not the only mechanism where the court ensures that permanency for children is occurring. C&P cases are in court several times during the first year after filing for receipt of a court investigator's report (within 60 days of filing), for a status conference (within 90 days of filing), and for a pre-trial conference (within 120 days of filing). The law governing child welfare proceedings also requires the court to enter a final order of adjudication and permanent disposition, no later than 15 months after the date the case was first filed in court. The date by which a final order of adjudication and permanent disposition shall be entered may be extended once for a period not to exceed 3 months and only if the court makes a written finding that the parent has made consistent and goal-oriented progress likely to lead to the child's return to the parent's care and custody. The Trial Court monitors compliance with this requirement through its own reporting system in which it uses 4 metrics for all courts including the percentage of cases that are resolved within the time standards. For all C&Ps and CRA cases in FY11, the Juvenile Court resolved 79% of its cases within the time standard, i.e. within 15 months.[3] So, although a permanency hearing may not have been held in 32.6% of the cases, the court has other requirements and mechanisms to ensure they are monitoring children's permanency.

In October 2010, the Department underwent an administrative reorganization. This reorganization included a decrease in the number of DCF regions from six to four. For the Legal

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[2] DCF used 12 months from home removal (HRE) in determining the timeliness rather than using the federal definition of entry into foster care, which in Massachusetts would be 14 months from HRE rather than 12.

[3] The Juvenile Court has not published its metrics for a full year since FY2011 when it began to migrate to a new data system called Mass Courts. The Metrics also did not differentiate between C&P and Child in Need of Services (CHINS) cases.

Department, most of the legal managers were either assigned to new regions or assumed responsibility for additional staff and courts. The additional responsibility challenged the managers' ability to closely monitor the timeliness of the permanency hearings. In addition to the time for managers to monitor timely completion of permanency hearings, it is essential to have adequate support staff to ensure permanency hearing reports are obtained, filed timely and notice is sent to foster/adoptive parents. Between FY2000 and FY2015 the legal Department decreased its support staff by 30%. Most of the decrease occurred in 2000-2001 and staff have not been replaced. Without sufficient managers or support staff to monitor this process, the Department saw a decrease in the timeliness of the permanency hearings from FFY 13 to FFY 14, both the initial hearings and the subsequent hearings – 56.68% in FFY 13 to 52.10% in FFY 14 for initial permanency hearings, and 54.47% in FFY 13 to 47.31% in FFY 14 for subsequent permanency hearings.

Beginning in early CY13 the number of C&P filings began to increase after there had been a steady decline in filings from FY08-FY12. Starting in late in FY13 there was a significant increase in C&P filings which resulted in an annual increase of 1000 filings from 2655 in SFY 13 to 3663 in SFY 14 thus causing an increase in caseload for the DCF legal staff. In SFY 14 the Department was able to hire five (5) attorneys; however, the caseloads remain very high as compared with prior years. As a result of this staffing issue, many of the legal offices were forced to utilize one of the legal managers to assist in the court process and therefore they were not available to manage and monitor the timeliness of permanency hearings or other case resolutions.

To improve the participation of youth 16 and older in their permanency hearings, the Department applied for a grant with the Massachusetts Court Improvement Project (CIP) and hired nine (9) individuals to work specifically on older youth/young adult cases. This funding allowed DCF to hire two (2) individuals per region with the exception of the Western Region where three (3) staff were hired. Additionally in SFY 2013, DCF required these staff to monitor the number of older youth/young adults who participate in the hearings. As of April 2014, the percentage of older youth/young adults who participated in a hearing during SFY2014 was 21.06%. Of note, the Northern Region exceeded this statewide percentage by over 10%. The major reasons youth did not attend was either because they refused or because of school or work. This continues to be an area that DCF is working to improve and is a topic of discussion at almost every Massachusetts CIP Steering Committee meeting. These meetings include representatives from the Courts, DCF and the Committee for Public Counsel Services (CPCS).

Conducting permanency hearings on Children Requiring Assistance (CRA, formerly CHINS) cases continues to be a challenge. CRA cases must be brought before a judge every six months. In that context, the plan for the child, and the steps to achieve that plan, are a part of what is discussed at every hearing. In SFY 14 there were 5843 petitions filed and in SFY 13 there were 5572 petitions filed. Although not labeled a "permanency hearing," the goal of permanency hearings is met. As stated above, the new practice of having youth 16 and older at their permanency hearings has provided an opportunity to jointly – the Courts, the Department, and CPCS– remember the requirement for permanency hearings in these cases and to conduct more meaningful hearings and develop more meaningful plans for youth, especially for those who will not be returning to their parents.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

> Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

After the passage of the Adoption and Safe Families Act (ASFA), Massachusetts General Laws was amended to provide a requirement that DCF file for Termination of Parental Rights (TPR) for any child who had been in placement for 15 of the past 22 months unless the Department had documented in its case plan a compelling reason not to. To implement this requirement, DCF established three possible compelling reasons and developed a tracking system to provide clinical and legal managers in the agency with key information on children who had been in care for at least 12 months and whether a TPR had been filed or a compelling reason not to was documented in the case record. DCF continues to use this tracking system today and the report is distributed on a monthly basis to the clinical and legal mangers of the agency. The discussion on filing a TPR and whether there is a compelling reason not to occurs at a Permanency Planning Conference (PPC) which involved clinical and legal staff attend. As of August 2015, there were 4450 children in placement for 15 of the past 22 months. Of those 78.6% were either freed for adoption (823), had a TPR filed (2282) or had an exception for not filing (1217).

At the time ASFA was adopted the Department issued policy guidance on the appropriate exceptions for filing a TPR. These were later codified in the most recent amendment to the DCF's Permanency Planning Policy. The TPR exceptions include the following and must be approved by the Director of Areas or designee:

1. Child in Department custody placed with kin; neither they nor any other kin is currently interested in adoption/guardianship, and it is in child's best interests to remain with current kin caregiver.
2. Critical services, identified in Service Plan and necessary for child's safe return home within specified timeframe, have not been available.
3. Department has documented compelling reason why TPR action is not in child's best interests, i.e.:
    a. parents are utilizing services productively and eliminating/ameliorating circumstances requiring placement; will enable child to return home within 6 months or less;
    b. for older child, permanency plan other than adoption offers highest possible level of family connection, including physical/emotional/legal permanence;

c. child requires placement due to emotional/ behavioral/physical needs; parents are involved/determined to be fit, responsible and committed to being child's permanent family; or

d. any other compelling reason established by Regional Clinical Review Team and approved by Regional Director or their designee.

In July 2014, DCF issued and implemented a revised Permanency Planning (PPC) policy in which the agency now requires that a permanency planning conference occur when a child has been in care for at least 9 months, unless one has already occurred. TPR is considered at all PPCs as are use of permanency mediation, adoption surrender and/or open adoption agreements. Participants include an area office manager who chairs the meeting, the child and family's social workers and supervisors, area adoption supervisor, family resource workers or their supervisor and Department attorney and/or legal manager. The conference and its outcome are documented in FamilyNet/i-Familynet.

In 2012, DCF began to review on a quarterly basis all children with a goal of adoption. The reviews occur at the regional and area levels and include staff from the Adoption Support Unit, the legal office, the regional office and the area office. Although the primary purpose is not to ensure that a TPR has been filed for children in placement at least 15 months, it is another mechanism by which children in placement are reviewed and if the TPR has not been filed, action can be taken to ensure that it is. These quarterly reviews have continued to date.

In addition to the Department's requirements, the trial courts have established time standards so a child welfare case will be resolved between 12 and 15 months after filing. If the case is a TPR case, the final decision granting or denying the TPR should be completed within those time frames. For FY11, the last full year the Juvenile Court published the statewide data, the Juvenile Court met the time standards in 79% of the cases. In 82.7% of the cases the Juvenile Court began the trial on the second day a trial was scheduled. Those time standards are monitored by the administrative office of the Juvenile Court or Probate and Family Court as well as the Administrative Office of the Trial Court.

Most recently, the Department provided the CIP team with information regarding the median length of time from filing a C&P petition to TPR filed and granted – this was 555 days. In FFY 2013, 48.55% of those cases that had a goal of adoption were completed within 18 months. That number increases to 70.3% within 24 months. The Commonwealth continues to be challenged in providing day to day trial time, rather than the "rolling trial" in which a case will be heard one or two days a month over several months. In 2010 the Juvenile Court issued a standing order to require a trial to be completed within 30 days once it began. Following the practice in Worcester Juvenile Court, the Hampden County Juvenile Court instituted a dedicated trial session. This allows for multiple day trials with a dedicated judge. Unfortunately, this practice cannot be replicated in a number of courts as many of the Juvenile Courts have just one judge sitting at the location. That judge is responsible for not only C&P cases, but also CRAs and delinquencies. The difficulty with a one judge court is if a trial is scheduled and an emergency temporary custody hearing needs to occur or a bail hearing, the trial will be delayed or postponed. The Department continues to work with the Juvenile Court Administrative Office to identify and resolve those courts where the delays are significant. In some courts, the Administrative office is able to bring back retired Judges to hear the trials which allows the

regular sitting Judge to hearing the emergency temporary custody hearings.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

> Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

Massachusetts General Laws establishes the right of foster parents, pre-adoptive parents and relative caregivers to be provided with notice of and the right to be heard at both trials on the merits and permanency hearings. The Department's regulations require that notice of the 6 month Foster Care Reviews (FCRs) be sent to the substitute caregiver for the children in placement, which includes their right to attend the review. 110 CMR 6.12(4).

Every month the assigned social worker is provided with a list of cases that are due to have a FCR scheduled within two months. The notice to the social worker provides a list of invitees for the social worker to review and update. The list always includes the parents if open and the current foster parent or congregate care provider, depending on the child's placement. The list is reviewed by the Foster Care Review unit, which schedules the date of the FCR. A notice that includes the date, time and place of the review is sent to the invitees on the updated list at least two weeks in advance of the review. Following the review, a report as to what occurred in the review is written by the Foster Care Reviewer and sent to the workers, the parents and the foster parents, even if they did not attend the review.

In response to the Adoption and Safe Families Act (ASFA), the Commonwealth amended its state law to provide the right of foster parents, pre-adoptive parents and relative caregivers to be provided with notice of and the right to be heard at both trials on the merits and permanency hearings.

The Department uses several mechanisms to ensure that foster/pre-adoptive and kinship foster parents are aware of their rights under this requirement and of the dates the cases of children in their care are in court. First foster/pre-adoptive parents are informed during the training they attend before they are licensed as foster parents, i.e. Massachusetts Approach to Partners in Parenting (MAPP) training, of their right to attend and be heard at trials and permanency hearings. It is also included in a resource guide they are provided with. Second, family resource workers and the social workers for the children in the home visit the homes on a regular basis. The workers inform the foster/pre-adoptive families when a child's case has upcoming court dates. Finally the DCF legal department sends a formal notice to the current caregiver for both permanency hearing dates and trial on the merits dates. A template letter is available in FamilyNet to facilitate the requirement. The letter pre-populates with the current

caregiver based on placement data in FamilyNet. This helps to ensure that as children's placements change, there is not an additional burden on either the legal or clinical staff to send the notice to the correct caregiver. The Department worked on and developed a report that would allow the legal offices to print and send notification letters to current caregivers for permanency hearings similar to that used by foster care review notices. The program needs further review and testing before it can be implemented.

Due to the increase in caseloads and the current administrative staffing, the requirement of notice to current caregivers of permanency hearings and trials is challenging for the legal department. As previously stated, with the reduction in support staff and staff attorneys this requirement became more difficult to maintain. However, each region does have a system in place and notices are being sent for the great majority of cases when required. In addition to DCF, the children's lawyers can also be a source of information to the current foster or pre-adoptive parents about the court process and notification of upcoming hearing dates. The child's attorney is required to visit the child client in the placement at least every quarter, and more often if needed.

Although caregivers are notified, they do not typically appear to be heard except in cases where they have been called as a witness by one of the parties or where they are the possible permanent placement for the child. The process used by the court was established as a result of an appellate decision which held that the method a court should use to consider the information from a caregiver is to put them under oath to testify. If the caregiver does attend and wish to be heard, the Juvenile Court has a mechanism that permits them to testify, or if there is no objection by any party, verbally report to the court.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

> Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

The Department of Children and Families (DCF or Department) has recently established a Continuous Quality Improvement Unit. The CQI Unit is managed from the central office by the Assistant Commissioner for Continuous Quality Improvement, and staffed by CQI Specialists (supervisor level positions) located in each of the DCF regions. Interviews have been completed and offers have been extended. The CQI Unit is expected to be fully staffed by October, 2015.

A newly developed function within DCF, CQI Specialists will not replace existing Quality Assurance Supervisors. The responsibilities of CQI Specialists and existing QA Supervisors will continue to be independent of one another, but their work will intersect in both a complimentary and supplementary manner.

Duties of CQI Specialists
CQI Specialists will work under the direction of the Assistant Commissioner for Continuous Quality Improvement to:

- Coordinate the Department's Continuous Quality Improvement process;
- Provide technical assistance and consultation to area office staff in implementation of quality assurance/improvement protocols, improved case practice and administrative procedures;
- Review internal cases to assure compliance with State and Federal law;
- Conduct systematic case reviews for quality improvement in child welfare practice;
- Perform special QA/QI projects initiated by the Department;
- Review management reports and participate in strategic planning to improve performance; and
- Prepare written reports in a timely, effective manner, and perform other duties as assigned.

DCF is utilizing the ACYF-CB-IM-12-07 information memorandum on *Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies* to

inform the development of its CQI system. The Department's CQI approach will better equip DCF to measure the quality of services provided in Massachusetts by determining the impact those services have on child and family level outcomes and functioning, and the effectiveness of processes and systems in operation statewide.

Following the outline detailed in ACYF-CB-IM-12-07, Massachusetts is incorporating the following five key functional components in the development of the DCF CQI system:

- *Functional Administrative Structure*—to ensure that the CQI system is functioning effectively and consistently, and adhering to the process established by agency leadership;
- *Quality Data Collection*—both quantitative and qualitative;
- *Case Record Review Data and Process*—with an ongoing case review component that includes reading case files of children served by the agency and interviewing parties involved in the cases;
- *Analysis and Dissemination of Quality Data*—with the ability to track, organize, process, and regularly analyze information and results; and
- *Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process*—to drive change within the Department to improve outcomes for children and families.

DCF Quality Assurance System – History and Moving Forward

In 2002, when DCF established its core values, *Committed to Continuous Quality Improvement and Continuous Learning* was established as a foundational core value for the agency. Over the past several years, DCF has incorporated CQI fundamental principles, tools and activities into its key management processes. Use of data to monitor performance on processes and outcomes and to make strategic corrections and improvements to casework practices is embedded in the Department's Senior Staff and Statewide Managers meetings, as well as other meetings with staff and key stakeholders (e.g., Regional Forums, Statewide Advisory Council). New management and outcome reports have been developed to support these efforts. There is a comprehensive array of continuous quality improvement activities that occur on a regular basis throughout the Department and multiple training opportunities have been provided to support mangers in monitoring performance on indicators and outcomes related to safety, permanency and well-being.

With the development of the 2008 – 2011 DCF Strategic Plan, the Department initiated an *Integrated Participatory Continuous Quality Improvement* approach that has been sustained over subsequent years. This approach is based on the core CQI concept that continuous quality improvement requires the participation and involvement of both internal and external stakeholders, including staff from all levels of the organization as well as family, community and provider representatives. This CQI approach was adopted specifically to ensure that continuous quality improvement was not simply the responsibility of an isolated or siloed unit within the agency, but rather became the foundation upon which the agency operated and conducted its business on a daily basis. Without this integrated and participatory approach, CQI efforts

become fragmented and separated rather than the *actual* focus of all activities within an organization.

This approach to CQI was reaffirmed in DCF's 2012 – 2015 Strategic Plan update in which the agency established five primary goals. Specifically, goal 4.0 *Strengthen Performance Management and Improvement* set forth two strategic initiatives and seven objectives:

4.0 Strengthen Performance Management and Improvement

4.1	***Improve Outcomes***	
	4.1.1	Strengthen Kinship Strategies
	4.1.2	Strengthen Placement and Educational Stability & Educational Achievement
	4.1.3	Strengthen Adoption Processes & Practices

4.2	***Enhance CQI & Performance Management***	
	4.2.1	Strengthen CQI Structures / Processes
	4.2.2	Implement Regional Provider Network Management through *Caring Together* Clinical Support (CTCS) Teams
	4.2.3	Strengthen Oversight Processes for Psychotropic Medications for Children in Foster Care
	4.2.4	Continue to Enhance Management and Outcome Reporting

Historically, the organizational unit primarily responsible for continuous quality improvement is the Clinical and Program Services Division within Central Office. The agency's quality improvement efforts are supported by staff in the IT, Reporting, and Management, Planning and Analysis units who are responsible for producing the management and outcome reports that guide the agency's work. There is a Quality Assurance Supervisor in each of the Department's regional offices who works with the area offices within the region to coordinate QA/CQI activities. Another key component of the agency's historical CQI infrastructure includes the area, regional, statewide teams and the Steering Committee (i.e., Senior Staff). Finally, the Family Advisory Council and the Statewide Advisory Council, as well as the local Area Boards play a significant role in the Department's continuous quality improvement efforts.

There are four primary components to the Department's *Integrated Participatory Continuous Quality Improvement* approach.

1. CQI Implementation Infrastructure
2. CQI Processes
3. CQI Analytics
4. CQI Communication and Dissemination

While the Department has long continued in its fundamental commitment to CQI, the resources needed to staff a comprehensive CQI infrastructure were unavailable. Significant and protracted budget reductions over several fiscal years could not support filling key positions that would be part of the Department's CQI structure. Nonetheless, DCF worked diligently to establish

foundational CQI processes, enhance management and staff commitment to CQI, and effectively incorporated CQI activities into existing structures and processes.

Foundational Administrative Structure

CQI Implementation Infrastructure

The Department of Children and Families (DCF) is legislatively mandated to ensure the quality of services provided to children and families served by the child welfare system. This requirement is reflected in agency regulations. The Department of Early Education and Care (EEC) is legislatively mandated to license all child care and residential programs operated within the state. In turn, EEC licenses the DCF to provide foster care services within the state. DCF works cooperatively with EEC in the development of licensing standards that govern these programs and in the licensing review process, and review of critical incidents that may occur within these programs. The Department contracts with private agencies for case management services for conflict of interest cases. The standards related to CQI are set forth in the contracts with these agencies and are renewed annually. Each of the conflict of interest agencies is responsible for establishing their own CQI structures and processes. Contracts for these services establish standards.

The Department has established an *Integrated Participatory Continuous Quality Improvement* framework. The CQI infrastructure reflects the commitment that continuous quality improvement engages staff across the agency. Historically, the Commissioner provides the vision and leadership for the agency relative to continuous quality improvement and continuous learning. The Clinical and Program Services Division ensures that CQI values and processes are incorporated into all casework practices, conducts regular CQI activities, and promotes the communication and dissemination of findings from continuous quality improvement efforts. The Area, Regional, Statewide teams and the Steering Committee help to integrate continuous quality improvement across the agency.

CQI Staffing

The Clinical and Program Services Division is the organizational unit responsible for ensuring that continuous quality improvement principles and practices are embedded throughout the management and casework practices of the agency. Within this Division, the Assistant Commissioners for Continuous Quality Improvement, Planning and Program Development, and Policy and Practice each have responsibility for, and the requisite knowledge to ensure that CQI values, tools and techniques are incorporated into the design, development, implementation and evaluation of all aspects of the agency's work, its contracts with provider agencies and its collaborative efforts with other state agencies and community partners. Staff reporting to these Assistant Commissioners are responsible for grounding their particular practice areas in continuous quality improvement and for promoting CQI activities and tools with the area offices and in their work with providers.

In addition to these Central Office staff, there is a Quality Assurance Supervisor within each regional office. These staff are engaged in a number of CQI activities throughout their

respective regions and assist with the quality improvement efforts in each of the area offices. Staff involved in the design, development and dissemination of management and outcome reporting are also part of the CQI infrastructure.

Massachusetts is a state administered and operated system and therefore all regional and area offices of the state are accountable to and guided by the DCF Central Office. There are a myriad of management and outcome reports produced and disseminated on a monthly, quarterly, semi-annual and annual basis that assist managers in monitoring key indicators and outcomes. At this time the Department does not have specific policies governing CQI structures and policies—these will be developed over the next several months to support the newly established CQI Unit. This notwithstanding, there are multiple mechanisms through which the Department oversees a common set of indicators and measures. The CFSR measures established by ACF, and specific indicators that are reported monthly/quarterly to the Governor's office and the state Legislature as well as a comprehensive array of indicators established by the agency are actively utilized to monitor the Department's progress toward defined outcomes.

Job Descriptions for the state positions are developed by the Commonwealth's Human Resources Division and minimum entrance requirements are established for each position. All of the existing CQI staff members exceed state requirements for their respective positions in terms of prior experience in assuring quality of services and implementing continuous quality improvement. Through the Commonwealth's hiring process all staff are determined to meet the established minimum entrance requirements (MER). Prior to posting the CQI Specialist positions, specific work duties corresponding to the new role and function and MERs were developed and approved by the appropriate hiring authorities. The five CQI Specialists positions within the CQI Unit are being filled by individuals who met and/or exceeded the established MERs.

All staff, family and community representatives engaged in CQI activities are afforded the opportunity to participate in professional development through conferences organized by federal agencies including ACF and the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as local conferences and training. The Massachusetts Child Welfare Institute (MCWI) also offers a comprehensive array of workshops and in-service training opportunities. The MCWI purchases slots for individual staff at conferences or in-service training relevant to the staff positions. A comprehensive list of professional development opportunities is readily available to staff on the Department's intranet as well as through focused or system-wide email distribution.

A Steering Committee, statewide, regional and area teams have served as continuous quality improvement teams to monitor fidelity to the structures and processes set forth in DCF's casework practice model. These teams meet monthly to monitor data reflecting performance, and regularly review the effectiveness of communication and training, as well as the challenges and progress of the area offices in casework practices. These teams actively determine needed changes to policy or practice that are identified during the reviews and assist in establishing course corrections to support improvement efforts. The Family Advisory Council and the Statewide Advisory Council have been actively engaged in continuous quality improvement

activities to assist the Department in monitoring performance and identifying opportunities for improvement.

As noted previously, the Department's commitment to an *Integrated Participatory Continuous Quality Improvement* approach necessitates involvement of staff from all levels of the agency, as well as family and community representatives. Participation of a wide variety of internal and external stakeholders ensures that continuous quality improvement efforts benefit from a variety of perspectives and promotes the accountability the agency is seeking.

CQI Processes

Historically, the Department has utilized fifteen (15) key CQI processes that have been embedded in the management and casework practices of the agency. This integrated approach ensured that continuous quality improvement was not reliant upon specific resources and personnel to engage in CQI activities, but rather those activities were/are an integral part of the agency's day-to-day operation. In addition to the fifteen (15) key processes described below the Department has contracted for case record reviews which are described elsewhere in this document.

1. ***CQI Steering Committee, Statewide, Regional and Area Teams.*** The roles, functions and activities of these teams are described above. The Steering Committee includes all of Senior Staff – Commissioner, Deputy Commissioners, General Counsel, Assistant Commissioners, Chief Financial Officer and community/family representatives. The Statewide Team includes representation from the Steering Committee, all Regional Directors, Regional Counsels, Facilitators/Quality Assurance Managers and Coaches. The Regional and Area teams include managers, supervisors and social workers.
2. ***Critical Incident Review and Risk Management Committees****.* The Critical Incident Review Committee was first convened in January, 2008 and meets weekly to review critical incidents that have been submitted by the area offices in accordance with the Department's *Critical Incident Reporting Protocol*. These critical incidents may involve fatalities, serious injuries, or other incidents that receive media attention and involve families currently open with the Department, families previously known to the Department, as well as families on which the Department has a newly filed 51A. Critical Incident trend reports are prepared on an annual basis and reviewed by the Steering Committee, Statewide Managers, and the Office of the Child Advocate. When indicated, CQI Round Tables are convened in response to critical incident trends to identify and address practice challenges.
    - The Risk Management Committee meets the first Tuesday of each month. This committee reviews fatality reports prepared by the central office Case Investigation/ Special Investigations Unit. The committee also identifies any casework practice trends that raise concern and identifies strategies to improve casework practice.
3. ***Fatality Reviews.*** All fatalities, regardless of whether the result of abuse or neglect, on any family currently opened or closed within the past six months are reviewed. The Department uses fatality reviews as a continuous quality improvement activity to review casework practice over the course of DCF involvement with the family. These reviews include analysis

of all relevant documentation including the case record and interviews with DCF staff and collaterals involved with the family. The review results in a written report that contains a series of observations on effective case practice and opportunities for improvement related to engagement, progressive understanding, capacity building, and consolidating and sustaining gains. The report is reviewed by the Risk Management Committee, the Deputy Commissioner for Clinical and Program Services and ultimately by the Commissioner. The Commissioner's review culminates in action steps for improvement in casework practice. Once the Commissioner has reviewed the report and finalized any needed directives, the report is sent to the Office of the Child Advocate for review. Action steps from all fatality reviews are logged and tracked.

4. ***Statewide Managers Meeting.*** Each Statewide Managers Meeting generally includes a quality improvement topic that is grounded in a review of data relevant to the topic for that month. Participants in the Statewide Managers meeting include Commissioner, Senior Staff, Regional Directors, Regional Counsels, Regional Clinical Directors and Directors of Areas. These meetings occur on the 4th Thursday of each month. The Commissioner determines the topic for the month and the Assistant Commissioner for Quality Improvement (supported by reporting staff) prepares the analysis of the data for that topic. The participants engage in a dialogue about the performance level indicated by the data and explore strategies for improvement. These discussions may include a panel presentation from area/regional offices that are performing well and achieving positive outcomes for this measure.
5. ***Area Clinical Review Teams.*** Each area office regularly convenes Clinical Review Teams that include the Area Clinical Manager, Area Program Manager, Supervisor and Social Worker involved with a particularly complex case. The Clinical Review Teams are either requested by a manager in response to a critical incident or may be requested by a social worker or supervisor seeking assistance in working with a particularly challenging family. Clinical Review Teams review the clinical formulation, the family's strengths and needs, and the course of casework practice. The outcome of these reviews is a shared consensus on modifications to interventions or services to support more positive outcomes for the family.
6. ***Area Office Topic Driven Dialogues.*** Historically, on a monthly/quarterly basis DCF Senior Staff determine a topic relevant to improving casework practice that will be discussed in area office staff meetings across the state during that month/quarter. A PowerPoint presentation may be prepared that includes management and outcome data relevant to the topic and a series of queries to guide staff discussion. The PowerPoint presentation is reviewed at a Statewide Managers meeting, adapted to incorporate their feedback, and then disseminated to all area offices for presentation at the following month's area office staff meeting. The purpose of these discussions is to identify current practices that support positive outcomes as well as opportunities for improvement and specific strategies to improve practice. After the area office staff meeting, historically, each area office submits the results of their discussion to the Deputy Commissioner for Clinical and Program Services who consolidates the feedback. This statewide feedback is then presented back at a Statewide Managers meeting. This process promotes continuous quality improvement activities by engaging all staff in a discussion about improving practice.

7. ***CQI Round Tables.*** CQI Round Tables are conducted when the Critical Incident Review or Risk Management Committee identifies an emerging concern relative to casework practices. Staff from across the agency are invited to participate in a series of regionally-based Round Tables during which current practices are explored, relevant data are shared and practice improvement recommendations are generated. Resulting recommendations for practice improvement are consolidated, reviewed with Senior Staff and Statewide Managers, and posted on the DCF Intranet. Recent examples of CQI Round Tables include Fatalities (specifically screening and response practices), Sudden Unexpected Infant Deaths (including Safe Sleeping), and Substance Exposed Newborns.
8. ***Regional Forums.*** In recent years, the Department has conducted six (6) annual Regional Forums. Regional Forums are conducted in each region and structured to include a two hour session with staff, a two hour session with managers, a two hour session with key stakeholders (including local community representatives, legislators, judges, police, school personnel, and providers) and a two hour session with family and youth (including birth families, as well as foster and adoptive parents). The Regional Forums have been utilized to present updates on current Departmental initiatives, as well as to elicit feedback on what is working well, what are opportunities for improvement and strategies for effecting change. Through this process the Department is able to engage a wide range of internal and external stakeholders in a quality improvement process designed to elicit feedback on topics relevant to casework and management practices.
9. ***Review of 3 or More 51As.*** Area Offices conduct a review of cases where more than three (3) 51As have been filed within three (3) months. These clinical and administrative reviews provide an important quality assurance activity as well as an opportunity to make modifications to the services or course of casework to improve outcomes for the family.
10. ***Local Focused CQI Reviews.*** Area and regional offices routinely convene a CQI effort that is topic specific. For example, if a region identifies a variance in practice on screening decisions, they will convene a team of staff from the Area Offices to review a random selection of 51A reports and the screening decisions. The team will then engage in a process of determining what led to the variability in the decisions and determine needed strategies to support greater consistency or fidelity to the practice guidance. Area offices may also convene a CQI team that is topic specific when there is an emerging practice concern or when review of data in management or outcome reports indicates a drop in performance on a particular measure.
11. ***Foster Care Reviews.*** The Department's Foster Care Review Unit (FCRU) also performs a critical quality improvement function. The FCRU's semi-annual reviews of each child in placement focus on whether there is a need for continued placement, whether the child is in the appropriate placement, and whether sufficient progress is being made toward the child and family's goal. Among others, results of the Foster Care Review are shared with the social worker, supervisor, and managers to ensure that they are apprised of the outcome and can make any needed changes in the interventions or service plan for the child and family.

12. ***IV-E Audits.*** These audits provide essential information on the Department's compliance with IV-E requirements and on the quality of casework practices and services.
13. ***Area Boards.*** All twenty-nine (29) area offices have an Area Board comprised of local community and family representatives. The composition and roles/functions of the Area Boards were set forth in the *Massachusetts Acts of 2008 Chapter 176* legislation. Area Boards are routinely provided with data on current performance on a wide variety of indicators and outcome measures, including CFSR outcomes, and engage in a dialogue about how the area office might improve performance.
14. ***Statewide Advisory Council.*** The Statewide Advisory Council was also legislatively mandated in 2008 and membership, roles/functions were set forth in that legislation. The Statewide Advisory Council meets quarterly with the Commissioner and members of Senior Staff and routinely reviews performance and outcome data, discusses key DCF initiatives, and makes recommendations for improving casework/management practices and addressing gaps in service.
15. ***Family Advisory Council.*** The Family Advisory Council (FAC) has been active for the past decade and provides an important quality assurance function. The FAC regularly reviews casework practice guidance, performance data, and policies to ensure that practices and services meet the needs of families served by DCF. The FAC undertook a CQI effort in 2013 and 2014 to conduct surveys of families served by the Department to better understand their experience and level of satisfaction. The results of these surveys were shared with management staff across the agency. Similar surveys will be repeated annually.

CQI activities conducted by contracted providers are governed by contracts with each agency. Standards and service specifications are included in each contract. As stated earlier within this response section, the Department does not currently have agency regulations or policies that specifically govern internal CQI activities—policy will be developed over the next several months to support the newly established CQI Unit. Nonetheless, the commitment to embedding CQI in all agency activities is reflected in the fact that continuous quality improvement is one of the well-publicized core values of the agency and incorporated into its strategic plan, as well as compliance with a variety of federal and state regulations and requirements. All DCF regulations, policies and practice guidance are available on the DCF Intranet.

The Assistant Commissioner for Continuous Quality Improvement has reviewed a somewhat dated draft of the Department's CQI manual. The CQI Unit staff, along with key internal stakeholders will revise the document during state fiscal year 2016. Once finalized, the DCF CQI manual will be available on the DCF intranet and distributed throughout the Department.

Quality Data Collection

Data collection at DCF is an on-going process, not a set of discrete activities. Case workers are continuously *collecting* data as they document their case events. As this ongoing process of case documentation feeds a plethora of reports, data entry of information that is of high criticality to DCF is monitored by the management staff who utilize the reports. All data/reports are rigorously validated prior to dissemination. Validation includes comparing the data/report to

similar data sets, ensuring not only that the records/data elements selected meet the report criteria, but also that all relevant records/data elements are selected. Validation is conducted both at the “coding/data extraction” level and at the “report/synthesis/analysis” level. These are discrete functions conducted by multiple individuals. In addition to data integrity and comparison checks, reports are scrutinized for outliers. Reports often include both summary statistical information and the underlying detail data elements. This allows for a degree of field-validation of reports.

Report validity/reliability concerns are presented by end-users to the report-owner. The report-owner utilizes this feedback to evaluate the report/dataset and determines if there are issues with either the report/synthesis/analysis, with the underlying data, the data extraction process, or the policy the report is intended to promote/measure. Problems with the data extraction are documented in a central repository (i.e., *Remedy*) and acted upon according to urgency. Informal and formal trainings are provided for data entry issues. Because data entry is a routine part of case work, no distinction is made between *placement* and *non-placement* cases except to the extent that fewer activities pertain to non-placement cases.

Massachusetts has had an AFCARS Review and has an AFCARS Improvement Plan (AIP). Most recoding has been done as requested. There remain several areas requiring further work. Changes are needed to FamilyNet/i-FamilyNet to identify abandoned, Safe Haven children and children adopted by only one parent to ensure accurate data entry of demographic information for these, albeit small populations. There are also a couple of areas where data entry is problematic. These include documentation of disabling conditions and foster parent demographics.

Considerable effort has been expended to create useful data sets for children in placement, reports of abuse/neglect, case openings and closings, open consumers, authorized, projected and paid service referrals, child fatalities and near fatalities, staffing, etc. These are used to provide regular and ad hoc reports to stakeholders as needed.

Through the processes described in the previous section the Department integrates both qualitative and quantitative data on practice issues. By conscientiously engaging both internal and external stakeholders in multiple forums throughout the year, the Department is able to incorporate a variety of perspectives and objective information to provide a comprehensive picture of performance.

Qualitative data are routinely collected and stored in FamilyNet/i-FamilyNet to document Foster Care Reviews, Incident Reports, and Treatment Plan Progress reviews. Qualitative data are also collected as part of fatality, near fatality and critical incident reviews.

Through the automated Performance and Career Enhancement (PACE) system, established for all state agencies, DCF is able to collect information for all staff for every training opportunity they attend. In addition to PACE, the agency also collects information at many of the individual workshops / in-service trainings. The data in PACE can be run for any time period desired back to 2007.

Through the FamilyNet/i-FamilyNet system DCF is able to track all referrals made for services purchased by DCF. In addition, providers are required to enter a treatment plan in i-FamilyNet

outlining services provided to clients. The Department is not able to aggregate data from FamilyNet on services received by DCF clients purchased through Medicaid or by other state agencies from which clients may be receiving services. However, this information is noted in individual case records within the body of dictation included in FamilyNet/i-FamilyNet. Individual case records in FamilyNet/i-FamilyNet are updated regularly through dictation entered by social workers.

Case Record Review Data and Process

DCF has contracted with the Center for Support of Families (CSF) to conduct case record reviews. This agency was selected because of their wealth of public child welfare experience and prior involvement in conducting CFSR reviews. The use of an external, independent agency with expertise in conducting case record reviews, ensures that reviews are objective, and that criteria are applied consistently across the state and not subject to local interpretation. While the Department may elect to utilize non-Departmental reviewers for specific projects, systematic ongoing case review will be the responsibility of the newly established CQI Unit at DCF.

2007 CFSR PIP Case Reviews

During the Department's 2007 CFSR PIP period, the CSF utilized case record review instruments, instructions, and consistent rating criteria approved by PMAG in case record reviews conducted for Massachusetts between 2010 and 2013. The case record review process utilized the CFSR selection criteria and included second-level quality assurance completed on at least 50 percent of cases. The second-level QA was conducted by a senior member of the CSF team. DCF also established a process with CSF to ensure consistency in how ratings were determined across multiple sites and multiple reviewers. This included regular meetings with staff from CSF to ensure that there was a shared understanding of expectations. In addition, DCF staff randomly reviewed specific cases evaluated by CSF to determine whether there was a consistent approach to the reviews. Interviews were not incorporated into these PIP related reviews.

Safety and Risk-Related Case Reviews

Detailed earlier in the Safety Outcomes section of this document, as a correlate to its foster care review system which assesses the safety and quality of care provided to children and youth in out-of-home care, CSF conducted two-hundred (200) safety and risk-related case reviews on children and families in the DCF in-home population. These case reviews provided insight into safety and risk-related practice issues which may be present in DCF's work with children and families. Because the Department is able to supplement its review of outcomes and certain performance indicators through aggregate data reports, this review was designed to explore the "practice behind the numbers" in order to provide insight into which practices are working well and which warrant attention for improvement.

The Department worked with CSF to develop a case review instrument that systematically guided these in-home safety and risk-related case reviews. Review instrument development

was informed by findings relating to child safety and risk from prior case reviews conducted by CSF on behalf of the Department. These findings sort into the following thematic categories:

- A need for improved use of the Safety and Risk Assessment Tool, including identification of parental protective capacities;
- A need for attention to caseworker visits with children and parents;
- A need for improved engagement of family members;
- A need for timely initiation of CPS responses and face-to-face contacts with children involved in screened-in reports of alleged maltreatment; and
- A need to identify and consider underlying issues within families contributing to maltreatment of children.

The Department's Safety and Risk-Related Review Instrument probes the quality of safety and risk-related activities in each case reviewed for each of the thematic categories identified above. Safety and risk-related reviews were conducted in ten (10) area offices on two-hundred (200) randomly selected in-home cases. While interviews with social workers and case members were not included in this focused review, managers in the ten (10) area offices were given an opportunity to complete an online survey assessing area office strengths and areas needing improvement relative to safety and risk. The Department's leadership team reviewed the report in September of 2014 and incorporated findings into its performance management and accountability system.

In its CQI strategic planning, the Department assessed the benefits of building internal capacity for conducting case reviews; in lieu of, or in combination with contracted case reviewers. The recently established DCF CQI Unit was the end product of that planning. The Department anticipates the development of a comprehensive case review instrument in state fiscal year 2016. Interviews will be incorporated into the agency's case record review system.

Analysis and Dissemination of Quality Data

Significant effort is directed to the analysis of data by the Assistant Commissioner for Quality Improvement, the Office of Management, Planning and Analysis, the Reporting Unit and IT staff. DCF data are regularly reviewed with DCF managers at Statewide Managers meetings, Regional Directors meetings, and at area office staff meetings. DCF data are provided regularly to the state legislature and are posted on the Executive Office of Health and Human Services (EHS) web site. Management and outcome reports are also posted on the DCF intranet. Historically, these data have been shared regularly with the DCF Area Boards and Statewide Advisory Council and have been incorporated into the annual Regional Forums that have included a wide array of external stakeholders.

Trend reports are a routine part of the Department's standardized and ad hoc reporting. All reports are routinely reviewed by the Steering Committee, the Statewide Implementation Team and at Statewide Managers Meetings. The availability of data on the EHS website, the DCF intranet, as well as the multitude of forums at which the Department's data are presented allow multiple opportunities to ensure that internal and external stakeholders are being reached.

Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Processes

Key structures and processes established for the purpose of obtaining feedback from both internal and external stakeholders include:

- Statewide Managers Meetings
- Steering Committee
- Statewide Implementation Team
- Area Office Staff Meetings
- Area Boards
- Regional Forums
- Family Advisory Council
- Youth Advisory Council
- Additional structures and processes for obtaining feedback were outlined in the fifteen CQI processes outlined in the previous section.

Obtaining internal and external feedback is a foundational principle in the Department's CQI processes. The Department has utilized feedback obtained from these structures and processes in making adjustments to its Strategic Plan, as well as specific initiatives (e.g., development of the Integrated Casework Practice Model, Placement Stability, Kin First, Timeliness to Adoption, Promoting Well-being, etc.).

The Department's commitment to utilizing CQI data is reflected clearly in the DCF strategic plans from 2008 and 2012. CQI data and input from both internal and external stakeholders guided the development of the agency strategic plan including establishing agency goals and the priority strategic activities. The Integrated Case Practice Model established in 2008 and implemented in 2009 was founded on results of the CFSR review and the agency's internal CQI processes. The Department's 2012 - 2015 strategic plan incorporates findings of CQI reviews / input.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

The Massachusetts Child Welfare Institute

Purpose

The Massachusetts Child Welfare Institute (MCWI) is the professional development and training division of the Department of Children and Families. The purpose of the MCWI is to improve child welfare practice in the Commonwealth. Through a focus on three interdependent responsibilities, the MCWI promotes a shared understanding of and agreement about the Department's core practice values, commitments and priorities; teaches the knowledge, skills, and tools of facilitative child welfare practice, which makes it more feasible for social workers to help families keep their children safe; and, supports the continuous learning of social workers, supervisors, and managers as they lead agency initiatives and practice innovations.

Context

The MCWI is focused on a vision of providing high quality, evidence-informed, and relevant training programs that are helpful to the approximately 3,400 DCF social workers, supervisors, and managers across the Commonwealth in their efforts to insure the safety, permanence, and well-being of children and families. The MCWI has a budget of 2.5 million dollars for fiscal year 2016. This represents a significant increase in funding dedicated to professional development and learning programs for DCF staff over prior fiscal years. The MCWI consists of 8 full-time staff members focused on training and professional development programs (Associate Director, 4 Professional Development Managers, 1 Program Coordinators, 1 Administrative Assistant, and a Coordinator of Fellowship Programs) and a number of part-time contracted training specialists. The MCWI also employs a part-time librarian to manage the DCF child welfare library. MCWI training managers oversee the design, development and implementation of agency training programs, coordinate the work of external trainers, conduct a considerable amount of classroom training, and act as Practice Coaches in the field.

Framed by the major themes of the DCF Strategic Plan which are most connected to innovations in training and professional development; the MCWI has advanced and implemented a series of highly regarded programs. With a considered strategy to promote continuous learning and professional identity for child welfare social workers, supervisors and managers at DCF, the MCWI promotes organizational effectiveness by building on our many strengths of training, including:

Profile of DCF MCWI Training Staff:

- MCWI staff are all dedicated, highly experienced and credentialed child welfare practitioners and innovative facilitators of learning opportunities for staff
- During FY 2015, the MCWI hired two additional full-time staff: a Professional Development Manager and a Program Coordinator
- The MCWI has created an approach to curriculum design and training development that is founded on facilitative learning
- The MCWI offers practice coaching to support the transfer of learning from the classroom to the field
- The MCWI contributes to the planning and implementation of policy change initiatives
- Staff training and professional development are essential agency priorities which strengthen effective succession planning and cultivate organizational leadership.
- The MCWI has a clear budget allocation from a dedicated line-item within the DCF appropriation

Desired Outcomes

Broadly framed and organized by the DCF key strategic themes, the MCWI training and professional development programs are focused on the following important outcomes:

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

Framework for Professional Development

The Department of Children and Families (DCF), through its Child Welfare Institute (MCWI), developed an innovative methodology for engaging staff in training and learning forums. The MCWI created this approach to help staff demonstrate practice skills that are reflective of the agency's core values, priorities and key concepts of safety organized child welfare practices. This approach to training is founded upon the concepts and tools of interactive facilitation. An essential principle of this training approach is that child welfare social work is a defined, unique and distinct profession within the field of social work. As a profession, child welfare social workers embrace a clear set of values which describe why their work is important and necessary. They also share common principles about how the work gets done in an effective manner. Further, the profession of child welfare social work requires that staff have a grasp of core competencies and specific knowledge and skills needed to help families keep their children safe. Finally, the profession of child welfare social work utilizes unique tools to facilitate the engagement, assessment and planning processes with vulnerable children and families.

Understanding that the purpose of training for DCF staff is to prepare social workers, supervisors and managers with the practices and skills needed to engage with families, the MCWI uses a learner-centered program design. A learner-centered approach appreciates the experience and knowledge that participants bring into the classroom and utilizes facilitated dialogues to create a deeper understanding of the principles, better relationships, and greater relevancy of the material. Ultimately, this approach helps participants leave feeling more confident using new skills and tools in practice. Learner-centered principles are directly aligned with a basic tenet of adult learning - that learning is an individual's process of incorporating new ideas and actions into their existing knowledge base or skill set.

A learner-centered approach significantly changes the nature of the relationship between the trainer and the participant. The role of the trainer transforms from "the expert with the answers" to "the facilitator asking questions" which represents a shift in thinking and new skills to capitalize on the power of questions to promote relationships in a shared learning experience. This is the fundamental principle of the Facilitated Learning Model. In order for the MCWI to successfully prepare staff for the demands of child welfare work, the facilitator must master a range of facilitation skills and have knowledge of the content needed to effectively lead a series of learning dialogues. Facilitators are challenged to demonstrate these advanced skills in order to help social workers, supervisors, and managers:

- understand the purpose of practice tools and have confidence in using practice tools effectively
- know how to access supervisory, management, and area office support in decision making
- have a commitment to the shared values and purpose of DCF interventions
- be able to reflect on their own practice skills and the impact that they have on families
- build collaboration among all of the key stakeholders needed to help families keep their children safe

This framework is a shift from the Department's traditional delivery of content based, expert driven training and appreciates that effective child welfare practice is less reliant on "what content a social worker knows" and more on "how well a social worker can facilitate change". This distinction informs the emergent curriculum design of the MCWI professional development programs, in particular the New Social Worker Professional Development Program and the Supervisor Professional Development Program.

Scope of DCF Training and Professional Development Activities

The MCWI has responsibility for providing training and professional growth opportunities for all of the approximately 3,500 staff. The learning programs available to staff through the MCWI are varied and include:

- New Social Worker Professional Development Program
- Supervisor Professional Development Program
- Investigations/Hotline Training
- New Area Program Manager Training'
- In-Service Training
- Field Based Practice Coaching
- MSW Fellowship Program
- Post-Masters Clinical Certificate Programs
- Professional Certificate Programs
- Licensing Test Preparation
- Professional Conferences
- Policy Implementation and Training

The Executive Office of Health and Human Services implemented the statewide web-based Learning Management System called PACE. This system is utilized by state agencies to create agency level training catalogues, online registration, employee training transcripts, and to generate reports to help agencies evaluate their training programs. The PACE system allows the MCWI to track employee participation, geographic accessibility, training facilities, class

sizes, trainer information, and scheduling of events. The PACE system includes a user interface to encourage employees to build their own training transcripts and professional portfolios. Furthermore, the PACE system allows the MCWI to track the attendance of individual employees in required training programs, such as new worker training, investigations training and supervisor training.

Although the PACE system is a considerable resource for the MCWI, the reporting functions do not allow for user defined queries or customizable reports. This is a considerable challenge for the MCWI as we utilize this learning management system. Although the content and approach used for all Initial Staff training is informed by contemporary evidence of successful social work practice, the DCF practice model, and adult learning theory, to frame the classroom experiences, the MCWI relies on “participant reaction”, the most rudimentary level of training evaluation, to assess the success of our current training programs.

Training evaluation efforts are often approached using the 4-level Kirkpatrick Model. The first level on this scale is “reaction”. This level simply measures how participants felt about the training. It is a survey or questionnaire that asks participants about their perceptions of the training experience. Level 1-evaluation methods are an important step in quality improvement as it helps describe how well received the training or trainer was by the participants. It also helps you improve the training for future trainees, including identifying important areas or topics that are missing from the training. The MCWI utilizes Level 1 evaluation methods almost exclusively in our ongoing evaluation of our training programs. MCWI trainers and managers utilize the feedback from participants gathered through a simple form to plan for edits and updates to the training outline for future workshops. The MCWI does not routinely gather hard data or utilize a formal evaluation tool to assess the experience of participants in the classroom and the impact that the learning has on their practice. Nor do we have the capacity to assess the transfer of knowledge from classroom learning to assess the overall impact on consumer outcomes.

The PACE system does not serve a specific function in assessing the perception or reactions of participants to the actual training program. The primary mechanism for assessing the training program run by the MCWI is paper evaluation forms completed by trainees at the completion of the training event. These written evaluations are compiled to understand the themes of feedback speaking to what was effective and helpful in the learning process and what could be upgraded in the future. The MCWI managers and trainers reflect upon the information contained in these evaluations when revising or creating new training programs.

To enhance and expand the utility of the PACE program, MCWI managers have conducted a series of capacity building workshops at the area office level to encourage staff to more effectively utilize the PACE system. These learning demonstrations were specifically designed to help local administers to routinely create training events and courses in PACE when they hold area level trainings and workshops. The desired outcomes of this initiative was to better capture and track the full scope of training happening throughout the agency and give participants the chance to record the number of hours that they actually spend in training. The impact of this initiative has been a very significant increase in the training activities documented in PACE. In

FY 2014, there were 854 distinct training events entered into PACE. In FY 2015, this number rose to 1900 training events with a total of just over 22,000 enrolled participants.

The PACE system poses certain challenges and limitations, indeed. There is no imminent plan to upgrade the PACE system which will continue to challenge the MCWI's access to real-time and meaningful training data. The accessible date reports through PACE show the following summary of training participation for the following programs in Fiscal Year 2016:

- New Supervisor Professional Development Program included 104 individuals in two separate training groups
- New Area Program Manager training had 18 participants
- Investigations Training series had 180 participants in three separate training groups
- Professional Conference slots: 235 individuals were registered to attend conferences in fiscal year 2015.
- In-Service Training: Although cumbersome to calculate in the PACE system, the MCWI estimates that 2150 slots were filled by DCF staff for professional development and advanced practice workshops.

New Worker Professional Development Program: Initial Staff Training

- New Social Worker Professional Development Program trained 410 individuals divided by monthly training groups for 12 months in FY2015. All 410 new staff completed this program in order to be qualified for case management responsibilities.
- Over the past ten years, the department has continued to expand, diversify, and revise training and professional development programs for staff. This has included a complete revision of the New Worker Professional Development Program, the evolution of the Supervisor Professional Development Program, and the creation of a Facilitative Child Welfare Supervisor Practice Model. These examples are but a small sample of the many progressive and meaningful learning programs lead by the MCWI. All of the programs designed and implemented by the MCWI are informed through a close connection to the field and direct participation from staff at all levels of the agency. The MCWI relies consistently upon practice committees, field advisory groups, focus groups, and the feedback received from each training event to upgrade the learning experience for all participants.

Summary of MCWI Training and Professional Development Activities

The MCWI offers a range of training opportunities for DCF staff. (Please refer to the ACF Title IV-E State Training Plan for a detailed list and explanation of the training and professional development programs offered to DCF staff.) The following table summarizes the primary MCWI initial staff training program and identifies the steps necessary to connect the curriculum and content of these topics to the major strategic areas and priorities for organizational effectives and practice improvement:

Training Program	Current Program Objectives and Highlights	Program Goals and Objectives	Resources and Supports Needed for FY2016
Initial staff training			
New Social Worker Professional Development	The NWPDP consists of 15 days of in-class training for the first month and 4 On-the-Job training days. New workers also attended 4 In-service workshops during first 6 months. The NWPDP curriculum engages participants to help them: • understand the purpose of practice tools and can use tools to strengthen their initial involvement with families, • commit to the shared values of effective child welfare practice and case processes to improve interventions with families, • demonstrate that they are willing and able to reflect on their own practice skills and the impact that they have on families, • Have an increased level of collaboration among all of the key stakeholders who are committed to continuous learning and professional development in the Department of Children and Families.	• The NWPDP will serve as a national model for training new social workers • MCWI will work to integrate the content of NWPDP with trauma informed practices defined by the DCF trauma grant • The MCWI will continue to refine the training schedule to include necessary content • The NW PDP curriculum and approach to training will be documented • In-Service training for NW PDP will be developed further to align with the content and methods of the first month • MCWI will develop case scenarios to represent the key practices of the ICPM • The MCWI will facilitate stronger and consistent connections to the field to support OJT • The MCWI will include field staff directly in the training as co-facilitators • The MCWI will include family representatives intentionally in key training segments	The MCWI plans to develop an effective Worker Assessment Tool to better understand the learning needs and existing knowledge base of newly hired staff. The MCWI will clarify the purpose and mission of the Field Advisory Committee to specifically focus on On The Job Training It is the MCWI's intention to include more field staff and family partners directly as co-trainers in learning programs. MCWI will need support in the implementation of a Training of Trainers for field staff and Family Partners, and leadership to encourage field staff to play an active role in training as facilitators and content experts.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

The Massachusetts Child Welfare Institute

On-going Staff Training:

- In-Service Training: Although cumbersome to calculate in the PACE system, the MCWI estimates that 2150 slots were filled by DCF staff for professional development and advanced practice workshops.
- For the past 14 years, the MCWI has supported DCF staff efforts to become licensed social workers. As of August 17, 2015, 81% of DCF social workers held a license. This is a significant increase from the prior year when 60% of social workers were licensed. Staff are supported in their effort to obtain a license through attending a Test Preparation workshop created by the NASW Mass Chapter.

- Training programs offered by the MCWI have continually evolved to include a variety of professional development opportunities for staff, including: MSW fellowships, professional certificate programs, clinical practice in-service training, child welfare conferences, and orientation training for newly hired staff

The MCWI offers extensive professional education opportunities for staff including MSW Fellowships and professional certificates as an essential component of On-going staff training. Although tracking of participation in these programs occurs outside of the PACE system, the data presented below is considered to be accurate:

- MSW Fellowship Program, in its tenth year, has included over 150 DCF staff from the schools of social work at Salem State University, Bridgewater State University, Westfield State University, Springfield College, and Simmons College.
- Each year, up to 24 DCF staff are awarded Fellowships. The Fellowships support continues through the completion of the MSW program.
- Simmons College School of Social Work Post Master's Clinical Certificate in Trauma has produced over 220 DCF staff as graduates. This is a graduate level program with course assignments required for granting of a certificate.
- Suffolk University Certificate in Public Human Services Leadership and Management graduated 16 DCF staff in November 2014. Many of these staff have since been promoted into higher level leadership positions within DCF. This is a graduate level program with course assignments required for granting of a certificate.
- Wheelock College Certificate in Child Development produced three DCF graduates in FY 2015 with three new candidates scheduled to begin the year-long program in September 2015. This is a graduate level program with course assignments required for granting of a certificate.
- Springfield College Post-Masters Certificate Program in Advanced Practice with Children and Adolescents graduated 60 DCF staff. This is a graduate level program with course assignments required for granting of a certificate.
- Bridgewater Post-Master's Addictions Certificate has produced 3 DCF graduates last year and there are 16 scheduled to begin the program in October 2015. This is a graduate level program with course assignments required for granting of a certificate.
- The Commonwealth offers tuition remission benefits to all employees who are attending degree programs at state colleges and universities.
- Through the DCF tuition support program, eligible staff members can receive a tuition reimbursement of up to $1,000 per year to assist with the costs of their graduate level education when they attend a private college or university

The department has continued to expand, diversify, and revise training and professional development programs for staff. This has included the expansion of on-going staff training

options, the evolution of the Supervisor Professional Development Program, and the creation of a Facilitative Child Welfare Supervisor Practice Model. These examples are but a small sample of the many progressive and meaningful learning programs lead by the MCWI. All of the programs designed and implemented by the MCWI are informed through a close connection to the field and direct participation from staff at all levels of the agency. The MCWI relies consistently upon practice committees, field advisory groups, focus groups, and the feedback received from each training event to upgrade the learning experience for all participants.

The many successful programs initiated by the MCWI to support on-going staff learning have been accomplished with significant challenges. The key barriers faced by the MCWI in the provision of high quality and varied training programs involve the interconnected reality of limited funding and a small number of full-time training staff. Further challenges impacting the quality and effectiveness of agency training include:

- The MCWI operates one dedicated training facility at the DCF Central Office in Boston. Having a training center in Boston does not promote ease of access statewide or cost effectiveness in the training program.
- The MCWI training space in Central Office will only accommodate small class sizes due to the physical space and configuration of the room.
- Without a dedicated and large enough training space in a geographically central location of the state, the MCWI must pay for hotel and conference space for the majority of training events. This poses budgetary challenges for the MCWI.
- Training and professional development programs could be better institutionalized into the agency's operations with a dedicated and identifiable statewide training facility.
- New legislative requirements for staff licensing and minimum yearly training hours will substantially increase the expectations on the MCWI to provide training opportunities, track participation of staff, and create reporting functions for agency accountability and quality improvement. The legislative mandates regarding staff credentials and training standards are a real motivation to advance the agency's culture of learning.
- The DCF practice coaching model has considerable promise in facilitating lasting practice change across the agency and subsequent improved outcomes for children and families. This coaching program is challenged by the key factors of the small number of coaches available to support all of the area and regional offices and the reliance on external providers to fill the existing part-time positions. The agency is challenged to implement a fiscally sustainable, internal coaching program that builds the capacity of staff in safety organized practices.
- The Practice Coaching model allows field staff access to support and guidance as they try out innovative practices and tools. It is a challenge to appreciate the full extent of the impact of coaching without data to describe the frequency, breadth, and type of coaching that is taking place in a given area office.

- The MCWI runs competency based training programs for newly hired social workers, investigators and supervisors. The expectation at the completion of these training programs is that participants have the increased knowledge and skills to use specialized child welfare tools in their practice. It has been a challenge for the department's training system to test the competency level of staff upon their completion of a given training program.
- The MCWI makes considerable efforts to inform all staff of upcoming training opportunities. It is a challenge for staff to participate in training programs when they feel overwhelmed by the demands of their daily work and feel that they do not have supervisory and management encouragement to focus on their professional growth.
- The department is challenged by the use of the current PACE Learning Management System. The PACE system is intended as an on-line resource for all staff to both maintain their own personal training portfolio and to register for MCWI training events. Users find it difficult and not intuitive to navigate the system which can dissuade them from signing up for training and attending. The PACE application is challenging for MCWI staff and trainers trying to set-up training events and to generate aggregate information about routine training activities. Although there were efforts over the past fiscal year to implement a more modern and user-friendly learning management system by the Commonwealth, this initiative has been stopped due to a lack of funding by the legislature.
- At the end of FY 2015, the MCWI lost three key staff members to the Early Retirement Incentive Program. The MCWI Director, Fiscal Coordinator and PACE Administrator all took advantage of this benefit. These positions are not going to be immediately filled. The significant gaps in work responsibilities are being filled by remaining MCWI staff.

Summary of MCWI Training and Professional Development Activities

The MCWI offers a range of training opportunities for DCF staff. (Please refer to the ACF Title IV-E State Training Plan for a detailed list and explanation of the training and professional development programs offered to DCF staff.) The following table summarizes the primary MCWI ongoing staff training programs and identifies the steps necessary to connect the curriculum and content of these topics to the major strategic areas and priorities for organizational effectives and practice improvement:

Training Program	Current Program Objectives and Highlights	Program Goals and Objectives	Resources and Supports Needed for FY2016
On-Going Staff Training			
Supervisor Professional Development	Currently, the Sup PDP is a series of facilitated regional based Learning Circles. There are 9 active learning circles involving approximately 95 Supervisors. The Learning Circles encourage supervisors to: • Share in a reflective process of improving social work practice • Learn and develop the skills of facilitative supervision • Discuss what actions they can take to promote agency innovations such as STS. • Improve their clinical skills through appreciation of trauma informed, safety organized practice. • Consider supervisory practices that influence the larger agency goals regarding placement stability and repeat maltreatment	The MCWI strives to further develop the Sup PDP through: • Promoting the DCF Facilitative Supervisor Practice Model • Expanding the level of participation by supervisors in the program • Building the capacity of supervisors to facilitate learning circles • Developing in-service training to advance supervisor's skills in trauma informed practice • Using the Sup PDP to engage supervisors as practice leaders in innovative approaches to engaging families and children.	• Continued support and increased clear commitment from managers for supervisors to attend learning circles
ICPM Coaching	There are currently 6 ICPM coaches facilitating practice innovations at DCF. Each coach works closely with a set of area offices through a variety of methods, including: • Facilitation to build collaboration in direct practice decision making, • ICPM implementation teams • Formal training on IA and STS • Management consultation	In the coming years, the MCWI strives to institutionalize coaching in DCF practice. The strategy for coaching is currently being considered. The primary focus for coaching in the upcoming fiscal years is to build the capacity of staff to facilitate the practices of the ICPM	The MCWI will continue to define the role and scope of the coaches' work in the supporting practice advancements in the field. The institutionalization of coaching at DCF represents a continued commitment of resources and leadership.
MSW	Through partnerships with the	In the future, the MCWI will	

Training Program	Current Program Objectives and Highlights	Program Goals and Objectives	Resources and Supports Needed for FY2016
Fellowship Program	schools of social work at Salem State University, Bridgewater State University, Springfield College, Westfield State University, and Simmons College, participating DCF social workers are advancing their education and practice skills and leadership opportunities.	involve Fellows more as practice leaders to support the agency initiatives and learning culture. Fellows will play a more defined role in the NWPDP, as mentors and will promote the professionalization of social work at DCF.	
Investigations and Hotline Training Series	The current 7-day training series represents an evolution of content and curriculum to better reflect the ICPM. In addition, the MCWI supports a regular conference to bring together Hotline workers to share best practices and challenges.	Future development of the program will be guided by the emerging practices of the ICPM and include a more clear emphasis on trauma and the specific practice skills of safety organized child welfare work.	Work will continue to align each day of training for investigators with the key practices of the ICPM and the vision of the Permanency Planning Policy.
Topic based Training	The MCWI offers topic-based training programs and workshops for all staff. The MCWI has a partnership with CPI and the Bridge Training Series to offer a range of highly regarded trainings that are relevant to DCF staff.	In the next three years, the MCWI will develop child welfare specific in-service training that capitalized on the clinical expertise of DCF staff as contributors to the content and delivery.	As the MCWI develops the In-service catalogue for FY 2016, we need staff at all levels to contribute their ideas and expertise to the content and material. Increased emphasis by leaders at all levels of DCF on training as a key aspect of quality improvement. The MCWI will need to continue to build networks and connections to the field to include front line staff in the development and facilitation of in-service training
Simmons College School of Social Work Post Master's Clinical Certificate in Trauma	This intensive training program engages DCF staff in a deeper understanding and appreciation of trauma as a factor in parent/child relationships.		

Training Program	Current Program Objectives and Highlights	Program Goals and Objectives	Resources and Supports Needed for FY2016
BU Certificate in Non-Profit Management and Leadership	Program support effective management, leadership, and organizational improvement. Program supports succession planning.		
Wheelock College Post Master's Certificate in Early Childhood Mental Health	Early Childhood Grad Certificate for Social Workers and Other Mental Health Professionals Wheelock College's innovative Graduate Certificate in Early Childhood Mental Health—structured so it can be completed in as little as one year—enables master's level social workers and other mental health professionals to develop expertise in early childhood development, psycho-social risk and resilience, and in providing mental health services to young children (age 0-6 years) and their families and consultation to early care and education providers.		
Springfield College Post Master's Certificate in Advanced Practice with Children and Adolescents	This program imparts the latest knowledge of clinical practice and increases skill sets. The program is designed for social workers, nurses, mental health professionals, school counselors, and others who have earned a master's degree. The 90 CEU curriculum includes contemporary practice, theories, and intervention techniques.		
Bridgewater Post Master's Certificate in Addictions	DCF offers staff the opportunity to attend the Bridgewater State University School of Social Work post-Master's certificate program. This series of classes focuses on addictions with special emphasis on substances and additional segments on gambling, internet and food. The certificate program will offer 30 Continuing Education Credits for Social Work.		

Item 28: Foster and Adoptive Parent Training

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

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Foster and Adoptive Parent Training

The Massachusetts Approach to Partnership in Parenting (MAPP) is the mandatory pre-service education program for people interested in fostering or adopting children in the custody of the state of Massachusetts. All prospective foster or adoptive parents are given the opportunity through MAPP to learn about the Department of Children and Families (DCF) and the children in need of foster or adoptive families. The MAPP education program provides parents with information and skills-building to effectively prepare them to parent children who need care. In line with this, MAPP is designed so that upon completion of the pre-service training, parents have realistic expectations of the rewards and challenges of parenting a child through foster care or adoption. Continuous learning opportunities support parents' ongoing needs as they tackle the challenges and reap the rewards of watching children and families grow and develop.

In addition to requiring that all Unrestricted, Licensed Foster Homes for the Department complete MAPP, the Department as of July 1, 2006, began requiring all contracted intensive foster care agencies (IFC) to use the MAPP curriculum, as well as requiring the agencies to follow the DCF Family Resource Policy and regulations to support licensure of their foster homes. All homes are required to be trained (unrestricted, child-specific, and kinship). In the summer of 2003, in response to an increase in kinship/child-specific foster and pre-adoptive families, the Department developed the Kinship and Child Specific Training and Resource Guide in English and Spanish. This guide provides the pre-service training component for the Department's Kinship and Child Specific foster and pre-adoptive homes.

To assure consistent, on-going in-service training of all foster/pre-adoptive families, the Department has engaged with MSPCC/Kidsnet in developing our post-approval curriculum and provide an array of support services to Departmental Foster/pre-adoptive homes including a Helpline, information, support from an experienced foster parent, and respite. MPSCC is contracted to provide post-approval foster/adoptive/kinship training at a minimum four hours per month per DCF Area Office, track attendance at trainings, develop curriculum, and identify and document training needs for foster/pre-adoptive families.

Staff of State Licensed or Approved Facilities Training

Congregate care facilities contracting with the Department of Children and Families to serve children under its care and custody are contractually obligated to ensure that the following performance specifications are maintained:

4.01(A) Staff Supervision and Training:

4.21(A)(1) Staff Proficiencies: A Contractor ensures that all service staff are trained and demonstrate proficiency regarding applicable contract requirements particular to their duties and responsibilities, as well as organizational policies and procedures.

4.21(A)(2) Oversight of Clinical Service: A Contractor ensures all clinical services delivered by the Contractor are overseen by an independently licensed clinician.

4.21(A)(3) On-Going Training: A Contractor will ensure staff have sufficient training to effectively work with youth and families. Ongoing staff training includes, but is not limited to:

- Family-driven youth-guided treatment;
- The Building Bridges initiative and principles;
- Role of Family Partner
- Strength-based assessment and care;
- Requirements of Rehab. Option (applicable to Continuum, Group Home, Follow Along, and Residential Schools);
- Medication Administration Program (MAP)
- Mandated Reporting of suspected abuse and neglect (DPPC, DCF, and Elder Affairs);
- Roles, responsibilities and establishing and maintaining professional boundaries;
- Positive youth growth and development;
- Working with families of adopted youth;
- Health, wellness and sexual decision making;
- Behavior support skills and interventions;
- Restraint prevention;

- Serious emotional disturbance in youth;
- Crisis prevention and intervention;
- Trauma-informed care;
- Learning disabilities and other neurological impairments and implications for clinical and milieu interventions;
- Medical conditions of youth served;
- Cultural responsiveness;
- The effects of out-of-home placement on youth and families;
- Substance use/abuse (signs, techniques to support recovery, resources);
- Domestic violence;
- Working with Gay, Lesbian, Bisexual, Transgender, & Questioning youth;
- PAYA (working with youth 14 and older); and
- Staff safety training.

4.21(A)(4) Staff Training in Restraint Prevention. If a Contractor uses restraint or seclusion, it has must have a restraint prevention program based on a well-recognized and validated model of staff training and include annual training, evaluation and validation of staff competency. The Contractor must monitor restraint competencies of staff and provide regular refresher training and immediate remedial training for staff who fail to perform de-escalation and restraint techniques proficiently. The Contractor will adhere to a staff retraining plan that ensures that there are no lapses in annual de-escalation and restraint re-certification.

4.21(A)(5) Training Records. A record of all staff training is maintained. The record, at a minimum, captures topic, date and staff participation.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Massachusetts was rated as being in substantial conformity with the Service Array systemic factor in the 2007 CFSR. A number of the Department of Children and Families' (DCF or Department) Policies guide its service array, accessibility and individualization including: Assessment, Service Planning and Referral; Permanency Planning; Placement Prevention and Placement; and Service Delivery for Intact Families Policies.

DCF is a state administered agency and as such its services are accessible to all children and families who become involved with the Department. The DCF Treatment Planning Process is web-based and completely transparent. Information on service resources is available to DCF Area Office staff and Lead Agencies from all service providers facilitating fuller and more efficient use of services and lessening delays in accessing services.

Starting in 2005 and continuing to 2014, the Department has continued to develop and implement services that support children and families; assess needs and strengths; and address service needs in a way that maximizes the capacity of children to remain at home or when this is not possible, addresses permanency issues. These services include:

- Family Networks
  - Lead Agency Services
  - Support and Stabilization Services
  - Congregate Care (replaced by Caring Together Residential Services in 2013)
- Comprehensive Foster Care (this service replaced the Family Networks Intensive Foster Care services)

- Caring Together
- Family Partners
- Family Resource Centers

Family Networks:

In 2005-2006 the Department established its Family Networks system. Family Networks is an integrated system of both DCF (then called DSS) -purchased services (support and stabilization services, intensive foster care, and congregate care) and non-purchased supports. Family Networks was designed to fully engage providers in enhancing the capacity of parents to safely care for their children and in fostering and protecting children's permanent connections to family, kin, and other significant adults. By establishing Area Lead Agencies, Family Networks includes an enhanced management system.

On July 1, 2005, the Department established contracts for 29 Area Based Lead Agencies. Area Lead Agencies work in partnership with each of the 29 Area Offices and their communities to support and enhance the performance of the area office in achieving positive permanent outcomes for children and their families. The Area Lead Agency serves as the hub for coordinating purchased services and non-paid community supports and provides service coordination.

In 2006, the Department established contracts for Network Services (support and stabilization services, intensive foster care, and congregate care), developing Provider agencies of network services charged with identifying and breaking down the structural barriers that had historically made the flow into, through, and out of the service system towards permanency ineffective, choppy and inefficient. By integrating these services, we were better able to support families in caring for and safely nurturing their children at home; reduce cycles of repeat involvement with DCF; maximize community connections and reduce isolation; minimize the need for and the time spent in out-of-home placement; reduce the number of unproductive moves that occur during placement; reduce the length of time a child spends in a non-permanent placement; and support youth transitioning to young adulthood in a manner that maximizes their potential.

Integral to the functioning of Family Networks are Family Team Meetings, which are charged with developing a service plan that meets the unique and individualized needs and strengths of the family. Area Lead Agencies convene these family teams, which are attended by family members, their natural supports, the DCF social worker, and others who play a key role in the family's life. The team develops a plan that integrates the specific Network services needed to help the family achieve the goals established in the DCF service plan. The Child and Adolescent Needs and Strengths (CANS) assessment tool is used to identify child and family needs and strengths and to support team communication and decision-making for cases in which residential services are being considered.

One of the initial key goals for Family Networks was to shift the Department's reliance on residential campus-based programs to community-based placements and in-home services. In the first nineteen months of Family Networks implementation, (7/1/06 through 1/31/09) the

Department decreased its use of residential schools by 24% and its use of group homes by 8%, while increasing its use of community based services by 17%.

Caring Together:

While the Department was pleased with the successes of Family Networks, as the time approached for the required renewal of these services, DCF wanted to take the opportunity of the re-procurement process to continue to drive the system even further toward an integrated service delivery system that is youth guided, family driven, responsive to needs, provides successful transitions and outcomes, and is community focused. The first step in this process was the development and implementation of a re-designed residential (congregate care) service system, called Caring Together. The Caring Together Request for Response (RFR), released in August of 2012, represents a partnership between DCF, the Executive Office of Health and Human Services (EHS) and the Department of Mental Health (DMH). The involvement of youth and families in all phases of the design and implementation of Caring Together, including focus groups, design teams, program evaluation teams, the Provider Advisory Committee, and the Evaluation workgroup, has been tremendously helpful in ensuring that services were designed to be, and remain, responsive to the needs of youth and families.

The vision statement of the Caring Together RFR states that families are the center of the design, development and delivery of services and supports they need. The system is designed so that Massachusetts children and families will have timely access to an integrated network of out of home and in home treatment services and supports that reflects their voice, is responsive to their needs, and strengthens their ability to live successfully in their local communities. As the Commonwealth transforms residential levels of service for children, there is recognition that our efforts are establishing an important framework and foundation for ensuring an integrated Child Welfare and Behavioral Health System of Care for strengthening families.

The following principles guided the development of Caring Together:

- Services are youth guided and family driven, responsive to needs, and utilize evidence informed practices.
- Services are trauma informed and employ positive behavioral supports and interventions to assist children with problematic behaviors.
- Families will experience “No Wrong Doorway” into residential services regardless of agency affiliation.
- Children and families will have access to the right level of service at the right time for the right duration.
- Services will be integrated in a manner that provides continuity of treatment and therapeutic relationships.
- Treatment success is measured by the extent to which improvements are sustained following discharge from this level of service.
- Reimbursement methodologies will support innovation and improved outcomes.
- Performance measures are developed through a consensus building process with providers and families.
- Agency processes and structures will maximize administrative efficiencies.

The primary goal in this service procurement is to achieve better and more sustainable positive outcomes for children and families who come to the attention of either DCF or DMH. This requires full family engagement during the course of the residential service in all aspects of a child's care and treatment unless there are safety concerns that require alternative planning. The objective is to prepare families, including foster, kinship or adoptive families, to manage their children successfully at home and promote their capacity to sustain their child's and the family's well-being. The secondary goals of Caring Together are:

1. Maximize the Commonwealths' fiscal resources by eliminating redundancy in administration and management;
2. Promote innovation and creativity among service providers;
3. Transform the residential treatment system from a primarily placement oriented service to one that is primarily community treatment oriented;
4. Increase family and youth satisfaction with these services; and
5. Improve family well-being as measured by increased caregiver/parental capacity and increased child functioning.

Caring Together integrates congregate care treatment and home or community based treatment under a single service model. This method of purchasing provides several important benefits. First, it allows providers to serve children and families on a continuous basis regardless of where the child is living. If a child meets the criteria for a residential level of service, it does not preclude providing that intensity of service in the child's home. It also allows for eligible programs to be primarily a community based model with placement as an adjunct service, or to primarily be an out of home treatment model with services that follow the child back into the community. For some families it will be possible for children to remain at home or have a very brief episode of out of home placement. When youth do need to receive services out of the home, Caring Together requires that providers work collaboratively with DCF toward permanency goals. In addition, Caring Together includes an increased emphasis on providing successful transitions. In response to requests from parents (during focus groups) to increase family supports while children are receiving residential services and after children are returned home, services were developed that allow the clinicians who work with the families at the residential service to begin working with the family in the family's home preparatory to discharge and to continue this work after the child has left the residential program. The Department believes that these transitional services will positively impact long term outcomes for families.

A related but separately purchased service that the Department is currently developing in partnership with EHS and DMH, and in collaboration with the MassHealth (Medicaid), is Family Partners. This service pairs individuals with lived experience within the state's mental health or child welfare systems, who will help families to better understand and navigate these systems. Family Partners will also assist professionals within Caring Together in better understanding the experience of parents, and in improving parental involvement. Within Massachusetts, Parent Partners have been used successfully within the Child Behavioral Health Initiative (CBHI). The Caring Together Parent Partner service has been designed in collaboration with the CBHI model.

Within Caring Together, four regionally based Caring Together Clinical Support (CTCS) teams have been established in order to ensure that the services within Caring Together are of high quality, meet the needs of DCF's children and families, and can be accessed uniformly across the state as needed.

Title IV-E Demonstration Waiver:

Massachusetts was approved for a Title IV-E Demonstration Waiver in Federal Fiscal Year 2012, with which DCF has started to invest federal reimbursements into the new Caring Together residential services system developed in collaboration with the DMH and EHS. The waiver demonstration project was implemented statewide on January 1, 2014, and broadly targets children of all ages in state custody who are in residential placement and can return to a family setting, are preparing for independence, or who are at risk of residential placement with four new services: Follow Along, Stepping Out, Continuum, and Family Partners.

Follow Along services will provide intensive home-based family intervention and support to children, youth, young adults, and families, both while they are being prepared to return to home/community from congregate care settings and after this return has taken place. Stepping Out services will support youth who have transitioned to living independently after receiving Pre-Independent Living and Independent Living Group Home services. Continuum services will be provided to children and youth at risk for residential placement where the family is identified as able to care for the child at home, or work toward return home, with intensive supports. Family Partners will be offered on a voluntary basis to families. Family partners will have lived experience with the child welfare and/or child behavioral systems themselves and will support families during the residential experience and stay with the families during a youth's transition back to the home or community, when requested.

Caring Together (CT) uses flexible Title IV-E funding through the waiver to support the new programs offered in conjunction with DMH. Follow Along and Stepping Out services were implemented beginning July 1, 2013, and have been offered to DCF clients since that date, while Continuum services began later in 2014. Family Partners are being rolled out utilizing a focused pilot process in 2015, along with a consolidated management and governance approach in collaboration with DMH, to make improvements in permanency, well-being, safety, and child abuse and neglect recurrence rates within those families who participate. The new programs are a comprehensive transformation of the current DCF congregate care system using the principles and values laid out by Building Bridges, a national initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA) to create "systems of care" between families, youth, communities, and residential treatment providers.

While still in the data collection stage, both the broader Caring Together population and the subset enrolled in the IV-E Demonstration Waiver will be tracked and evaluated using a comprehensive set of process and outcome measures. These include but are not limited to the following:

- *Satisfaction* – consumer children/youth/parents, provider/foster parent/DCF staff, etc.
- *Follow Along utilization* – children served counts; days of service
- *Stepping Out utilization* – children served counts; days of service
- *Continuum utilization* – children served counts; days of service

- *Congregate Care utilization* – children served; days of service; length of stay
- *Family Partners utilization* – # and % of children served; # and % of families served
- *Restraints* - % of children in congregate care restrained; restraints/1k enrollment days
- *CANS* – pre/post comparisons
- *Placement Stability*
- *Child Risk Behaviors* – # and % of children with ≥1 critical incidents; average # of critical incidents per child; # and % of children with one or more incidents of self-injurious behavior (self-harm); # and % of children with one or more unauthorized leave incidents
- *Safety* – repeat maltreatment and maltreatment in foster care
- *Permanency* – # and % of children returned home or to a permanent placement
- *Reentry* – # and % of children re-entering Caring Together

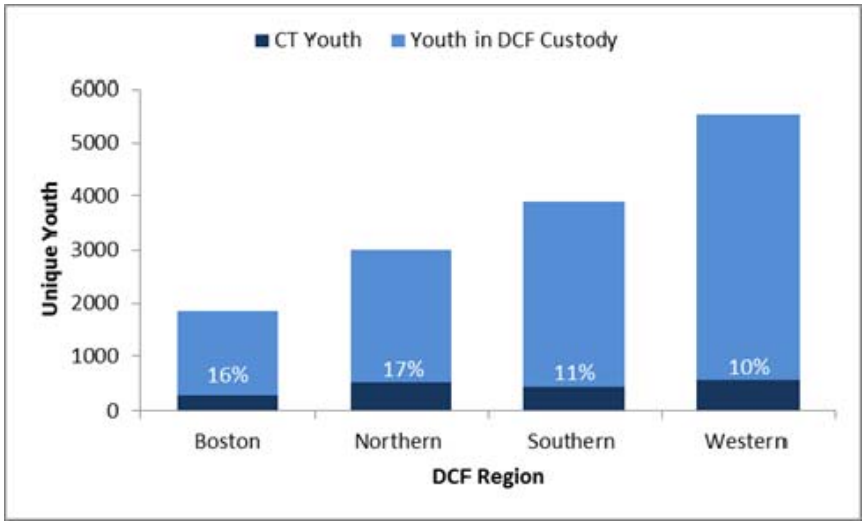
Significant IV-E Demonstration Waiver Evaluation Findings:

The evaluation team has held focus groups with DCF staff, providers, and parents/caregivers. Overall, the focus groups have identified many strengths in the progress of Caring Together services. DCF staff and providers have demonstrated a commitment to the principles of this procurement and report better collaboration between DCF and DMH. Providers also report that they appreciate the opportunity to join forums to provide feedback.

These focus groups have also identified areas for improvement such as the need for further clarification of the role of the CTCS teams and improved alignment and coordination across levels of care. Providers are also feeling the need for more flexible options for the placement of latency youth and addressing issues such as the new Medication Administration Protocol. There also needs to be a continued focus on parental involvement in youth's treatment plans and incorporating cultural and linguistic needs of families in service delivery.

During the period January 2015 through June 2015, 1,818 youth in the waiver received CT services, out of 14,623 youth in DCF custody. Consistent with CY 2014, waiver youth receiving CT services comprised 12% of all youth in DCF custody, and this varied by regional office (Figure I.1). The Boston Regional office served 1,852 youth in the period January 2015 through June 2015; of those, 297 youth (16%) received CT services. The Northern Regional office served 3,017 youth, of which 508 (17%) received CT services. The Southern Regional office served 3,877 youth, 430 (11%) in CT services. The Western Regional office served 5,536 youth, of which 541 (10%) received CT services.

Figure I.1. Number and percentage of youth in Caring Together compared with all youth in DCF custody, by region from January-June, 2015.



Level of Service (LOS) Tool:

The LOS tool is currently being piloted in four DCF area offices. Caring Together leadership has developed the Caring Together LOS tool with help from DCF and DMH staff. The tool will promote a standard referral review process for assisting area offices in determining which Caring Together service is the most appropriate clinical fit for a given youth. CTCS staff will support DCF and DMH areas in a phased process for rolling out the LOS tool and review process.

CTCS Provider Record Reviews/Network Management:

DCF and DMH implemented a joint quality assurance process related to Caring Together services in 2014. Annual CTCS Provider Record Reviews were completed for all Caring Together providers between January and June 2015. During the 2014 round of reviews, CTCS teams found a compliance rate of 40-50 percent related to clinical formulations, services following treatment plans, and daily documentation of plan goals. As a result of technical assistance from the CTCS teams, the compliance rate increased and now exceeds 70 percent. During the 2015 round of reviews, the CTCS teams provided further technical assistance and encouragement to providers related to model fidelity. DCF is encouraged that providers appear to be adapting to the standards.

Additional baselines established during the most recent reporting period include frequency of family and youth engagement and strengths-based treatment planning. As an indicator of engagement, DCF has found that 64 percent of provider treatment plans are signed by family members and 69 percent are signed by the youth. DCF also found that 81 percent of provider treatment plans indicated strengths as a part of planning. As with the overall compliance rate above, these figures indicate a baseline from which DCF hopes to improve in the months ahead.

A Network Management Survey, addressing the key goals of Caring Together which cannot be addressed through Provider Record Reviews, was distributed to the providers in May, with a

reporting deadline of July 15, 2015. The survey is intended to (a) monitor quality assurance relative to Caring Together contractual requirements outlined in the Caring Together Joint Standards, and (b) gather data as required by IV-E reporting regulations. This evaluation data will be analyzed in aggregate and by provider and will be conducted annually. The Department will use the aggregate data to assess strengths and areas for improvement in the Caring Together system as a whole. In addition, CTCS teams will examine each provider's data to inform ongoing quality improvement efforts and the promotion of promising practices.

Family Resource Centers:

Building upon a successful pilot, the Department is currently soliciting bids for a larger compliment of Family Resource Centers across each of the counties in Massachusetts. Family Resource Centers are community-based, culturally-competent programs that provide evidence-based parent education programs, youth and parent support groups, early childhood services, information and referral, educational support, cultural events, and other opportunities for families whose children range in age from birth to age 18. Families access Family Resource Centers on a voluntary basis, and therefore need not be involved with DCF in order to avail themselves of this community-based service.

Comprehensive Foster Care:

The foster care services included in this procurement incorporate a clinical treatment model that utilizes specially trained foster parents who partner with contractor agency clinical staff and Department staff to develop and implement individualized treatment plans. These foster care services are trauma sensitive and rely on a structured system of care that utilizes evidence and strength-based treatment interventions to promote the child's/youth's safety, healing, well-being and development of healthy and sustained lifelong relationships. These programs have the capacity, skills, and commitment to work with children, youth and families on the full range of permanency plans: reunification, adoption, guardianship, permanent care with kin, or an alternative permanent planned living arrangement. Success is linked to the achievement of each child's permanency plan, while maintaining safety and well-being.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

The Department of Children and Families' (DCF or Department) entire purchased services array can be individualized to the needs of a specific child and family. The use of Family Team meetings allows for a family driven process in which individualized needs and strengths are identified, and the resulting treatment plan focuses on these identified needs while enhancing strengths. The DCF Treatment Planning Process focuses on treatment Domains, Goals and Activities, all of which can be tailored or customized. A primary responsibility of the Departments' Lead Agencies is to ensure that services are individually tailored to a child and family's needs. To be able to accomplish this task, Lead Agencies are contracted to work with their respective area offices to develop an overall array of services that will effectively service the collective and individual needs of that office's children and families.

Caring Together residential services include a wide range of programming, allowing the service to be matched to the child and family's needs. In addition, Caring Together services can be supplemented with Add-On services when it is determined that the needs of a child and/or family require additional staffing or services. Family Networks Support and Stabilization services are flexible, rooted in the community, and have the capacity to be shaped in a manner that will address the specific needs of each family. The service array includes a number of services with varying staffing, intensity levels, and interventions, allowing this service to be customized to individual needs. Comprehensive Foster Care (CFC) services also include a wide range of models which can be accessed depending on need.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

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

> Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

The Massachusetts Department of Children and Families (DCF) was found in substantial conformity on the Agency Responsiveness to the Community systemic factor during CFSR rounds 1 and 2. DCF continues to take affirmative steps to engage both the public and private sectors as well as to ensure representation of DCF consumers (both parents and youth), providers, staff and partners in the planning, development and implementation of systemic reforms. The Department employs a broad array of strategies to ensure that stakeholders are engaged in consultation with the state to implement the provisions of the CFSP. Stakeholders include representatives from the State's federally-recognized tribes, former consumers, foster and adoptive parents, service providers and state agency partners.

Consumer Engagement in Consultation

In 2004, the Department launched the Family Involvement Initiative by hiring a full-time Family Representative as part of the Family Support Team. The purpose of the Family Representative is to promote partnership between DCF and community members on behalf of families and to facilitate the inclusion of parents in the planning, delivery and monitoring of DCF practice and contracted services. The Family Representative has recruited over 200 community representatives to work with the Department on policy, practice and to provide feedback on the quality of services. Of these community representatives, between 18 and 24 sit on the Commissioner's Family Advisory Committee (FAC). One significant indicator of how successful this program has been is that a family representative and several community representatives sit

on DCF Senior Staff, Statewide Managers, and a number of intra-agency and interagency planning groups at area, regional, and statewide levels.

The Director of Family Engagement is also available for on-going technical assistance to the area offices as well as the community representatives. A yearly retreat is organized for the Family Advisory Committee to look at the work that was done in the last two years and prioritize the work that needs to be accomplished. The Family Advisory Committee is committed to working in their communities and at the area office level, concentrating on the following:

- Reviewing how DCF area offices work with fathers
- Participating in and assisting in the development of Fatherhood Engagement Leadership Teams (FELT)
- Reviewing how DCF area offices work with kin, especially grandparents
- Providing advocacy to fathers, families with mental illness and grandparents raising grandchildren.
- Participating on area boards and mentoring new consumer applicants.

As part of the Department of Children and Families' continued commitment to assessing the impact of its work and including family perspective, beginning in 2013, the Department

developed a multi-year process for gathering and incorporating DCF parent and family feedback

into DCF policy and practice. This effort includes an annual survey of parents and guardians with recent experience with DCF.

In 2014, the Legislature tasked the Office of the Child Advocate (OCA) with conducting a DCF client survey. Given the methodological implications of conducting two separate surveys close in time to one another, the OCA elected to partner with DCF with its parent and guardian survey. Building upon the 2013 Parent and Guardian Satisfaction Survey, the 2014 survey consisted of

-- 14 Likert scaled questions (i.e., strongly agree, agree, disagree, strongly disagree), 5 yes-no,

and 5 open-ended questions (4 of the survey questions were developed by the OCA).

The confidential survey included questions in the following areas:

- initial engagement with the family
- DCF’s communication and work style with the family
- efforts to build family capacity and focus on family strengths
- opportunities to engage children
- promotion of family partnerships in service planning

- respect for family's individuality and culture
- access and availability of community services
- case closure

From November 5, 2014, to March 17, 2015, twelve Community Representatives from the DCF Family Advisory Committee—parents with prior DCF experience—began conducting the survey by telephone, in English, Portuguese and Spanish. Prior to survey administration, DCF provided a survey 'script' to the community representatives as well as training on survey techniques in efforts to standardize administration protocols and reduce bias and measurement error. Cases with an identified primary language of Portuguese or Spanish were assigned to community representatives proficient in these languages; the remaining families were divided among the community representatives in a randomized fashion.

The survey population consisted of 6,168 parents and guardians whose DCF cases were closed within the eight month period ending August 31, 2014. The community representatives attempted to reach everyone in the survey population at least once and at most three times: in all, they were able to reach 1,722 parents and guardians and receive verbal consent from 1,157; reaching an effective response rate of 67%.

DCF anticipates conducting the Parent and Guardian Survey on an annual basis in order to ensure regular and consistent attention to including the family voice, experience and perspective in efforts to change the way DCF works with families. Future phases may also include surveys of foster parents, DCF alumni and DCF providers. Findings are/will be utilized to influence policy development and practice guidance.

2014 Parent and Guardian Survey

Excerpt of Key Findings

- 80% reported satisfaction with the communication they had with DCF.
- 87% reported being treated with dignity and respect by DCF.
- 84% reported that their DCF worker understood their families' strengths.
- 83% reported that their DCF worker understood their families' needs.
- 80% reported that their DCF worker helped them to find ways to address their families' needs.
- 90% reported that their DCF worker respected their cultural traditions.
- 84% reported that their DCF worker encouraged them to participate in making decisions about their families.
- 84% reported that their DCF worker explained what to expect during their involvement with the Department.
- 85% reported that their DCF worker paid attention to their children's needs and wants.
- 85% reported that their DCF worker met with them and their family as often as they felt was needed.
- 88% indicated that DCF worked with them to develop their DCF Service Plan.
    - 84% indicated that the tasks on their DCF Service Plan helped their families.

- 81% reported that their families had the supports they needed at the time their DCF case was closed.
- 75% reported that, overall, DCF helped their families.

Opportunities for consumer engagement include:

Family Advisory Committee (FAC) to the Commissioner – As noted above, 23 parents meet quarterly with the Commissioner to advise on policy, practice and program development. The FAC produced a new guide for parents involved with DSS, a family involvement brochure, and consumer feedback cards for use in area office waiting areas. The FAC reviews service delivery models at various stages of design, and is taking up the issue of foster care placements and how to make transitions smoother for children entering care or moving from one foster home to another.

Youth Advisory Committee - The Department's Youth Advisory Board has been active for more than 14 years. Presently, there are 32 members of the Regional Youth Advisory Boards who are committed to promoting change for future foster youth through their voice, advocacy, and action. They provide recommendations to the Department on services, policy and practice. Additionally they want to ensure that foster youth are known for their strengths, achievements, and goals and not labeled as likely failures. The Regional Youth Advisory Boards generally meet monthly, providing a forum for youth in out-of-home placement to voice their concerns and offer suggestions to the agency 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 jointly developed by the Board members based upon their own ideas/concerns or those of the youth they represent and by DCF administration – often seeking youth input on policy, programming, etc. See the 2016 APSR Report/Chafee section for greater details regarding the activities of the Youth Advisory Committee.

Ombudsman's Office – Family Liaison Program - The DCF Office of the Ombudsman is charged with responding to consumer inquiries about case practice and working toward resolution of problems and complex situations. Working with the Family Advisory Committee, this office created the **Family Liaison Program** to increase problem-solving resources for DCF staff and families.

Family Liaisons are parents who were formerly involved with DCF. Their cases are closed, and they have become parent representatives on the Family Advisory Committee, and on Regional and Area Boards throughout Massachusetts. They are carefully selected and trained.

The Family Liaisons:

- are impartial—committed to listening to all sides and helping all parties;
- have attended DCF Core Training and have an understanding of DCF policy and practice;
- can spend up to 5 hours listening and meeting with all parties;
- some Family Liaisons have specialized knowledge about mental health, substance abuse, local community resources, the criminal justice system, probate court and fatherhood engagement.

Liaisons have been instrumental in helping families effectively engage with the Department to produce successful outcomes. The program has been enormously helpful to families ensuring that they have a voice, are empowered and have the tools, to successfully navigate a complex system.

The following chart outlines categories in which liaisons were involved:

Fatherhood	Special Needs	Substance Abuse	Grandparents	Family	TOTALS
17	17	7	1	6	48
35.4%	35.4%	14.6%	2.1%	12.5%	

Community Representatives on Service Proposal Review Teams – A cadre of parents and other interested community members have been recruited, largely from the Community Connections coalitions, and trained to sit on proposal review teams to assist DCF to select the most qualified service providers.

General Meetings – Outreach to other advocacy groups, agencies devoted to children and parent councils, such as Parents Helping Parents, the Federation for Parents of Children with Special Needs, the Children's Trust Fund, etc., is conducted on a regular basis, with the goal of leveraging additional support for families served by DCF.

Fatherhood Engagement - DCF has become a nationally recognized leader in its work to engage fathers. The research is absolutely clear: when fathers are engaged in a safe and consistent way, children and families benefit in the short- and long-term. Internally, the Department is working with more and more fathers every day and providing them with the support and resources they need to build stronger relationships with their children.

The work of integrating Fatherhood Engagement into statewide Area Office practice has often seemed daunting. In addition to the reluctance to begin new programs during a time of decreasing resources, an additional factor is sometimes at work. Many believe that there can be some conflict between the fields of Fatherhood Engagement and Domestic Violence. The Director of Fatherhood Engagement has worked with both fields to promote an understanding that, while there may always be an inherent tension between the two practices, that tension can be effectively addressed. There has been collaborative work between the Director of Fatherhood Engagement and the DCF Director of Domestic Violence and a specially convened committee to develop policies and practice tip sheets for situations in which fatherhood practice is complicated by the existence of domestic violence. The goal is to work with fathers who have a history of domestic violence in a way that prioritizes safety, encourages men to take responsibility for changing abusive behaviors, and acknowledging the harm that witnessing domestic violence can inflict upon children.

The Director of Fatherhood Engagement worked with 16 Area Offices in creating Fatherhood Engagement Leadership Teams (FELTs) in order to promote the institutionalization of routinely engaging with all fathers, to provide training for social workers on positive fatherhood engagement and to create/support appropriate services for fathers. Creating services frequently

involves collaboration with community partners, such as Community Connections Coalitions. This is the case in Lynn, Lawrence (in Spanish), Lowell, Worcester (2 offices), Springfield (2 offices), Boston (3 offices), Holyoke, Brockton, Cape Cod, New Bedford, and Fall River - all of which have established Nurturing Fathers Programs.

Coalitions have played a crucial role in creating and expanding services for DCF-involved fathers. In addition to the services hosted or co-hosted by Community Connections, fatherhood groups have been established and maintained in Arlington, Worcester, Lowell, Plymouth, Cape Ann (Salem), and Weymouth. Groups are planned in Pittsfield and Chelsea (also Spanish). Altogether, between fatherhood groups and support groups for fathers facilitated by DCF staff and/or community partners, there are currently fatherhood groups at 21 locations and two more groups are planned.

The Family Nurturing Center (FNC) in Boston and Enlace De Familias in Holyoke (Enlace) have been longstanding leaders in local fatherhood programming. The Family Nurturing Center, in partnership with organizations like Enlace, is also providing training on facilitation of fatherhood groups statewide. Since 2013, 90-100 group facilitators are estimated to have received training sponsored by DCF and supported with PSSF grant funds.

Statewide Events: In partnership with multiple state agencies and communities, the Department has hosted annual Fatherhood Summits; a gathering of leadership from state agencies. The Fatherhood Summit promotes commitment and action in order to expand services for fathers and to coordinate cross agency work to help low income fathers with multiple challenges. The 2014 Fatherhood Summit brought together 150 participants, mostly from upper level managerial ranks. It has brought about increased collaboration across agencies to provide services for fathers, to make sure fathers have access to services they are entitled to as parents, and to share training resources.

The Statewide FELT retreat brought together 140 DCF staff from 20 Area Offices and 15 community partner agencies to share best practices, information about services, and to broaden the community engagement in services for fathers. Community Connections Coalitions have been core participants in each of these events.

The Director of Family Engagement assists the Fatherhood Initiative at DCF in all levels of its work. She has met with Responsible Fatherhood providers across the state to identify and recruit fathers to work with the child welfare system in determining needs, and to support fathers' participation at area and statewide advisory councils. The Director of Family Engagement is a member of the Steering Committee for DCF's Strategic Plan for Fatherhood Engagement. The Director of Family Engagement supervises and mentors an advocate to work with fathers who are involved with the court and with DCF in extremely complicated cases. This advocate guides the fathers through the legal paths and provides direction on how to self-advocate in arenas that are foreign to their experience and are often punitive if one doesn't understand the culture of these systems.

State Engagement and Consultation with Stakeholders:

The Department's interagency efforts involving housing and homeless prevention, children's behavioral health, substance abuse, early education and care and domestic violence has

provided greater coordination of services and case management, ensuring that our case practice is community-connected and better integrated with the work of our sister agencies and community providers.

One example is the work done by DMH and for the joint residential procurement “Caring Together”. This procurement has generated creative engagement on the part of providers across the Commonwealth to ensure that services are delivered in a child’s home and community whenever possible. Caring Together is built upon the nationally recognized Building Bridges to Evidence Based Practice and eliminates silos between residential care and community services.

In addition, DCF’s Family Resource Centers are an effective model to increase the capacity of communities to more effectively respond to the needs of families at risk. DCF is moving towards the implementation of a Family Resource Center model that fully integrates a number of family support innovations and state and federal funding stream.

DCF has been an active partner in addressing the prescribing practices related to psychotropic medication for children in foster care. In 2009, the Office of the Child Advocate in collaboration with other state agencies began to explore the efficacy and effectiveness of the process in place in Massachusetts for authorizing consent of antipsychotic medications for children in DCF custody. In January, 2012, the Commissioner of DCF and the Child Advocate convened an interagency group to develop a plan for monitoring psychotropic medication for children in foster care. This interagency group includes representatives from DCF, OCA, DMH and several divisions within MassHealth. The group identified four potentially problematic prescribing practices to be addressed.

Consultation with Tribes

As of April 2, 2015, DCF served 106,856 open consumers. Those with Native American/Alaskan Native heritage numbered 828 which is less than 1% of the total open consumer population.

Families usually self-identify their race and ethnicity during the initial or comprehensive assessment phase of a family’s work with the Department. This is usually the stage in the case when the DCF social worker becomes aware of a family’s ancestry. The social worker is required to notify the MA ICWA Coordinator when custody of a child with Native American/Alaskan Native heritage is awarded to DCF. Over the past several years, DCF has encouraged staff to ask families about their Native American/Alaskan Native heritage as soon as DCF becomes involved, rather than at the time of seeking custody. Various trainings provided to DCF encourage staff to ask the question about family ancestry throughout the life of the case as extended family members may embark on a history of the family tree after the initial question is asked or, the family may feel more comfortable talking about their heritage as their relationship with their social worker deepens.

Notices are sent to federally recognized tribes across the United States by the ICWA Coordinator. The notices are sent prior to or whenever DCF gains legal custody of a child whose family informs DCF of their Native American/Alaskan Native status. Copies of all

responses from the tribes are forwarded to the DCF social worker, DCF attorney and to the Regional ICWA Liaison. These notices and subsequent responses are filed in the legal section of the family case record. The tribal affiliation for each consumer is documented in the demographic screen in FamilyNet/i-FamilyNet.

Coordination and collaboration with MA Tribes

Wampanoag Tribe of Gay Head (Aquinnah) – WTGH(A)
The Tribal contact is Bonnie Chalifoux, Human Services Director. Collaboration during this past year focused on trainings for court personnel (through the Court Improvement Plan – CIP). These trainings included the courts of Worcester and Boston. In addition to the planning meetings and trainings through the CIP, meetings with the DCF Liaisons and WTGH(A) took place in May and October 2014. These meetings reviewed our goals for the year and recommendations for next steps that will lead to greater compliance with the ICW Act and each 5-year plan.

The WTGH(A) terminated its Intergovernmental Agreement (IA) with Massachusetts effective 2/5/13. DCF has communicated to the Tribe its continued desire to begin the IA process.

DCF and Ms. Chalifoux discussed future collaboration around the Tribe's 5-year plan. There is a great opportunity for the Tribe and the Department to educate each other, share lessons learned and collaborate around many issues. ICWA cases are managed in collaboration with the applicable Tribe ICWA staff to ensure that Tribe input into case planning is an integral part of any plan for service provision and goal setting. The prioritized issues to note are compliance with ICWA, appropriate services related to permanency and independent living. While these goals are set forth with WTGH(A), there are currently 2 pending ICWA family cases. Close work with the Mashpee Wampanoag Tribe (MWT) and their 26 open cases serves as a solid foundation for future work with WTGH(A).

Mashpee Wampanoag Tribe (MWT)
The Tribal contact is Catherine Hendricks, the ICWA Director. Collaboration during this past year also focused on trainings for court personnel through the CIP.

The Tribe's 5-year plan has stressed the importance of addressing many social service needs of their membership. The MWT is looking to increase their foster parent recruitment efforts, wraparound services for children/youth, prevention of domestic violence, provide designated slots for parents who foster ICWA children in their parenting classes and offer increased support and training to Grandparents Raising Grandchildren. Given the common needs of the families DCF and the Tribe work with, DCF has offered assistance with their 5 year plan projects related to child welfare.

MA DCF was notified on October 23, 2014 that the MWT Intergovernmental Agreement (IA) has been approved by the Tribal Council. Attorneys from DCF and the Tribe have entered into initial discussions while DCF hopes to receive permission from the Tribe to provide copies of the proposed IA to key DCF and EHS staff for feedback. Additional discussions relative to the clinical considerations in the proposed IA will occur in this next year.

Wampanoag Tribe of Gay Head (Aquinnah) – WTGH(A) & Mashpee Wampanoag Tribe (MWT)
DCF, in partnership with Justice Resource Institute's My Life My Choice Program and the Suffolk County Child Advocacy Center's Support to End Exploitation Now Program, were awarded a Grant in September 2014 from the Administration for Children and Families to address the Commercial Sexual Exploitation of Children (CSEC) within DCF. This 5 year Grant is addressing the identification of and response to CSEC at DCF. The grant work will also provide guidance and support to DCF policies and practices along with a robust data collection system. The MWT and WTGH(A) committed through letters of support to participate in future county CSEC training and the implementation of the safe harbor provisions in the Massachusetts human trafficking law. Both Tribes have been invited to participate in the quarterly meetings of the grant Leadership Advisory Board. DCF and its grant partners will continue to stress the value of the Tribes' participation in this important effort to address CSEC. The Tribes will be invited to all CSEC trainings offered to DCF/community staff. It is anticipated that the training will be offered in their geographic area in October 2015.

DCF collaborates with the Tribes in terms of Massachusetts Approach to Partnerships in Parenting (MAPP) trainings. The need for Tribal foster homes has been a focal point for DCF and the Tribes for years.

The ICWA trainings over the past five years have resulted in greater awareness by DCF staff who are now asking families about Native American/Alaskan Native heritage. The direct result of this work is that the ICWA volume is at an all-time high. DCF has recently coordinated monthly conference calls to be held with the ICWA Directors of each tribe. More frequent communication among ICWA leaders in Massachusetts is a natural outgrowth of the increased demands on all parties.

Sharing the APSR with each Massachusetts Tribe
DCF and the two Wampanoag Tribes met in 2014 to discuss their 5-year plans. Collaboration among all parties continues to deepen while addressing challenges. The APSR reports from each party spoke to common goals related to the strengthening of families through community services and informal supports. Upon finalization of the DCF APSR, a copy will be shared with both Tribes.

Notification of Indian Parents and Tribes
DCF received 125 ICWA inquiries during state fiscal year 2015. 181 inquiries are active as genealogy information is pending. 11 families representing 17 children were found eligible for membership with the Mashpee Wampanoag Tribe. The Tribe intervened in every family case.

Tribe reports 26 open ICWA cases.
DCF is diligent about its process to uncover genealogy necessary for an ICWA notice. When social workers are having difficulty documenting a child's ancestry information, the DCF attorney

enlists the assistance of the attorney representing the appropriate parent. DCF also utilizes an Accurint search for missing family tree information. This is a data base that can search public records for information such as names, dates of birth, addresses, and phone numbers when demographic information is loaded into it.

Special Placement Preferences
The Mashpee Wampanoag Tribe continues to recruit tribal members to become foster parents specifically to take tribal children if the need arises. DCF works hard to notify the Tribe upon placement of children who 'may' be eligible for membership so that ICWA placement preferences are met.

Active Efforts to prevent breakup of the Indian Family (past, present and future)
Over the past five years, DCF has made notable strides in its commitment towards Active Efforts. With the new ICWA Guidelines, DCF is in the process of updating its ICWA FAQ. This document will be distributed to all DCF staff and will underscore the importance (with specific examples) of active efforts.

Use of Tribal Courts in child welfare matters, Tribal rights to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe
To date Massachusetts continues to have jurisdiction of tribal children in DCF custody.

Regional Forums

Since 2007, the Department has annually conducted Regional Forums for the purpose of providing updates on key activities, as well as eliciting feedback on implementation efforts that may be currently underway and planned initiatives for the coming year. A forum is held in each region at a convenient community location and the structure has remained generally the same each year. There are four two-hour sessions throughout the day for 1) DCF staff, 2) DCF managers, 3) key stakeholders (including community representatives, providers, courts, schools, etc.) and 4) a session specifically for families and youth. Each year, the Department has been able to engage over 300 participants in each of the Regional Forums and they have served as an important strategy for eliciting feedback from staff, community representatives and other key stakeholders. These forums have served as an important source of information to monitor the implementation of the Integrated Casework Practice Module. Through the forums, the Department received valuable suggestions that have guided implementation efforts and highlighted areas where adjustments were needed in structure, process or clinical approaches. The Department also utilizes the forums as a time to present updates on strategic plan progress and make adjustments based on input from these key stakeholder groups.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

> Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

DCF is a key contributor in the state's Court Improvement Plan (CIP). The DCF General Counsel represents the Department by participating in the CIP steering committee. Additionally, the Deputy General Counsel and Regional Counsel attend and collaborate with the courts in the CIP's Training Committee and Permanency Committee. CIP continues to support initiatives in Massachusetts including National Adoption Day celebrations in Massachusetts, the hiring of Permanency Youth Coordinators as well as training programs for lawyers who represent children or parents; this included 4 ICWA trainings between the Southern Region, Worcester and Boston. Both Court representatives, CIP colleagues and the Department recently attended the CFSR training session held in Boston in preparation for the upcoming Round 3 Child and Family Services Reviews.

Under a large scale reorganization of the state's Executive Office of Health and Human Services, DCF works in a much more collaborative manner with a number of the state's federally assisted programs serving the same population, including the Department of Mental Health (DMH), Department of Public Health (DPH), MassHealth (Medicaid) and the Department of Early Education and Care (EEC).

DCF staff work closely with the Board and staff of the Massachusetts Children Trust Fund (CTF) to address issues related to child abuse prevention in Massachusetts. The CTF leads statewide efforts to prevent child abuse and neglect by supporting parents and strengthening families. As an umbrella organization, CTF funds, evaluates, and promotes the work of over 100 agencies that serve parents.

The Department has initiated a creative placement program designed to meet the unique needs of medically-needy children in foster care. The Special Kids-Special Care Program was developed in Partnership with the Division of Medical Assistance (utilizing Medicaid funding) to meet the needs of children with special health care needs.

DCF has been collaborating with the state Department of Housing and Community Development for the last few years to manage the Family Unification Program (FUP) vouchers for housing for transition age youth and the newer program, the Youth Transitioning to Success (YTTSP). (Fuller descriptions can be found under the housing section.) To date we have served

or are presently serving 75 young adults with FUP housing vouchers and 20 young adults in the YTTSP.

Massachusetts was approved for a Title IV-E Demonstration Waiver in Federal Fiscal Year 2012, with which DCF has started to invest federal reimbursements into the new Caring Together residential services system developed in collaboration with the DMH and the Executive Office of Health and Human Services (EHS). The waiver demonstration project was implemented statewide on January 1, 2014, and broadly targets children of all ages in state custody who are in residential placement and can return to a family setting, are preparing for independence, or who are at risk of residential placement with four new services: Follow Along, Stepping Out, Continuum, and Family Partners.

The Department of Children and Families was selected to receive a grant from the Administration for Children and Families, Children's Bureau, to build capacity to provide trauma informed casework practices and trauma specific evidence based treatments (EBT). DCF has partnered with LUK, Inc., Justice Resource Institute Trauma Center, Boston Medical Center's Child Witness to Violence Program and UMass Medical Center to provide basic and advanced training for DCF staff and to provide training to selected mental health providers. This five year grant also provides an opportunity to provide training for DCF resource parents (kin, foster and adoptive) on the impact of trauma on child development and behavior. Through our collaborative partnership and the training and resource development made possible by this grant the Department is able to substantially build capacity across child serving systems to provide more trauma informed care.

State Agencies Group - DCF meets regularly with other state agencies that fund and/or are closely involved with the delivery of domestic violence and/or sexual assault services in Massachusetts. These include the DPH, the Massachusetts Office of Victim Assistance, the Executive Office of Public Safety, and the Department of Transitional Assistance. We meet to coordinate funding, data collection, identify strengths and needs of agencies and to problem solve and enhance program development.

The state Department of Elementary and Secondary Education(DESE) has continued its data sharing with DCF providing a range of demographic and educational information (SIMs data) which is visible for workers on i-FamilyNet, including the SASID (State Assigned Student Identification Numbers), language, country of origin, enrollment information, truancy days, grade, school attending, and special education status. The agencies continue to work to improve the timeliness of the data. DCF also receives the MCAS scores on students who were in agency custody when they took the exam. All this educational data is essential to social workers as they support youth in reaching their educational potential.

Collaboration on children 0-5 years of age – DCF has been collaborating with the EEC on the implementation of the Early Learning Challenge grant – Race to the Top. Activities include implementation of the DCF/EEC Memorandum of Understanding, strengthening referral processes for supportive child care and providing additional training for DCF staff on early childhood development. Additionally, DCF has collaborated with DPH on the development of a public education campaign on safe sleeping, summer safety and Shaken Baby Syndrome.

DCF Adolescent Services staff have continued to work collaboratively with staff at the Board of Higher Education, the state universities, the 2- year public colleges as well as the staff of the campuses of the University of Massachusetts.

A related but separately purchased service that the Department is currently developing in partnership with EHS and DMH, and in collaboration with the MassHealth, is Family Partners. This service pairs individuals with lived experience within the state's mental health or child welfare systems, who will help families to better understand and navigate these systems.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

> Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

MA DCF Background Record Check Policy, Policy # 86-014, Effective: 5/1/1986, Revision Date: 2/3/2015

MA DCF Permanency Planning Policy, Policy # 2013-01, Effective: 07/01/2013

The MA DCF Family Resource Policy, Policy #2006-01, effective: 02/06/2006, was implemented by the Department of Children and Families (DCF or Department) in February of 2006. The policy requires a multi-step process that the Department uses to assure the quality of its foster/pre-adoptive family resources and incorporates standards to ensure that children placed with foster/pre-adoptive families and in foster/pre-adoptive homes are provided quality services that protect their safety and health. The standards establish basic requirements regarding eligibility to apply as a foster/pre-adoptive parent; the physical characteristics of the home itself; and standards for the licensing of the family resource for placement of children by the Department.

The policy includes clearly defined practice guidelines to be followed by staff to identify, address and monitor safety and health issues and concerns on an ongoing basis in order to protect children in foster/pre-adoptive care. The "Enhanced Safety Assessment Guidelines" and "Waivers for Placements of Children in Homes with Presumptively Disqualifying Dog Breeds and Other Potentially Dangerous Pets/Animals" support the Department's efforts in this regard.

Massachusetts requires that all children in the custody of the Department be placed in licensed homes. Relative (Kinship) and Child-Specific homes are licensed through the same process as are Unrestricted (Unrelated) Foster and Pre-Adoptive homes.

DCF monitors the status of all inquirers, applicants, and approved homes using the Active Family Resources Report (DSSRP225) which is distributed monthly to central, regional, and area office staff. This report is extracted from the i-FamilyNet system and includes the following data elements: Regional Office, Area Office, Unit, Assigned Family Resource Social Worker, , Primary Caregiver Name, Resource Name, Race of Primary Caregiver, Ethnicity of Primary Caregiver, Address, Resource Type, Type Start Date, Resource Status, Status Start Date,

Event Type, Event Date, Event Status, Background Record Check (BRC) date, Household Outcome, Final Disposition, # of children in the home through placement, # of children living in the home, # of children in the home total, # of children in the home in the last 30, 60, and 90 days. The number of data fields displayed and reported in the DSSRP 225 report supports multiple uses of the information to inform tracking and decision making through the episode of a foster/pre-adoptive family's interaction with DCF and care of a foster child/ren.

The steps in process for licensure of foster/pre-adoptive homes are: inquiry on the part of the prospective foster/pre-adoptive parent/s, initial eligibility screening through evaluation of eligibility standards (including eligibility to apply, physical standards for the home, and enhanced safety assessment), completion of Application A and B, pre-service training, comprehensive license study including assurance that all licensing standards are met, and approval. Homes are licensed following successful completion of this process.

In certain circumstances a child can be placed with a relative in an emergency situation prior to full approval. These placements are covered by a variance granted by the Department of Early Education and Childcare (EEC), the agency responsible licensing DCF as a placement agency. Requirements to allow placement with a relative prior to completion of the licensing process include compliance with all initial eligibility standards including BRC requirements, physical standards, and enhanced safety assessment requirements for the home. The relative home must meet preliminary standards for the child to be placed. A full license study must be completed within 40 days. If a relative is not approved during the full licensed study, the child is removed. This activity is monitored for statewide consistency with the practice expectations in the Family Resource Policy by edits in the i-FamilyNet system which assure successful completion prior to placement activation; supervision and management requirements; and monthly reporting, specifically, Unapproved Homes with Active Placements report (DSSRP 171). This report is generated monthly and distributed to central, regional, and area office managers and family resource managers and supervisors.

The Massachusetts Approach to Partnership in Parenting (MAPP) is the mandatory pre-service education program for people interested in fostering or adopting children in the custody of the Department. All prospective foster or adoptive parents are expected through MAPP to learn about DCF and the needs of children living in foster or adoptive families. The MAPP education program provides prospective foster parents with information and skill-building to effectively prepare them to parent children who need care. MAPP is designed to ensure foster parents have realistic expectations of the rewards and challenges of parenting a child through foster care or adoption. Continuous learning opportunities support foster parents' ongoing needs as they tackle the challenges and reap the rewards of watching children and families grow and develop.

In addition to requiring that all foster families licensed by the Department complete MAPP, since July 1,2006 all contracted intensive foster care agencies must use the MAPP curriculum and follow the DCF Family Resource Policy and regulations to support licensure of their foster homes. All homes are required to be trained (unrestricted, child-specific, and kinship). In the summer of 2003, in response to an increase in kinship/child-specific foster and pre-adoptive families, the Department developed the Kinship and Child Specific Training and Resource

Guide in English and Spanish. This guide provides the pre-service training component for the Department's kinship and child specific foster and pre-adoptive homes.

Foster/Pre-adoptive homes are provided placement support and monitoring through monthly home visits by the assigned Family Resource Social Worker during the first six months of placement and bi-monthly thereafter (this home visit requirement will be changed to monthly in the next revision of the Family Resource Policy). Children placed in foster care have a social worker who is also required to visit the child monthly.

To assure consistent, on-going in-service training of all foster/pre-adoptive families, the Department has partnered with the Massachusetts Society for the Prevention of Cruelty to Children MSPCC/KidsNet in developing a post-approval curriculum and to provide an array of support services to Departmental foster/pre-adoptive homes including a Helpline, information, support from an experienced foster parent, and respite. MSPCC is contracted to provide post-approval foster/adoptive/kinship training, track attendance at trainings, develop curriculum, and identify and document training needs for foster/pre-adoptive families.

The Department's strengths have been demonstrated in our ability to establish strong working relationships and mutually supportive partnerships with contracted providers, families, national resource centers and neighboring states.

Unfortunately, the Department still faces the barriers of distance to training locations and daycare needs of our foster/pre-adoptive families. We continue to address these issues by utilizing a portion of our contract with MSPCC/KidsNet for support services to Departmental foster families and are currently able to provide some coverage of those daycare needs. The Department also continues to explore and develop technology based training alternatives such as teleconferencing and on-line curriculum modules.

Homes are required to undergo a formal review on an annual basis and to be relicensed every 2 years from the initial approval date. i-FamilyNet assists family resource staff with completing these requirements in a timely manner by issuing work reminders 90 days prior to the event due date and are visible to the social worker assigned to the foster home and to their supervisor and manager. The Department issues a monthly report, Overdue License Renewals and Annual Reassessments (DSSRP242), to further aid in timely relicensing and reassessment.

The DCF structure in place to support consistent practice statewide in compliance with family resource policy and regulation includes the Central Office Foster Care Support Services Unit staffed with a full-time Director, a full-time Director of Recruitment, two Foster Care Managers, each assuming responsibility for routine monitoring of family resource policy compliance for two regions respectively and three Recruitment Supervisors. There are Contracted Foster Care Coordinators and a Family Resource Specialist who assure compliance and provide quality assurance for the contracted agencies. The foster care managers also provide technical assistance and support to field staff on improvements to family resource practice. There are routine meetings between central office, regional, and area family resource staff where the compliance reports are reviewed and discussed and family resource experts can share effective practices. Foster care and adoption staff from central office meet regularly with regional and area staff to review reports and the family resource reports are sorted and distributed to the family resource field staff and managers on a monthly basis. Central office family resource staff have trained regional and area staff to effectively utilize the reports and continue to meet

regularly to review recommendations regarding enhancements to i-FamilyNet and compliance reports. Central, regional and area staff utilize the family resource reports to assure compliance with safety and health standards.

Key internal stakeholders including central office foster care support staff and two on-going foster care advisory committees, the Family Resource Information Committee comprised of representatives from each regional office and the Family Resource Advisory Committee comprised of family resource supervisors representing their area and region, are attentive to identifying and prioritizing recommended improvements to the family resource functionality in FamilyNet/i-FamilyNet. FamilyNet/i-FamilyNet data and reports are used for documenting compliance. The Regional Clinical Directors assist the field with quality improvement and oversight of clinical practice. Each region also has a Quality Assurance Supervisor whose role includes specific supports and oversight to assure quality and consistent practice throughout the region regarding foster family homes. The Central Office Foster Care and Adoption Support Services unit works with regional and area office staff to assure the completion of family resource tasks in a timely and consistent manner.

In terms of statewide data regarding the recruitment, licensing, and retention of foster/pre-adoptive families, DCF provides central office foster care staff, regional office staff, supervisors, clinical managers, legal managers and family resource licensing staff with many aids and opportunities to verify the accuracy of data contained in FamilyNet. Although DCF has not had a dedicated case review unit for some years, it has worked hard to promote a culture of data accuracy by making pertinent detailed data available in all reports and on windows throughout the FamilyNet/i-FamilyNet application. Routine family resource events and administrative reports provide opportunities throughout the year for the staff most familiar with a foster/pre-adoptive home to review the data recorded in i-FamilyNet, and to identify and correct inaccurate data. These events and reports for family resource/foster care/pre-adoptive care include, but are not limited to the following checkpoints: DSSRP 225, Active Foster Homes monthly report; DSSRP 171, Unapproved Homes with Active Placements monthly report; DSSRP 242, Overdue Annual Re-assessments and License Renewals monthly report; desktop work reminders through the i-FamilyNet application, and quarterly and annual data reports.

Item 34: Requirements for Criminal Background Checks

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

> Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

In accordance with MA DCF Background Record Check Policy, Policy # 86-014, Effective: 5/1/1986, Revision Date: 2/3/2015, the Department of Children and Families (DCF) conducts Background Record Checks (BRCs), which include the child welfare history found in "FamilyNet" or "i-FamilyNet" and comparable systems of other states, Criminal Offender Record Information (CORI) found in records maintained by the Office of the Commissioner of Probation (OCP) and comparable systems of other states as well as the Federal Bureau of Investigation (FBI), and Sex Offender Registry Information (SORI) found in records maintained by the Sex Offender Registry Board on all applicants seeking licensure as foster and pre-adoptive parents, and their respective household members age 15 and older. Beginning July 1, 2014, DCF began conducting fingerprint-based checks for all applicants for kinship/child specific, foster and pre-adoptive parent licensure and all licensed foster/pre-adoptive parents at the next license renewal. BRC requests are submitted through the FamilyNet application and the results of a completed BRCs are entered into FamilyNet for each household member 15 and older.

The FamilyNet system has built-in safeguards to prevent the approval of a foster or adoptive home until a BRC is completed and results entered into FamilyNet. Placements can only be activated once a home is approved. DCF conducts BRCs annually during either re-evaluation or relicensing for all approved foster and adoptive resources and their household members age 15 and up. The BRC Policy effective 2/3/2015 further clarified the roles of individuals connected with foster/pre-adoptive homes who must have a BRC check completed. These roles are defined as:

HOUSEHOLD MEMBER

Any individual, regardless of age, who resides in the home, who moves into the home with the intent to make it their residence, or who is temporarily visiting for more than 30 calendar days. Children/young adults in DCF care or custody are not considered household members of the foster/pre-adoptive home for the purpose of the fingerprinting requirements.

FREQUENT VISITOR

Any individual, regardless of age, who spends substantial time in the home. This may include, but is not limited to, a non-custodial parent who visits the home; relatives, significant others, and/or other individuals who spend overnights in the home; and an individual who routinely baby-sits in the home and/or otherwise assumes some degree of caretaking responsibility, in the home, for **any** child in that home.

In accordance with DCF policy, regulation, and practice the utmost attention is given to the safety of foster homes. This is demonstrated throughout the application, training and license study process, disposition (approval/denial), on-going support and supervision including the annual reassessment or relicensing process. All applicants and their household members age of 15 years and older are required to have a BRC. This check includes criminal charges and identifies any household member previously included as a consumer in a case open with the Department.

All criminal and DCF histories are coded in categories by the DCF BRC unit. Family resource social work staff assigned to the applicants' homes are notified of these results. If a finding exists, the worker and their supervisor determine whether to make a BRC Approval request (e.g. apply for a waiver of the requirement). DCF policy is very prescriptive regarding what level of review is needed to make a decision about the BRC Approval Request. In certain cases foster families may submit their own BRC Approval requests.

The BRC Approval request/review forms are currently an off-line process. This process of review includes consideration of specific factors for approval to determine whether the BRC finding has a substantial effect on the prospective or current foster/pre-adoptive parent's ability to assume and carry out the responsibilities of a foster/pre-adoptive parent in a manner that maintains the rights of the child/ren who may be placed with them to safety, well-being and permanence and is in each child's best interests. The final decision, or disposition, of this review/approval process is recorded in i-FamilyNet/i-FamilyNet requires that a disposition be entered before a foster/pre-adoptive home can be approved or reapproved. Edits regarding approval of foster/pre-adoptive homes were built into the i-FamilyNet system to assure compliance with DCF policy and regulations. These edits enforce the approval hierarchy required by policy.

The Department tracks BRC information using reports and reviews. The monthly Active Foster Homes report (DSSR225) includes information sufficient to see the status and outcome of the most recent BRC.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

The Massachusetts Department of Children and Families (DCF) is committed to recruiting foster and adoptive parents that reflect the ethnic and racial diversity of children in its care and custody. The ultimate goal is for every child leaving placement to live in a permanent family which is safe and nurturing. Massachusetts has created a strong foundation on which to build an effective recruitment program which reaches into the communities it serves. Local DCF offices are especially active in recruitment efforts at the grass roots level in order to identify resources which allow children to maintain vital connections to their communities, including kin, schools, and other significant relationships.

Massachusetts regards proactive recruitment as a fundamental tool for achieving permanency—a process which begins before a child enters care. Effective recruitment efforts must provide key information to potential foster families about what fostering entails. This includes understanding the needs and dynamics of children entering foster care and the responsibilities that come with this commitment.

The overall Massachusetts strategy is to build capacity for early and continued exploration of kin and others with existing or prior relationships and to find families willing to commit to some form of permanency, including adoption, if reunification cannot be achieved. By beginning this process before placement is needed, the goal is to identify a nurturing family who will become the child's new home if needed and which includes an extended community of support.

Types of Foster/Pre-Adoptive Family Resources: (Policy#2006-01)

- Kinship Family: Kinship Care is the full time nurturing and protection of children in a licensed family setting by relatives or those adults to whom a child and the child's parents and family members ascribe a "family relationship." Kinship families are persons 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 affectional ties or individual family values. It is believed that placement with a kinship family reinforces the child's racial, ethnic, linguistic, cultural and religious heritage and strengthens and promotes continuity of familial relationships.

- Child Specific Family: A non-kinship individual(s) is identified and licensed as a placement for a particular child. (e.g., school teacher comes forward; child recommends a friend's parents).
- Unrestricted Family: An individual(s) who has been licensed by the Department as a partnership resource to provide foster/pre-adoptive care for a child usually not previously known to the individual(s).

DCF gives first consideration to placement with a relative or member of a child's extended family. As reported in the 3rd Quarter of FY 2014 report, 44% of children in departmental foster care were placed in kinship foster homes. On 12/31/2014 DCF had 1870 approved kinship foster homes. The total number of approved foster homes under the direct supervision of DCF as of 12/31/2014 was 5524.

Recruitment campaigns are developed and implemented to recruit foster and adoptive families for the children DCF has in its care and custody. Campaigns are varied and can be targeted to a specific group of children or for general recruitment. Recruitment activities include, but are not limited to, participation in community and neighborhood events, development of recruitment materials, statewide media campaigns, adoption parties, radio and television ads, displays, and special events. Media campaigns utilize radio, television, community newspapers, and banner advertising on social media outlets. During state fiscal year 2015 DCF ran three separate campaigns. The most recent campaign extended over a 6-month period, January to June 2015.

Partnering with community resources and those with expertise in public communication has helped DCF create new informational brochures. Current brochures have been updated and posted on the DCF web page. Brochures which provide information on foster care, adoption and kinship care are designed to be welcoming to all who wish to consider providing a home for a child from the community or for a member of their extended family.

Posters, flyers and brochures are developed, updated and distributed to area offices for use in recruitment events. They are also provided to school systems, doctor's offices, libraries, and other locations where a family might go for services. Foster care posters use the slogan "Foster Parents Matter," and adoption posters, "At any given time in Massachusetts 600 children in foster care are waiting for an Adoptive Family.".

An example of targeted group recruitment efforts involved adolescents, 12-17 years old, who represent DCF's largest age group in placement. DCF conducted two statewide media campaigns in June and September, 2014. These campaigns focused on youth in need of foster placements and on older youth in need of part-time placement as they complete higher education. Posters specific to fostering a teen were created and distributed for statewide use..

The public is made aware of the Department's need for adoptive families through local community events and activities, and partnerships with the Massachusetts Adoption Resource Exchange (MARE) and Jordan's Furniture. The following public/private partnerships and activities form the core of DCF adoption recruitment efforts:

- MARE, the contracted provider for registering legally free Massachusetts' children for adoption as well as for recruiting foster homes for the children statewide, lists information about each of these children in its Adoption Manual and on its website.
- MARE is also the Rapid Response vendor for Adopt USKids in Massachusetts and for posting information on all legally freed children onto the Adopt USKids web site.
- DCF and MARE and their corporate partner (Jordan's Furniture) host the Heart Gallery at Jordan's Massachusetts stores in rotation. The Heart Gallery is a heartwarming pictorial and narrative display of children awaiting adoption.
- DCF hosts Adoption Coalition meetings with private adoption agencies in regions across the state to discuss issues related to recruitment for children awaiting adoption.
- The Department sponsors small and large adoption matching parties across the state. Prospective adoptive parents and children awaiting adoption along with their social workers are invited to these parties, which are themed events, during which fun activities are scheduled to allow for low stress social interactions between the children and families.

Adoption recruitment events, held annually include:

- Walk/Run for Adoption, MARE, (May 2015)
- Adoption/Foster Care Information Weekend, (June 2015)
- Summer Adoption Mixer, Assumption College, bi-annual event (August 2014)
- Adoption Option, (September 2015)
- National Adoption Day, (November 2015)
- Adoption Parties, across the state

In April and May, 2015, DCF provided Massachusetts Approach to Partnership in Parenting, Trainers of Trainers (MAPP TOT) training to staff to ensure area offices have an adequate number of staff trained and ready to provide training to foster and adoptive parent applicants. Referred to as a Rolling MAPP, MAPP groups can be organized to run on a continuous basis. This allows applicants to start training as soon as they have passed initial eligibility standards. Several offices are conducting MAPP groups in this format; other offices have opted to stay with a ten-week session held several times a year.

The Department maintains a full time Foster Care and Adoption Recruitment Unit that is part of the Foster Care, Adoption and Adolescent Services Division. DCF has two recruitment supervisor positions who assist the area offices with their recruitment plans and activities. These supervisors are responsible for coordinating statewide recruitment events, receiving calls through the 1-800 recruitment line; supervising the Foster Care Recruitment Ambassadors who are located at each of the 29 area offices. A third recruitment supervisor position is being added and will greatly enhance work with the local area offices.

Data used to support recruitment:

- DCF uses the Active Family Resources report (DSSRP225) to identify the race and ethnicity of foster/pre-adoptive parents. On a quarterly basis this information is compared to the Children in Placement report (DSSRP210) which includes the age, race, and ethnicity of children in placement. We continue to work with staff to increase the accuracy and completeness of this information. Central office staff use this data to

hold discussions with area office staff to prioritize area-specific needs for placement-matching purposes and tie these to local and statewide recruitment efforts.

- DCF creates maps using the addresses of foster homes and the home addresses of children in placement to graphically display the geographical areas of most significant need. Maps are created at statewide, region and area levels.

An intensive, targeted and sustained recruitment campaign is crucial to building awareness of the need for foster and adoptive parents while creating public value for the role foster and adoptive parents have in the life of a child. 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 enhance our local reach and respond in a customer friendly and professional manner. When fiscally able we conduct statewide media recruitment campaigns. Each time a campaign is released conventional as well as newer advertising methods are utilized to spread our messaging. Our plan is to continue the utilization of professionally developed advertising campaigns to ensure a consistent message is provided to the public.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.
>
> Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

Although rated an area of strength in the prior CFSRs, the Department of Children and Families (DCF) has taken numerous steps to further strengthen its work in recruiting and licensing pre-adoptive resources. DCF continues to foster a strong relationship with the Massachusetts Adoption Resource Exchange (MARE) and, through MARE, to access nationwide pre-adoptive resources though Adopt USKids.

Interstate Compact for the Placement of Children (ICPC)

In accordance with *Regulation* 110 CMR 7.502, the Compact Administrator for Massachusetts is the Deputy Commissioner for Field Operations; her/his designee (referred to as "Compact Administrator/designee"), the Interstate Compact Unit Director, is responsible for all day-to-day administrative responsibilities and duties of the ICPC Unit.

To aid in the in- and out-of-state placement of foster and adoptive children, the Massachusetts Interstate Compact staff are available to DCF and provider agency staff. They assist with issues related to the Interstate Compact policy and procedures, articles and regulations and with child specific situations. The Compact Staff are available to assist with all out-of-state ICPC requests. These requests are processed centrally and sent to the appropriate DCF area Office for home study and/or placement supervision.

As of January 2007, DCF began to assign all incoming ICPC requests for foster care and adoption home studies to contracted placement agencies. These agencies are expected to complete their studies and make a placement recommendation within the new federal time frame. These contracts are monitored by DCF contract managers. The Massachusetts ICPC Unit still monitors these requests and makes final placement decisions.

All ICPC referrals, whether Massachusetts is the Sending or Receiving state are entered into i-FamilyNet. Area office staff record ICPC requests for children in DCF care or custody and ICPC Unit staff record all private agency ICPC requests and all requests where Massachusetts is the receiving state. ICPC data is periodically queried by a DCF analyst and presented to the Director of the ICPC Unit for careful review and comparison with written documentation.

Tracking Timeliness of ICPC Referrals

For Calendar Year 2013: MA DCF ICPC unit had a total of 812 referrals.

Initial Report	Receiving	Sending	Grand Total
1 - Parent Home Study	73	116	189
2 - Relative Home Study	94	49	143
3 - Public Adoption Home Study	39	100	139
4 - Private Adoption Home Study		1	1
5 - Foster Home Study	110	229	339
5 - Foster Home Study - Private Agency	1		1
Grand Total	317	495	812

MA ICPC Calendar Year 2013: Days to Complete

Days to Complete	MA Receiving State	Completion Rate	MA Sending State	Completion Rate
0-30	23	**19.3%**	39	**26.5%**
31-60	24		92	
more than 60	139	57.0%	200	40.4%
(blank)	58	23.8%	164	33.1%
Grand Total	244		495	

NOTE: MA as receiving state excludes Parent Home Studies initial reports

For Calendar Year 2014: MA DCF ICPC unit had a total of 913 referrals.

Initial Report	Receiving	Sending	Grand Total
1 - Parent Home Study	65	179	244
2 - Relative Home Study	77	66	143
3 - Public Adoption Home Study	33	130	163
4 - Private Adoption Home Study	2	2	4
5 - Foster Home Study	99	259	358
5 - Foster Home Study - Private Agency		1	1
Grand Total	276	637	913

MA ICPC Calendar Year 2014: Days to Complete

Days to Complete	MA Receiving State	Completion Rate	MA Sending State	Completion Rate
0-30	31	**23.2%**	79	**26.4%**
31-60	18		89	
more than 60	127	60.2%	297	46.6%

(blank)	35	16.6%	172	27.0%
Grand Total	211		637	

NOTE: MA as receiving state excludes Parent Home Studies initial reports

Comparing CY2014 (23.2%) to CY2013 (19.3%), Massachusetts demonstrated a 20.2% improvement in timeliness of home studies completed in its role as a receiving state. Nonetheless, the data reveal that the majority of these home studies are being completed in greater than 60 days. In an effort to facilitate the completion of home studies, DCF contracts with private adoption agencies to complete home studies. Digging into potential root causes for delay has revealed the following:

- Resources not completing necessary paperwork in a timely manner.
- BRC delays related to the resource's inability to obtain timely FBI finger prints.
- MA ICPC Unit delays in forwarding home study requests to the appropriate Adoption Contract unit or to the local area office for processing.

These pinch points are being analyzed to identify actionable steps for maximizing efficiencies. Barriers which specifically affect the state's ability to ensure the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children include:

- IV-E ineligibility makes it difficult to provide medical coverage in another state.
- Children must be legally freed before an adoption home study can be requested.
- Most states do not license pre-adoptive homes. As such, the resource has to be licensed as a foster home prior to the request for an adoption home study.

Commonwealth of Massachusetts

Department of Children & Families

Update to the Plan for Improvement and Progress Made to Improve Outcomes

DCF APSR Progress Report

A number of high-profile child abuse and neglect cases impacted DCF operations, policies and practices during the past year. In response to policy and practice challenges identified through DCF's own internal investigation and engagement with an external review team from the Child Welfare League of America (CWLA), DCF aggressively worked on updates/revisions to its workplan and the goals and objectives outlined in its CFSP. Included is a draft of these revisions with more complete information anticipated to be available in the June 2016 APSR

In September, Governor Charlie Baker, child protection workers and Department of Children and Families (DCF) officials jointly announced system-wide reforms to Department policies and efforts to support frontline social workers and protect the Commonwealth's children.

Leading the effort is the Agency Improvement Leadership Team (AILT) comprised of DCF, Governor's Office, EHS staff and external consultants.

The Agency Improvement Leadership Team began meeting in September to quickly map out and aggressively implement an improvement plan for DCF. The end goal is system-wide reform that will strengthen the Department and provide front-line social workers clear and consistent guidance to perform their jobs.

The AILT meets twice a week at Central Office for two hours to discuss the progress of established work groups and set/adjust direction moving forward. Each work group holds 1-2 meetings per week. Workgroups have been organized around the following topics:

Management structure	Capacity
Human Resources	Policy
Metrics & reporting	IT/systems
Communications and engagement	Staff development and training

Both the Governor's office and the Executive Office of Health and Human Services Are partnering with DCF in this work and are generously supporting the agency with time, energy and talent from their own staffs. They join DCF staff in focusing on the eight critical areas outlined above. As noted, each has a dedicated work group with statewide representation.

These efforts have already yielded an updated intake policy and a new supervisor policy, which are being implemented, and the reestablishment of the Department's Central Region, with its own regional management and staff in January 2016.

The Agency Improvement Leadership Team (AILT) is currently in the second phase of its work, with the next round of key deliverables due on March 18, 2016. By this date the Department will have completed and negotiated two additional polices. This will include updating our Case Closing Policy and developing an In-Home Case Practice Policy. The new Family Assessment and Action Planning Policy will be adjusted to reflect the new Supervision and Intake policies as well.

Child Welfare League of America (CWLA) – Quality Improvement Review
DCF Implementation Status Update –January 2016

COMMUNICATION AND COMMUNITY ENGAGEMENT

Recommendations	Status/ Timeline	Comments
Revise policies, practice guidelines, website, and written materials to consistently communicate agency's primary responsibility to protect children. (CWLA)	FY15 Complete	New mission and vision statement created and posted. All policy revisions reiterate primary focus on safety first (Case Transfer, Background Record Check, Protective Intake, Supervision, Family Assessment and Action Planning)
Revamp and Reorganize DCF Website to provide current and comprehensive information to external stakeholder. (New)	FY16-17	
Revamp and Reorganize DCF Intranet to provide current and comprehensive information to DCF staff on current events, policies and procedures and promote internal communication. (New)	FY16	Pilot has been launched for select area offices and central office; statewide launch set for February 2016.
Reinstate DCF Newsletter to provide current and up-to-date information on progress on Department reforms and current initiatives. (New)	FY16	
Initiate Foster Care Campaign to increase the availability and retention of foster families. (New)	FY16	In development.
MA media outlets undertake public education campaign to raise awareness of each individual's responsibility to protect children from abuse and neglect and to uphold the rights of children. (CWLA)	TBD	
Increase community engagement in educating the public on unsafe sleep for infants. (CWLA)	FY15 & Ongoing	***Safe Sleep*** and ***Welcome Baby Campaigns*** launched in 2014. Work ongoing with medical comm. and others.
Increase active engagement of children, youth, families, leadership, and workforce in determining and responding to needs within communities. (CWLA)	FY15 & Ongoing	DCF has active Family, Youth and Provider advisory boards; and local Area Boards.

LEADERSHIP AND ORGANIZATIONAL CULTURE

Recommendations	Status/ Timeline	Comments
Maximize Staff and Work Place Safety (New)	FY16	New training curriculum and materials for social workers and managers on individual/organizational safety practices developed; training pending.
Strengthen clarity of Practice Model, address related dissent among managers and staff, and reduce inconsistencies in implementation. (CWLA)	FY16-17	Redraft and re-launch Practice Model with process to start with management engagement and cascade to other staff and community.
Establish consistent expectations and protocols for management and clinical case reviews including when they are initiated, who attends, how they are conducted, and how information is synthesized, documented and shared to inform case direction/decision-making and system improvement. (New)	FY16-17	Included in Protective Intake and Supervision policies (finalized); to be included in Family Assessment and Action Planning and In-home Casework Policy.
Develop a plan to ensure that staff at each level of leadership has the necessary competencies. (CWLA)	FY17	Skills and competencies for DCF staff being developed through Case Practice Model work (see below).
Cultivate a positive culture and climate in which accountability, communication, responsiveness, and commitment to improvement are valued and rewarded. (CWLA)	FY16-17	

Child Welfare League of America (CWLA) – Quality Improvement Review
DCF Implementation Status Update –January 2016

POLICY AND PRACTICE

Recommendations	Status/ Timeline	Comments
Visits and Contacts with Children and Families		
Develop visit protocols to assist SWs with quality contacts and engagement in home visits. (CWLA)	FY15 Complete	Developed and issued to all staff: ***A Field Guide for Social Workers: Quality Visits and Contacts with Families.***
Implement statewide mandatory mechanism for real-time data entry for visits to children, families, and foster/adoptive/kinship homes; Enforce expectation on documentation of visits/contacts w/in 30 days after contact. (CWLA)	FY15-17	i-pads now issued as standard to all field staff to enable real-time data entry. New dashboard available to staff on status of visits/children needing to be seen. Timeline on data entry included in revisions to ***In-Home Casework Policy***.
Transfer of Cases		
Revise Case Transfer Policy to require face-to-face meetings among staff for case transfers. (CWLA)	FY15 Complete	New Policy in effect as of 3/2015.
Background Checks		
Develop, revise and promulgate regulations to ensure foster/adoptive parent applicants and kinship resources are appropriately assessed. (CWLA)	FY15 Complete	Implemented through revised policy and procedures.
Revise regulations to create approval processes, rather than waiver or variance, for kinship and foster/adoptive caregivers (CWLA)	FY15 Complete	Implemented through revised policy and procedures.
Review all child placements in homes approved through background check waiver, to identify those for heightened case monitoring, home visitation, supervision, or case oversight. (CWLA)	FY15 & Ongoing	Intense one time review of all waivers conducted in FY2015; protocols for enhanced oversight to be developed.
Revise regulations & standards to require results of background check with conviction of certain felonies to exclude eligibility as a foster/adoptive parent, or kinship provider; Require outside screening for certain offenses. (CWLA)	FY15 Complete	Implemented through revised policy and procedures.
Ensure compliance with current policy relative to retaining all records of any criminal background checks for applicants for foster care, adoption, or kinship care. (CWLA)	FY15 Complete	
Executive branch and legislature consider ramifications of changes to background checks on foster and kinship resources. (CWLA)	FY15 Complete	Discussed as part of implementation of policy and procedural changes.
Regulations and standards updated to identify qualities and characteristics needed and the minimum requirements that must be evident in the home—align with standards developed by ABA, NARA, GU and Annie E. Casey Foundation; limit waivers to non-safety standard. (CWLA)	FY17	New standards to be reviewed; priority for new Assistant Commissioner for Adoption and Foster Care (to be hired).
Missing Children and Runaways		
Require digital photo of each child who enters the care and custody; updated every 6 months. (CWLA)	FY15 Complete	Required for children at case transfer; planned requirement for all children in DCF care or custody starting 6/2016.
Revise runaway and missing child procedures to include age appropriate variables, procedures for search, procedures for notification of law enforcement, and for initiating Amber Alert protocols. Develop assessment on vulnerabilities that place a child at heightened risk for running away. (CWLA)	FY16-17	***Policy on Responding to Children Missing from DCF Care and Custody***, finalized and negotiated; implementation pending.

Initiate Business Process Redesign to merge "siloed" programs and resources dedicated to preventing, locating and returning runaway and children missing from DCF Care and Custody. (New)	FY16-17	Bringing together Runaway Assistance Program from EOHHS with DCF resources and programs.
Case Practice Model		
Practice Model refined to clearly reflect rights of children and priority on child safety; Define the practice model by clarifying the desired elements: Practice Principles and skills and competencies that reflect the agency's mission/vision, and alignment with DCF policy requirements. (CWLA)	FY15-17	Practice Model Steering Committee convened in 2014; revision to materials/definitions underway.
Involve DCF staff from every level of the organization, including representatives from SEIU Local 509 and parents, in redefining and rebuilding the case practice model. (FY15)	FY15 Complete	SEIU and parent representatives on Steering Committee.
Consolidate and clarify multiple/conflicting directives and guidance documents related to provide clear direction and expectation for screening and responding to reports of abuse and neglect (e.g., Protective Intake policy). (New)	FY16	Addressed in new Protective Intake Policy (to go into effect 2.28.16)
Ensure practice model guides and supports all child protective and preventive work in by all parties: DCF, lead agencies, community-based providers; Revise training modules for the ICPM. (CWLA)	FY16-17	Once model revisions are finalized training curriculum will be revised and deployed.
Revise DCF Policies to align with Practice Model values, principles and skills (e.g., Family Assessment and Action Planning, Case Closing, etc.). (New)	FY16-18	All newly revised policies include principles and values aligned with Case Practice Model.
In-Home Safety		
Develop protocols for evaluating risks to children living at home, including risks from household members who are not the child's parents. SDM too to be used consistently. (CWLA)	FY16	Being included in ***In-Home Casework Policy*** to be finalized by 3.18.2016.
Child Care/Early Education		
With EEC, revise standard on discontinuing child care due to excessive absences. (CWLA)	FY15 Complete	Implemented through procedural change to ensure continuity of care.

QUALITY IMPROVEMENT

Recommendations	**Status/ Timeline**	**Comments**
Develop a plan for establishing a robust quality improvement system using Council on Accreditation's (COA) public agency standards for Performance and Quality Improvement (PQI). (CWLA)	FY16	CQI system being developed to comply with the federal CQI standards and modeled after PQI --- 5 CQI Specialist positions hired
Initiate discussions with MA institution(s) of higher learning to partner with them to evaluate the Practice Model. (CWLA)	FY17	
Explore data management and display tools to make management data visible, transparent and easy to use by DCF managers and other stakeholders. (New)	FY16	Discussion underway to understand potential of "Results Oriented Management" (ROM) out of University of Kansas.
Implement mechanisms for soliciting and considering feedback from children, youth, families, partners, collaborators, etc. on a regular basis. (CWLA)	FY15-18	Parent/Guardian Satisfaction survey completed 2x – plan to continue on a rolling basis. Process in place within Caring Together.
Establish outcome measures that are clearly articulated, measurable and regularly published. (CWLA)	FY16-18	Dashboard of key measures in development for internal and external publication as of January 2016; Program

		Improvement Plan (PIP) due in Spring of 2016 as result of CFSR review in fall of 2015.
Make QI process transparent to youth, families, providers and the public. (CWLA)	FY16	Dashboard of key measures in development for internal and external publication as of January 2016.

HEALTH AND MEDICAL SERVICES

Recommendations	Status/ Timeline	Comments
Hire Pediatric Nurse Practitioner (PNP) in each Area Office and a Medical Director. Area Office PNP responsible for reviewing, within 24-hours, significant medical information for the child. PNPs should rotate responsibility for coverage on weekends and holidays. (CWLA)	FY16	Medical Director (MD) hired as of 1.1.2016. Hiring underway for 1 RN per region (5), 1 Medical Social Worker per each Area Office (29) and a consulting Psychiatrist.
Establish protocols for Social Workers and other DCF staff on when/how to seek medical consultations on DCF cases. (New)	FY16	Included in Supervision Policy.
Conduct statewide training for DCF staff (social workers and supervisors) on Healthy Child Development and signs of medical neglect. (New)	FY16	
Establish an "expert panel" to provide support and consultation to DCF staff and medical personnel in difficult cases. (CWLA)	FY16	Priority task for Medical Director.
SW worker of record at the time the child enters the care of DCF should have direct contact with the PNP to report what is known about the child's current status. (CWLA)	FY16-17	To be included in role of Medical Social Workers.
Establish a triage protocol for determining the urgency of screening and comprehensive exams/well-child visits and ensuring visits. (CWLA)	FY16-17	Priority Task for Medical Director; recommendations developed by working group.
Undertake statewide effort to educate staff and doctors at hospitals, medical offices, and community health centers to assure that requested information is made available quickly and efficiently. (CWLA)	FY16-18	Priority Task for Medical Director.

WORKFORCE AND PROFESSIONAL DEVELOPMENT

Recommendations	Status/ Timeline	Comments
Licensure and Training		
Legislature amend M.G.L. c. 112, § 131 and 134 to eliminate DCF staff's exemption from social work licensing requirements. All clinical staff licensed in social work or in a related field. (CWLA)	FY15 & Ongoing	Chapter 165 of Acts of 2014 required all DCF social workers to be licensed within 9 months of hire; As of 1/1/2016 more than 90% licensed; new support for license preparation available for new and current social workers.
MA legislature amend M.G.L. c. 112, § 131 and 134 to eliminate DCF staff's exemption from continuing education and professional licensing requirements. All clinical staff required to meet continuing education standards. (CWLA)	FY15 & Ongoing	Chapter 165 of Acts of 2014 required all DCF social workers to attend 30 hours of training/year; Child Welfare Institute increased availability of in-service trainings to support attainment of new training requirements; tracking of training hours set up through PACE.
Establish standards for training and continuing education for all staff that are	FY15 Complete	New requirements exceed this standard.

consistent with social work licensing requirements. (CWLA)		
Increase opportunities for staff to participate in cross-training with sister agencies, community providers, and collaborative organizations. (CWLA)	FY15 & Ongoing	
Professional development plans for each DCF employee as part of an annual performance evaluation. (CWLA)	FY15 & Ongoing	Existing annual performance evaluation processes include professional development goals.
Trauma-informed Approaches & Secondary Trauma		
All staff to have competency-based training in trauma-informed approaches. (CWLA)	FY15-17	DCF in year 5 of 5 year federal grant – training staff and DCF foster parents on trauma-informed care for DCF involved children and families.
Each Area Office to establish a secondary trauma support team. (CWLA)	FY15-17	Area Offices have or establishing Trauma Informed Leadership Teams, Wellness Committees and/or Staff Safety Committees
DCF staff, placement resources, judges, court personnel, and CASA to receive training in trauma-informed services. (CWLA)	FY15-18	(see Trauma Grant above); Will require work with others to reach external parties.
Develop protocol for all contracted providers for trauma-informed engagement. (CWLA)	FY15 & Ongoing	With DMH implemented contract standards on trauma-informed care and in 6th year of initiative on reducing use of cohesive behavior management techniques.
Supervision		
Each DCF employee has regularly scheduled supervision -- establish and enforce baseline expectations for the provision of scheduled, dedicated time for supervision for each individual. (CWLA)	FY15 & Ongoing	New Supervision Policy finalized as of 11.17.2015; implementation of requirements scheduled for Spring 2016.
Ensure Supervisors and Managers have supervisory training, current performance evaluation, and demonstrate the competencies required for their respective positions. (CWLA)	FY16-18	Planned as part of training curriculum on Supervision Policy implementation.

STAFFING, CASELOADS AND OTHER RESOURCES NEEDED

Recommendations	Status/ Timeline	Comments
Area Office Staffing • Area Director and ACM for each Area Office (CWLA) • APMs to support a ratio of 1:4 (CWLA) • Sufficient social worker and supervisory personnel to comply CWLA Caseload recommendations (CWLA) • Medical Social Worker in each Area Office (CWLA) • Administrative support for Area Offices (New)	FY16-17	All management positions, medical social worker and administrative support positions hires are in process.
Regional Office Staffing • 5.0 FTEs for CQI (CWLA) • Restoration of 6 regions and 6 regional offices (CWLA) • Backfill Boston RN, additional RN for each Region (CWLA) • Additional Clinical specialist in DV, SA and MH for each Region (CWLA)	FY16	CQI hires complete. DCF has restored 5 regions. Boston RN to be hired. Additional DV staff have been authorized.

Child Welfare League of America (CWLA) – Quality Improvement Review
DCF Implementation Status Update –January 2016

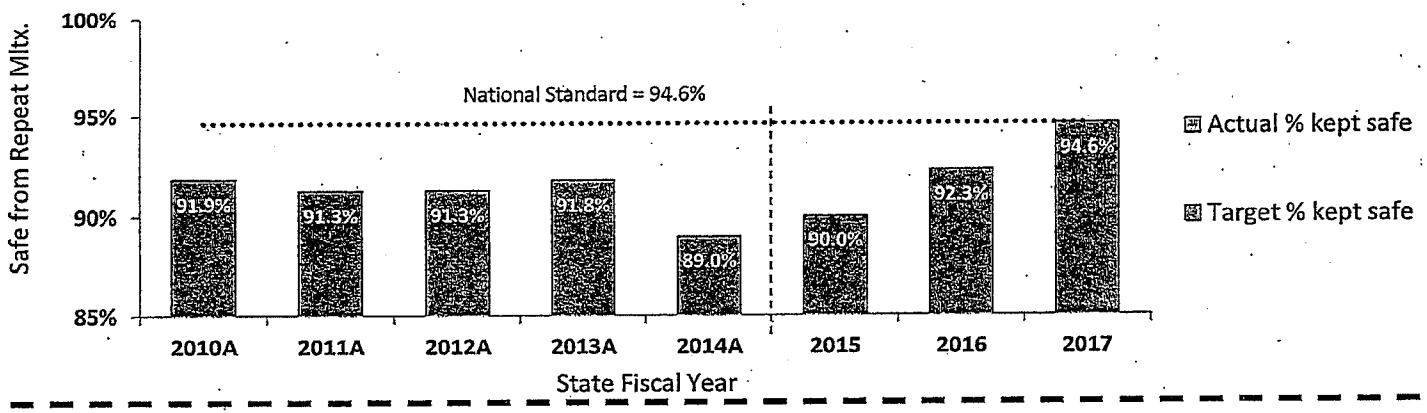
Central Office Staffing • 2.0 FTE Policy Staff • 2.0 FTE for MCWI • Backfill key CO leadership positions in Foster Care, Programs and Planning, Hotline, Family and Community Engagement (Family Resource Centers) and Field Support. • Additional ERIP Backfills in key positions: Finance, Training, Family Resource Centers, Education, Foster Care Review, Ombudsman's Office, Hotline • Director of Continuous Quality Improvement (New)	FY15 FY16	1.0 Policy staff hired. MCWI staff hired Key leadership hires in process. ERIP backfills in process.
Fair Hearings • 2.0 FTE Fair Hearing Officers • 1.0 FTE Fair Hearing Supervisor • 9.0 Paralegals (including 5 dedicated to reducing Fair Hearing Backlog •	FY16	A number of new Fair Hearing staff have been hired; remaining are in process.
Assess fiscal and staffing needs within the MA Child Welfare Institute to support full implementation of/compliance with new laws on social worker licensing and ongoing training (30 hours/year). (New)	FY16	
DCF, DPH, lawmakers, substance abuse programs, and others to work together to increase funding for substance abuse programs, especially for parents and expectant parents. (CWLA)	FY16-17	Training and outreach efforts underway in alignment with recommendations of Governor's Opioid Working Group
Enhance foster care recruitment and support safety for DCF involved children living at home by increasing funding for Supportive Child Care Program. (New)	FY16-17	1500 children on child care waiting list; 600 new vouchers to be issued, in collaboration with EEC to be provided by end of FY16; additional planned for FY17.

Child Protection

Vision: Children will remain free from abuse and neglect

Goal: Increase % of Children Kept Safe from Repeat Maltreatment to 94.6% by 2017

Rationale: Measure tracks the percent of child victims of abuse/neglect who are kept safe from subsequent acts of abuse/neglect for six months. Current performance against goal is 87.1%



Change action:

- Hire more Social Workers and enhance DCF policy and practice in areas related to screening and closing cases
- Ensure full staff compliance with the Department's risk assessment tools
- Develop/strengthen Continuous Quality Improvement (CQI) programs at all management levels
- Increase number of staff specialists on issues of domestic violence, mental health and substance abuse
- Promote greater usage of Family Resource Centers

Performance indicators:

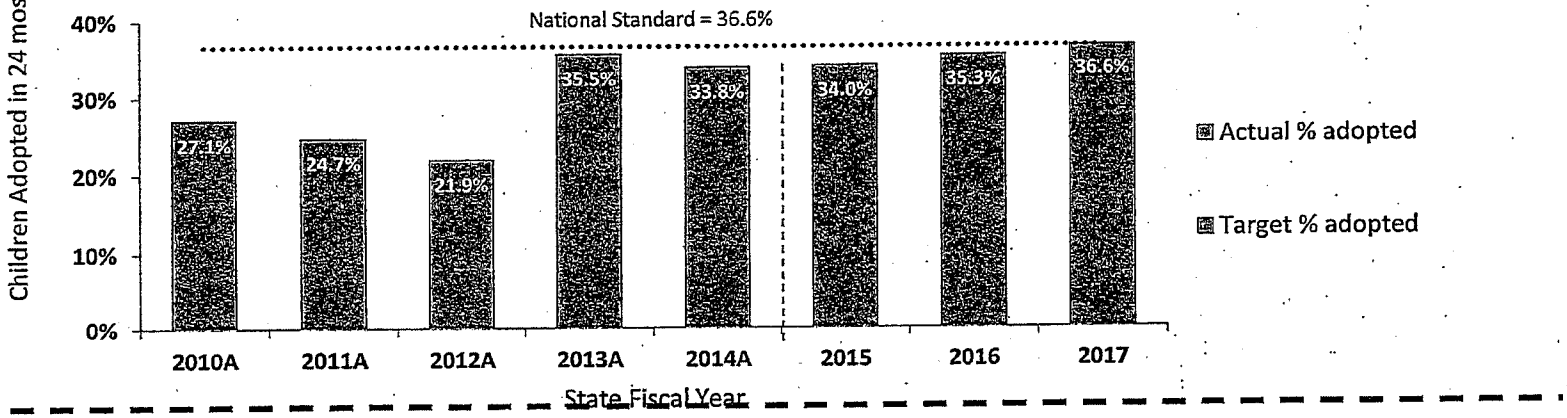
- Number of children with repeat maltreatment
- Percent of compliance with the Department's risk assessment tools
- Number of Social Workers with caseload ratios of no more than 15 families, 28 children (10 in placement)
- Family Resource Centers usage data in relation to identified capacity

Adoption and Guardianship

Vision: Children will experience stable living situations and lifelong connections

Goal: Increase % of Children Adopted Within 24 Months to 36.6% by 2017

Rationale: When reunification with a child's biological family is not an option, achieving permanency through adoption can be a child's best hope for ensuring a caring, stable family that will support and nurture them. Current performance against goal is 22.1%



Change action:

- Hire additional adoption specialists and recruiters
- Work with Courts to improve timeliness of termination of parental rights (TPR) and institute review of TPR process
- Mandate that adoption workers attend permanency planning conferences
- Launch new recruitment efforts to identify adoptive families
- Improve timeliness of family assessments
- Identify and support more kinship placements/adoptions
- Increase pre-finalization and post-adoption services

Performance indicators:

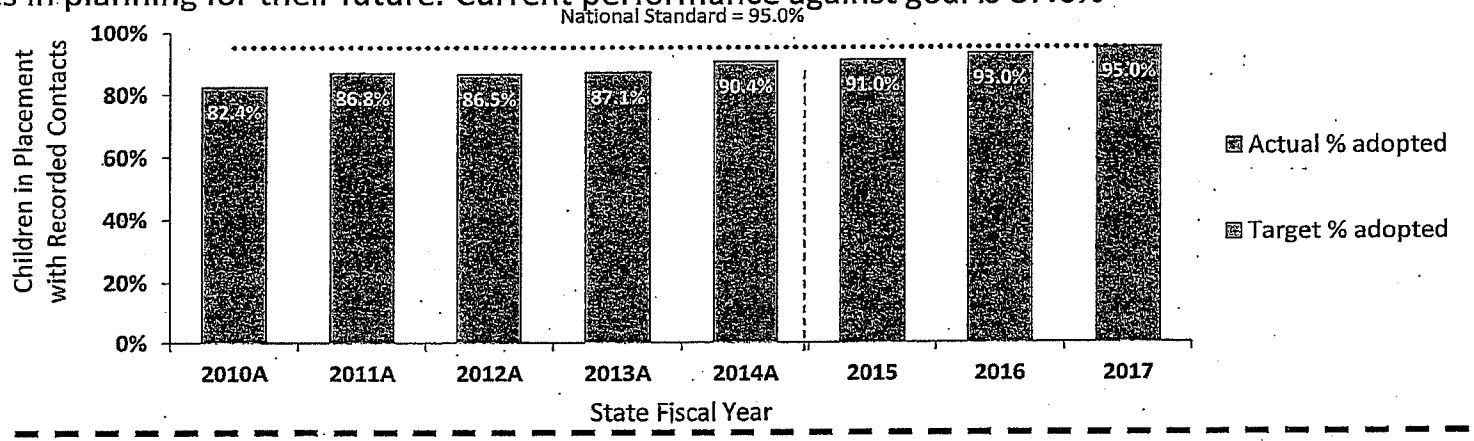
- Number of children adopted within 24 months
- Number of pre-adoptive homes identified
- Percent increase in adoption applications that become licensed
- Number of child-family matches
- Percent of cases where TPR review has deemed timeframe not clinically appropriate for child

Child Protection and Community-Based In-Home Supports

Vision: All children have the right to grow up in a nurturing home, free from abuse and neglect

Goal: Increase (and maintain) % of Children in Placement with Recorded Contacts to 95.0% by 2017

Rationale: Research shows that Social Workers who engage in frequent, quality visits are better positioned to assess danger and risk. Meaningful engagement with children/youth and parents enables the Department to help families in planning for their future. Current performance against goal is 87.6%



Change action:

- Hire more social workers and enhance DCF policy and practice in areas related to screening and closing cases
- Continue to strengthen mobile technology and training to transform practice, expanding functions and efficiency
- Promote greater usage by field staff of new consumer contact dashboard and Home Visit Guide
- Distribute timely and detailed visitation reports to field management to help field staff achieve contact goals

Performance indicators:

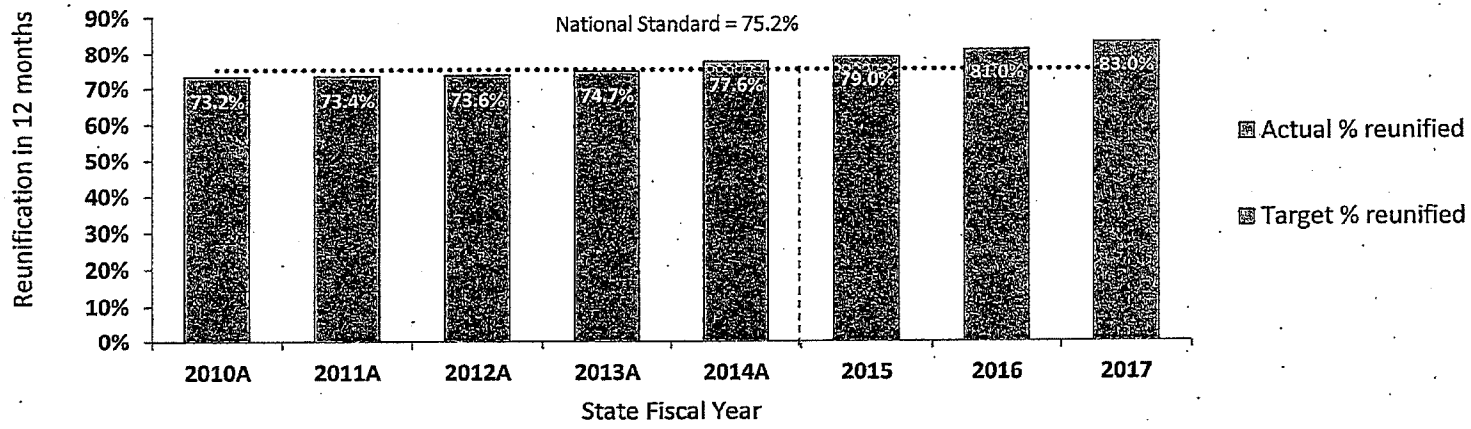
- Percent of increase in number of recorded contacts with children in iFamilyNet database
- Number of Social Workers with caseload ratios of no more than 15 families, 28 children (10 in placement)
- Percent of field staff taking advantage of mobile technology to improve work efficiency

Community-Based, In-Home Supports

Vision: Children will experience stable living situations and lifelong connections

Goal: Increase % of Children Reunified with their Families within 12 mos. to 83% by 2017

Rationale: The Department makes every reasonable effort to encourage and assist families to use all available resources to maintain the family unit intact. When providing quality temporary alternative care is necessary, to safely reunify families is always our first goal. Current performance against goal is 78.3%



Change action:

- Increase number of staff specialists on issues of domestic violence, mental health and substance abuse
- Promote greater usage of Family Resource Centers and other community-based supports
- Develop and strengthen service plans more in partnership with families
- Increase use of family liaisons to help build better relationships with the families we serve

Performance indicators:

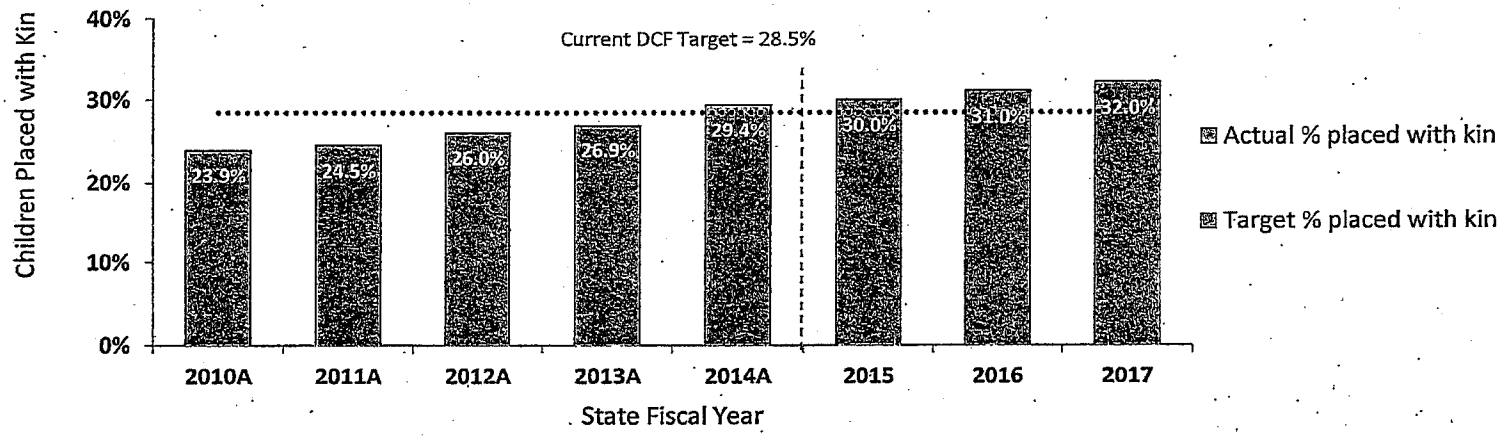
- Number of children reunified with their families within 12 months of placement
- Median number of months to reunification
- Number of children who re-enter placement within 12 months of reunification

Out of Home Care

Vision: Children will experience stable living situations and lifelong connections

Goal: Increase % of Children Placed with Kin to 32% by 2017

Rationale: Kinship care is the full time nurturing and protection of children by relatives or those adults to whom a child and the child's parents/family members ascribe a "family" relationship and is proven to provide better outcomes for children who come into foster care. Current performance against goal is 30.6%



Change action:

- Identify and support more kinship placements/adoptions
- Increase number and improve training for adoption specialists and recruiters; and family resource workers
- Adjust standards for family/home assessments with kin to facilitate more kinship placements

Performance indicators:

- Number of children in out-of-home care placed with kin
- Number of children in departmental foster care placed with kin
- Percent of cases open with the Department with kinship resources/supports identified

Commonwealth of Massachusetts

Department of Children & Families

Population at Greatest Risk of Maltreatment

Population at Greatest Risk of Maltreatment

Describe any changes to the populations outlined in the June 30, 2014 report at greatest risk of maltreatment and any changes to services that will be targeted to this population. Describe the activities the state has undertaken since June 30, 2014 to target services to these populations.

In January 2014, then Commissioner Roche issued a practice directive related to screening and responding to reports involving young children with a number of serious risk factors. This directive was issued in response to data nationally, and here in Massachusetts, that show a clear link between specific risk factors and an increased likelihood of a child fatality or near fatality. **The purpose of that directive was to ensure that *all* DCF staff were 1) aware of the these risk factors and their link to child deaths; 2) consistently identified and responded to their presence – at every phase of our work with a family; and 3) effectively target our interventions to the increased risk for these young children.**
The risk factors that research links to an increased likelihood of child fatality or near fatality for children birth through five years of age include:

- **Young or inexperienced parent(s);**
- **Presence of parental substance abuse, including during pregnancy, mental health problems and/or domestic violence;**
- **Prior reports of abuse or neglect/history with the Department for this family or any family member;**
- **Parent/caregiver with a history as a child with the child welfare system; and/or**
- **Presence of an unrelated adult in the household without a biological or emotional connection to the child(ren).**

Research also indicates that more children in this age group die from neglect than any other form of maltreatment. In Massachusetts, we have also seen a number of child fatalities and near fatalities in families where a parent has recently been on active military duty.
While the directive issued provided best practice guidance in screening and responding to reports involving young children and high risk factors, revision are being made to the following policies to specifically incorporate clinical thinking and policy requirements related to these vulnerable populations:

- ***Protective Intake Policy***
- ***Family Assessment and Action Planning Policy,*** and
- ***Case Closing Policy***

In response to the Opioid Crisis, DCF has also begun specifically tracking allegations related to opioid use.

Commonwealth of Massachusetts

Department of Children & Families

Services for Children Under the Age of 5

Services for Children Under the Age of Five: Describe the activities the state has undertaken since June 30, 2014 to reduce the length of time that young children under age five are in foster care without a permanent family. Describe the activities undertaken to provide developmentally appropriate services to this population. Provide the results of the activities and any updates to the previously submitted plan.

2014 was the last year of DCF's five year Race to the Top- Early Learning Challenge Grant. Some of the highlights of accomplishments to support permanency and wellbeing for young children and their families include:

- Developed the curriculum for and facilitated the Early Childhood training (which has a primary focus on early childhood education, brain development, school readiness and success, and trauma informed care) at the quarterly "Foundations of Health and Wellbeing in Child Welfare" - an in-service training for new DCF Social Workers; over 50 staff in attendance per training.
- Developed the curriculum for and facilitated the monthly 2-hour training on Child Development, Toxic Stress, Early Education and Supportive Child Care for new DCF Social Workers as a component of the Pre-Service/New Social Worker Professional Development Training; over 25 new social workers were in attendance per training.
- Offered trainings (in person and via webinars) to all 29 DCF Area Offices on the Supportive Child Care (SCC) Data Management Tool –The SCC data tool had been created in 2014 to manage the utilization of SCC for over 7000 children at the 29 DCF Area Offices. This tool will capture each Area Office's waitlist, referrals and enrollments to supportive providers as well as the demographical information for each child referred. Created the SCC Tool Guide (with screenshots and a set of Frequently Asked Questions) and additionally created a two page "SCC Tool Cheat Sheet" that has quick tips on using the SCC Tool.
- Creating and distributing additional 2000 Welcome Baby Bags for families with children from birth – six months statewide which included items for the health and safety of the child and family. (for e.g. information about safe sleep, swaddles for the child etc.) The first round of 2000 Welcome Baby Bags were distributed statewide in 2014.
- Statewide DCF policy revisions have been made to include children birth to five – such as the Education Policy (2014), Intake and Supervision Policies (2015).
- Early Childhood Policy Analyst was responsible for designing, uploading and managing all content pertaining to the Policy and Practice Innovations unit, including the Child Development, Early Education and Care page of the DCF Intranet.
- Early Childhood Program Coordinator was selected and began participation as a 2015 - 2016 fellow at the Rennie Center for Education Research & Policy.

Commonwealth of Massachusetts

Department of Children & Families

Program Support

Program Support

Training

The Department's staff development and training plan in support of its goals and objectives is outlined in detail in the Child Welfare Institute Training Plan section of the APSR. The primary goal of the Massachusetts Child Welfare Institute (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. The Massachusetts Child Welfare Institute (MCWI) is the professional development and training division of the Department of Children and Families. The purpose of the MCWI is to improve child welfare practice in the Commonwealth. Through a focus on three interdependent responsibilities, the MCWI promotes a shared understanding of and agreement about the Department's core practice values, commitments and priorities; teaches the knowledge, skills, and tools of facilitative child welfare practice, which makes it more feasible for social workers to help families keep their children safe; and, supports the continuous learning of social workers, supervisors, and managers as they lead agency initiatives and practice innovations.

The MCWI is focused on a vision of providing high quality, evidence-informed, and relevant training programs that are helpful to the approximately 3,400 DCF social workers, supervisors, and managers across the Commonwealth in their efforts to insure the safety, permanence, and well-being of children and families. The MCWI has a budget of 2.5 million dollars for fiscal year 2016. This represents a significant increase in funding dedicated to professional development and learning programs for DCF staff over prior fiscal years. The MCWI consists of 8 full-time staff members focused on training and professional development programs (Associate Director, 4 Professional Development Managers, 1 Program Coordinators, 1 Administrative Assistant, and a Coordinator of Fellowship Programs) and a number of part-time contracted training specialists. The MCWI also employs a part-time librarian to manage the DCF child welfare library. MCWI training managers oversee the design, development and implementation of agency training programs, coordinate the work of external trainers, conduct a considerable amount of classroom training, and act as Practice Coaches in the field.

Framed by the major themes of the DCF Strategic Plan which are most connected to innovations in training and professional development; the MCWI has advanced and implemented a series of highly regarded programs. With a considered strategy to promote continuous learning and professional identity for child welfare social workers, supervisors and managers at DCF, the MCWI promotes organizational effectiveness by building on our many strengths of training, For details regarding DCF training in 2016, please refer to the Training Plan section of the APSR.

Technical Assistance

In past years, DCF has taken advantage of substantial technical assistance opportunities provided through the federal National Resource Centers as well as T.A. provided by national and local organizations. As part of DCF's continued commitment to assessing the impact of our work and to the inclusion of the family perspective in the Department's work, DCF and Casey Family Programs partnered to develop a multi-year process for gathering and incorporating DCF parent and family feedback into DCF policy and practice. This work will continue through FFY16.

Community Connections Coalitions, funded with Promoting Safe and Stable Families funds, continued to expand the significant base they established at the community level and to act as a bridge between the Department and the community. Coalitions have partnered in the establishment of 11 Family Resource Centers (FRCs) across the Commonwealth. Our technical assistance, training and evaluation partnership with the Massachusetts Children's Trust Fund – the state's Community-Based Child Abuse Partnership (CBCAP) grantee – has allowed these FRCs to act as incubators for eventual statewide expansion. Because they are built on existing Community Connection coalitions, FRCs enhance DCF's partnerships with the community and aim to increase the Department's capacity to provide a flexible mix of family support services at the local level. This benefits not only the Community-connected practice of DCF but also serves as a catalyst for the development of a more broadly defined community-based continuum of care which focuses on the well-being and the promotion of a shared responsibility for at-risk children between DCF and the community.

DCF have participated in, and will continue to attend, technical assistance meetings facilitated by the New England Association of Child Welfare Commissioner and Directors on CQI/IT issues. Given the reliance on CQI for Round 3 of the Child and Family Service Reviews (CFSR), state agency staff have appreciated the opportunity to discuss their state models, strategies for success and challenges with their colleagues from across New England.

As needed, DCF will request federal technical assistance during FFY 2016 through the Children's Bureaus following the development of its Program Improvement Plan, resulting from the recent Child and Family Services Review.

Research, Evaluation and Q.A. Systems

DCF is involved in two discretionary grant programs**,** each with its own evaluation component. DCF was selected to receive a grant from the Administration for Children and Families, Children's Bureau, to build capacity to provide trauma-informed casework practices and trauma-specific evidence based treatments (EBT). DCF has partnered with LUK, Inc., Justice Resource Institute Trauma Center, Boston medical Center's Child Witness to Violence Program and UMass Medical Center to provide basic and advanced training for DCF staff and to provide training to selected mental health providers. The Director of Evaluation for this grant chairs an Evaluation Committee and reports to the grant steering committee. This evaluation committee consists of consumers as well as stakeholders from DCF and provider agencies who assist with the evaluation planning, interpretation of results and recommendations for project improvement. The evaluation design includes a randomized control trail of the Breakthrough Series Model for implementing practice change and a quasi-experimental study of the effectiveness with or without the availability of evidence-based trauma treatments.

The Department is also a member of a team that successfully competed for federal funds to support development of statewide partnerships aim at alleviating child welfare trafficking. The Massachusetts team received confirmation that it was awarded one of the four grants nationwide. The grant proposed an action research model for evaluating the success of the project. Dr. Amy Farrell, Associate Professor of Criminology and Criminal Justice at Northeastern University, leads the evaluation and works with the grant leadership team and advisory board to assess the success of the proposed program objectives. Dr. Farrell will access administrative data to quantitatively assess the impact of grant activities. She will also collect qualitative data through observations and interviews to assess the successes and challenges of the program model. An annual evaluation report will be prepared for the project's advisory board.

Massachusetts Department of Children and Families (DCF) is one of 26 agencies nationwide that have received Title IV-E waiver project approval from the Administration for Children and Families (ACF) Children's Bureau since 2012. Under the waiver, child welfare agencies are allowed to use Title IV-E funds more flexibly than traditionally permitted to offer innovative services to build on family-driven, child and youth focused care and community involvement. The waiver opens a window of opportunity for comprehensive child welfare finance and program reform based on outcomes of these waiver projects across the nation.

The Commonwealth implemented Caring Together as its five-year waiver demonstration project on January 1, 2014. DCF submits periodic progress reports to ACF throughout the life of the waiver. DMA Health Strategies, an independent evaluator contracted by DCF, is conducting a comprehensive evaluation of the demonstration project. **Evaluation in Process:** DMA has conducted focus groups and surveys with DCF staff, providers, and families to evaluate the implementation process for Caring Together.

The evaluation aims to assess:

- outcomes achieved in youth and family safety, permanency, and well-being;
- quality of services and satisfaction among youth and families;
- fidelity to Caring Together principles; and
- service utilization and fiscal impact.

Detailed in the Safety Outcomes section of this document, as a correlate to its foster care review system which assesses the safety and quality of care provided to children and youth in out-of-home care, DCF contracted with CSF conducted two-hundred (200) safety and risk-related case reviews on children and families in the DCF in-home population. These case reviews provided insight into safety and risk-related practice issues which may be present in DCF's work with children and families. Because the Department is able to supplement its review of outcomes and certain performance indicators through aggregate data reports, this review was designed to explore the "practice behind the numbers" in order to provide insight into which practices are working well and which warrant attention for improvement.

The Department worked with CSF to develop a case review instrument that systematically guided these in-home safety and risk-related case reviews. Review instrument development was informed by findings relating to child safety and risk from prior case reviews conducted by CSF on behalf of the Department. These findings sort into the following thematic categories:

- A need for improved use of the Safety and Risk Assessment Tool, including identification of parental protective capacities;
- A need for attention to caseworker visits with children and parents;
- A need for improved engagement of family members;
- A need for timely initiation of CPS responses and face-to-face contacts with children involved in screened-in reports of alleged maltreatment; and
- A need to identify and consider underlying issues within families contributing to maltreatment of children.

The Department's Safety and Risk-Related Review Instrument probes the quality of safety and risk-related activities in each case reviewed for each of the thematic categories identified above. Safety and risk-related reviews were conducted in ten (10) area offices on two-hundred (200) randomly selected in-home cases. While interviews with social workers and case members were not included in this focused review, managers in the ten (10) area offices were given an opportunity to complete an online survey

assessing area office strengths and areas needing improvement relative to safety and risk. The Department's leadership team reviewed the report and incorporated findings into its performance management and accountability system.

In its CQI strategic planning, the Department assessed the benefits of building internal capacity for conducting case reviews; in lieu of, or in combination with contracted case reviewers. The recently established DCF CQI Unit was the end product of that planning. The Department anticipates the development of a comprehensive case review instrument in state fiscal year 2016. Interviews will be incorporated into the agency's case record review system.

Commonwealth of Massachusetts

Department of Children & Families

Consultation and Coordination Between States and Tribes

INDIAN CHILD WELFARE ACT
Annual Report
Commonwealth of Massachusetts
2015

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.

Overview of ICWA for SFY'15

As of April 2, 2015 MA Department of Children and Families (DCF) served 106,856 open consumers. Those with Native American/Alaskan Native heritage numbered 828 which is less than 1% of the total open consumer population.

Families usually self-identify their race and ethnicity during the initial or comprehensive assessment phase of a family's work with the Department. This is usually the stage in the case when the DCF social worker will become aware of a family's ancestry. When custody is awarded to DCF of a child with Native American/Alaskan Native heritage, the social worker is required to notify the MA ICWA Coordinator. Over the past several years, DCF has encouraged staff to ask families about their Native American/Alaskan Native heritage as soon as DCF becomes involved, rather than at the time of seeking custody. The various trainings provided to DCF encourage staff to ask the question about family ancestry throughout the life of the family case since; extended family members may embark on a history of the family tree after the initial question was asked or, the family may feel more comfortable talking about their heritage as their relationship with their social worker deepens.

Notices to federally recognized tribes across the United States are sent by the ICWA Coordinator. The notices are sent prior to or whenever DCF gains legal custody of a child whose family informs DCF of their Native American/Alaskan Native status. Copies of all responses from the tribes are forwarded to the DCF social worker, DCF attorney and to the Regional ICWA Liaison. These notices and subsequent responses are filed in the legal section of the family case record. The tribal affiliation for each consumer is documented in the demographic screen in the electronic record.

Coordination and collaboration with MA Tribes

<u>Wampanoag Tribe of Gay Head (Aquinnah) – WTGH(A)</u>

The Tribal contact is Bonnie Chalifoux, Human Services Director. Collaboration during this past year focused on trainings for court personnel (through the Court Improvement Project – CIP). These trainings included the courts of Worcester and Boston. In addition to the planning meetings and trainings through the CIP, meetings with the DCF Liaisons and WTGH(A) took place in May and October 2014. These meetings reviewed our goals for the year and recommendations for next steps that will lead to greater compliance with the ICW Act and each 5-year plan.

The WTGH(A) terminated its Intergovernmental Agreement (IA) with Massachusetts effective 2/5/13. DCF has communicated to the Tribe its continued desire to begin the IA process.

DCF and Ms. Chalifoux discussed future collaboration around the Tribe's adopted 5-year plan. There is a great opportunity for the Tribe and the Department to educate each other, share lessons learned and

collaborate around many issues. ICWA cases are managed in collaboration with the applicable Tribe ICWA staff to ensure that Tribe input into case planning is an integral part of any plan for service provision and goal setting. The prioritized issues to note are compliance with ICWA, appropriate services related to permanency and independent living. While these goals are set forth with WTGH(A), there are currently 2 pending ICWA family cases. Close work with the Mashpee Wampanoag Tribe (MWT) and their 26 open cases serves as a solid foundation for future work with WTGH(A).

Mashpee Wampanoag Tribe (MWT)

The Tribal contact is Catherine Hendricks, the ICWA Director. Collaboration during this past year focused on trainings for court personnel (through the Court Improvement Project – CIP). These trainings included the courts of Worcester and Boston. In addition to the planning meetings and trainings through the CIP, meetings with the DCF Liaisons and MWT took place in May and October 2014.

The Tribe's 5-year plan has stressed the importance of addressing many social service needs of their membership. The MWT is looking to increase their foster parent recruitment efforts, wraparound services for children/youth, prevention of domestic violence, provide designated slots for parents who foster ICWA children in their parenting classes and offer increased support and training to Grandparents raising Grandchildren. Given the common needs of the families we (DCF and the Tribe) work with, DCF has offered assistance with their (5 year plan) projects related to child welfare.

MA DCF was notified on October 23, 2014 that the MWT Intergovernmental Agreement (IGA) has been approved by the Tribal Council. Attorneys from DCF and the Tribe have entered into initial discussions while DCF hopes to receive permission from the Tribe to provide copies of the proposed IGA to key DCF and EHS staff for feedback. Additional discussions relative to the clinical considerations in the proposed IGA will occur in this next year.

Wampanoag Tribe of Gay Head (Aquinnah) – WTGH(A) and Mashpee Wampanoag Tribe (MWT)

DCF, in partnership with Justice Resource Institute's My Life My Choice Program and the Suffolk County Child Advocacy Center's Support to End Exploitation Now Program, were awarded a Grant in September 2014 from the Administration for Children and Families to address the Commercial Sexual Exploitation of Children within DCF. This 5 year Grant is addressing the identification of and response to CSEC at DCF. The Grants work will also provide guidance and support to DCF relative to its policies and practices along with a robust data collection system. The MWT and WTGH(A) committed through letters of support to participate in future county CSEC training and the implementation of the safe harbor provisions in the MA human trafficking law. Both Tribes have been invited to participate in the quarterly meetings of the Grants Leadership Advisory Board. DCF and its Grant partners will continue to stress the value of the Tribes participation in this important effort to address CSEC since the data speaks to the vulnerability of children involved in state child welfare agencies as potential victims of exploitation. The Tribes will be invited to all CSEC trainings offered to DCF/community staff. It is anticipated that the training will be offered in their geographic area in October 2015.

DCF collaborates with the Tribes in terms of Massachusetts Approach to Partnerships in Parenting (MAPP) trainings. The need for Tribal foster homes has been a focal point for DCF and the Tribes for years.

The ICWA trainings over the past five years has resulted in greater awareness by DCF staff who are now asking "the question" (re: Native American/Alaskan Native heritage). The direct result of this work is that the ICWA volume is at an all time high. DCF has recently coordinated monthly conference calls to

begin with the ICWA Directors of each tribe. More frequent communication among ICWA leaders in MA is a natural outgrowth of the increased demands on all parties.

Sharing the APSR with each MA Tribe

DCF and the two Wampanoag Tribes met in 2014 to discuss each of respective 5-year plans. Collaboration among all parties continues to deepen while addressing challenges. The APSR reports from each party spoke to common goals related to the strengthening of families through community services and informal supports. Upon finalization of the MA APSR, a copy will be shared with both Tribes.

Notification of Indian Parents and Tribes

MA DCF received 125 ICWA inquiries during SFY '15. 181 inquiries are active as family tree information is pending. 11 families representing 17 children were found eligible for membership with the Mashpee Wampanoag Tribe. The Tribe intervened in every family case. The Mashpee Wampanoag Tribe reports 26 open ICWA cases.

DCF is diligent about its process to uncover genealogy necessary for an ICWA notice. When social workers are coming up with little family tree information, the DCF Attorney enlists the assistance of the Attorney representing the appropriate parent. DCF also utilizes an Accurint search for missing family tree information. This is a data base that can search public records for information such as names, dates of birth, addresses, and phone numbers when demographic information is loaded into it.

Special Placement Preferences

The Mashpee Wampanoag Tribe continues to recruit tribal members to become foster parents specifically to take tribal children if the need arises. DCF works hard to notify the Tribe upon placement of children who 'may' be eligible for membership so that ICWA placement preferences are met.

Active Efforts to prevent breakup of the Indian Family (past, present and future)

Over the past five years, DCF has made notable strides in its commitment towards Active Efforts. With the new ICWA Guidelines, DCF is in the process of updating its ICWA FAQ. This document will be distributed to all DCF staff and will underscore the importance (with specific examples) of active efforts.

Use of Tribal Courts in child welfare matters, Tribal rights to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe

To date Massachusetts continues to have jurisdiction of tribal children in DCF custody.

Efforts to improve the compliance with ICWA, (past, present and future)

- DCF policy related to Assessment and Action Planning, Case Closing and Intake are being/will be reviewed (with an ICWA lens) by management. Native American/Alaskan Native heritage questions and references throughout these policies will contribute to ICWA compliance and education
- New DCF (draft) policy on Children Missing from Care is consistent with language that speaks to ethnically matched/sensitive supports and resources for children and youth who struggle with a variety of risk factors associated with running and exploitation
- All future policy updates, along with Tips of the Week, Commissioner Directives, FAQ's and iFamilyNet builds are vetted for particular language and compliance associated with ICWA
- DCF is in the process of further defining "kin". DCF will review 'kin' to incorporate tribal understanding of 'kin'
- The DCF ICPC 100A form (for interstate placement purposes) includes a section for ICWA eligibility; another mechanism to track and ensure compliance with ICWA
- In March 2014 DCF revised its ICWA notice form to meet the requirements of the ICW Act

- The DCF FAQ on ICWA is in the midst of being updated and will be posted on the DCF intranet and provided to the Tribes as reference material
- DCF and the Tribes will finalize an updated ICWA PowerPoint for future training purposes.
- Since 2011 the following trainings have occurred:
    - ✓ 2 Statewide trainings were conducted for DCF staff entitled Fostering Engagement & Collaboration: A Closer Look at the Indian Child Welfare Act. Lorraine Brave from the National Indian Child Welfare Association was the keynote speaker. The participants were also treated to a film and tour of the Native Site at the Plimoth Plantation, a living history museum about the lives of the native people and the pilgrims in the seventeenth century
    - ✓ 6 Area offices with the participation of the Tribes. Additional trainers from the Mashpee Wampanoag tribe and staff contributed greatly to these ICWA trainings for DCF. The shared stories and history increased cultural awareness in ways that cannot be accomplished through a PowerPoint. 90 y.o. Ms. Amelia G. Bingham provided for staff a glimpse into her life as a Mashpee Clan Mother. Her personal stories which also include her strong advocacy for Indian rights were inspiring and thought provoking. Pte San Waste Win (White Buffalo Woman) or Ms. Jennifer Weston, a Hunkpapa Lakota member from the Standing Rock Sioux Reservation provided additional insight for DCF staff from the perspective of language. Ms. Weston is working for the Mashpee tribe as Charter and Personnel Coordinator for the Wampanoag Language Immersion School Development Project. Her presentation about the power and history of the Wampanoag language was a perfect addition to our ICWA training curriculum. DCF is appreciative of the working relationship with Mashpee. The tribe has contributed greatly to the improvement (with each) ICWA training agenda for DCF staff.
    - ✓ 2 separate trainings with the DCF Foster Care Review unit (covering the entire state of MA). Staff from the Mashpee Wampanoag tribe participated in this training. The Foster Care Reviewer will bring the question of tribal affiliation to each review meeting held on a child placed in substitute care. These reviews are held every six months. This will inevitably increase the Department's compliance with ICWA
    - ✓ The DCF ICWA Liaisons participated in 12 DCF Area office management meetings (includes Supervisors and other managers) and reminded staff of the importance of ICWA and the necessary procedures to be followed.
    - ✓ 3 groups of newly hired DCF Supervisors received training on ICWA law and its case practice implications
    - ✓ 5 Courts and their personnel received ICWA training with DCF and Tribal attorneys
    - ✓ 1 contracted provider of DCF services received ICWA training
    - ✓ Lori Ann Bertram, DCF Central Office ICWA Coordinator participated in the Qualified Expert Webinar in April 2012
- Since October of 2010, Lori Ann Bertram, LICSW joined Beryl Domingo at MA DCF Central office as an ICWA Coordinator. Ms. Bertram has increased her knowledge of ICWA and has developed close working relationships with Mashpee Wampanoag Tribe members and members of the Wampanoag Tribe of Gay Head (Aquinnah). She is responsible for sending out the ICWA notices, consulting with DCF staff on ICWA inquiries, coordinating the Regional ICWA Liaisons and managing the ICWA presentations and trainings for the DCF Area Offices. Ms. Bertram takes primary responsibility for the Quarterly DCF ICWA Liaison and Tribal meetings by taking the lead with scheduling, setting the location of the meetings and coordinating the proposed agendas for the meetings. Since 2013, DCF and the Tribes have agreed to standing agenda items that include updates from DCF and the Tribes along with a topic about DCF policy or procedure. Rotating the facilitator and location of the meeting has resulted in shared responsibility, collaboration and team building.

Ms. Bertram's position as Clinical Manager of Field Support in DCF offers a variety of other avenues where ICWA compliance can be monitored. Through her management of Critical Incident Reports, High Profile and Fatality reports, Ms. Bertram is able to ensure that ICWA compliance is met. Ms. Bertram's role as statewide manager for the issue of Human (Sex) Trafficking is another area where risk factors (including those of minority children/youth) can be identified for early intervention. The MW Tribe has expressed interest in learning more about this issue. Ms. Bertram's growing expertise in this area allows for future training with the Tribes.

Ensuring fair and equitable treatment for Indian youth in care under the Chafee Foster Care Independence Act (Section 477(b) (3) (G) Please see the Chafee Report section of the APSR for this information.

Commonwealth of Massachusetts

Department of Children & Families

Monthly Caseworker Visit Formula Grant

Caseworker Visits

The Massachusetts Department of Children and Families (DCF) has been reporting monthly caseworker contacts with children in placement since the inception of this federal measure. Historically, DCF performance is attributable to a combination of a lack of actual, consistent visits and data definition/entry issues. This has been 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.

Current Strategies to Increase Visits

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

It is our belief that manageable caseload levels are an important variable in assuring worker availability to see families at a frequency and intensity that promotes addressing the goals of safety, permanency and well-being. Ratification of changes to the collective bargaining agreement with SEIU 509 regarding a new calculation for caseload weighting was a significant step in this direction. To this end, this administration remains committed to ensuring that area office social worker and supervisor, staffing levels are not compromised.

The agency 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 Directors and Directors of Area Offices by the Deputy Commissioner for Field Operations in memo form, as well as verbally in Executive Staff Meetings and monthly Statewide Managers Meetings.

It is supported by:

- The daily Consumers to be Seen dashboard, available to caseworkers and supervisors.
- i-Pads configured to access i-Familynet. Case workers are now able to record consumer contacts and access the daily Consumers to be Seen report remotely.
- A weekly report of the Consumers to be Seen data available to managers.
- A training video available electronically 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.

There are a number of practice enhancements that can serve to increase caseworker contact with families. Teaming increases the pool of caseworkers available to families, by design..

Several tragic cases involving the deaths of young children in Massachusetts since the fall of 2013 have brought significant attention to the practice challenges represented by the circumstances presented by each case. Inconsistent worker contacts, lack of communication with other involved and informed stakeholders, limited access to current electronic information and other antiquated systems were all identified as related

issues. In FY14, the legislature provided resource increases targeted at reducing worker caseloads and providing mobile devices to workers which were welcome initial steps. Additional investments were also included in the FY15 state budget, including IT capital expansion and increased staffing, with additional investments pending in the proposed FY16 budget.

A number of enhancements are underway that are expected to yield results, both short and long-term, in both the frequency and quality of worker visits. In July, 2014 DCF deployed a dashboard in the i-FamilyNet web-based application. This tool provides workers and supervisors with a snapshot of the status recorded caseworker contacts for the caseload falling within the responsibility of the viewer. It is a simple and clear picture of who has a recorded contact for the current month and who does not. This is a significant step forward for the agency.

Several workgroups were also convened to better align practice and policy. A field guide was developed that provides a framework to guide staff in thinking about home visits, conducting visits with children and their families - and documenting them. The Guide was developed and six thousand copies were printed and distributed using FFY14 Caseworker Visits funds. An electronic copy was also posted on the DCF Intranet. Beginning in July, 2015 we intend to use a portion of Caseworker Visits funds to support practice coaches to work with field staff to help support the consistent use of best practices by social workers and supervisors.

Current Year Plan

As stated in our current Child and Family Services Plan (CFSP), DCF intends to use the Federal Caseworker Visits funds to fill gaps, both now and the future. For the short term, the influx of additional direct service staff and increase in corresponding casework activity has created critical needs in the areas of training, development of system capacity, and the corresponding infrastructure that supports consistent and quality casework, including resources to support the increased travel related to required visits by agency staff. DCF anticipates using the bulk of its remaining FFY14, and a significant portion of the FFY15, funds to address gaps in those areas where increased state investment has not been able to keep up with escalating needs in training, system capacity and infrastructure.

We also anticipate revisiting our work with the Center for Support of Families (CSF) to integrate aspects of the case review tool that incorporates the federal outcomes, and that is framed by the Case Practice Model into a reconstructed continuous quality improvement (CQI) system. The DCF case review process includes cases with children in out-of-home placement which provides additional perspective on the quantity and quality of visits by agency staff.

DCF also intends to use a portion of the FFY14 and 15 funds to refresh and expand the distribution of Welcome Baby baskets to families with children under the age of one year from the current population of families with children under the age of six months. We are taking steps to ensure that this includes all families, including birth, foster and adoptive families and kin. It is expected that the Caseworker Visits funds, once again, will serve as the vehicle to redesign the basic bag contents to meet the needs of the expanded population and that other funds, including Race to the Top (RTT), will support the inclusion of specific, developmentally-appropriate content. These materials provide caseworkers with a richer opportunity to work with families during visits to ensure children are receiving appropriate care and stimulation.

Commonwealth of Massachusetts

Department of Children & Families

Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payments

From FFY 2011 through FFY 2014, Massachusetts DCF did not receive funds through the Adoption Incentive Program. Late in FFY 2014, DCF learned that is would receive a small amount of adoption incentive funds. As with all federal grant funds, upon receipt of the grant award letter DCF program staff met with budget staff to set up a receipt account and plan for expenditure of these funds.

The Department received an award letter in the amount of $9126.00 in adoption and guardianship incentive funds. During SFY15, a portion of the funds were used to support Department staff attendance at the Rudd Adoption Conference at the University of Massachusetts in Amherst. The topic was New Worlds of Adoption: Launching into Adulthood. Breakout sessions included the following topics:

- Talking to young adults about being adopted
- Emerging adulthood in Open Adoption
- African American adopted children launching into adulthood
- Navigating access to higher education
- Are we adequately preparing adoption professionals to work with young adult adoptees?

Additional funds were used to purchase camera equipment for use in child-specific recruitment activities.

Some incentive funds remain unexpended. Program staff will continue to meet quarterly with budget staff to plan for these funds to ensure that they are obligated and expended by the deadline specified in the grant award letter. The Department does not anticipate any barriers to achieving the goal of expending all allotted grant funds.

The Department acknowledges changes to the adoption and legal guardianship incentive payment program brought abut by the enactment of PL113-183. The law extended from 24 months to 36 months the length of time states have to spend incentive payments earned under the program; also the law prevents states from using incentive payments to supplant federal or non-federal funds for services under title IV-B or IV-E. At present, these changes do not impact the Department's plans for use of the incentive funds.

Commonwealth of Massachusetts

Department of Children & Families

Child Welfare Waiver Demonstration Activities

Child Welfare Waiver Demonstration Activities

If the state has an approved child welfare waiver demonstration project under section 1130 of the Act, describe it must provide a description of its coordination efforts to integrate the activities under the demonstration with the goals and objectives of the 2015-2019 CFSP. In particular, the state must discuss in the 2016 APSR how title IV-B monies are used to maximize the use of flexible title IV-E dollars in the demonstration.

Since the implementation of the Department's waiver demonstration project on January 1, 2014, DCF has been serving children under the Caring Together system. This system offers families a continuity of services and providers whether a child is in a congregate care program or receiving services in their community in order to better support community transitions and strengthen child and caretaker capacity. The primary goals of the waiver demonstration project align with the goals and objectives of the 2015-2019 CFSP as they center on, increasing permanency, improving safety, and increasing well-being and positive outcomes in the community.

The Department uses Title IV-B monies and flexible Title IV-E funding under the waiver to support the joint management and governance of Caring Together between DCF and DMH, as well as cover costs for traditionally unallowable services under 45 CFR 1356.60 (c)(3) , such as counseling or other treatment to the child, family, or foster family to remedy home conditions, personal problems or behaviors.

Commonwealth of Massachusetts

Department of Children & Families

Quality Assurance System

Massachusetts DCF Quality Assurance System

Introduction

In 2002, when the Department established core values for the agency, *Committed to Continuous Quality Improvement and Continuous Learning* was established as a core value for the agency. Over the years, DCF has incorporated continuous quality improvement fundamental principles, tools and activities into our key management processes. Use of data to monitor performance outcomes and to make strategic corrections and improvements to our casework practices is embedded in our Senior Staff and Statewide Managers meetings, as well as other meetings with staff and key stakeholders (e.g., Regional Forums, Statewide Advisory Council). New management and outcome reports have been developed to support these efforts. There is a comprehensive array of Continuous Quality Improvement activities that occur on a regular basis throughout the Department and multiple training opportunities have been provided to support mangers in monitoring performance on indicators and outcomes related to Safety, Permanency and Well-Being.

With the development of the 2008 - 2011 DCF Strategic Plan, the Department initiated an *Integrated Participatory Continuous Quality Improvement* approach that has been sustained over the subsequent years. This approach is based on the core CQI concept that continuous quality improvement requires the participation and involvement of both internal and external stakeholders, including staff from all levels of the organization as well as family, community, and provider representatives. This CQI approach was adopted specifically to ensure that continuous quality improvement was not simply the responsibility of an isolated or siloed unit within the agency, but rather became the foundation upon which the agency operated and conducted its business on a daily basis. Without this integration and participatory approach, CQI efforts become fragmented and separated rather than the *actual* focus of all activities within the organization.

This approach to CQI was reaffirmed in the Department's 2012 – 2015 Strategic Plan update in which the agency established five primary goals. Goal 4.0 is to *Strengthen Performance Management and Improvement* and set forth two strategic initiatives *(4.1. Improve Outcomes* and *4.2 Enhance CQI Performance and Management).*

The organizational unit primarily responsible for continuous quality improvement is the Clinical and Program Services Division in Central Office. The agency's quality improvement efforts are supported by staff in the IT and Quality Improvement Unit who are responsible for producing the management and outcome reports that guide our work. There is a Quality Assurance Manager in each of the Regional Offices who works with the Area Offices within the Region to coordinate CQI activities. Another key component of the agency's CQI infrastructure includes the Area, Regional, Statewide teams and the Steering Committee (Senior Staff). Finally, the Family Advisory Council and the Statewide Advisory Council, as well as the local Area Boards play a significant role in the Department's continuous quality improvement efforts.

There are four primary components to the Department's *Integrated Participatory Continuous Quality Improvement* approach.

1. CQI Implementation Infrastructure
2. CQI Processes
3. CQI Analytics
4. CQI Communication and Dissemination

While the agency's commitment to and specific efforts directed to CQI is strong, the resources needed to staff a comprehensive CQI infrastructure within the Department have not been available. Significant budget reductions in past years have resulted in the Department being unable to fill key positions that would be part of the agency's CQI structure. In the absence of these additional resources to create a robustly staffed CQI infrastructure, DCF has worked diligently to establish foundational CQI processes, enhance management and staff commitment to CQI, and has effectively incorporated CQI activities into existing structures and processes.

Foundational Administrative Structure

CQI Implementation Infrastructure

The Department of Children and Families is legislatively mandated to ensure the quality of services provided to children and families served by the child welfare system and this requirement is reflected in agency regulations. In addition, the Department of Early Education and Care (DEEC) is legislatively mandated to license all child care and residential programs operated within the state. DEEC licenses the Department of Children and Families to provide foster care services within the state. DCF works cooperatively with EEC in the development of licensing standards that govern these programs, and in the licensing review processes, as well as review of critical incidents that may occur within these programs The Department contracts with private agencies for case management services only for conflict of interest cases. The standards related to CQI are set forth in the contracts with these agencies and are renewed annually. Each of the conflict of interest agencies is responsible for establishing their own CQI structures and processes. Contracts for these services establish standards.

The Department has established an Integrated Participatory Continuous Quality Improvement framework. The CQI infrastructures reflect the commitment that continuous quality improvement engages staff across the agency. The Commissioner provides the vision and leadership for the agency relative to continuous quality improvement and continuous learning. The Clinical and Program Services Division ensures that CQI values and processes are incorporated into all of our casework practices, conducts regular CQI activities, and promotes the communication and dissemination of findings from continuous quality improvement efforts. The Area, Regional, Statewide teams and the Steering Committee help to integrate continuous quality improvement across the agency.

CQI Staffing

The organizational unit that is responsible for ensuring that continuous quality improvement principles and practices are embedded throughout the management and casework practices of the agency is the Clinical and Program Services Division. Within this Division, the Assistant Commissioners for Quality Improvement, Planning and Program Development, and Policy and Practice each have responsibility for,

and the requisite knowledge to ensure that CQI values, tools and techniques are incorporated into the design, development, implementation and evaluation of all aspects of the agency's work, our contracts with provider agencies and our collaborative efforts with other state agencies and community partners. The staff reporting to the Assistant Commissioners are each responsible for grounding their particular practice areas in continuous quality improvement and for promoting CQI activities and tools with the Area Offices and in their work with providers.

In addition to these Central Office staff there are Quality Assurance Managers within each Regional Office. These staff are engaged in a number of CQI activities throughout the Regions and assist with the improvement efforts in each of the Area Offices. Staff involved in the design, development and dissemination of management and outcome reporting are also part of the CQI infrastructure.

Massachusetts is a state administered and operated system and therefore all Regional and Area Offices of the state are accountable to and guided by the Central Office of the Department of Children and Families. There are a myriad of management and outcome reports produced and disseminated on a monthly, quarterly, semi-annual, and annual basis that assist managers in monitoring key indicators and outcomes. At this time the Department does not have specific policies governing CQI structures and policies. However, there are multiple mechanisms through which the Department oversees a common set of indicators and measures. The CFSR measures established by ACF, and specific indicators that are reported quarterly to the state Legislature as well as a comprehensive array of indicators established by the agency are actively utilized to monitor the Department's progress toward defined outcomes.

Job Descriptions for the state positions are developed by the Commonwealth's Human Resources Division and minimum entrance requirements are established for each position. All of the current CQI staff members exceed state requirements for their respective positions in terms of prior experience in assuring quality of services and implementing continuous quality improvement. Through the Commonwealth's hiring process all staff are determined to meet the established minimum entrance requirements.

All staff, including staff, family and community representatives engaged in CQI activities have the opportunity to participate in professional development opportunities through conferences organized by federal agencies including ACF and SAMHSA, as well as local conferences and training. The Massachusetts Child Welfare Institute also offers a comprehensive array of workshops and in-service training opportunities, as well as will purchase slots for individual staff at conferences or in-service training that is relevant to the staff positions. A comprehensive list of professional development opportunities available to staff is available.

A Steering Committee, Statewide, Regional and Area teams have served as continuous quality improvement teams to monitor fidelity to the structures and processes set forth in the new practice model. These teams meet monthly to monitor data reflecting performance, and regularly review the effectiveness of communication and training, as well as the challenges and progress of the Area Offices in casework practices. These teams actively determine needed changes to policy or practice that are identified during the reviews and establishing course corrections to support improvement efforts. The Family Advisory Council and the Statewide Advisory Council are actively engaged in continuous quality improvement activities to assist the Department in monitoring performance and identifying opportunities for improvement.

As noted previously, the Department's commitment to an Integrated Participatory CQI approach necessitates involvement of staff from all levels of the agency, as well as family and community

representatives. Ensuring participation of a wide variety of internal and external stakeholders ensures that continuous quality improvement efforts benefit from a variety of perspectives and promotes the accountability the agency is seeking.

CQI Processes

The Department has fifteen key CQI processes that have been embedded in the management and casework practices of the agency. This integrated approach ensures that continuous quality improvement is not reliant upon specific resources and personnel to engage in CQI activities, but rather those activities are an integral part of the agency's day to day operation. In addition to the fifteen key processes described below the Department has contracted for case record reviews which are described in a subsequent section.

1. ***CQI Steering Committee, Statewide, Regional and Area teams***. The roles, functions and activities of these teams have been described previously. The Steering Committee includes all of Senior Staff – Commissioner, Deputy Commissioners, General Counsel, Assistant Commissioners, Chief Financial Officer and community/family representatives. The Statewide Team includes representation from the Steering Committee, all Regional Directors, Regional Counsels, Facilitators (Quality Assurance Managers), and Coaches. The Regional and Area teams include managers, supervisors and social workers.
2. ***Critical Incident Review and Risk Management Committees***. The Critical Incident Review Committee was convened in January, 2008 and meets every Tuesday morning to review critical incidents that have been submitted by the Area Offices in accordance with the Critical Incident Reporting Protocol. These critical incidents may involve fatalities, serious injuries, or other incidents that receive media attention and involve families currently open with the Department, families previously known to the Department, as well as families on which the Department has a newly filed 51A. Critical Incident trend reports are prepared on an annual basis and reviewed by the Steering Committee, Statewide Managers, and the Office of the Child Advocate. CQI Round Tables are convened in response to critical incident trends to identify and address practice challenges.
   The Risk Management Committee was also convened in January 2008 and meets the first Tuesday of each month. This committee reviews fatality reports prepared by the Central Office Critical Incident /Special Investigations Unit. The committee also identifies any casework practice trends that raise concern and identifies strategies to improve casework practice.
3. ***Fatality Reviews*** All fatalities, regardless of whether the result of abuse or neglect, on any family currently opened or closed within the past six months are reviewed. The Department uses fatality reviews as a continuous quality improvement activity to review casework practice over the course of DCF involvement with the family. These reviews include analysis of all relevant documentation including the case record and interviews with DCF staff and collaterals involved with the family. The review results in a written report that contains a series of observations on effective case practice and opportunities for improvement related to Engagement, Progressive Understanding, Capacity Building, and Consolidating and Sustaining Gains. The written report is reviewed by the Risk Management Committee, the Deputy Commissioner for Clinical and Program Services and ultimately by the Commissioner. The Commissioner's review culminates in action steps for improvement in casework practice. Once the Commissioner has reviewed the report and finalized any needed

directives, the report is sent to the Office of the Child Advocate for her review. Action steps from all fatality reviews are maintained on a log and tracked.

4. ***Statewide Managers Meeting*** Each Statewide Managers Meeting includes a quality improvement topic that is grounded in a review of data relevant to the topic for that month. Participants in the Statewide Managers meeting include Commissioner, Senior Staff, Regional Directors, Regional Counsels, Regional Clinical Directors, and Directors of Areas. These meetings occur on the 4th Thursday of each month. The Commissioner determines the topic for the month and the Assistant Commissioner for Quality Improvement (supported by reporting staff) prepares the analysis of the data for that topic. The participants engage in a dialogue about the performance level indicated by the data and explore strategies for improvement. Often these discussions include a panel presentation from Area Offices that are performing well and achieving positive outcomes for this measure.
5. ***Area Clinical Review Teams*** Each Area Office regularly convenes Clinical Review Teams that include the Area Clinical Manager, Area Program Manager, Supervisor and Social Worker involved with a particularly complex case. The Clinical Review Teams are either requested by a manager in response to a critical incident or may be requested by a social worker or supervisor who are seeking assistance in working with a particularly challenging family. Clinical Review Teams review the clinical formulation, the family's strengths and needs, and the course of casework practice. The outcome of these reviews is a shared consensus on modifications to interventions or services to support more positive outcomes for the family.
6. ***Area Office Topic Driven Dialogues*** On a monthly basis DCF Senior Staff determine a topic relevant to improving casework practice that will be discussed in Area Office staff meetings across the state during that month. A power point presentation is prepared that includes management and outcome data relevant to the topic and a series of queries to guide staff discussion. The power point presentation is reviewed at a Statewide Managers meeting, adapted to incorporate their suggestions, and then disseminated to all Area Offices for presentation at the following months Area Office staff meeting. The purpose of these discussions is to identify current practices that support positive outcomes as well as opportunities for improvement and specific strategies to improve practice. After the Area Office staff meeting, each Area Office submits the results of their discussion to the Deputy Commissioner for Clinical and Program Services who consolidates the feedback. This statewide feedback is then presented back at a Statewide Managers meeting. This process promotes the participatory process in continuous quality improvement activities by engaging all staff in a discussion about improving practice.
7. ***CQI Round Tables*** CQI Round Tables are conducted when the Critical Incident Review or Risk Management Committee identifies an emerging concern relative to casework practices. Staff from across the agency are invited to participate in a series of Round Tables during which current practices are explored, relevant data is shared, and recommendations for practice improvement are generated. Usually a Round Table is held for each Region. Resulting recommendations for practice improvement are consolidated, reviewed with Senior Staff and Statewide Managers, and posted on the DCF Intranet. Recent examples of CQI Round Tables include Fatalities (specifically screening and response practices) and Sudden Unexpected Infant Deaths (including Safe Sleeping).
8. ***Regional Forums*** The Department has been conducting Regional Forums for the past five years on an annual basis. The Regional Forums are conducted in each Region and structured to include a two hour session with staff, a two hour session with managers, a two hour session with key stakeholders (including local community representatives, legislators, judges, police,

school personnel, and providers), and a two hour session with family and youth (including birth families, as well as foster and adoptive parents). The Regional Forums provide an opportunity in each session for updates on current initiatives, and to elicit feedback on what is working well, what are opportunities for improvement, and strategies for change. Through this process the Department is able to engage a wide range of internal and external stakeholders in a quality improvement process designed to elicit feedback on topics relevant to casework and management practices.

9. ***Review of 3 or More 51As*** Area Offices conduct a review of cases where more than three 51As have been filed in the past three months. These clinical and administrative reviews provide an important quality assurance activity as well as an opportunity to make modifications to the services or course of casework to improve outcomes for the family.
10. ***Local Focused CQI Reviews*** Area and Regional Offices routinely convene a CQI effort that is topic specific. For example, if a Region identifies a variance in practice on screening decisions, they will convene a team of staff from the Area Offices to review a random selection of 51A reports and the screening decisions. The team will then engage in a process of determining what led to the variability in the decisions and determine needed strategies to support greater consistency or fidelity to the practice guidance. Area Offices may also convene a CQI team that is topic specific when there is an emerging practice concern or when review of data in management or outcome reports indicates a drop in performance on a particular measure.
11. ***Foster Care Reviews*** The Department's Foster Care Review Unit also performs a critical quality improvement function. Their semi-annual reviews of any child in placement focus on whether there is a need for continued placement, whether the child is in the appropriate placement, and whether sufficient progress is being made toward the child and family's goal. Results of the Foster Care Review are shared with the social worker, supervisor, and managers to ensure that they are apprised of the outcome and can make any needed changes in the interventions or service plan for the child and family.
12. ***IVE Audits*** These audits provide essential information on the Department's compliance with IVE requirements and on the quality of casework practices and services.
13. ***Area Boards*** All twenty-nine Area Offices have an Area Board comprised of local community and family representatives. The composition and roles/functions of the Area Boards was set forth in 2008 Legislation. Area Boards are routinely provided with data on current performance on a wide variety of indicators and outcome measures, including CFSR outcomes and engage in a dialogue about how the Area Office might improve performance.
14. ***Statewide Advisory Council*** This Council was also legislatively mandated in 2008 and membership, roles/functions were set forth in that legislation. The Council meets quarterly with the Commissioner and members of Senior Staff and routinely reviews performance and outcome data, discuss key DCF initiatives, and make recommendations for improving casework/management practices and addressing gaps in service.
15. ***Family Advisory Council*** The Family Advisory Council has been active for the past decade and provides an important quality assurance function. This Council regularly reviews casework practice guidance, performance data, and policies to ensure that practices and services meet the needs of families served by DCF. The FAC has recently undertaken a CQI effort to conduct surveys of families served by the Department to better understand their experience and level of satisfaction. The results of these surveys will be shared with management staff across the agency.

DCF is currently in the process of revising its CQI manual and will be reviewing the manual with key internal stakeholders. The revised Continuous Quality Improvement Manual will be available on the DCF Intranet and disseminated to all Area Offices when finalized.

CQI activities conducted by contracted providers are governed through the contracts with each of those agencies. Standards and service specifications are included in each contract. The Department does not currently have agency regulations or policies that specifically govern internal CQI activities. The commitment to embedding CQI into all agency activities is reflected in the fact that continuous quality improvement is one of the well-publicized core values of the agency and incorporated into our strategic plan, as well as compliance with a variety of federal and state regulations and requirements. All of the DCF Regulations, policies, and practice guidance are available on the DCF Intranet.

Quality Data Collection

Data collection at DCF is an on-going process, not a set of discrete activities. Case workers are continuously "collecting" data as they document their case events. As this ongoing process of case documentation feeds a plethora of reports, data entry of information that is of high criticality to DCF is monitored by the management staff who use the reports. All reports are rigorously tested prior to dissemination. Testing includes comparing the report to similar data sets, ensuring not only that the records selected meet the report criteria, but also that all relevant records are selected. If possible, at least two data analysts validate each report. In addition to comparison and sanity checks, reports are scrutinized for outliers. Many reports include both summary statistical information and the detail data behind the numbers, meaning they are self-validating. Feedback is generally provided to the person who produced the report, who then determines if the issue is with the underlying data, the data extraction process or the policy the report is intended to promote. Problems with the data extraction are documented in a central repository (Remedy) and acted on in accord with their urgency. Informal and formal trainings are provided for data entry issues. Because data entry is a routine part of case work, no distinction is made between placement and non-placement cases except to the extent fewer activities pertain to non-placement cases.

Massachusetts has had an AFCARS Review and has an AFCARS Improvement Plan (AIP). Most recoding has been done as requested. There remain several areas requiring further work. Changes are needed to FamilyNet to identify abandoned, Safe Haven children and children adopted by only one parent to ensure accurate data entry of demographic information for these, very small populations. There are also a couple of areas where data entry is problematic. These include documentation of disabling conditions and foster parent demographics.

Considerable effort has been expended to create useful data sets for children in placement, reports of abuse/neglect, case openings and closings, open consumers, authorized, projected and paid service referrals, child fatalities and near fatalities, staffing, etc. These are used to provide regular and ad hoc reports to stakeholders as needed.

Through the processes described in the previous section the Department integrates both qualitative and quantitative data on practice issues. By conscientiously engaging internal and external stakeholders in multiple forums throughout the year (as described in prior section), DCF is able to incorporate a variety of perspectives and objective information to give us a comprehensive picture of performance.

Qualitative data are routinely collected and stored in FamilyNet to document Foster Care Reviews, Incident Reports, and Treatment Plan Progress reviews. Qualitative data are also collected as part of fatality, near fatality and critical incident reviews.

Through an automated system established for all state agencies, DCF is able to collect information for all staff for every training opportunity they attend. In addition to PACE, DCF also collects information at many of the individual workshops / in-service training conducted. The data in PACE can be run for any time period desired back to 2007.

Through the FamilyNet system DCF is able to track all service referrals made for any service purchased by DCF. In addition, providers are required to enter a services report into i-FamilyNet outlining services provided to clients. We are not able to collect data in an aggregate on services received by DCF clients but purchased through Medicaid or by other state agencies from which clients are receiving services. This information is noted in individual case records in dictation. Individual case records in FamilyNet and i-FamilyNet are updated regularly through dictation entered by social workers.

Case Record Review Data and Process

Currently DCF contracts with Center for Support of Families to conduct case record reviews. This agency was selected because of their wealth of public child welfare experience and prior involvement in conducting CFSR reviews. The use of an external, independent agency ensures that reviews are objective, criteria applied consistently statewide and therefore do not rely on local interpretation.

Current case record review instruments, instructions, and rating criteria were approved by PMAG and are applied statewide. In its CQI strategic planning, the Department assessed the benefits of building internal capacity for conducting case reviews; in lieu of, or in combination with contracted case reviewers. The recently established DCF CQI Unit was the end product of that planning. The Department anticipates the development of a comprehensive case review instrument, comparable to the OSRI, in state fiscal year 2016. Interviews will be incorporated into the agency's case record review system.

The case record review process utilizes the CFSR selection criteria and includes second-level quality assurance that is completed on at least 50 percent of cases. The second-level QA is conducted by a designated staff within DCF. DCF has established a process with CSF to ensure consistency in how ratings are determined across multiple sites and multiple reviewers.

Interviews are not incorporated into current reviews currently. In the future when DCF has resources to conduct internal reviews we will be incorporating interviews as a component of our case record review processes.

The state meets regularly with staff from CSF to ensure that there is a shared understanding of expectations. In addition, DCF staff have randomly reviewed specific cases evaluated by CSF to determine whether there is a consistent approach to the reviews.

Analysis and Dissemination of Quality Data

Significant effort is directed to the analysis of data by the Assistant Commissioner for Quality Improvement with assistance from reporting and IT staff. DCF data is regularly reviewed with DCF managers at Statewide Managers Meetings, Regional Directors meetings, and at Area Office staff meetings. DCF data is provided regularly to the state legislature and is posted on the EHS web site. Management and outcome reports are also posted on the DCF intranet. In addition, the CFSR scorecard reports and the monthly statistical reports are regularly shared with the DCF Area Boards and Statewide Advisory Council and are routinely incorporated into the annual Regional Forums that include a wide array of external stakeholders.

Trend reports are a routine part of the Department's standardized and ad hoc reporting. All reports are routinely reviewed by the Steering Committee, the Statewide Implementation Team and at Statewide Managers Meetings. The availability of data on the EHS website, the DCF intranet, as well as the multitude of forums at which our data is presented gives multiple opportunities to determine whether internal and external stakeholders are being reached.

Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Processes

Key structures and processes established for the purpose of obtaining feedback from both internal and external stakeholders include: Statewide Managers Meetings; Steering Committee; Statewide Implementation Team; Area Office Staff meetings; Area Boards; Regional Forums; Family Advisory Council; and Youth Advisory Council. Additional structures and processes for obtaining feedback were outlined in the fifteen CQI processes outlined in the previous section.

Obtaining internal and external feedback is a foundational principle in the Department's CQI processes. The Department has utilized feedback obtained from these structures and processes in making adjustments to the Strategic Plan, as well as specific initiatives (e.g., development of the Integrated Casework Practice Model, Placement Stability, Timeliness to Adoption, Promoting Well-being).

As noted previously, our ongoing monitoring of CQI data is foundational to identification of targeted CQI activities (e.g. placement stability, kin first initiative, and timeliness to adoption). Through all of the CQI structures, processes and data collection/reporting/monitoring activities the Department has embedded a continuous quality improvement approach to all of the agency's administrative, managerial, and clinical activities. This commitment to incorporating continuous quality improvement remains central to the agency's core values and internal operations.

Commonwealth of Massachusetts

Department of Children & Families

Child Abuse Prevention & Treatment Act Grant
State Plan Update

Commonwealth of Massachusetts
Department of Children and Families

CAPTA FY2015 Report and FY2016 Request

1. Implementation of the DCF Casework Practice Model (CPM)

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

FY2015 CAPTA Expenditures, Activities and Accomplishments:
For FY15, DCF budgeted $65,000 in CAPTA funds to support training, coaching, facilitating and other critical implementation needs under the CPM. Specifically, the funds provide a match to funds from Casey Family Programs and to state general funds through the MA Child Welfare Institute to fund three Regional Coaches and one Regional facilitator to support training and professional development in further implementation of our Integrated Case Practice Model. In addition, $40,000 in CAPTA funds was budgeted to support policy drafting, updating and implementation.

DCF Case Practice Model Planning Session
On November 24, 2014 over 180 staff and stakeholders of DCF gathered for a full-day planning session to examine the current DCF case practice model and identify ways to strengthen it. Participants represented a broad cross-section of positions and functions in the Department, including social workers, APM's, supervisors, and support staff from throughout the state. In addition to staff, representatives from the Family Advisory Committee also participated. The overarching goal of the planning session was to collect input from stakeholders on strengthening the Practice Model, and to discuss next steps on its development and eventual roll-out. Specific objectives were to:

- Share the findings from the CWLA Quality Review regarding our Integrated Case Practice Model (ICPM)
- Review/discuss the purpose/role of practice models in child welfare agencies and the potential benefits
- Review/discuss ICPM implementation challenges
- Gather participant feedback on the overall proposed framework and in several specific areas of the DCF Practice Model

Planning session participants worked in large and small groups throughout the day to discuss and provide input on:

- Case Practice Model Framework
- Process for Finalizing the Case Practice Model
- Strategies for Engaging and Informing Staff

From this larger group, a smaller Steering Committee was formed to further develop the CPM. This group has been meeting monthly since November 2014.

Third Annual Fatherhood Leadership Summit: On December 12, 2014, DCF along with five state agency partners (MA Departments of Youth Services, Housing and Community Development, Public Health, Revenue, Early Education and Care), the US Department of Health and Human Services, Administration for Children and Families, and several family and community representatives, convened the third annual Massachusetts Fatherhood Leadership Summit. This highly successful event drew a diverse group of participants, including DCF staff, fathers who have had experiences in Massachusetts' systems, and representatives from agencies that work with and serve fathers including community organizations and providers, schools, high level leadership and policy representatives from state and federal agencies, and judges from the juvenile and probate courts. The Summit sought to build on the success of the past annual summits to present and raise awareness about the research and benefits of engaging fathers in their children's lives and to share ideas across systems for working with fathers.

Family CQI Process: Over the long term, the multiple strategies and practice changes embedded in the CPM, are designed to improve outcomes for children and families, by:

- Stabilizing families so that children can safely remain at home;
- Strengthening parenting capacities and helping parents to connect to supports and resources in their own communities;
- Better engaging and empowering families in decision-making and planning for their present and future; and
- Reducing repeat maltreatment of children.

As part of DCF's continued commitment to assessing the impact of the CPM ***and*** to the inclusion of the family perspective in the Department's work, DCF and Casey Family Programs partnered to develop a multi-year process for gathering and incorporating DCF parent and family feedback into DCF policy and practice. During FY15, in collaboration with 10 members of the FAC, developed and administered the second parent satisfaction survey. Nearly 5000 former DCF consumers participated in this survey. Results of the survey will be available during the summer of 2015. Information obtained will help to inform DCF policy, training and quality improvement activities.

Education Policy
DCF's revised Education Policy went into effect on September 2, 2014.

The **Education Policy** defines actions and practices intended to:

- Recognizes DCF's role in the education of all DCF-involved children, not just those who enter DCF care or custody;
- Broadens DCF education practice focus to "Cradle to Career";
- Identifies fundamental federal and state statutes;
- Defines all aspects of our work with children, youth and families within the CPM;
- Emphasizes the importance of educational continuity and school and placement stability; and
- Provides for the Department to request Early Education Support Services.

Case Transfer Policy
DCF's revised Case Transfer Policy went into effect on March 2, 2015.

The **Case Transfer Policy** defines actions and practices intended to:

- Connect meaningful ties and permanency plan with case transfer

- Define all aspects of our work with children, youth and families within the CPM
- Promote statewide consistency in our efforts to:
    - focus on child's safety and best interests;
    - minimize disruption for families; and
    - collaborate and resolve conflicts between and within offices in a timely manner.

Through the training and implementation of the Education and Case Transfer policies DCF intends to achieve:

- Greater stability for children, youth and families through maintaining academic, social and family connections
- Improvement in our work to strengthen a family's capacity to support their own permanency, safety and well-being
- Successful transitions for children, youth and young adults
- Ending our involvement with children, youth and families in ways that promote sustainable permanency, safety, and well-being
- Clarity, transparency and planfulness in our actions
- More consistent processes for sharing information to support permanency at every stage

In preparation for the implementation, trainings were held across the state for managers, supervisors, social workers and foster parents. DCF's CPM coaches, partially funded through CAPTA played a major leadership role in delivering the training.

DCF is currently in the process of assessing the implementation of these policies to-date and identifying ongoing training and operational support needs.

Policy Development: Alignment with CPM and Responding to Critical Incidents
The tragic events surrounding the Jeremiah Oliver case continue to impact DCF operations, policies and practices. In response to policy and practice challenges identified through DCF's own internal investigation associated with this tragic case and preliminary engagement with the external review team from the Child Welfare League of America (CWLA), DCF is aggressively working on updates/revisions to the following policies: Children Missing from Care Policy, Intake Policy, Case Closing Policy, Family Assessment and Case Planning Policy and On-going Casework and Documentation Policy.

FY2016 Proposed Expenditures and Activities:
DCF is proposing that $117,500 in FY16 CAPTA funds be used towards this priority area. $68,000 for CPM training, coaching and facilitation; and $49,500 for policy development and consultation.

Through on-going training, coaching and facilitation, these funds will support DCF Area Offices and Regions to respond to and implement the findings/recommendations included in the Child Welfare League of America (CWLA). Coaches will continue to be deployed to assist with case reviews, quality assurance activities and supporting the "on-boarding" of the significant number of new staff joining DCF.

Similarly, the Policy Consultant will continue to assist DCF in the urgent revision, development and alignment of existing policies and practices to address the needs/opportunities indentified in the CWLA report.

No additional funds will be proposed to support the Family CQI process.

2. DCF Central Office Nurse

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.*

FY2015 CAPTA Expenditures, Activities and Accomplishments:
DCF hired a central office nurse in November 2014. Much attention has been paid to the need for DCF to ensure timely access to quality health care for children and youth coming into the custody of the Department. The central office nurse supervises and provides back-up support for DCF's regional nurses in conducting case consultations, working with other state agencies, community health providers and hospitals. In addition, she is responsible for data tracking and analysis related to health and health care for DCF children and families.

FY2016 Proposed Expenditures and Activities:
During FY16 DCF proposes to use CAPTA funds at approximately $55,000, which will be a 50% match to state funds to support this critical position.

During FY16, DCF will hire a Medical Director who will provide oversight of the health and medical services team.

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.*

FY2015 CAPTA Expenditures, Activities and Accomplishments:
DCF budgeted $74,000 in FY15 to purchase the services of qualified practicing clinicians, mostly clinical psychologists. Historically, these funds have been used in two ways: 1) 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 and 2) to purchase clinical evaluations of families or family members for which no other source of funding can be identified.

FY2015 expenditures and services for Regional Clinical Consultations were as follows:

Western Region
DCF's Western Region spent approximately $20,000 this year. This region spent its allotment primarily on the following:

1. Stabilizing children exposed to multiple and severe trauma
2. Prevention of higher-level/higher cost placements
3. Identification of clinical needs to keep children at home
5. Risk analysis to assist Social Workers review treatment options

Northern Region
The Northern Region spent approximately $20,000 in CAPTA funding during FY'14 for clinical consultation to staff and for consultation to the Northern Region Clinical Review Team. This funding is utilized primarily for:

1. Individual case consultation to Area Office staff and
2. Consultation to the Northern Region Clinical Review Team.

Both individual and team consultation have proven to be an invaluable support as we deal with an increasingly intense caseload. The consultants provide a professional expertise and perspective not available through internal resources.

The Northern Region continues to actively seek and recruit clinicians to serve as Area Office/Clinical Review Team consultants and have placed a priority on clinicians who reflect the diverse populations served by the eight (8) Northern Region Area Offices.

Southern Region
In FY15 there were two distinctive uses of the $30,000 in allocated funds in the Southern Region. As a result of the Regional Consolidation implemented several years ago, the two Metro Offices (Coastal and Arlington) each had the use of Richard Bristol for case consultation in their respective offices. In combining the budgets as a result of the regional reorganization, these two offices brought their allocations into the Southern Regional budget for continued use with Dr. Bristol. Dr. Bristol brings his expertise to Family Team meetings, level of care discussions with youth being referred, and reunification discussions regarding youth in placement.

The remainder of the Southern allocation is used to staff the Regional Clinical Review team with Dr. Maureen Carnes who provides her expertise to the Regional Team on a range of complex and challenging cases that are reviewed. Dr. Carnes is a reliable and respected participant on the team and has a keen sense of how the Department functions enhancing her value to the team that meets twice a month.

Boston Region
The Boston Region will expend approximately $4,000 in clinical consultation. This region has also had difficulty identifying appropriate vendors at the existing rate.

However, DCF regional staff continues 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.

FY2016 Proposed Expenditures and Activities:
During FY16 DCF proposes to use CAPTA funds at approximately $74,000 to continue to purchase clinical consultations and evaluations as follows:

Western Region: $20,000
CAPTA funds will be used for clinical consultation as well as augmenting the capacity to provide evaluations; this region will spend its allotment primarily on the following:

1.) Stabilizing children exposed to multiple and severe trauma
2.) Prevention of higher-level/higher cost placements
3.) Identification of clinical needs to keep children at home
4.) Risk analysis to assist Social Workers review treatment options

Northern Region: $20,000
Funds will be used for clinical consultation to staff and for consultation to the Northern Region Clinical Review Team.

Southern Region: $30,000
Funds will be used for continued use of clinical consultation and evaluative Services for the Regional Clinical Review. In addition, the two former Metro Area Offices have traditionally utilized a licensed Psychologist for Area based consultative services at Family team meetings as well as Clinical Review Teams.

Boston Region: $4,000
The Boston region will continue to use Ron Molin for case consultation in the Harbor and Dimock Street Area Offices, which will support:

1) consultation on assessed risk to children in the home;
2) assistance with planning services to stabilize children exposed to multiple and severe trauma so that they are able to remain at home or avoid placement in higher level, higher cost settings; and
3) participation in clinical reviews to help staff identify or clarify their understanding of the mental/behavioral health issues families are experiencing to enable the development of more appropriate service plans.

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.*

FY2015 CAPTA Expenditures, Activities and Accomplishments:
For several years, 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. 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, 2014 and June 30, 2015, Children's Charter received 123 referrals. Of the 123 referrals, 59 are related to parents and 68 are related to children, with 16 evaluations either being withdrawn or discontinued due to a wide range of reasons. To date 48 evaluations have been completed, 35 are ongoing, and 25 are currently pending. In fiscal year 2015, Children's Charter saw its forensic evaluation expand to serve a greater # of geographical areas in the commonwealth. Although there was a slight decrease in referrals from Western Massachusetts, the Central/North Central region of Massachusetts experienced a dramatic increase in referrals, with the largest increase coming from the North Central DCF area Office. The Southern Region continues to expand its services into cities where families were not being referred prior to 2015. Boston experienced the most significant increase in referrals with a total of 41 compared to a total of 24 referrals in 2014.

Children's Charter continues to strengthen its relationships and collaborations across the state. They have demonstrated that they have the capacity to be a statewide resource, when the need arises. Their team approach has also been critical in responding to the most difficult and sometimes "high profile" cases involved with the Department of Children and Families. The director of the forensic evaluation program reports that Race and Ethnicity are so diverse with the families being evaluated that it would be +/- 1% to list them in this report. DCF is the primary referral source for forensic evaluations with 95% of them coming from DCF, while 2% of the referrals come through CPCS, 2% self-referred, and 1% of the referrals come from public school systems.

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. The Director of the forensic evaluation program reports that over 70% of the evaluations are utilized by the courts in assisting them with making court rulings on behalf of the children. The primary purpose of the court related evaluations are related to permanency of children. In addition evaluations aide the courts in determining critical services that must be in place to achieve the goal of reunification. We will continue to prioritize the goal of identifying methods of tracking outcomes related to permanency of children in court related cases during fiscal year 2016. For FY16 we will continue to develop and enhance methods of tracking evaluations that are utilized by DCF with assisting in determination of child permanency.

FY2016 Proposed Expenditures and Activities:

DCF intends to maintain level CAPTA units for Children's Charter during FY16. 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. Also in FY16 Children's Charter and DCF will continue to focus on strategies related to underserved priority geographical areas of Massachusetts; such as the western and south regions of Massachusetts. As is evidenced during FY14 and 15, the increase in staffing has had a positive impact on reaching geographical areas that had not been reached in previous fiscal years. This is evidenced by 5 referrals coming from Holyoke, Greenfield and Pittsfield in 2014, to the ongoing strides being made in the Southern Region evidenced by the 34 referrals in 2015. Brockton and New Bedford accounted for 10 of the 34 referrals whereas there were 0 referrals from New Bedford in FY14, and a total of 6 referrals from the Southern Region in 2011. The increased staffing has also had a direct impact on the decrease in wait list time and numbers. Planning and Development for being a statewide resource will continue in FY16. A continued focus will be placed on building relationships with community stakeholders in all the regions of Massachusetts, with an emphasis in the Western Region. In no way will these information sharing sessions impact the amount and/or level of direct care funding. Training has been identified as a priority area for Children's Charter staff in FY16. This was identified as a need during this fiscal year which enabled them to facilitate a DCF legal training for Children's Charter staff.

The Children's Charter contract is monitored by DCF's Domestic Violence Unit (DVU). One of the primary tasks of the DVU is to monitor contracted agencies fiscal and programmatic compliance. The DVU contract staff will continue to focus on improving data collection and developing outcome

measurements for the program. Due to continued budget constraints matriculation of the Children's Charter Program into our Virtual Gateway system was again delayed. This fiscal year we will continue to focus on working with our IT department and Children's Charter to identify ways to enhance the data currently collected by incorporating more specific statistical information. We will also continue to strategize the most effective way of 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 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. Parents Helping Parents' Parental Stress Line

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

FY2015 CAPTA Expenditures, Activities and Accomplishments:
DCF has long supported the availability of a Parental Stress Line [1-800-632-8188] in Massachusetts. The Parental Stress Line's mission is *Empowering parents to nurture children and prevent child abuse.*

During FY15, DCF used CAPTA 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 before it occurs. 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 receives approximately 4,000 calls during the year.

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. Counselors answer calls to the Parental Stress Line. 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 an 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.

Caller Concerns
Callers often discuss several issues on each call. The top 10 areas of concern from callers are: The top 10 concerns that callers discuss are:

- Family Conflict
- Child discipline
- Partner conflict
- Parenting Burn-Out
- Teenager behavior
- Overburdened
- Communication Problem
- Mental Health - child
- Infant crying/behavior
- Community Resources

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 tracking generally indicates that a vast majority of callers express satisfaction; while only a very tiny percentage expresses dissatisfaction.

FY2016 Proposed Expenditures and Activities:
During FY16 DCF proposes to use CAPTA funds at $45,000 to continue contracting with Parents Helping Parents (PHP), the current vendor of the Parental Stress Line.

8. Family Engagement and Voice

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

FY2015 CAPTA Expenditures, Activities and Accomplishments:

Family Engagement at the Department happens at all levels. The Department makes its decision-making processes transparent by engaging former clients and other community members at all levels of decision-making.

In FY15, $65,000 was budgeted in CAPTA funds to support parents and former consumers to participate in the decision making processes at the Department. Specifically these funds were used to provide stipends for their time. The funding also supports Parent Leadership Trainings to former consumers to prepare them to be confident participants and productive members of area boards and other forums where the voice of former consumers must be present. Finally, these funds supported DCF's parent stipends associated with DCF's Fatherhood Initiative. Detailed information about FY15 activities are listed below.

The Family Advisory Committee for the Department (FAC) is a diverse group of individuals who were once involved with DCF in a variety of ways, that advise the department on all matters of policy, practice, delivery and monitoring of services. FAC provides the opportunity for parents and other community members to have real input into the development of policies and decisions that effect families. FAC builds mutual accountability between the Department and the families it serves by creating opportunity for dialogue and learning on both sides.

FAC has a Leadership Team of 8 people representing the 4 regions of the state (2 per region) and two – the co-chairs for FAC - who sit at the senior staff meetings. Senior staff is the highest form of decision making in the Department. The function of the leadership team is to coordinate the activities of the FAC, decide on agenda items for the meetings, streamline and prioritize the work for the Work Plan. The leadership team also attends and participates as leaders in DCF's Statewide Managers Meeting, a monthly meeting with the top management for the Department.

FAC has two sub-committees: a Legislative Sub-committee and a Membership Sub-committee. The purpose of the Legislative Sub-committee is to track existing legislation to create community awareness and galvanize support for policies that support the well being of all families, birth, kin, adoptive, alumni, youth and children in the Commonwealth. The purpose of the Membership Sub-committee is to recruit new members who are committed to working together for the benefit of children and families and to support effective family engagement. They develop participation guidelines and protocols for the FAC and strive to maintain a membership of individuals who accurately reflect the diversity of Massachusetts families. This group ensures that all FAC members feel welcome and encourage each member's voice. They also make recommendations for family participation in local and regional groups/agencies that serve children.

During FY15, the Family Advisory Committee met five times. The meetings focused on:

- Enhancing and sustaining parent participation in all areas of decision making within the department
- FAC participation in the design, training, implementation and monitoring of the Practice Model (Ombudsman project under this objective)
- Fatherhood Initiative
- Administering Parent/Guardian Surveys

- Supporting Kin by supporting the Commission on the Status of Grandparents Raising Grandchildren
- Cross System Collaboration

The Leadership Team met 10 times and attended 10 Statewide Managers meetings. At these meetings the discussion on practice and policy changed considerably in content and outcome because parents are actively participating and providing, to top management, the feedback on how decisions affect families. The Leadership Team also helped to organize and recruit Regional focus groups for the Child Welfare League of America during their external review of Department activities in response to the Oliver case.

The Membership Committee met three times. The goal is to maintain the FAC with a membership of 24. The Membership Committee also recommended that members who are not able to attend meetings or have consistent participation to continue as members under the understanding that when they can be involved they will. They will be called *Friends of FAC* and receive the information like any other member.

Three FAC members attend the Trauma Informed Leadership Teams (TILT) whose function is to create awareness and trainings on trauma informed care and interventions for children and their families.

Four FAC members (fathers) have been involved with the Fatherhood work in the Department by recruiting fathers to participate at decision-making forums statewide as well as at a local level. FAC, recruits mentors and recommends fathers for Leadership trainings. At a local level FAC members assist fathers navigate the DCF system and in many instances also serve as advocates.

The Ombudsman's Office is working with seven FAC members, as Liaisons, to assist parents who are in need of guidance and understanding of the state systems in their lives. The number of liaisons increased from three to eight this year, based on the high demand for such intervention. Several of the liaisons have a special focus such as mental health, substance abuse, fathers and engaging kin.

FAC members are regular and ongoing trainers for new social workers joining the Department. Members of FAC are routinely engaged as part of the teams who trained DCF staff and managers on new policy.

FAC members are actively involved with the Commission on the Status of Grandparents Raising Grandchildren.

FY2016 Proposed Expenditures and Activities:

During FY16, DCF proposes using CAPTA funds at $65,000 to continue to expand on three goals:

- Improving the Quality of Foster Homes
- Increasing the educational attainment of foster children
- Creating enduring and nurturing relationships for the children under DCF care

We will also focus our FY16 work plan in the following areas:

- Expanding consumer participation and membership on DCF local Area Boards.
- Providing oversight and tracking of the fidelity in practice to the CPM from the family perspective.

- Present the information gathered on the Parent/Guardian Survey, a CQI process that starts with a "satisfaction" survey of an entry cohort of DCF involved families. They will be part of the decision for a new cohort of involved families to be surveyed this FY.
- Supporting implementation of the recommendations contained in the Child Welfare League of America (CWLA) report released in May 2014.

- **Community Engagement and Agency Responsiveness** (DCF Ombudsman's Office – Community/Family Liaison)

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

FY2015 CAPTA Expenditures, Activities and Accomplishments:
The role of the ***Office of the Ombudsman*** is to respond to inquiries or issues from families, foster and adoptive parents, advocates, legislators, and others concerning agency programs, policies or service delivery; to mediate and resolve these as quickly as possible; to identify any patterns indicating systemic opportunities for improvement, and to compile and utilize this information along with suggested policy or programmatic changes to the Commissioner, Deputy Commissioners and Chief of Staff, as well as other agency staff.

Calls to the Ombudsman's Office can often be challenging and require a strength-based perspective that includes responding with a professional demeanor, respect, tact and diplomacy. In addition, many families have difficulty understanding policy and practice issues and navigating the system. There are many methods of redress built into the system to resolve issues such as fair hearings, grievances, clinical reviews, foster care reviews, etc. Family liaisons provide support to families and empower them by educating them and assisting them in utilizing the most appropriate avenues to address their concerns.

The Department also seeks to work with families from a trauma informed lens. Providing family liaisons assists us in providing supports for families that have experienced trauma and ensures that our practice is consistent with that goal.

In FY15, $51,000 in CAPTA funding was used to hire a new Community/Family Liaison to work within the Ombudsman's Office to increase responsiveness and support for families with concerns about their DCF cases.

FY2016 Proposed Expenditures and Activities:
We are not proposing to expend CAPTA funds for this position in FY16.

CAPTA Coordinator (State Liaison Officer):

Amy Kershaw
MA Department of Children and Families
600 Washington Street
Boston, MA 02111
617-748-2000 Amy.Kershaw@state.ma.us

Notification regarding substantive changes:

DCF does not have any substantive changes to report regarding state law or regulations that would affect the state's eligibility for the CAPTA State Grant.

Massachusetts Department of Children and Families
Activities to be Assisted with FY 2016 CAPTA Grant Funds

Description	2015 Budget	2016 Proposed
Salary (Nurse)	$41,269.00	$55,000.00
Fringe Benefits	$12,014.13	$16,956.50
Indirect	$15,166.00	$13,000.00
Space, Conference & Incidentals	$22,570.00	$25,000.00
Policy Development/Consultation	$49,500.00	$49,500.00
Coaching Consultants	$134,816.54	$30,000.00
Stipends for Management Team/SW Managers	$5,500.00	$5,500.00
Stipends for FAC Committees	$4,500.00	$4,500.00
Stipends for Parent Leadership Gatherings/Other	$10,000.00	$10,000.00
Parent Stipends for Fatherhood Initiative	$25,000.00	$25,000.00
Parent Stipends for Grandparents Commission	$5,000.00	$5,000.00
Parent Stipends for Family Advisory Committee	$15,000.00	$15,000.00
Key Program	$95,675.42	$95,675.42
Parents Helping Parents	$45,000.00	$45,000.00
Regional Clinical Consultants	$89,000.00	$89,000.00
Total	**$555,371.69**	**$469,131.92**

Commonwealth of Massachusetts

Department of Children & Families

Citizen Review Panel Reports

Citizen Review Panels

Annual Reports

July 1, 2014 – June 30, 2015

Massachusetts Department of Children and Families
Boston, Massachusetts
July 2015

Massachusetts Citizen Review Panels

Annual Reports

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. On December 20, 2010, President Obama signed Public Law 111-320, a new five-year reauthorization of the federal Child Abuse Prevention and Treatment Act (CAPTA). The CAPTA reauthorization in 2010 continues to include CRPs as part of their focus;
- 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 2011:
- 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.

Citizen Review Panel One

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 composition 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 review Local Team recommendations and combine them with its own research in making final recommendations to the governor, legislature and the public. A second responsibility 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.

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

The Review Process

Notifications to Local Teams: Each Local Team receives two notifications of child deaths in their districts at least quarterly. One notification consists of copies of death certificates (which, in some cases, may not be finalized) that originate in the cities and towns of the Commonwealth and are sent to the Department of Public Health (DPH) Registry of Vital Records and Statistics. DPH sends these death

certificates to the Chief Medical Examiner, who in turn forwards them to the Local Teams. In the case of infants under one year of age, DPH attaches birth certificates to the death certificates, which facilitates a review of the infant death by providing critical information on the health status and prenatal care of the mother.

The second notification to the teams is a report from the Department of Public Health, which supplements the death certificates and contains the following information:

- deaths of children living in the district who died in the district
- deaths of children living in the district who died in another district
- deaths of children living in another district who died in the district

Case Selection: Any death of a child from birth through 17, from any cause, may be chosen for review by the team. It is recommended that, at a minimum, Local Teams review the following:

- any death from an injury, intentional or unintentional;
- any sudden or unexpected deaths, including SIDS;
- all cases accepted by the Office of the Medical Examiner; and
- All cases with previous DCF involvement or cases that have been prosecuted by the District Attorney's office.

Two types of deaths usually not reviewed are homicides under investigation and deaths ruled as "pending," both in cause and in manner, by the Medical Examiner. "Pending" as a cause and manner of death is applied to those cases in which further laboratory testing or other investigation is needed and is still incomplete.

Assembling Case Information: To accomplish the mandate of the child fatality review law, the legislature gave each local District Attorney the broad authority to collect all records and information relevant to the death of a child under review by a Local Team. This authority extends to records and information relevant to the child and their immediate family from:

- providers of medical or other care, treatment or services, including dental and mental health care;
- state, county or local government agencies; or
- Providers of social services.

The legislation also gives the Local Team the authority to obtain information covered under the Health Insurance and Portability and Accountability Act (HIPAA).

Case Review: Local teams conduct their meetings differently. However, most case reviews begin with the presentation of case details, including information provided by team members and other sources. Additional participants may be invited to the review if they have information pertinent to the case. The presenter may be the team coordinator or another member with knowledge of the case, but all members who have information concerning the case or the cause of death should contribute to the discussion. At the discretion of the team, a case may be held over to the next meeting if the information provided is unclear, or if more information is needed to complete the review. A case may also be held over if it is under investigation. Reviews are complete when the team agrees that no further information or discussion would add to the investigation of the death.

A child fatality review team does not function as a mechanism for criticizing family or agency decisions. Rather it is a forum for sharing and discussing information essential to the improvement of the state's

ability to protect children from preventable death. The critical question being answered by the review is "How can we prevent a death like this from occurring again?"

Confidentiality: The Child Fatality Review law makes the following provisions for maintaining confidentiality:

- The Chair will ensure that no information submitted for case review is given to anyone outside the Local Team.
- Team members may not violate confidentiality.
- Team members may not disclose team business, except as necessary to carry out their duties and responsibilities.
- Team meetings are closed to the public.
- All information and records acquired by the team for case review are confidential and may be disclosed only as necessary to carry out team duties.
- Statistical compilations of data may be disclosed to the public, provided they contain no identifying information.
- Team members or anyone else attending team case review meetings may not be questioned in any civil or criminal proceeding regarding information presented or opinions formed during reviews, and,
- Information or records of State and Local Teams will not be subject to subpoena, discovery, or introduction into evidence of civil or criminal proceedings.

Some Local Teams begin each case review session by signing a confidentiality form; others sign the form once, at their first meeting.

V. Massachusetts Child Fatality Review Program: Multi-Disciplinary Approach to the Prevention of Child Deaths

Executive Summary

A child's death is a sentinel event that should urge communities to identify other children at risk for illness or injury. The purpose of Child Fatality Review is to conduct a comprehensive, multi-disciplinary review of child deaths, to better understand how and why children die, and to use the findings to take action that can prevent other deaths and improve the health and safety of children. In Massachusetts, Local Child Fatality Review Teams examine the circumstances of child deaths under their jurisdiction to determine if the death was preventable and to formulate recommendations outlining education, policy, and prevention action steps to take to prevent similar deaths in the future. These local recommendations inform the statewide prevention efforts of the State Child Fatality Review Team.

Local Teams reviewed over 140 child deaths and made more than 50 recommendations to the State team to prevent future deaths. The State Team also took several action steps during this period on the leading causes of child death.

- **Sudden unexpected infant death (SUID)** is the leading cause of death among infants 1-11 months in Massachusetts. Abstraction of information on the circumstances of SUID in the state will increase our understanding of these deaths and enhance prevention. In 2013 and 2014, a dedicated SUID database was expanded through efforts of the MA Department of Public Health (MDPH) and the Office of the Chief Medical Examiner. In 2014, an Executive Office of Health and Human Services task force was convened to promote the prevention of SUID in Massachusetts through a media campaign on infant safe sleep and expanded trainings in state agencies.

- **Suicide** was *the* leading cause of injury death in children 0-17 years in Massachusetts during the two year period 2011 and 2012. In 2014, the DPH provided technical guidance on suicide reviews to the State team to improve their understanding of the evidence base for preventing these deaths.

- **Drowning** is another leading cause of injury death in children. A multi-disciplinary work group, convened by the State team in 2014, developed a "best practices" document to improve safety specifically in pools located within schools across the state.

The Child Fatality Review process was not without challenges. At both the state and local level, Child Fatality Review continues to be an unfunded mandate. Local Team coordinators struggle with balancing existing work responsibilities with coordinating Local team meetings, developing Local Team guidelines, gathering records for the review, and submitting data to the State team. Delays in both death certificate and surveillance data also affect Local and State Teams' abilities to focus prevention efforts and measure progress.

Looking forward, the State Team will continue to work on enhancing SUID data collection and prevention activities and will work closely with Local Child Fatality Review Teams to improve the quality of reviews and to submit data in a more efficient manner. The State Team anticipates releasing the document on best practice

VI. Recommendations from Child Fatality Review Report

During the year, the State Child Fatality Review Team received and reviewed 57 recommendations from Local Child Fatality Review Teams. Below are recommendations formulated by the State Team based on common themes found in Local Team recommendations. The State Team recommends the following:

Sudden Unexpected Infant Death (SUID):

- The MA Department of Public Health (MDPH) support staff in birthing hospitals/centers and pediatricians' offices in providing clear, correct, and consistent messaging and education on safe sleep practices to new parents prenatally, while they are in the hospital, after the birth of a child, during follow-up postpartum visits, and during pediatric visits.
- The MDPH send a circular letter to birthing hospitals and centers encouraging the adoption of a standard infant safe sleep policy that mandates infant safe sleep practices in the hospital/birth center and education to new parents about SUID and safe sleep.
- The Department of Children and Families (DCF) continue to conduct environmental checks and provide safe sleep education during routine home visits to families with infants.
- The Department of Early Education and Care (EEC) continue to require safe sleep training for day care providers as part of re-licensure requirements and require day care providers to offer families information on safe sleep.
- Child-serving agencies and professionals who have direct and indirect contact with families offer information on the importance of choosing licensed daycare options, whether family or center-based.

Suicide:

- The Department of Elementary and Secondary Education (DESE) develop a model policy, in compliance with HIPAA and existing state confidentiality laws, to enhance record-sharing across schools, medical providers, and community systems to improve coordination of mental health services and continuity of care.
- Funding is provided to schools so that they may hire mental health clinicians and/or train counseling staff on suicide and mental health issues.

Drowning:

- The Department of Secondary and Elementary Education (DESE) compile a database of school pools to track pool inspection reports done by municipalities and ensure safety standards are met.
- Municipalities review their pool safety standards regarding school pools. Recommendations may include, but are not limited to: secure the pool when swim classes are not in session; take attendance before and after swimming classes; have a lifeguard present during all swim classes; educate students on the signs of drowning; use a buddy system; require staff to do a full perimeter walk following swim classes; use floats to segment the pool during swim classes; and require students to wear color-coded wrist bands identifying swim level.

Other:

- The Massachusetts Chapter of the American Academy of Pediatrics (AAP) and other professional organizations send a notice through the Academy of Pediatricians and other professional organizations reminding physicians about the confidentiality of Child Fatality Review and the risk of re-traumatizing families by notifying them of requests for medical records.

Citizen Review Panel Two

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.

II. Family Advisory Committee ~ Action Plan for 2015-2017

Goal: Assist DCF with the inclusion of community/parent participation to ensure that parent input happens at all levels in the Department including program planning, policy development, and the delivery and monitoring of DCF services.

Objective 1: Parent participation in Area Boards and all areas where decisions are being made that impact the lives of families and children.

Activity 1.1: Develop relationships with Area Directors/Area Offices to assist with board development and strategies for recruiting former consumers for area boards, FELTs, TILTs and other areas where family voice helps the work

Activity 1.2: Assist Area offices/Director of Family Engagement, with the interview process/nominating committee for the engagement of community representatives in all areas of DCF work. (Caring Together proposals, Permanency Planning Training, Area Boards, etc.)

Activity 1.3: Provide support and mentoring to new recruits and learning opportunities to all members *All FAC members are responsible for mentoring and helping the new members along.*

Activity 1.4: Do quarterly reviews of the tracking tools on area board participation

Objective 2: Assist the Department in maintaining fidelity to Practice model

Activity 2.1: FAC members will participate on the area CQI teams. (Check with Ruben to see status of CQI teams)

Activity 2.2: To Assist the Ombudsman's Office with complex cases, 7 Family Liaisons will receive referrals from the Ombudsman's office and assist clients navigating the system

Activity 2.3: Represent Family /Alumni perspective on Regional Clinical Review Teams (CRTs) to assess social work practice and re-evaluate case determination. (Currently only have representative on Northern team)

Activity 2.4: Co-facilitate Foundations *of Health and Wellbeing* trainings for new social workers, supervisors and Area Program Managers to highlight the interconnection of protective factors

Activity 2.5: Co-training for the CWI in the training of new Social Workers, training the field on changes in policy, facilitating interactive learning and dialogue regarding culture, resiliency, child/youth, fathers' inclusion in the family and birth family perspective

Activity 2.6: Represent on the *Massachusetts Child Trauma Project* Steering Committee family voice/alumni perspective in the integration of trauma informed and trauma focused practice

Activity 2.7: Represent Family/Alumni voice at the Central, Regional, and Area Office TILT teams in the development of infrastructural change that may include dissemination of information on resiliency and building practice points

Activity 2.8: Assist the department in the implementation, training, and coaching of the use of the Assessment and Action Plan tool, including the collaboration with families

Objective 3: Assist the Department in the practice of engaging fathers who have children involved in the child welfare system.

Activity 3.1: Identify and recruit fathers for the FAC and other leadership roles (such as participation in Father Speak at Area Offices and membership at statewide meetings)

Activity 3.2: Support the Family Nurturing Center (FNC) Nurturing Fathers trainings throughout the state

Activity 3.3: Provide training in facilitating support groups—this will be available as requested

Activity 3.4: Assist DCF in identifying, opening, and providing services for all fathers.

Activity 3.5: Assist DCF in developing a system to measure and assess progress on all aspects of fatherhood engagement

Activity 3.6: Address trauma and domestic violence in the work with fathers

Activity 3.7: Develop an action plan for fatherhood engagement in DCF.

Activity 3.8: Work with the Interagency Fatherhood Working Group to maximize engagement with fathers throughout all state agencies

Objective 4: Assist the Department with getting systematic feedback from the families it serves on the effectiveness of its interventions and practice.

Activity 4.1: Administer survey to families involved with DCF

Objective 5: Assist the Commission on the Status of Grandparents Raising Grandchildren in the implementation of their mission

Activity 5.1: identify local or statewide funders to maintain the support groups

Activity 5.2: Assist the Commission on the Status of Grandparents Raising Grandchildren in convening the leadership of grandparents groups on a quarterly basis

Activity 5.3: Quarterly update on the Support Groups List

Activity 5.4: Provide Support, information and referral to grandparents who seek assistance

Activity 5.5: Responsibility for maintenance and update on the Grandparents Raising Grandchildren Website

Objective 6: Cross system and secretariat collaboration centered on improving the wellbeing of children and families through public policy initiatives

Activity 6.1: Established and supports the Mother/ Father Clinic at the Suffolk Family Court in conjunction with Chief Justice Ordonez

Activity 6.2: Working with Department of Revenue Family/Father Engagement to understand their culture and how it may impede their ability to effectively engage and serve fathers and consequently families.(DOR Workgroup with Director of Fatherhood Engagement)

Activity 6.3: Work across the Secretariat to identify collaboration efforts to address the needs of families throughout the Commonwealth. (Ask John)

Activity 6.4: Participation on the Massachusetts Strengthening Families Coalition (SFC) for the purpose of creating legislative awareness to the needs of families involved with the child welfare system, with the focus on family stabilization and preservation.

Activity 6.5: Gubernatorial Appointment: Chapter 257 Providers and Consumer Council to address the Acts of 2008 to create outcome measures for service providers that are inclusive of customer satisfaction.

Activity 6.6: Support the development of Pilot initiatives to reformat the parent child visitation model

Activity 6.7: Provide Family Representation on services procured by DCF

Activity 6.8: Nurturing Fathers Groups at Recovery Homes: With Substance Abuse as the most prevalent issue amongst our families – Engaging the recovery community to better understand the challenges and how we may best respond

Activity 6.9: Representation in the Statewide Diversity Leadership Workgroup (DLW) to help set statewide goals in accordance with the DCF Diversity Plan and to align DCF's Diversity goals with the agency's vision.

Activity 6.10: Representation in the Governor's Domestic Violence and Homelessness Integration Task Force.

Activity 6.11: Participation on the Massachusetts Child Welfare Reform Committee (Child Welfare Task Force Think Tank) to increase public awareness of positive child welfare practice and publish educational materials for practitioners.

Citizen Review Panel Three

Professional Advisory Committee

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 is 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 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).

Near-fatalities

In 2014, the Case Investigation Unit learned of 11 children who were in near-fatal condition and an allegation of abuse or neglect was substantiated on their injuries.

Of the eleven children reviewed, 7 sustained injuries from severe physical abuse or Abusive Head Trauma. Two children ingested substances (cocaine or clonidine) that led to their near fatal status. For the remaining two children, one sustained injuries inconsistent with a reported fall and the other child nearly drowned.

Seven of the eleven families did not have any prior history with DCF. The remaining four families were open for DCF intervention at the time of the near fatal injury.

Seven of the children were under the age of one year at the time of the injury and the remaining four children were between the ages of one and four years.

Fatalities of children who were not involved with DCF at the time of their death

In 2014, the Case Investigation Unit learned of 42 children that died and there was an allegation of abuse or neglect filed at the time of their 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 that preceded their death.

Twenty-two of the children were less than one year old while seven children were between the ages of one and four years. Thirteen children were between the ages of four and eighteen years.

The conditions that existed at the time of death for the children that were not open with DCF included:

- 14 children were in unsafe sleep conditions,
- 4 children committed suicide;
- 3 children had existing medical conditions;
- 3 children were victims of severe physical abuse;
- 2 children fell from a window or roof;
- 2 children accidentally suffocated;

- 2 children died of Sudden Infant Death;
- 1 child died from motor vehicle accident injuries;
- 1 child drowned;
- 1 child died of asthma;
- 1 child died from an unknown medical event;
- 1 child choked; and
- 7 children had causes of death that were pending autopsy results.

Fatalities of children who were known to DCF at the time of their death

From January 2014 through December 2014, the Case Investigation Unit reviewed the fatalities of thirty-seven children that were known to DCF within six months of their death. The following information summarizes the data from the child fatality reviews.

Ages of the children at the time of death

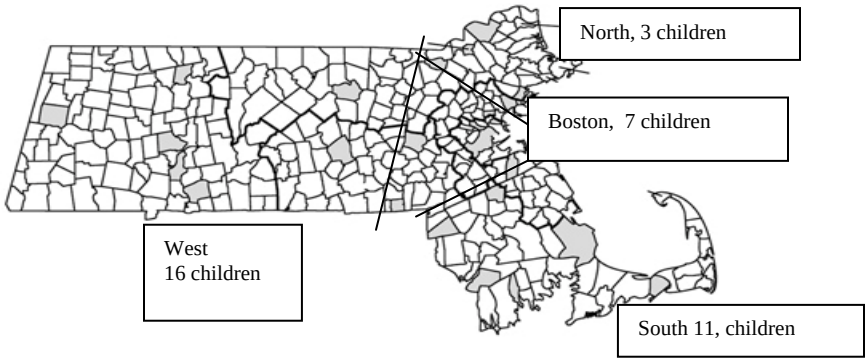
17 children were less than one year old;
6 children were between the ages of one and four years;
5 children were between the ages of four and twelve years; and
9 children were between the ages of twelve and eighteen years.

Causes of death

The conditions that existed at the time of death were:

- 8 children were in unsafe sleep conditions;
- 10 children suffered complications with pre-existing medical conditions;
- 2 children were extremely premature;
- 2 children had cancer;
- 2 children died from motor vehicle accident injuries;
- 1 child possibly died of Sudden Infant Death;
- 1 child suffered gunshot wounds;
- 1 child committed suicide;
- 4 children died of asthma or pneumonia related illness;
- 1 child died from a complication at birth;
- 1 child died of placenta abruption;
- 1 child died from a seizure;
- 1 child died of accidental suffocation; and
- 2 children had pending causes of death awaiting autopsy results.

Massachusetts DCF regions where the family was known to the agency



Custody status at the time of death

Four of the children who died in 2014 were in the custody of DCF. Two of the children in DCF custody died of a pre-existing medical condition; one died of SIDS; and one died in a motor vehicle accident.

51A Reports filed at the time of death

At the time of the death of 20 of the 37 children, allegations of abuse, neglect and/or death were filed. The allegations were investigated and substantiated regarding 14 of the families and unsupported regarding 6 of the families.

Effective case practice

The child fatality reviews identified effective practices including: Engagement with kin as a source of support; positive social worker/client relationships; consistent contact with providers; effective service planning; frequent home visits; service referrals Early Intervention and home-based treatment providers; and cultural/linguistic connections between the agency and the family.

Practice Improvement Opportunities

The child fatality reviews identified areas to improve practice including: Increased consultation needed with domestic violence, substance abuse or mental health specialists; assessment of parenting capacity; and improved case formulation.

Citizen Review Panels

Department Response 2015

July 1, 2014 – June 30, 2015

Massachusetts Department of Children and Families
Boston, Massachusetts

Supporting Children • Strengthening Families

2015 Citizen Review Panel (CRP) Response from the Massachusetts Department of Children and Families Central Administration

In 2014-2015, the Massachusetts Department of Children and Families continued to work on the programmatic and statutory results of the bill passed in 2008, *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's response to the recommendations made by the Citizen Review Panels is included below.

Family Advisory Committee (FAC)

Recommendation 1: Assist DCF with the inclusion of community/parent participation to ensure that parent input happens at all levels in the Department including program planning, policy development, and the delivery and monitoring of DCF services; Increase parent participation in Area Boards and all areas where decisions are being made that impact the lives of families and children.

Recommendation: Develop relationships with Area Directors/Area Offices to assist with board development and strategies for recruiting former consumers for area boards, FELTs, TILTs and other areas where family voice helps the work. Assist Area offices/Director of Family Engagement, with the interview process/nominating committee for the engagement of community representatives in all areas of DCF work. (Caring Together proposals, Permanency Planning Training, Area Boards, etc.);

Recommendation: Provide support and mentoring to new recruits and learning opportunities to all members. All FAC members are responsible for mentoring and helping the new members along.

Recommendation: To assist the Ombudsman's Office with complex cases, 7 Family Liaisons will receive referrals from the Ombudsman's office and assist clients navigating the system.

Recommendation: Represent Family /Alumni perspective on Regional Clinical Review Teams (CRTs) to assess social work practice and re-evaluate case determination. (Currently only have representative on Northern team).

Recommendation: Co-facilitate Foundations *of Health and Wellbeing* trainings for new social workers, supervisors and Area Program Managers to highlight the interconnection of protective factors.

Recommendation: Co-training for the CWI in the training of new Social Workers, training the field on changes in policy, facilitating interactive learning and dialogue regarding culture, resiliency, child/youth, fathers' inclusion in the family and birth family perspective.

Recommendation: Represent on the *Massachusetts Child Trauma Project* Steering Committee family voice/alumni perspective in the integration of trauma informed and trauma focused practice.

Recommendation: Represent Family/Alumni voice at the Central, Regional, and Area Office TILT teams in the development of infrastructural change that may include dissemination of information on resiliency and building practice points.

Recommendation: Assist the department in the implementation, training, and coaching of the use of the Assessment and Action Plan tool, including the collaboration with families.

Recommendation: Assist the Department in the practice of engaging fathers who have children involved in the child welfare system; Identify and recruit fathers for the FAC and other leadership roles (such as participation in Father Speak at Area Offices and membership at statewide meetings); Support the Family support groups—this will be available as requested; Assist DCF in identifying, opening, and providing services for all fathers; Assist DCF in developing a system to measure and assess progress on all aspects of fatherhood engagement; Address trauma and domestic violence in the work with fathers; Develop an action plan for fatherhood engagement in DCF; Work with the Interagency Fatherhood Working Group to maximize engagement with fathers throughout all state agencies

Recommendation: Assist the Department with getting systematic feedback from the families it serves on the effectiveness of its interventions and practice; Administer survey to families involved with DCF. Assist the Commission on the Status of Grandparents Raising Grandchildren in the implementation of their mission; Identify local or statewide funders to maintain the support groups; Assist the Commission on the Status of Grandparents Raising Grandchildren in convening the leadership of grandparents groups on a quarterly basis; Quarterly update on the Support Groups List; Provide Support, information and referral to grandparents who seek assistance; Responsibility for maintenance and update on the Grandparents Raising Grandchildren Website.

Recommendation Establish and support the Mother/ Father Clinic at the Suffolk Family Court in conjunction with Chief Justice Ordonez; Work with Department of Revenue Family/Father Engagement to understand their culture and how it may impede their ability to effectively engage and serve fathers and consequently families.(DOR Workgroup with Director of Fatherhood Engagement); Work across the Secretariat to identify collaboration efforts to address the needs of families throughout the Commonwealth; Participation on the Massachusetts Strengthening Families Coalition (SFC) for the purpose of creating legislative awareness to the needs of families involved with the child welfare system, with the focus on family stabilization and preservation; Gubernatorial Appointment: Chapter 257 Providers and Consumer Council to address the Acts of 2008 to create outcome measures for service providers that are inclusive of customer satisfaction; Support the development of Pilot initiatives to reformat the parent child visitation model; Provide Family Representation on services procured by DCF; Nurturing Fathers Groups at Recovery Homes: With Substance Abuse as the most prevalent issue amongst our families – Continue engaging the recovery community to better understand the challenges

and how we may best respond ; Continue representation in the Statewide Diversity Leadership Workgroup (DLW) to help set statewide goals in accordance with the DCF Diversity Plan and to align DCF's Diversity goals with the agency's vision; Representation in the Governor's Domestic Violence and Homelessness Integration Task Force; Participation on the Massachusetts Child Welfare Reform Committee (Child Welfare Task Force Think Tank) to increase public awareness of positive child welfare practice and publish educational materials for practitioners.

Department Response: The Department will facilitate FAC meetings with Area Directors/Area Offices to identify strategies to recruit former consumers for area boards and FELT teams; FAC members should meet to confirm a plan for working with the Park Street Office. The Department also supports the development of a strategy for FELT teams in Area Offices and for the PAC to meet with 29 Area Board leadership to strategize vision and needs of the Department regarding community supports; The Department continues to support FAC members to recruit and recommend community representatives; The FAC will ensure that the interview process is the same for all consumers and community members; FAC members should continue to engage Area Offices in making recommendations of former consumers for the Boards. The FAC should continue to participate in training (since 2011 these trainings have been offered); Continue to conduct 7th Foundations of Health and Wellbeing; Continue systemic review of substance abuse protocol; and continue to work on the re-design of DCF intranet tools; The goals for the Department are in line with those for the FAC. The Department will continue to address the FAC's goal to improve the "disconnect between what the upper management says and what the middle management allows happening in the field". The service plan, as is, generated a lot of discussion. The Department believes that the service plan is where the commitment of family voice exists. A recent working group had done a lot of work regarding the service plan and will need follow-up. The Department also requests that the FAC to continue to discuss provider performance and how to make providers more accountable for the services provided. We appreciate the FAC's efforts to complete customer satisfaction surveys to incorporate consumer/family input.

Professional Advisory Committee (PAC)

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).

In 2014, the Case Investigation Unit learned of 11 children who were in near-fatal condition and an allegation of abuse or neglect was substantiated on their injuries. Of the eleven children reviewed, 7 sustained injuries from severe physical abuse or Abusive Head Trauma. Two children ingested substances (cocaine or clonidine) that led to their near fatal status. For the remaining two children, one sustained injuries inconsistent with a reported fall and the other child nearly drowned. Risk factors present in the families of the children who died included: mental health, substance abuse or domestic violence. Twenty-three of the families had at least one risk factor present.

Department Response: The Department is grateful to the PAC members who reviewed cases of child fatalities and near fatalities. The feedback provided to the Critical Incident Unit has been made available to the Commissioner, Executive Committee, senior management, staff and supervisors. The Department will continue to support services that address the complex needs of the dually-disordered and their families. The Department will also focus on increased referrals to community-based mental health and substance abuse treatment providers.

Effective case practice

The child fatality reviews identified effective practices including: Engagement with kin as a source of support; positive social worker/client relationships; consistent contact with providers; effective service planning; frequent home visits; service referrals Early Intervention and home-based treatment providers; and cultural/linguistic connections between the agency and the family.

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.

Practice Improvement Opportunities

The child fatality reviews identified areas to improve practice including: Increased consultation needed with domestic violence, substance abuse or mental health specialists; assessment of parenting capacity; and improved case formulation.

Department Response: As healthcare continues to move to a more integrated system and approach in behavioral health services, collaboration between mental health, substance abuse, domestic violence, trauma-informed and other specialties will be increased. Massachusetts has been a national example of "Health care for all" and the Department will continue to advocate for the individuals and families we serve. In addition, electronic medical records and other technological resources will help DCF and community providers to share information more effectively and consistency. Additional opportunities will also be provided for reporting of data collected.

Massachusetts State Child Fatality Review Program

Recommendations from the Statewide Child Fatality Review Program

Drowning

Recommendations: The Department of Secondary and Elementary Education (DESE) compile a database of school pools to track pool inspection reports done by municipalities and ensure safety standards are met. Municipalities review their pool safety standards regarding school pools. Recommendations may include, but are not limited to: secure the pool when swim classes are not in session; take attendance before and after swimming classes; have a lifeguard present during all swim classes; educate students on the signs of drowning; use a buddy system; require staff to do a full perimeter walk following swim

classes; use floats to segment the pool during swim classes; and require students to wear color-coded wrist bands identifying swim level.

Continue to bring together YMCA's, community centers, recreation centers, state agencies and schools to offer and advertise swim lessons to children, especially in urban or coastal area. The swim lessons should be free or on a sliding fee scale for families who qualify; Conduct an education and prevention campaign to inform families, schools, and owners/managers of public and private pools about the dangers of children swimming unsupervised. Include information on what drowning looks like; The Department of Elementary and Secondary Education should require that all public schools teach "summer time safety," including information on swimming and drowning risks, to all students before the end of the school year, regardless of whether the school has a pool or is located in a coastal area. Standardize and improve lifeguard certification and training. Publicize information about 780 CMR 120m on water safety regulations via the media, public safety outlets, state and community agencies, and other stakeholders. Ensure that backyard safety is always addressed regarding proper gates, fences, and supervision by providing this information to people when purchasing pools, koi ponds and other water features.

Sudden Unexpected Infant Death (SUID)/Safe Infant Sleep Practices

Recommendations: The MA Department of Public Health (MDPH) support staff in birthing hospitals/centers and pediatricians' offices in providing clear, correct, and consistent messaging and education on safe sleep practices to new parents prenatally, while they are in the hospital, after the birth of a child, during follow-up postpartum visits, and during pediatric visits. The MDPH send a circular letter to birthing hospitals and centers encouraging the adoption of a standard infant safe sleep policy that mandates infant safe sleep practices in the hospital/birth center and education to new parents about SUID and safe sleep. The Department of Children and Families (DCF) continue to conduct environmental checks and provide safe sleep education during routine home visits to families with infants. The Department of Early Education and Care (EEC) continue to require safe sleep training for day care providers as part of re-licensure requirements and require day care providers to offer families information on safe sleep. Child-serving agencies and professionals who have direct and indirect contact with families offer information on the importance of choosing licensed daycare options, whether family or center-based.

Continue to work with the Department of Public Health, hospitals, home visitors, health centers, and other relevant child-caring agencies to tailor infant safe sleep messages to specific groups, including grandparents, fathers, non-English speakers, and immigrants. Information on napping should be included in all safe sleep messaging; The Department of Public Health should take a lead role in developing consistent infant safe sleep curriculum. The Department should then train and provide materials to DCF, mental health providers, home visitors, lactation consultants, nurses, and daycare providers. State and local police departments, in collaboration with the Medical Examiner's office and the Executive Office of Public Safety, should adopt a statewide standardized protocol for death scene investigation, where sudden unexpected infant death (SUID) forms are properly filled out in relevant cases. The Department of Public Health should launch a multimedia campaign to get out the message about infant safe sleep.

The Department of Public Health should collaborate with hospitals to create standardized guidelines for infant safe sleep among newborns and other infants admitted to the hospital. The Department should also work with NICU's and hospital staff to model safe sleep practices for parents.

Suicide

Recommendations: The Department of Elementary and Secondary Education (DESE) develop a model policy, in compliance with HIPAA and existing state confidentiality laws, to enhance record-sharing across schools, medical providers, and community systems to improve coordination of mental health services and continuity of care. Funding is provided to schools so that they may hire mental health clinicians and/or train counseling staff on suicide and mental health issues. The Massachusetts Chapter of the American Academy of Pediatrics (AAP) and other professional organizations send a notice through the Academy of Pediatricians and other professional organizations reminding physicians about the confidentiality of Child Fatality Review and the risk of re-traumatizing families by notifying them of requests for medical records.

Continue to bring together health care, social service, and educational institutions serving youth to improve coordination of services across providers and share information where appropriate. Include information on proper storage of firearms. The Department of Elementary and Secondary Education should develop a policy for sharing the counseling records of students between school levels and changing schools so that high-risk students can get the attention they need especially when adjusting in new schools. The Department of Public Health and local suicide prevention coalitions should provide education on topics associated with suicide, such as dating violence and bullying, to relevant stakeholders, including schools, social service agencies, and health centers. The Department of Public Health and local suicide prevention coalitions should provider outreach and education to families, teachers, community leaders, and DCF about the warning signs for suicide and suicide prevention. Work with the media to promote suicide awareness in a way that serves to discourage future youth suicide.

Transportation

Recommendations: The Department of Transportation should make adjustments to the Drivers Education course to include more education on off road vehicles, seat belt use, driving in hazardous weather conditions, motorcycle awareness, vehicle maintenance, and general driver attentiveness. The State Child Fatality Review Team encourages the passage of the primary seat belt law, along with provision of education by the Department of Transportation and the Department of Public Health on the importance of wearing seatbelts. The Department of Transportation should require more safety regulations for motorcycles, including a motorcycle safety course. State and municipal officials should support the MBTA to make safety changes at crossing railroad tracks. These changes should include using horns, even when prohibited by towns for noise violation, enforcing fines for walking on a track with the gates down, and the creation of warning systems for crossings where two trains are approaching and other safety measures. The Department of Public Health and the Department of Transportation should conduct

surveillance and research on the circumstances and risk factors involved in motor vehicle crashes. Findings should then be used to inform media campaigns and safety efforts.

Homicide

Recommendations: Community agencies and local police should reach out to local communities to provide information and resources for preventing gang violence. The possibility of media campaigns should also be explored. The Department of Public Health, health centers, and social service agencies should raise awareness about the role mental health, trauma, self-care, and depression in violence prevention. Conduct education in schools, after-school and other youth serving programs about gun/weapon safety and violence prevention – encourage a risk reduction approach. Partner with the Department of Public Health and public health research institutions in the state to gather information on best practices to reduce access to illegal firearms.

Department Response: The Department appreciates the collaboration between the Statewide Child Fatality Review Team and other state agencies (i.e. MDPH, DOT, DOE, etc.) and will continue to support inter-agency collaboration of behalf of consumers in all systems. DCF collaborated with many state agencies this past year on an extensive public education/awareness campaign regarding safe sleep practices. The Department will provide staff resources and continue to actively participate in these efforts to increase the capacity to reduce child fatalities in the Commonwealth of Massachusetts.

Commonwealth of Massachusetts

Department of Children & Families

Statistical and Supporting Information

Commonwealth of Massachusetts

Department of Children & Families

CAPTA State Annual Data Report

1. Information on Child Protective Service Workforce: For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State, report available information or data on the following:

- information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;

DEPARTMENT OF CHILDREN AND FAMILIES
SOCIAL WORKER QUALIFICATIONS

Social Worker A/B: - Job Grade: 19, Bargaining Unit 8

MINIMUM ENTRANCE REQUIREMENTS

Required work experience:

None

Required education:

- A Bachelor's or higher degree.
- A Bachelor's or higher degree in social work, psychology, sociology, counseling, counseling education, or human services is preferred for positions in the Department of Children and Families.

Licenses:

- Current and valid licensure as a Licensed Social Work Associate, Licensed Social Worker, Licensed Certified Social Worker, or Licensed Independent Clinical Social Worker by the Massachusetts Board of Registration in Social Work **OR** certification as a child protective worker as permitted by state law is required.
- Based on assignment, a current and valid Massachusetts Class D Motor Vehicle Operator's license or the equivalent from another state may be required.

Social Worker C, Job Grade 20, Bargaining Unit 8

MINIMUM ENTRANCE REQUIREMENTS

Required work experience:

At least two years of full-time, or equivalent part-time, professional experience as a licensed social worker or after certification as a child protective worker as permitted by state law.

Substitutions:

- A Master's degree in social work, psychology, sociology, counseling, counseling education, or human services may be substituted for one year of the required experience on the basis of two years of education for one year of experience.

- A Doctorate in social work, psychology, sociology, counseling, counseling education, or human services may be substituted for the required experience on the basis of two years of education for one year of experience.
- One year of education equals 30 semester hours. Education toward a degree will be prorated on the basis of the proportion of the requirements actually completed.

Required education:

- A Bachelor's or higher degree.
- A Bachelor's or higher degree in social work, psychology, sociology, counseling, counseling education, or human services is preferred for positions in the Department of Children and Families.

Licenses:

- Current and valid licensure as a Licensed Social Work Associate, Licensed Social Worker, Licensed Certified Social Worker, or Licensed Independent Clinical Social Worker by the Massachusetts Board of Registration in Social Work is required.
- Based on assignment, a current and valid Massachusetts Class D Motor Vehicle Operator's license or the equivalent from another state may be required.

Social Worker D (Supervisor), Job Grade 23, Bargaining Unit 8:

Required Work Experience:

At least three years of full-time, or equivalent part-time, professional experience as a licensed social worker or after certification as a child protective worker as permitted by state law. Based on assignment to second-level supervisory positions, at least one year of experience must have been in a supervisory capacity.

Substitutions:

- A Master's degree in social work, psychology, sociology, counseling, counseling education, or human services may be substituted for one year of the required non-supervisory experience on the basis of two years of education for one year of experience.
- A Doctorate in social work, psychology, sociology, counseling, counseling education, or human services may be substituted for the required non-supervisory experience on the basis of two years of education for one year of experience.
- No substitution will be permitted for the required supervisory experience. One year of education equals 30 semester hours. Education toward a degree will be prorated on the basis of the proportion of the requirements actually completed.

Required education:

- Adoption, Foster Care, Assessment, Child Welfare Social Worker, Investigation, or Screening assignments: A Master's or higher degree in social work, psychology, sociology, counseling, counseling education, or human services is required.

Licenses:

- Current and valid licensure as a Licensed Social Work Associate, Licensed Social Worker, Licensed Certified Social Worker, or Licensed Independent Clinical Social Worker by the Massachusetts Board of Registration in Social Work is required.

Demographic Information – see chart on following page

DSS - DEPT OF CHILDREN & FAMILIES

Agency Quarterly Report

For 2015-Q3 (12/28/2014 to 3/21/2015)

Summary Total Workforce: 3527

Male: 693 (19.65%)

White	%	Black	%	Hispanic	%	Asian	%	Native American	
477	13.52	120	3.4	73	2.07	21	0.6	2	

Female: 2834 (80.35%)

White	%	Black	%	Hispanic	%	Asian	%	Native American	
1890	53.59	456	12.93	419	11.88	55	1.56	9	

Minorities: 1159 (32.86%)

--	--	Black	%	Hispanic	%	Asian	%	Native American	
		576	16.33	492	13.95	76	2.15	11	

Veterans: 17 (0.48%)

White	%	Black	%	Hispanic	%	Asian	%	Native American	
11	0.31	6	0.17	0	0	0	0	0	

Disabled: 91 (2.58%)

White	%	Black	%	Hispanic	%	Asian	%	Native American	
62	1.76	12	0.34	12	0.34	3	0.09	2	

Last Quarter		Current Quarter			
Black	574	Black	576	Black	(2) 0.05671
Hispanic	487	Hispanic	492	Hispanic	(5) 0.14176
Asian	73	Asian	76	Asian	(3) 0.08506
N. American	13	N. American	11	N. American	(-2) -0.05671
Disabled	94	Disabled	91	Disabled	(-3) -0.08506
Vev's	16	Vev's	17	Vev's	(1) 0.02835
Female	2822	Female	2834	Female	(12) 0.34023

Caseloads and Staffing

Since January 2014, the Department has hired 644 qualified social workers, supervisors and managers. There are now 292 more social workers on staff than there were in January 2013.

As of December 2014, the statewide average for caseloads was 18:1, compared to 17.06 in December 2013. Caseloads rose quickly beginning in January 2014 after a number of high profile child welfare cases.

The Department and social worker union are in agreement that caseloads should be lower and the Department has been working toward that goal. The Department continues to hire aggressively and significant increases in staff have begun to provide some relief in this area.

The Department also continues to deal with an increase in child abuse/neglect reports being filed. From year to year, there has been an increase in these 51A reports. For example, in December 2014, there was a 23% increase over December 2013.

91,409 51A Reports were filed in 2014

December, 2013	6,449 51A Reports filed, statewide
December, 2014	7,920 51A Reports filed, statewide

Statewide Weighted Caseload (Average)

December 2013	17.06
December 2014	18.46

This is an 8% increase.

Social Worker Training and Licensure and Education

FY2015 budget language contained the following subsection:

"The commissioner shall require social workers employed by the department to obtain a license as a social worker pursuant to section 131 of chapter 112 within the first 9 months of employment. The commissioner shall require social workers employed by the department to participate in not less than 30 hours per year of paid professional development training; provided, however, that such training shall be consistent with applicable collective bargaining agreements. The commissioner may grant a social worker employed by the department a one-time 6-month hardship waiver from the licensing requirement under this section to ensure access for underserved populations."

Actions:

- The MA Child Welfare Institute at DCF has created a new position to lead implementation of an enhanced supervision model and training program in FY 15.
- MA Child Welfare Institute has created a new position to focus on the licensure of social workers and staff to ensure compliance.
- The Department has committed to offer license prep courses for staff across the state.
- Suffolk University has agreed to purchase 150 study guides to be distributed across area offices for staff to use at the local level to assist in exam preparation.

Number of social workers and supervisors who have a bachelor's degree in social work: 2,717

Number of social workers and supervisors who have a master's degree in social work: 674

Number of social workers holding licensure by level:

• LICSW	132
• LCSW	328
• LSW	490
• LSWA	812
Total	1,762

Additional Statistical and Supporting Information

1. Juvenile Justice Transfers

- **Report the number of children under the care of the State child protection system who were transferred into the custody of the State juvenile justice system in Federal FY 2014 (specify if another time period is used).**

DCF, the state child protection agency, does not transfer custody to the Department of Youth Service (DYS), the State juvenile justice agency. In June 2015, DCF matched its records with children committed to DYS during calendar year 2014. DCF had custody of 89 youth on the same day that they were committed by the courts to DYS. For 10 of these youth, DCF custody ended on the same day that DYS was granted custody. The remaining 79 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.

2. Sources of Data on Child Maltreatment Deaths

- **Describe all sources of information relating to child maltreatment fatalities that the state agency currently uses to report data to NCANDS**;

Massachusetts reports child fatalities attributed to maltreatment only after information is received from the Registry of Vital Records and Statistics (RVRS). Information used to determine if the fatality was due to abuse or neglect also include data compiled by the Department of Children & Families' Case Investigation Unit and reports of alleged child abuse and neglect filed by the state and regional child fatality review teams convened pursuant to Massachusetts law. As these data are not available until after the NCANDS Child File must be transmitted, Massachusetts reports counts of child fatalities due to maltreatment in the NCANDS Agency file.

- **If the State does not use information from the State's vital statistics department, child review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS, explain why any of these sources are excluded.**

Massachusetts does use information from the Massachusetts RVS, child fatality review teams, reports filed by law enforcement agencies and information from the medical examiner when reporting child maltreatment fatality data to NCANDS.

- If not currently using all sources of child maltreatment fatality data listed in the previous bullet, describe the steps the agency will take to expand the sources of information used to compile this information.

This is not applicable to DCF.

3. Education and Training Vouchers

- **Identify the number of youth who received ETV awards from July 1, 2013 through June 30, 2014 (the 2013-2014 School Year) and July 1, 2014 through June 30, 2015 (the 2014-2015 School Year). States may estimate totals if they do not have the total number for the 2014-2015 School Year.**

Please see the Chafee/ETV report section of the APSR for this information.

4. Inter-Country Adoptions

- **Report the number of children who were adopted from other countries and who entered into State custody in FY 2014 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution. (See section 422(b)(12) of the Act.)**

The Department reviewed the cases of children who entered care during federal fiscal year 2014 and who were previously adopted. The Department did not find any children who meet the criteria for entering as a result of a disruption of an intended international adoption and found two children who experienced a dissolution of an international adoption:

Child 1 was adopted from Liberia at 2 years of age. If a private agency was involved in this adoption, the name is unknown. The child came into DCF care in October 2013, at age13 after a Child Requiring Assistance petition was filed at the request of his adoptive parents. His adoptive parents signed adoption surrenders in July 2013. The child's goal is Permanency through Adoption.

Child 2 was adopted from the Peru at 12 years of age. If a private agency was involved in this adoption, the name is unknown. She opened as a DCF consumer in December 2011 when her adoptive mother applied for voluntary services. Custody was granted to the foster parents on 12/20/13 and returned to DCF on 2/13/2014. The child has been free for adoption since December 2012. The current permanency plan is Permanency through Care with Kin. However, the child-specific placement upon which this plan was based disrupted. The latest Foster Care Review recommended a plan of Alternative Planned Permanent Living Arrangement. This recommendation has not yet been accepted by a Permanency Planning Conference.

5. Monthly Caseworker Visit Data

- **States are required to collect and report data on monthly caseworker visits with children in foster care (section 24(f) of the Act). Data for FY2015 is to be reported separate from the 2016 APSR and will be due for submission to CB by December 15, 2015.**

DCF will submit the required information by December 15, 2015.

Services for Children Adopted from Other Countries
2015 Update

- Describe the activities that the state has undertaken to support the families of children adopted from other countries.
- Describe the activities the state plans to take over the next five years to support children adopted from other countries, including the provision of adoption and post-adoption supports.

The Department of Children and Families contracts with a lead agency to provide post-adoption services for all families in the Commonwealth, including families of children adopted from other countries. The contract with *Adoption Journeys* has been in place since 1997; it is anticipated that this contract will continue in effect from 2015-2019. *Adoption Journeys* provides services through private agencies; the Department believes that having a private agency provide post-adoption services is less threatening to families than requiring them to work directly with the state's child protection agency.

Adoption Journeys provides information and referral services to adoptive families. An "800" number is answered live 24 hours/day, 7 days/week. There is also a component of the contract designed to educate therapists, attorneys, judges and others who may work with adoptive families. Adoption Journeys has also conducted statewide professional conferences in collaboration with UMass Medical School's Office of Foster Care and Adoption.

Other contract services include:

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

Any adoptive family in Massachusetts can access the post-adoption services. Approximately 30% of the families working with Adoption Journeys in 2013 and 2014 were infant, private or international adoptions.

Commonwealth of Massachusetts

Department of Children & Families

Targeted Plans with the 2015-2015 CFSP - Updates

Commonwealth of Massachusetts

Department of Children & Families

Foster and Adoption Parent Diligent Recruitment Plan Update

Foster and Adoption Parent Diligent Recruitment Plan Update

The Massachusetts Department of Children and Families continues it's commitment to recruiting foster and adoptive parents that reflect the ethnic and racial diversity of the children in its care and custody. Local DCF offices are especially active in recruitment efforts at the grass roots level in order to identify resources which allow children to maintain vital connections in their communities, including kin, school, and other significant relationships.

It is through local community events and activities that the public is made aware of the Departments need for foster and adoptive families. DCF continues its partnerships with the Massachusetts Adoption Resource Exchange (MARE) and with Jordan's Furniture. Our private/public partnership has enabled the Department to improve the quality and effectiveness of our recruitment efforts.

Recruitment Events, held annually:

- Walk/Run for Adoption, MARE, May, 2015
- Adoption/Foster Care Information Weekend, June, 2015
- Summer Adoption Mixer, Assumption College, August, 2014
- Adoption Option, September,2015
- National Adoption Day
- Adoption Parties, across the state

Recruitment campaigns are either targeted to a specific group of children, child specific or general recruitment. DCF will continue to identify populations of children that need to be highlighted in campaigns, throughout the coming year.

An example of a targeted group recruitment effort…Adolescents, 12-17 year olds, continue to be DCF's largest age group in foster care. This past year we focused recruitment efforts on homes for our older youth. Two statewide media campaigns focused on teens, June & September, 2014. The campaign focused on youth in care needing foster placements and also on older youth needing part-time placement opportunities, as they completed their education. We have posters that can be utilized across the state that are specific to fostering a teen.

The media campaigns that are developed utilize the following media outlets: radio, T.V., community newspapers, banner advertising on social media outlets. We have been fortunate this fiscal year to have had the opportunity to run three separate campaigns, one of which is running right now. This current campaign has expanded over a 6-month period, January to June, 2015. The longest running campaign to date.

DCF always gives first consideration to placement with a relative or member of a child's extended family. As reported in the 3rd Quarter of FY 2014 report, 44% of children placed in departmental foster care were placed in kinship foster care homes. On 12/31/2014 DCF had 1870 approved Kinship foster homes. To date this is the most success we have been in placing children with kin. The total number of approved foster homes under the direct supervision of DCF as of 12/31/2014 is 5524.

In April & May, 2015, we provided MAPP TOT (Massachusetts Approach to Partnership in Parenting, Trainers of Trainers) to staff in order for our area offices to have an adequate number of staff trained and

ready to provide training to our foster and adoptive applicants. MAPP groups can be organized to run on a continuance basis, referred to as Rolling MAPP. This allows for applicants to start training as soon as they are ready and not have to wait for a group to start. We have several offices conducting MAPP groups in this format. Other offices have opted to stay with the ten-week session, which they hold several times a year.

APSR 2016:

Department of Children and Families maintains a full time Foster Care and Adoption Recruitment Unit that is part of the Foster Care, Adoption and Adolescent Services Division. DCF had maintained two Recruitment Supervisors that assisted the Area Offices with their recruitment plans and activities. The supervisors were also responsible for coordinating statewide recruitment events, responsible for receiving calls through the 1-800 recruitment line; supervise the Foster Care Recruitment Ambassadors which are housed at each of the 20 Area Offices. One Supervisor was promoted and we are now in the process of hiring. In addition to that position we are now able to hire a third supervisor which will greatly enhance our work with the local area offices.

This past year education stability came into focus as had placement stability some time ago. The Education Manager here at our Central Office has provided local school departments with information on our need for foster homes. In addition, a report was run by DCF in order to look at how many children leave their community upon being placed into foster care. We will now take this information and focus recruitment efforts on towns in which we have no foster homes. We fully understand that by placing children with Kin that this will have an impact on children leaving their community. But we will also need to look closely at type of placement child went into as they were placed in foster care, in a different community.

A long term plan for DCF is to have recruitment social workers in each area office. This plan has not been finalized but should it come to fruition we would be in a position to have three Recruitment Supervisors, assigned here to Central Office, available to work with area office recruiter on a much needed focused recruitment plan.

As staffing changes have occurred, within our division, we are in a much better position to offer area offices the supports they need to be successful recruiters.

There are no changes or updates to foster and adoptive parent diligent recruitment plan as of June, 2015.

Commonwealth of Massachusetts

Department of Children & Families

Health Care Oversight and Coordination Plan - Update

Commonwealth of Massachusetts

Department of Children & Families

2015-2019 Plan

2015 Update

Health Care Oversight and Coordination Plan

2014 DCF HEALTH CARE OVERSIGHT AND COORDINATION PLAN – 2015 Update

The 2014 DCF Health Care Oversight and Coordination Plan builds upon and revises previously submitted plans. The Department continues to strive to strengthen our efforts to ensure that children in the care and custody of the Department receive routine health care and that their specialized medical needs are addressed. These efforts have included increased collaboration with other state agencies and the medical community, as well as working toward enhanced integration of medical and behavioral health care.

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

DCF Policy on Medical Exams for children entering DCF care or custody. In 1998, the Department established a directive that all children in DCF custody receive medical screening examination within 7 days of placement and a comprehensive medical examination within 30 days of entering out of home placement.

This directive was subsequently formalized in agency policy. The policy provides greater detail about the role of the social worker, foster parent, and healthcare providers in scheduling, coordinating, and communicating the findings. This policy also specifies that all children in DCF custody receive healthcare in accordance with the EPSDT periodicity schedule. The policy is reviewed with new social workers during pre-service training and is posted on the DCF intranet.

Foster Care Clinics The Department collaborated with Children's Hospital in Boston and U Mass Memorial Medical Center pediatricians to establish health care clinics that are specifically focused on providing the required medical screening and comprehensive examinations for foster children in Boston and central Massachusetts. Following the examinations, the clinic sends the DCF social worker the physician's written report summarizing the visit and any recommendations for follow up care. The UMass Clinic, called FaCES (Foster Children Evaluation Services), sees approximately 500 children who have been newly placed in foster care each year.

.*Compliance Reports* The Department disseminates two distinct reports to Area Offices to assist social workers in tracking which children have received the 7 and 30 medical appointments in compliance with DCF policy. A Child-Specific report is issued weekly and provides a listing of each child who had a home removal episode within the last sixty days, whether appropriate examinations were done, and the date it was documented in the electronic case record, FamilyNet. This report is sorted by Area and Region and includes the unit and social worker assigned to the case. The Aggregate Compliance report is issued monthly and shows the number and percentage of required exams that are documented in FamilyNet as having been completed. Each of these reports are disseminated to and reviewed by staff at central, regional and area offices. Timeliness of data entry of medical appointments continues to be an area requiring ongoing focus.

Monthly Operational Statistical Report This management report is prepared monthly and disseminated to managers, as well as posted on the DCF intranet. The report provides data on the degree to which the target rate of the required medical exams is met.

Access to MassHealth EPSDT and Claims Data Children in DCF care or custody are eligible for Medicaid through the MassHealth department. The DCF Health and Medical Services Team (HSMT) has access to information from the MassHealth system regarding healthcare services provided to DCF involved children. The HSMT 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.

Areas for Enhancement / New Initiatives

- As the Department transitions from its legacy electronic case record FamilyNet to a web based electronic case record, i-FamilyNet, enhancements will be pursued to provide prompts to social workers to enter data regarding 7 and 30 day medical exams, and modify health care screens to gather additional information about the child's health and well-being.
- Training provided to new supervisors is being enhanced to strengthen supervisors understanding of the importance of monitoring children's healthcare status in regular supervision with workers.
- The RFR for Caring Together (a joint procurement between DCF and DMH for congregate care services) set forth additional expectations regarding the availability of nursing staff within these programs. Contracts for Caring Together providers are currently being negotiated and will be implemented between July 1, 2013 and December 31, 2013.
- The Action Planning Group on Medical Exams and Services was convened in April 2014 and met over the next two months. The goals of this group were:

    a. Identify challenges and opportunities to improved access to health screening and medical services for children in DCF care and custody
    b. Increase compliance with existing 7/30 day policy
    c. Review and recommend any changes to existing health care related policies to strengthen and/or reflect best practices

  This group was led by Linda Sagor, DCF consulting pediatrician and Jessica Coolidge, DCF medical social worker and includes social workers, a DCF nurse, foster parents and representatives from DCF leadership. The final report, completed in June 2014, listed nine recommendations::

1. **Each area office should have one person who is responsible and accountable for ensuring that all relevant medical information** (chronic diagnoses, recent acute diagnoses, medications, allergies) is obtained and communicated to social worker and foster/kinship parent within 24 hours of child entering placement. During weekends and holidays this function might be performed centrally with an "on call" schedule. In addition to collecting necessary information, this person would be accountable for ensuring adherence to the medical services policy, especially with respect to timing of medical exams and documentation of exam information. In addition, a nurse in this position would provide consultation on medical issues for individual cases and would be an active liaison to medical providers in her area.

2. **The importance of trauma-informed medical care and compliance with policy should be communicated in all forums**, from area office meetings with field workers to statewide

managers meeting. The Commissioner and senior leadership need to stress that complying with policy is **high priority**. Monthly statistics should be communicated to managers in their usual management report (in addition to the "Medical Visits Needed" report).

3. **An electronic system of communication from medical offices** and health centers to DCF should be developed so that information can be quickly and reliably transferred. In many offices with an Electronic Health Record system, a health form can be generated and sent via pdf. This would eliminate the current paper passport system which is outdated, inefficient, and simply does not work. The Massachusetts Health Information Highway (HIway) might be utilized for this purpose.

4. The current policy (with rigid guidelines for timing of screening and comprehensive medical visits) should be revisited and updated. Specifically, a system of **triage** should replace the current policy. An example of such a triage system is attached. Of course a triage system would require that DCF has current medical information on *every* child as soon as (but no later than 24 hours after) they enter placement.

5. **A policy on psychotropic medication utilization should be developed for our population of children.** The pharmacy section at Commonwealth Medicine/UMass has been working on an electronic algorithm to determine inappropriate medication prescribing practices. Several issues need to be resolved prior to implementation: Should this policy be instituted for all children on Medicaid insurance, or just children in foster care? What will be the protocol for prescriptions that do not meet criteria, i.e., what will be the levels of review (and who will be the personnel reviewing) to determine if medication prescription can be filled?

6. Efforts to **promote collaboration between the medical community and DCF** are essential. Strengthening this relationship would promote greater understanding of each other's cultures and lead to a commitment among medical providers to understand the medical/psychiatric issues of children in foster care, to provide trauma-focused care, and to allow ready access for medical visits in their offices. Currently a Center for Medicare and Medicaid Innovations grant is pending with a goal of developing **medical homes** for children in foster care in practices that are already seeing many of these children.

7. Additional **education and training** about medical/psychiatric issues should be provided to all DCF staff. Consultation about medical issues should be readily available from area office clinician (RN, NP – Nurse Practitioner).

8. **Public health campaigns** should be undertaken, with DCF as lead, to deal with medical issues of critical importance to our population; currently SIDS prevention is of high importance.

9. Consideration should be given to creating a position of **medical director** for the agency. This person would supervise all nursing staff, be available for medical consultation, and be a participant in senior leadership team. This person would be accountable for compliance to medical policy throughout the state.

As a result of these recommendations, the Department developed an agreement with Commonwealth Medicine at the University of Massachusetts Medical School to hire a full-time medical director and medical data analyst as well as a part-time psychiatrist. In addition, they agreed to consider, on the advice of their pediatric consultant , hiring a medical social worker in each of the 29 area offices. This medical social worker, working with her colleagues in the area office, would be responsible for ensuring that all children in DCF care and custody receive appropriate medical care according to DCF policy.

- Researched national trends and other state regulations, policy and practice relative to health care for children involved with child welfare systems to identify current best practices and lessons learned.

- Dr. Sagor, chair of the Foster Care Committee of the Massachusetts Chapter – American Academy of Pediatrics, met with committee members to discuss issues related to compliance with health screening policy. In addition she has had discussions with the presidents of the Massachusetts Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians. Through they both indicated that many of their physician members give high priority to caring for children in foster care, they pledged the support of their organizations to improve access to all medical offices and community health centers in a timely manner.

II. How Health Needs Identified through Screenings Are Monitored and Treated

Comprehensive Coverage through MassHealth DCF has the ability to directly enroll children in its care or custody into MassHealth. Enrollment occurs in real time facilitating immediate access to insurance coverage.

WIC Qualification DCF involved children are eligible to receive WIC services and social work staff are well versed in the process for applying for these services.

Treatment While the child's caretaker (e.g., foster parent, group care provider, etc.) schedules and transports the child to medical care, the social worker is ultimately responsible for ensuring that identified healthcare needs are met. The HSMT is available to assist social workers if they have questions about needed treatment. The HSMT includes the Director, located in Central Office, and 4 Regionally-based registered nurses, 2 half time Nurse Liaisons located at Children's Hospital and a half time registered nurse located at Central Office.

Forms to Support Information Exchange The HSMT developed forms (Dear Doctor Affidavit) to ensure that the social worker is fully informed about a proposed treatment, benefits and risks and

potential complications. The physician completes these forms and returns to the social worker to support providing informed consent as the child's legal guardian.

Monitoring The Department has established a process for monitoring treatment after screening and comprehensive examinations. Healthcare providers complete an Encounter Form and send to the social worker. The social worker is then responsible for entering this data into the FamilyNet system. Once entered into the data base, a Medical Passport is printed out; the medical passport includes the new information along with the medical history. The Medical Passport is designed to follow children between placements and updated as new information is available. FamilyNet also includes a Medical History document that is provided to caretakers.

The nurses from the HSMT are available to assist social workers in determining whether a specific medical treatment is routine or extraordinary in individual cases. Treatments that are determined to be extraordinary per DCF regulations require judicial review.

Special Kids/Special Care Program This collaborative effort between DCF, MassHealth and Neighborhood Health Plan is designed to provide care management by pediatric nurse practitioners to children who have unstable and/or complex medical conditions and intensive medical needs. This is a statewide program with approximately 150 children enrolled.

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 receive extensive ongoing specialized training. The profile of children and youth who require this level of service includes children who require regular skilled and non-skilled home care, medical advocacy, complex medical management, services by numerous medical specialists, and often need a range of medical equipment. Such children experience or are at risk for life-threatening events and require intensive ongoing monitoring. Examples of children requiring this level of care include but are not limited to children who:

a) Have tracheostomies;
b) Require oxygen supplementation;
c) Are ventilator dependent for all or part of the day;
d) Are diagnosed with cancer and are receiving treatment;
e) Are diagnosed with serious birth defects that impair their functioning and require skilled care;
f) Have serious medical conditions resulting from prematurity; or
g) Require intravenous or tube feedings and have complex or unstable medical conditions

Individualized Care Plans The agency that administers the Medical Residence Foster Home Program updates the individual care plans quarterly and submits them to the Director of HSMT. For the Special Kids/Special Care Program, NHP updates the individual care plans quarterly and submits them to the HSMT and the Area Offices. NHP also sends these plans to the PCP and the substitute caregiver.

Areas for Enhancement / New Initiatives

- Future enhancements to the IT system as the Department moves to web-based i-FamilyNet will include combining the Medical Passport and Medical History forms. It is hoped that this enhanced efficiency will improve timeliness and consistency of data entry.
- Medical Residence Foster Homes were re-procured during FY 2015. This provided an opportunity to review the standards and expectations established for Medical Residence Foster Homes and strengthen those as needed.

III. How Medical Information Will Be Updated and Appropriately Shared, Which May Include Development and Implementation of an Electronic Health Record

Electronic case record As noted previously, medical information on DCF children are entered into the DCF electronic case record, FamilyNet.

Encounter Forms The Encounter Form mentioned in the prior section was updated over the past two years with input from healthcare providers. The revised form contains more comprehensive information and is posted on the DCF intranet. This form is provided to the caretaker and completed by the physician and returned to the DCF social worker who enters the information into FamilyNet.

Areas for Enhancement / New Initiatives

- The Department has collaborated with MassHealth to obtain medical information, including names of private practitioners providing medical care, from MassHealth system on children who are in DCF care or custody. This data exchange was initiated in May, 2013 and is provided to DCF on a monthly basis.

IV. Steps to Ensure Continuity of Health Care Services, Which May Include Establishing a Medical Home for Every Child

Information on Past Providers The HSMT has access to past medical providers through the information in New MMIS and by accessing the All Services Reports from MassHealth.

HMST and School Nurse Collaboration Increased collaboration between school nurses and the HMST helps to support continuity of medical care/information and to facilitate appropriate school accommodations and the sharing of relevant health-related information between the agency and school system.

HSMT Medical Social Worker During this past year, the Department was able to fill the position for a Medical Social Worker that had been vacant for several years. The Medical Social Worker assists the HMST in bringing together social work and healthcare components of case management, providing consultation and technical assistance on individual cases. The medical social worker also identifies and addresses social work practice issues in the development, revision and implementation

of medical and healthcare- related policy and procedures, and encourages the integration between healthcare and social work casework practices.

V. Oversight of Prescription Medications

Access to Consultation DCF social workers have access to a comprehensive array of professionals who are available to provide consultation on any medication questions that arise. Mental Health Specialists are available in each Region to provide consultation on behavioral health care needs, planning discharges from psychiatric hospitals, and psychotropic medications. There are six Child Psychiatrists employed by the Massachusetts Department of Mental Health, all of whom are also available to the DCF Social Workers for case consultation There is also a DCF psychiatrist who provides consultation on individual cases and has implemented quarterly Grand Rounds for review of specific cases. The DCF Medical Director for Psychiatry is a Child Psychiatrist who provides case-based consultation on diagnosis and treatment planning to DCF Social Workers, inpatient teams, and community-based prescribers. He is available for doctor to doctor consultations as needed with community prescribers. The Mental Health Specialists and the DCF psychiatrist have been instrumental in implementing the new initiative on monitoring psychotropic medications (described below). In addition, the HSMT has access to a pharmacist 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.

Medication Administration in Congregate Care The Caring Together RFR issued in September 2012 for all congregate care services established new standards related to the administration of medication within these programs. Each provider is required to implement the Medication Administration Program outlined in the RFR which sets forth specific requirements for staff training and administration of medications for any child in these levels of service.

Monitoring Psychotropic Medications

Authorization, oversight, and financing of psychotropic medications for children in foster care in Massachusetts is a shared responsibility across multiple state agencies and the courts.

DCF is the agency primarily responsible for coordinating medical care for children in its custody. Children in DCF custody receive their medical and behavioral health care from community providers (physicians, nurse clinicians, or other clinicians). Authorization or consent for routine medical treatment is given by the DCF social worker/supervisor. When psychotropic medications (other than antipsychotics) are recommended by the provider, either the DCF worker or the child's caretaker directly participate in the clinical visit with the prescriber. The DCF Social Worker records the information in the child's medical passport, discusses the proposed medication with the prescriber, and renders consent or declines consent for administration of the medication. The Mental Health Specialist, the DCF Child Psychiatrist, and/or one of the DMH psychiatrists is available to the DCF Social Worker should she or he have need for consultation at the time of deciding whether to render consent.

With respect to oversight of medication treatment, primary responsibility is shared between DCF and MassHealth, the state Medicaid Program. Children in foster care are enrolled in MassHealth immediately when taken into custody to ensure access to medical assessments and treatment. Children in foster care are primarily enrolled in a MassHealth managed care carve-out, currently administered by the

Massachusetts Behavioral Health Partnership (MBHP). MBHP is required to meet with DCF regularly to ensure that the special needs of the foster care population are addressed.

Since 1987, by DCF regulation, the DCF in Massachusetts has elected to consider the use of antipsychotic medication as extraordinary treatment. By doing so, DCF established a requirement that DCF seek judicial authorization (a "Rogers Order") prior to the administration of antipsychotic medication to a child in its custody. Through the Rogers process, a medical guardian ad litem is appointed, a hearing is held, and the petition (specifying medication(s), dosages, and rationale for administration of same) is granted or denied, as is, or at a modified dosage, by the judge. A new petition and hearting is required in a given case should the prescriber determine a clinical need for a dosage outside the initial authorization, or a need for a different antipsychotic than those authorized by the judge.

In 2002, MassHealth and the Department of Mental Health (DMH) established the Massachusetts Child Psychiatry Access Project (MCPAP), a first-in-the nation-program designed to provide access to child psychiatrists for primary care providers. This project, developed by the Centers for Medicare and Medicaid Services, MassHealth, and University of Massachusetts Medical School, was established, in large part, because of the growing concerns about the use of psychotropic medications in children. MCPAP provides approximately 20,000 consultations per year.

In 2006, the MassHealth Drug Use Review Program added a clinical pharmacist to provide consultation on medication therapy management to children in special populations, specifically the Community Case Management Program, which includes children in foster care. The pharmacist provides clinical consultation and administrative facilitation to resolve medication-related problems, including those related to psychotropic drug therapy and participates in the Psychoactive Medications in Children Working Group.

In 2007 MassHealth and DMH, with representation from DCF and other agencies, formed a multi-agency, multi-disciplinary standing committee, the Psychoactive Medications in Children Working Group, to evaluate and recommend strategies to improve psychoactive medication management in children served by MassHealth. To date this group has developed a methodology for tracking such drug use and has required an internal review of all cases of psychoactive drug use in children under the age of six, including those in foster care. The reviews are conducted by qualified mental health professionals who make a determination about whether the management of the case is clinically appropriate. If the reviewers identify concerns, the team contacts the treating physician to discuss the case and modify treatment if necessary. The Working Group currently is discussing how to expand these reviews to children over the age of six.

In 2008, the Office of the Child Advocate convened representatives from DCF, DMH, university researchers and others to examine the current Massachusetts' process for authorizing antipsychotic medications for children in DCF custody. Massachusetts is one of only two states (the other being California) that requires judicial authorization for prescription of antipsychotic medication for children in foster care. The work of this group led to research examining the efficacy of the Rogers Process and resulted in a report published by the Office of the Child Advocate. The report included a recommendation that the authorization process for psychotropic medications be improved by adopting a more responsive and effective consent process.

In December, 2011, the Government Accountability Office (GAO) published a report outlining concerns regarding practices related to the prescription, authorization and monitoring of psychotropic medication of children in foster care.

In January 2012, a Psychopharmacology Steering Committee was formed to develop a plan to monitor use of psychotropic medication for children in foster care. The Steering Committee is co-chaired by the Child Advocate and the DCF Commissioner, with representatives from the Executive Office of Health and Human Services (EOHHS), DCF, DMH, and MassHealth. The purpose of the Steering Committee is to develop a plan for that establishes the processes for authorization and monitoring of the use of psychotropic medications for children in foster care with a goal that every child in DCF custody be prescribed the correct medication, at the correct time, and at the correct dosage.

Principles Established to Guide Work of Steering Committee

1. Maintain a focus on the whole child—medical/behavioral/social— promoting a holistic approach to prescribing practices.
2. Psychopharmacology should be matched to the strengths and of the child, family, and substitute family with a focus toward safety, permanency and wellbeing.
3. All partners involved in the care of and services to a child should be optimally informed of the emotional, medical and behavioral needs of the child.
4. Psychopharmacological regimens should be guided by scientific best practice.
5. Systematic State Agency oversight is needed to promote best practices related to authorization and monitoring of psychotropic medication.
6. Though clearly defined standards of care may not exist, there is enough agreement to define ranges for effective outlier management
7. Psychopharmacology should occur within a well-defined practice of Trauma Informed Care.
8. There is a system-wide commitment to "informed consent."
9. Commitment to ongoing improvement of prescribing practices grounded in data and evidence.
10. Psychopharmacology is only one component of efforts to improve overall healthcare of children.
11. Youth are engaged in the management of his/her ongoing treatment plan.
12. Building consensus among stakeholders is fundamental to the success of any plan for authorization and monitoring of psychotropic medications.

Steering Committee Activities

The Steering Committee met regularly between January 2012 to January 2013 to identify the practice and systemic challenges related to the authorization and monitoring of psychotropic medications for children in foster care and developed a preliminary workplan to address these challenges. The Steering Committee recognized the importance of inter-agency collaboration and shared responsibility for ensuring that children in the Commonwealth were prescribed appropriate psychotropic medication and that the use of that medication is monitored. The vision of the Steering Committee was to facilitate inter-agency collaboration in establishing the structures and processes necessary to ensure that children in DCF custody are prescribed psychotropic medications determined medically necessary and that prescribing practices are monitored to promote best practices.

In February 2012, the Steering Committee developed a proposal in response to an RFR issued by the Center of Health Care Strategies seeking to participate in a program of technical assistance and a national learning community. While Massachusetts was not selected as one of the states to participate, preparation of the proposal provided an important opportunity for inter-agency collaboration and exploration of the current status of efforts in the state to monitor psychotropic medication.

In August 2012, members of the Steering Committee attended a Psychopharmacology Summit sponsored by the Administration on Children and Families (ACF) to learn what was occurring in other states and to hear best practices from across the country that may be able to be replicated in Massachusetts.

In June 2013, the Steering Committee reconvened to review findings from the internal monitoring processes implemented by DCF and determine the next set of tasks needed to implement the plan finalized in December 2012.
Key activities of the Steering Committee have included:

- Identification of historical efforts to address psychopharmacological issues
- Identification of need to plan for processes to address both authorization and monitoring of psychotropic medications
- Discussed prioritization of an authorization or a monitoring process
- Developed a set of criteria that characterizes "potentially problematic prescribing practices"
- Developed a set of principles to guide the work of the Steering Committee
- Explored authorization and monitoring systems currently in place in other states
- Identification of data elements needed to establish an outlier management process for monitoring psychotropic medication
- Developed a process for MassHealth to provide data on children in DCF custody who are being prescribed medication that falls into one of criteria for "problematic prescribing practices
- Developed a "script" for use in contacting prescribers
- Developed a five stage plan for implementing authorization and monitoring processes

Criteria Established as "Potentially Problematic Prescribing Practices"

1. Children in foster care who are prescribed four (4) or more psychotropic medications.
2. Children (under 5 years old) in foster care who are prescribed psychotropic medications.
3. Children in foster care who are prescribed two or more psychotropic medications in the same class.
4. Children (age 0-17) in foster care who are prescribed dosages above or below currently accepted therapeutic dosages.

SUMMARY OF PLAN for MONITORING PSYCHOTROPIC MEDICATION for CHILDREN in FOSTER CARE

Phases 1 and 2 July 2012 – June 2014

DCF Implement an Internal Monitoring Program for Outlier Management

- Collaborate with MassHealth in the development of an outlier management report identifying children with prescriptions in the four categories.
  Status: The first set of data was received from MassHealth in July 2012. DCF worked with MassHealth to clarify the data elements needed to implement the monitoring program and in

October 2012 MassHealth provided updated data and an outlier management report was created by DCF.

- Steering Committee members to contact other states (10 states were identified) to obtain information about the structures and processes they have implemented to authorize and/or monitor psychotropic medications. Additional information about the resources they have dedicated to these functions was to be elicited.
  Status: Partially completed. Five states have been contacted.

- Create "script" for use in contacting prescribers who appeared on the outlier management report or brought to the attention of MH Specialists or DCF psychiatrist.
  Status: Completed

- Conduct training for DCF nurses and mental health specialists who would be contacting prescribers.
  Status: Completed. In November, 2012, the DCF psychiatrist with assistance from MBHP psychiatrists conducted training for nurses and mental health specialists on the purpose of the monitoring program and strategies for conducting interviews with prescribers.

- DCF psychiatrist, nurses and mental health specialists to review data and contact prescribers to explore their rationale for the prescription regimen.
  Status: Implemented and ongoing. During the pre-implementation phase of the Steering Committee's work, the DCF nurses, Mental Health Specialists and/or Child Psychiatrist reached out to the prescribers and conducted discussion regarding the behavioral health services provided to the child and how the medication regimen fits into the overall treatment plan for the child. A follow up call to the prescriber will be made by the DCF Child Psychiatrist, as needed, if significant concerns about potentially problematic prescribing practices remained.

  As the calls progressed, a new strategy was developed to contact those prescribers who had the most children identified on the outlier management report. The DCF psychiatrist began conducting site visits to these prescribers and reviewing the medication regimen in the context of overall treatment plan for the child.

- Develop report of findings from medication monitoring during this phase of implementation to inform the future processes for monitoring and authorization of psychotropic medication.
  Status: Report to be reviewed by Steering Committee June 2013

- DCF to make recommendations to the Steering Committee on how the results of this initial phase of medication monitoring informs the overall plan for monitoring medications.
  Status: Discussion with Steering Committee June 2013

Phase 3 April 2013 – July 2013

Phase 3 of the Plan for Monitoring Psychotropic Medications for Children in Foster Care envisioned continuation of the DCF internal monitoring, including seeking additional resources to support a full-time unit of at least three FTES dedicated to implementation of the plan. Phase 3 also included the

addition of decision-making regarding development of an authorization process for potentially problematic prescribing practices. The steps outlined for Phase 3 included the following:

- DCF to request additional FTEs to support psychotropic medication monitoring.
  Status: In May 2013 DCF is posting positions for a Nurse Practitioner and two medical social workers to assume responsibility for the DCF internal monitoring program.

- Steering Committee to review options and make a determination regarding processes to conduct prior authorization of medications that fall into the categories of potentially problematic prescribing practices based on information obtained from other states (e.g., review and decisions made by team of psychiatrists, as in Illinois; clinical nurse specialists backed up by a psychiatrist, as in New Jersey, New Hampshire, and Connecticut; or delegated responsibility to an ACO as in Texas).
  Status: This decision will be taken up by the Steering Committee at their June 2013 meeting.

- Steering Committee establishes preferred process for prior authorization of medications that fall into the defined categories for potentially problematic prescribing practices. DCF will determine whether an internal prior authorization process is viable based on existing resources, efficiency and probable achievement of desired outcomes. Considerations for Steering Committee in determining most beneficial process for prior authorization process includes:
  - Experience of other states
  - Current processes in place at MCEs, particularly MBHP
  - Possible use of technology in prior authorization process (e.g., use of flags in the MassHealth system to alert to a potentially problematic prescribing practice)
  - Role of MCEs in prior authorization process (e.g., should "purchasers" assume responsibility for assuring that psychiatrists in their network adhere to preferred practices?)
  - Reaction of psychiatric community to prior authorization processes
  - Efficiency and efficacy of planned processes
  - Identify challenges to implementation of prior authorization process (e.g., regulatory, policy changes, resources)
  - Application of prior authorization processes to all children covered by Medicaid and not solely to children in DCF custody

- Begin to engage stakeholder community (legislature, courts, probation, medical community, foster parents, Child Welfare providers, child advocacy community, Courts, CPCS), in analysis of data, and discussion of implemented and planned processes for authorization and monitoring of psychotropic medications.
  Status: Steering Committee will determine who will be contacting which stakeholder groups and the content of those discussions.

Phase 4 Timeframe to be determined based on results of Phase 3 and available resources

In November 2014 the Pediatric Behavioral Health Medication Initiative , a prior authorization protocol developed by clinical pharmacists at MassHealth, began throughout the Commonwealth. This initiative required that prescribers complete a prior authorization form for certain situations such as behavioral health medications for children under six years of age, children receiving two or more medications in same class (e.g., mood stabilizers), and children receiving four or more psych meds of any kind. Since that time over 18,000 prior authorization request have been processed and completed.

New Initiaives: This PBHMI is applicable to all children receiving MassHealth insurance. A data analyst will be hired to ensure that all children in DCF care and custody are identified within this larger group. In addition to the prior authorization protocol, they will be receive increased monitoring and oversight . There will be a monthly report of children receiving psychotropic medication that falls outside the parameters that the PBHMI has set

VI. How DCF Actively Consults with and Involves Physicians or Other Appropriate Medical and Non-Medical Professionals in Assessing the Health and Well-being of Children in Foster Care and in Determining Appropriate Medical Treatment for Children

Training Children's Hospital in Boston provides training for new DCF Social Workers and periodically provides additional workshops / in-service training opportunities on selected medical topics. In addition, staff from Children's Hospital provides training for all DCF investigators on assessment of non-accidental trauma.

The Health and Medical Services Team joins other specialty areas to provide training during pre-service training on Foundations of Well-being and orients new social workers to the requirements related to healthcare and medical services for DCF clients. Each new social worker is provided with a manual that contains healthcare information and resource tools. Regional nurses routinely provide training on specialized medical topics of interest to DCF Area Offices.

Over the past few years, DCF has collaborated with Children's Hospital and Boston Medical Center to institute the "Building Bridges" program. This unique program provides critical training and consultation between DCF social workers and physician's on medication. The Department is anticipating expanding this program to other areas of the state over the coming year.

Protocol for Life Sustaining Medical Treatment For proposed orders to forgo or discontinue life sustaining medical treatment DCF has established processes for accessing medical recommendations from providers in addition to the treating provider and from hospital Ethics Committees. Once these professional opinions have been obtained, the request is reviewed by the Commissioner, Deputy Commissioners and the General Counsel, and if approved, the Department seeks a judicial determination on the decision. These orders to discontinue or forgo life sustaining medical treatment are reviewed on an annual basis to determine whether the order is still medically justified.

Collaboration with Child Protection Teams The HSMT works closely with CPTs in hospitals statewide to collaborate regarding a range of healthcare and psychosocial issues for children who

have experienced suspected physical or sexual abuse. Physicians and the DCF Nurse Liaisons from Children's Hospital CPT provide training to new social workers and investigators on assessment of non-accidental trauma. Regular meetings between HSMT and CPT staff statewide are held on a regular basis.

Areas for Enhancement / New Initiatives

The Department has obtained data from MassHealth that will assist us in identifying community pediatricians that are seeing a number of DCF clients. In partnership with the Massachusetts Behavioral Health Partnership, the Department will be reaching out to these providers to provide training (including trauma training utilizing the curriculum developed by Dr. Heather Forkey for pediatricians), providing a resource toolkit to pediatricians on special issues of treating children in foster care, and identifying strategies for improving communication between DCF and healthcare professionals. In addition, this effort is designed to improve access to healthcare services. See overview of this collaboration with MBHP in the Appendices.

Strategies to Build Capacity to Provide Trauma Informed Casework Practices and Trauma Specific Evidence Based Treatments

Integrated Casework Practice Model With the implementation of a new casework practice model in 2009 the Department established "trauma informed" as one of three key clinical approaches to be integrated into all aspects of our casework practice. The four cornerstones of our casework practice model are: 1) Positive Engagement; 2) Progressive Understanding; 3) Capacity Building; and 4) Consolidating and Sustaining Gains. Throughout each of these phases of casework, the Department utilizes Safety Organized, Trauma Informed, and Solution Focused Clinical approaches. Significant training has occurred throughout the past three years of the implementation of the casework practice model on these clinical approaches.

ACF Trauma Grant Massachusetts is one of five states that was selected to receive an ACF grant to build system capacity to provide trauma informed care to children served within the child welfare system. The grant has been an exciting opportunity to enhance the state's efforts in this area. Specifically, through the trauma grant:

- DCF social workers receive Basic and Advanced Trauma training,
- Trauma Informed Leadership Teams are being established in each DCF Area Office to identify and disseminate trauma informed casework practices
- Mental Health providers serving DCF children are being trained on one of three evidence based trauma specific treatments (Child-Parent Psychotherapy, Trauma Focused-Cognitive Behavioral Therapy, or Attachment, Regulation and Competency)

Between November, 2012 and June, 2013 DCF social workers in the West and Northern Regions received Basic Trauma training and had the opportunity to participate in Advanced Trauma training utilizing the NCTSN Toolkit for Child Welfare Staff. Each of the Area Offices in these Regions have also established Trauma Informed Leadership Teams to enhance casework practices that are more trauma informed. Over that same time period mental health providers were selected to be trained on one of the evidence based treatments and have participated in an intensive learning community for additional

supervision and coaching. To date, over 120 mental health clinicians have been trained and approximately 150 DCF children have been enrolled in one of the evidence based treatments.

Beginning in September, 2013, the Boston and Southern Regions will engage in the same process of training DCF staff and mental health clinicians. In November, 2013 DCF will begin a new program to provide training for DCF resource parents on the impact of trauma on children the care for. Additional detail on the efforts to build system capacity to provide more trauma informed care may be found in the Semi-annual Report on Enhancing Trauma Informed Care.

Commonwealth of Massachusetts

Department of Children & Families

Disaster Plan - Update

Massachusetts Department of Children and Families
Continuity of Operations Plan
July 2014 – June 2015

Disaster Plan Update

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). The report includes the Disaster Plan as required by Section 422(b)(16) of the Act.

Summary of disasters during 2014 – 2015, and DCF responses
During the past year, Massachusetts experienced several disaster and weather related events. The DCF COOP plan was activated during and after these events. The Virtual Coverage Plan was successfully utilized during these events.

- The Ebola Outbreak
  On October 1, 2014, the Massachusetts Department of Public Health (DPH) issued the first advisory, confirming the first case of Ebola to be diagnosed in the United States. DPH immediately provide fact sheets to be distributed to all residents and posted in public places. DCF participated in weekly calls hosted by MA DPH, and facilitated by MEMA. The participants included EOHHS agency emergency representatives, hospitals, medical services, and first responders, among others.
  DCF issued guidance to all DCF employees and to foster and adoptive families, as well as to congregate care providers. DCF worked very closely with the EOHHS and the Department of Public Health to ensure critical information in different languages was available to foster parents, residential care providers, and the families served by DCF. Ongoing communication was important to ensure people had good information about the low probability of being exposed to the Ebola virus. The weekly calls continued through December, 2014.

- Tornadoes, Hurricanes and Blizzards
  During the summer of 2014, Massachusetts experienced a tropical storm from Hurricane Arthur and a tornado in the space of a few weeks. The Hurricane was downgraded to a tropical storm by the time it hit MA on July 4th bringing high amounts of rainfall and tropical storm force winds, largely across southern New England. Because the storm arrived on July 4, the usual Independence Day celebrations were moved to July 3rd which occurred without incident. Due to the storm coming on the holiday, the DCF offices were closed. The DCF Hotline operated throughout the holiday and weekend without incident. Caution was used in determining whether to do emergency responses during the height of the storm and police were contacted in those instances when it was not safe for workers to go out on an emergency Hotline call.

A strong EF-2 rated tornado touched down in Chelsea and Revere, MA on Monday morning, July 28, 2014. It severely impacted residential and commercial structures in the area of the central business district of Revere. The DCF area office that covers that area continued to operate as normal, and staff reached out to all families and foster families in those towns to assess their status and offer assistance. No children were impacted during that storm.

The winter of 2014-2015 is remembered as one of the snowiest winters ever in Massachusetts! On January 26, a major blizzard covered most of Massachusetts with up to 36 inches of snow. A state of emergency was declared and all state offices were closed for two days. During the state of emergency the DCF Hotline was activated to be operational during the normal business hours. Hotline staff was provided with accommodations at nearby hotels due to a travel ban. The Virtual Coverage Plan was activated, with Incident Command Center provided by the DCF leadership. Conference calls were regularly held with agency leadership to provide updates from MEMA, area offices, hotline, and programs.

Snow storms of varying degree of severity continued to sweep through Massachusetts almost every other day in late January and early February. During at least two more winter storms states of emergency were declared, effectively closing state government offices. During each, DCF activated the Virtual Coverage Plan that ensured a child protective response capability for emergency reports of abuse and/or neglect. The DCF Incident Command Center operated throughout the storms to ensure communication with management and employees.

The sheer volume of snow that piled up on roofs created a danger of roof collapses, and advisories and guidance were issued to all DCF staff, foster parents and families in that regard. Loss of power in many areas created another challenge for families as well. Families were encouraged to contact DCF if they needed any assistance and resources.

The DCF 2015-2019 Disaster Plan

There are no changes or updates to the Children and Disaster Plan as of June, 2015.

Commonwealth of Massachusetts

Department of Children & Families

Child Welfare Institute Training Plan

FFY 2016 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 2016 DCF Training Plan
Department of Children and Families
Massachusetts Child Welfare Institute

This state training plan for Fiscal 2016, 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 allocation descriptions herein reflect claiming mechanisms currently in place; however as additional information becomes available and curriculum changes are made, allocation methods and benefitting programs may be revised and the plan amended as necessary.

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:

DCF State Plan Label	Federal Language
"Training Description"	A brief, one paragraph syllabus of the training activity
"Admin Function"	Indication of the specifically allowable Title IV-E administrative functions the training activity addresses (45 CFR 1356.60 (c) (2) (i-x))
"Venue"	Indication of the setting/venue for the training activity
"Duration"	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))
"Provider"	Indication of the proposed provider of the training activity
"Days" and "Hours"	Specification of the approximate number of days/hours of the training activity
"Audience"	Indication of the audience to receive the training
"Cost"	Description of the estimated total cost
"Allocation"	Cost Allocation Methodology (45 CFR 1356.60; SEC. 474 (3) (A-B))

FFY 2016 DCF Training Plan
Department of Children and Families
Massachusetts Child Welfare Institute

Section 1: *New Social Worker Professional Development*

Training Title	New Worker Professional Development Program
Training Description	*NEW WORKER PDP* New Worker Competency Training is a required training for all new social workers. The training will run monthly throughout FY 2016 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 14 days of classroom learning in the first month of employment staff receive training on a variety of topics. Training is delivered by both DCF staff as well as specialists within the Department and leaders in the field. The topics serve as the foundation to prepare staff for their entry into the field. Topics (and the reimbursement rate at which they are claimed) include overall Orientation to the Department (50%), Social Worker Client Relationship (50%), De-escalation and Safety (50%), Child Development (75%), Interviewing Children (75%), Diversity (75%), Cross Cultural (75%), Interviewing (75%), Understanding Abuse and Neglect (75%), Substance Abuse (75%), Domestic Violence (75%), Assessment (0%), Assessing Risk and Safety (0%), Service Planning (75%), Child Placement (75%), Legal Competencies (75%), Adolescents (75%), and Documentation (75%). A variety of training modalities are utilized such as roles plays, case scenarios, videos, writing exercise, small group discussions, and worksheets. Modifications and additions to the New Worker Curriculum occur on a regular basis. Participants evaluate each day and provide valuable feedback which assists in making additional enhancements to the training program. It is expected that there will be an increase in hiring during the first 4 months of the fiscal year. This will required the MCWI to run two full training series per month for 4 months to accommodate the large groups of new hires.
Admin Function 1	Development of the case plan
Admin Function 2	Referral to services
Admin Function 3	Case Management and Supervision
Admin Function 4	Placement of the Child
Venue	Agency Training Space and Rented Facilities
Duration	Long Term - Full Time
Provider	Contracted Trainer
Days	252
Hours	1764
Audience	DCF Staff - New Hire
Cost	325,000
Allocation	New Worker Training has been broken into class time based on estimated minutes per topic. The accumulation of these minutes are then identified as either eligible for reimbursement at 0%, 50% or 75% based on the topic allowability as identified above. Individual cost centers are identified for each of the reporting categories related to the topic, and percent of reimbursement, and, when eligible for reimbursement, are allocated to Title IV-E based on the Title IV-E eligibility rate, with the costs not claimed to Title IV-E allocated to state funds.

Training Title	New Worker On-the-Job Training
Training Description	*NEW WORKER PDP * A competency-based approach to professional development enhances and supports 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. The New Worker PDP OJT consists of six days of On the Job Training (OJT). The New Workers engaged in this learning experience do not have case responsibilities and are not yet carrying a caseload. The OJT component of the training occurs at the local area office two days per week. This is an opportunity for new staff to reinforce the knowledge gained from classroom instruction. During their time in the field new staff shadow experienced Social Workers in a variety of settings. The OJT experience is fundamental in the role of transfer of learning. OJT is a component of NW PDP and will run monthly from throughout FY 2016 with a projected 240 participants for this fiscal year.
Admin Function 1	Referral for Service
Admin Function 2	Placement of the Child
Admin Function 3	Development of Case Plan
Admin Function 4	Case Management and Supervision
Venue	Agency Training Space
Duration	Long Term - Full Time
Provider	Agency Staff
Days	96
Hours	768
Audience	DCF Staff - New Hire
Cost	16,000
Allocation	New Worker Training has been broken into class time based on estimated minutes per topic. The accumulation of these minutes are then identified as either eligible for reimbursement at 0%, 50% or 75% based on the topic allowability. Individual cost centers are identified for each of the reporting categories related to the topic, and percent of reimbursement, and, when eligible for reimbursement, are allocated to Title IV-E based on the Title IV-E eligibility rate, with the costs not claimed to Title IV-E allocated to state funds.

Training Title	New Worker PDP In-Service
Training Description	*NEW WORKER PDP* Following the initial month of intensive classroom training, new workers enter the field full time. As a key part of their continuous learning and development, workers attend a series of six in-service, day-long workshops focused on advanced practices in child welfare social work. These workshops engage workers in the knowledge and skills of the Safety Organized Practice framework, relational aspects of development, trauma informed approaches, strategies for working with parents who struggle with substance abuse, mental illness, and domestic violence. The role of supervision in the learning process is addressed, as are the rewards of developing supportive professional relationships with co-workers. 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. Specific solution focused interviewing techniques such as safety mapping and the 3 Houses are emphasized during 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 to build effective safety and service plans. This training is a component of NW PDP and will run include six complete series of 6 sessions each for a total of 36 days of training for the FY 2016.
Admin Function 1	Development of Case Plan
Admin Function 2	Case Management and Supervision
Admin Function 3	Communication skills required to work with children and families.
Admin Function 4	Identifying a child and families' risk for the removal of the child from the home.
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	36
Hours	252
Audience	DCF Staff - New Hire
Cost	36,000
Allocation	New Worker Training has been broken into class time based on estimated minutes per topic. The accumulation of these minutes are then identified as either eligible for reimbursement at 0%, 50% or 75% based on the topic allowability. Individual cost centers are identified for each of the reporting categories related to the topic, and percent of reimbursement, and, when eligible for reimbursement, are allocated to Title IV-E based on the Title IV-E eligibility rate, with the costs not claimed to Title IV-E allocated to state funds.

Training Title	Trauma Training For New Workers
Training Description	*NEW WORKER PDP* Trauma Training for New Workers is a required training for all new social workers. This one day training, offered three times per year for a total of three days per year, is designed to help new DCF workers understand trauma informed social work practice in child welfare. Although mandatory for new workers, the training is open to all DCF staff if space is available. The focus of this workshop is to prepare social workers to assess the impact of trauma on children and families, particularly in circumstances requiring the placement of a child, and build effective safety and service plans to support resiliency.
Admin Function 1	Development of Case Plan
Admin Function 2	Referral for Service
Admin Function 3	Case management and supervision
Admin Function 4	Placement of the child
Venue	Agency Training Space
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	3
Hours	18
Audience	Newly Hired direct service social workers
Cost	2400
Allocation	New Worker Training has been broken into class time based on estimated minutes per topic. The accumulation of these minutes are then identified as either eligible for reimbursement at 0%, 50% or 75% based on the topic allowability. Individual cost centers are identified for each of the reporting categories related to the topic, and percent of reimbursement, and, when eligible for reimbursement, are allocated to Title IV-E based on the Title IV-E eligibility rate. Costs associated with this training in particular are allocated to Title IV-E based on the Title IV-E eligibility rate, and claimed for reimbursement at 75%.

Training Title	Investigations Training
Training Description	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 3 times during this fiscal year.
Admin Function 1	Placement of the Child
Admin Function 2	Development of Case Plan
Admin Function 3	Preparation for Judicial Determinations
Admin Function 4	Referral for Service
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	14
Hours	98
Audience	DCF Staff - Social Workers
Cost	18000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being developed to further isolate costs associated with these trainings. Under this new methodology, costs associated with this training will not be claimed to Title IV-E, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	NW PDP Licensing Test Prep Course: NASW
Training Description	In collaboration with NASW, the MCWI has implemented a test prep course designed to assist newly hired social workers to meet the licensing requirements. This course assists social workers with the key test taking skills and strategies to increase their success in actually taking the test. Social workers leave with a better understanding of the mechanics of the test.
Admin Function 1	Job performance enhancement skills
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	10
Hours	60
Audience	DCF Staff - New Hire
Cost	40000
Allocation	Costs associated with this training, necessary to assist DCF staff in meeting Departmental requirements that they be licensed, are to be claimed for reimbursement at 50% FFP Because of the DCF requirements for DCF staff to be licensed, this training activity will be claimed to Title IV-E at 50%/eligibility rate.

Training Title	NW PDP Curriculum Development
Training Description	DCF continues to design and develop a new and innovative framework for training newly hired staff and preparing them for casework practice under the DCF Casework Practice Model. This competency based program is built upon the agency's core practice values and aligned with the goals of safety, permanency and well-being for children and families. This section of the curriculum addresses the role of a child welfare social worker and practices which enhance safety for children.
Admin Function 1	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Contracted Curriculum Developer
Days	
Hours	
Audience	DCF Staff - New Hire
Cost	12,000
Allocation	Currently, costs associated with the Training Institute, including costs associated with curriculum development, are claimed to Title IV-E by the Title IV-E eligibility rate at 50%.

Section 2: *Supervisor Professional Development*

Training Title	New Supervisor Training
Training Description	*NEW SUPERVISOR PROFESSIONAL DEVELOPMENT* During FY2016, the MCWI will offer a New Supervisor curriculum presented during six 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 will be offered two times per fiscal year and includes approximately 48 participants.
Admin Function 1	Development of Case Plan
Admin Function 2	Case Review
Admin Function 3	Case Management and Supervision
Admin Function 4	Preparation for Judicial Determinations
Venue	Agency Training Space
Duration	Short Term-Part Time
Provider	Agency Staff
Days	12
Hours	72
Audience	DCF Staff - Supervisors
Cost	16000
Allocation	Currently, cost associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. The curriculum for this New Supervisor training curriculum is currently being revisited, and any changes to the curriculum may result in the development of a new cost allocation methodology for negotiation with the Division of Cost Allocation and added to subsequent Training Plan.

Training Title	Sup PDP: Being a Supervisor
Training Description	*SUPERVISOR TRAINING* As the Department continues to support social workers in their efforts to complete Master's 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.
Admin Function 1	Case Management and Supervision
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	MCWI Staff/Trainer
Days	1
Hours	6
Audience	DCF Staff - Supervisors
Cost	400
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Supervisor Learning Circles: Supervisor PDP
Training Description	*SUPERVISOR TRAINING* This program is a comprehensive, continuous learning experience that engages supervisors in ongoing learning circles. 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 12 learning circle groups consisting of 12 supervisors each. The learning circles will be held on a regional basis. Each Learning Circle session is 2.5 hours.
Admin Function 1	Case Management and Supervision
Admin Function 2	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations.
Admin Function 3	Communication skills required to work with children and families.
Admin Function 4	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Venue	Agency Training Space
Duration	Short Term-Part Time
Provider	Agency Staff
Days	72
Hours	180
Audience	DCF Staff - Supervisors
Cost	6000
Allocation	allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Sup PDP Forum
Training Description	*SUPERVISOR TRAINING* This day long orientation introduces and prepares supervisors to participate in the Supervisor Professional Development Program. The Sup PDP is a comprehensive, continuous learning experience that involves four main components: Classroom work, learning circles, portfolio development, and action plans for learning. By attending this forum, supervisors will appreciate the value of this formal training program and demonstrate an understanding of the various components in order to complete the program.
Admin Function 1	Case Management and Supervision
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Agency Staff
Days	1
Hours	6
Audience	DCF Staff - Supervisors
Cost	5000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Sup PDP Facilitator's Learning Circle
Training Description	*SUPERVISOR TRAINING* The hub of the Supervisor Professional Development Program is Learning Circles. During this interactive and engaging group dialogues; supervisors will share and reflect upon the best practice of child welfare social work. The success of these learning experiences relies 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 supervisory 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.
Admin Function 1	Case Management and Supervision
Admin Function 2	Team building and stress management training
Admin Function 3	
Admin Function 4	
Venue	Agency Training Space
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	6
Hours	18
Audience	MCWI Trainers/Staff
Cost	3000
Allocation	Currently, costs associated with the Training Institute, including costs associated with curriculum development, are claimed to Title IV-E by the Title IV-E eligibility rate at 50%.

Training Title	Sup PDP-Advanced Supervision Practice Series
Training Description	*SUPERVISOR TRAINING* This is a three session series developed especially for DCF supervisors who are looking to deepen their practice. The series is purposely structured so there is opportunity to “try on” new learning back in the area office in between each session. Attendance in all three sessions is required. Session 1: Supervision as Practice Enhancement Rather than Practice Enforcement Supervisors are often placed in a position of providing answers to social workers. While this is compelling in fast-paced, high risk situations, it unfortunately can undercut workers and transfer the burden of the work to supervisors. This workshop highlights concrete supervisory practices to help workers develop their capacity to think through complex situations and engage families in constructive conversations about challenging issues. Session 2: Supervision with “Reluctant” Workers Much of DCF’s work takes place with “reluctant” families who claim there is no problem or the problem is beyond their control. Unfortunately, this same process can be replicated at a supervisory level in which social workers minimize apparent problems or doggedly complain about situations they cannot influence. This workshop highlights a constructive way of understanding these situations and engages participants in brainstorming ways of responding to them. Session 3: Supervision as an Antidote to Burnout This work is hard and workers are exposed to horrible situations. At the same time, many social workers experience additional distress over the ways in which bureaucratic demands and regulations preclude them from fully responding to families. This workshop focuses on ways in which supervisors can bear witness to and support workers in dealing with bureaucratic constraints while retaining a focus on the best service to families.
Admin Function 1	Case Management and Supervision
Admin Function 2	Team building and stress management training
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted consultant
Days	3
Hours	18
Audience	MCWI Trainers/Staff
Cost	9,000
Allocation	Currently, costs associated with the Training Institute, including costs associated with curriculum development, are claimed to Title IV-E by the Title IV-E eligibility rate at 50%.

Training Title	Sup PDP - Facilitation Skills for Supervisors
Training Description	*SUPERVISOR TRAINING* Building collaboration is a distinct skill of child welfare supervisors and requires overt attention to the processes of agreements, shared decisions, and shared responsibility. This one day workshop will engage supervisors in an experiential learning opportunity to develop their own facilitation skills. The hope of this training is that supervisors will see the effectiveness of group decision making and the efficiency of practice that happens collaboratively. The introduction to these processes will inspire supervisors to transfer their learning directly into their unit meetings--and ultimately, demonstrate for social workers how to build agreements with their clients.
Admin Function 1	Case management and supervision
Admin Function 2	Communication skills required to work with children and families.
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	2
Hours	12
Audience	DCF Staff - Supervisors
Cost	700
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA. MA

Training Title	Sup PDP - Culturally Competent Supervision
Training Description	*SUPERVISOR TRAINING* Effective supervision skills are founded on self-reflection and an exploration of difference. This one day workshop will engage supervisors in a process of developing their ability to surface their own assumptions about culture, race and difference in order to have progressive conversations with their staff about the sways of perception on decision making. Would you like to more explicitly consider the impact of race (yours, your supervisee's and the client's) on your treatment decisions and supervision options? This workshop will provide you with a set of tools you can use to provide supervision that takes into account race, language, socio-economic class and other cultural differences. Participants are encouraged to bring current case scenarios so that the tools can be practically applied.
Admin Function 1	Cultural competency related to children and families.
Admin Function 2	Case management and supervision
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	2
Hours	12
Audience	DCF Staff - Supervisors
Cost	2700
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Sup PDP - Legal
Training Description	*SUPERVISOR TRAINING* Child welfare supervision takes place with the complex context of intersecting policy, practice and legal expectations. This one day workshop engages supervisors in a specific learning experience concerning the Massachusetts General Laws related to children and families. This training is facilitated by departmental attorneys and offers supervisors an advanced perspective on their role as educators of social workers about the child welfare legal system. Specifically, this workshop prepares supervisors to lead their social workers through the decisions necessary to determine placement and permanency planning.
Admin Function 1	Preparation for and participation in judicial determinations
Admin Function 2	Case management and supervision
Admin Function 3	Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical education
Admin Function 4	
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Agency Staff
Days	2
Hours	12
Audience	DCF Staff - Supervisors
Cost	700
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

FFY 2016 DCF Training Plan
Department of Children and Families
Massachusetts Child Welfare Institute

Section 3: *Manager Professional Development*

Training Title	Leadership Training for Managers
Training Description	*MANAGER TRAINING* There are great expectations for DCF managers to assume a leadership role in facilitating practice change. Yet, there are few opportunities for managers to reflect on what this means. This three-part series is a chance for managers to come together and do exactly just that: reflect on the meaning of leadership and create a vision of what it might look like. This series is designed so that participants have time to put new learning into practice between sessions. In order to maximize the cumulative benefit of the series content, attendance in all three sessions is required. Session 1: Collaborative Leadership in the Real World Traditional “command and control” models of leadership are being challenged by more collaborative models of “leaders as facilitators.” However, neither model fully captures the complexity of leadership within DCF. This workshop reviews different leadership models and engages participants in reflecting on their best leadership moments to synthesize different leadership approaches and develop a personal leadership vision. Session 2: Facilitating Practice Conversations The pressures of urgent situations, anticipated blame, and defensive practice often place mid-level managers in a position of providing answers and “doing the thinking” for those “doing the work”. This workshop outlines concrete maps, practices, and structures for managers to help supervisors and social workers “think their way through complex situations” while holding important bottom lines of accountability. Session 3: Surviving as a Practice Leader Safety for children and families requires an intense focus on everyday practice. This focus is often challenged by broader bureaucratic demands and requirements. It is easy for practice conversations to slip into compliance conversations. This workshop engages participants in thinking about the value of keeping a focus on practice, concrete practices to do that, and strategies to develop peer communities that will support that effort.
Admin Function 1	Case management and supervision
Admin Function 2	Team building and stress management training
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	3
Hours	18
Audience	DCF Staff – Managers
Cost	12000

Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Management Development Program
Training Description	This program appreciates the developmental process of learning for DCF managers. As a continuous learning model, the DCF Management Development Program introduces those who are curious about the role of a manager to the foundational responsibilities of the being a manager, engages managers who are new to their position, and encouraged more experienced managers to share their insights with others while advancing on their own skills. Through an integrated set of professional development programs, the MCWI will offer managers, and those exploring the next rung on the career ladder, a meaningful learning experience. The proposed In-Service Training Series for Managers includes the following topic areas in development: a. Trauma informed organizations b. Using data to understand patterns in practice c. Facilitative leadership d. Managing change through innovation e. Coaching for practice growth f. Organizational development through emergence g. Consensus and conflict: Creating a team culture in your area office h. Managing risk and uncertainty in decision-making i. Managing the money: balancing fiscal and clinical considerations
Admin Function 1	Case management and supervision
Admin Function 2	Team building and stress management training
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	9
Hours	54
Audience	DCF Staff - Managers
Cost	16200
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	APM Conference
Training Description	*MANAGER TRAINING* The MCWI holds two statewide conferences for Area Program Managers. The Fall 2015 and Spring 2016 conferences will focus on common child welfare management themes and combine plenary sessions and small workshops to promote effective child welfare practice and organizational development. This conference will emphasize innovations in approaches to case management and supervision being implemented through the Integrated Casework Practice Model in Massachusetts and the implications for quality supervision.
Admin Function 1	Case Management and Supervision
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	Rented Hotel Conference Centers
Duration	Short Term-Part Time
Provider	Agency Staff
Days	2
Hours	14
Audience	DCF Staff - Managers
Cost	13000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Leadership and Secondary Trauma Program w/ Bill Kahn
Training Description	*LEADERSHIP* 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.
Admin Function 1	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 2	Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services.
Admin Function 3	Team building and stress management training
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	12
Hours	72
Audience	Provider Staff
Cost	64000
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be 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 will be used.*

Section 4: *In-Service Workshops*

Training Title	Debunking the Myth of Time and Stress Management
Training Description	*IN-SERVICE TRAINING* This workshop teaches a new approach to managing “self-in-time” rather than trying (unsuccessfully) to manage time. After this workshop, time will no longer be experienced as a struggle, but will be seen as a resource for the fulfillment of one’s potential. Participants will be able to: - Create an entirely new way of managing self-in-time that reduces stress and increases productivity; - Identify specific behavioral patterns and ways of thinking that reduce overall effectiveness and productivity and add to the experience of stress and burnout; - Identify specific coaching skills that will enhance the productivity and ease for the practitioner and his/her clients; and - Apply a model of energetic consciousness to the day-to-day experience of life, time, and stress.
Admin Function 1	Case Management and Supervision
Admin Function 2	Team building and stress management training
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	2
Hours	12
Audience	DCF staff
Cost	2400
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results based on the responses of the social workers supervised by these individuals. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies in the cost allocation plan. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Day of Wellness
Training Description	*IN-SERVICE TRAINING* This day-long training will consists of two sessions focusing on concrete self-care skills, which are easy to incorporate into your day-to-day life. While attendance in both sessions is encouraged, participants can register for either the morning or afternoon sessions. *Part 1: Need to Relax?* In this session, we will focus on ways to: – Identify stressors – Improve coping skills – Apply relaxation techniques *Part 2: Strategies to Combat Emotional Eating* Do you find yourself reaching for food whenever you are stressed, upset or bored – even though you may not be hungry? Do you want to learn how to overcome this "emotional" eating? This session will increase your skills to: – Manage the stress that can lead to overeating; – Distract yourself from reaching for food when you're not hungry; and – Make smart food choices that will reduce emotional eating.
Admin Function 1	Team building and stress management training
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	3
Hours	18
Audience	DCF staff
Cost	3900
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	The Commercial Sexual Exploitation of Children: Understanding Victims and the Role of Child Protection Services
Training Description	*IN-SERVICE TRAINING* Victims of commercial sexual exploitation are often a hidden segment of children involved with child protection services. This training will help DCF social workers to understand, recognize, and intervene on behalf of children experiencing trauma related to sexual exploitation. Participants attending this workshop will be better able to: • Understand the current research related to the exploitation of adolescent girls, the role of pimps, the process of recruitment, and the clinical dynamics of involvement in "the life"; • Understand their role in identifying victims and helping girls exit "the Life" while finding safety and stability; and • Learn a trauma-informed clinical framework for providing support to victims of exploitation.
Admin Function 1	Case Management and Supervision
Admin Function 2	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	4
Hours	24
Audience	DCF staff
Cost	5000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Understanding the Rights of Students in School Discipline Proceedings
Training Description	*IN-SERVICE TRAINING* DCF social workers often interact with the educational and residential systems to advocate for the needs of children involved with the Department. This is an especially challenging role for social workers when these children face disciplinary action for their behaviors and social workers are not clear on what rights due process rights children have. Participants in this half-day workshop will gain: • More confidence in their capacity to advocate on the behalf of children during the disciplinary process; and • A better understanding of: The laws which guide the schools' disciplinary actions such as the use of restraints, time outs, suspensions and expulsions; and The rights children have during these disciplinary processes.
Admin Function 1	Case Management and Supervision
Admin Function 2	Development of the case plan
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	.5
Hours	2.5
Audience	DCF staff
Cost	1200
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Best Practices for Working with Substance-Abusing Adolescents
Training Description	*IN-SERVICE TRAINING* This workshop addresses the challenges of talking to teens about their substance use and offer practical strategies to intervene in this area. Beginning with an examination of the addiction cycle, participants learn how to differentiate between experimentation, dependence, and abuse, highlighting new findings on how substance use impacts teen development and connects to other unhealthy behaviors. Strategies for intervention, such as the use of harm reduction models and practical methods for engaging resistant youth, are explored. Ample attention will be given to addressing the specific challenges of chronic marijuana use among teens and young adults. At the end of the day, participants will be able to: • Describe and identify drugs of abuse and know their classification; • Describe the latest trends of adolescent use and abuse; • Learn assessment, treatment, and prevention strategies; • Explore the role of self-help groups AA, NA, Alanon; and • Implement strategies for diffusing denial and treatment resistance.
Admin Function 1	Case Management and Supervision
Admin Function 2	Development of the case plan
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 4	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	4
Hours	24
Audience	DCF staff
Cost	5000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be

	added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Working with Parenting Youth
Training Description	*IN-SERVICE TRAINING* Emotional regulation skills are pivotal in the process of becoming effective parents and powerfully shape the quality of the caretaking relationship. Unfortunately, because many adolescent parents involved with DCF have experienced trauma and abuse, they have had few opportunities to develop important skill sets. As a result, these young mothers and fathers often struggle to meet the developmental needs of their children. Participants in this workshop will be introduced to the Power Source Parenting program, a developmentally sensitive approach designed to help adolescent parents increase emotional regulation skills, reduce risk taking behavior, create healthier relationships across contexts, and foster attuned and effective parenting. Participants will: ▪ Gain an understanding of the theoretical underpinnings of Power Source Parenting; ▪ Be exposed to a variety of activities used to help young parents develop the skills associated with effective parenting; and ▪ Be offered approaches and tools to integrate aspects of the Power Source Parenting program into their practice. During the workshop, participants will receive a copy of the book, *Power Source Parenting: Growing Up Strong and Raising Healthy Kids*
Admin Function 1	Case Management and Supervision
Admin Function 2	Development of the case plan
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	4
Hours	24
Audience	DCF staff

Cost	5000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Working with Abusive and Violent Fathers
Training Description	*IN-SERVICE TRAINING* Fatherhood engagement is an important component of effective child welfare practice. Research consistently demonstrates that if fathers are actively engaged in their children's lives, it is more likely that children will achieve better outcomes. Yet social workers are challenged to balance this understanding with their own safety when it comes to engaging fathers with a history of violence. This training will focus on concrete skills, which make it easier for social workers to form effective and safe relationships with the fathers on their caseloads. Participants will learn how to: ▪ Assess strengths and risk levels with fathers who have a history of domestic violence; ▪ Engage in positive ways while setting limits and encouraging responsibility for violent and abusive behavior; and ▪ Identify culturally-based strengths that can be the basis of the change process, including positive fatherhood visions and positive models of manhood.
Admin Function 1	Case Management and Supervision
Admin Function 2	Development of the case plan
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	4
Hours	24

Audience	DCF staff
Cost	5000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	**"Come Into My Office": Difficult Supervisory Conversations**
Training Description	*IN-SERVICE TRAINING* One of the more challenging aspects of the job for DCF supervisors and managers is engaging in conversations with their staff on improving their job performance. It is particularly difficult to balance maintaining a collaborative stance, giving constructive feedback and clearly articulating one's expectations. This one-day interactive workshop will provide an opportunity for participants to discuss and reflect on what makes these conversations so difficult. We will focus on techniques and tools supervisors and managers can use to increase the likelihood that they can reach a shared agreement with their staff on a plan with clear, feasible and measurable next steps. Participants in this workshop will have an increased understanding of: • A framework to plan for and start a difficult conversation; and Key strategies and interventions that make it more likely for a successful dialogue with their staff.
Admin Function 1	Case Management and Supervision
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	4
Hours	24
Audience	DCF staff
Cost	5000

Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Managing Cases with Parental Substance Misuse
Training Description	*IN-SERVICE TRAINING* This training is geared toward DCF managers and supervisors on how to best assess a parent's use of alcohol and drugs and the impact this use has on children. The focus of the training is to provide managers and supervisors with the information and tools they need to support their staff in gathering information from interviews, observations, and collateral contacts. Supporting workers in developing a strong clinical formulation around parental substance misuse is critical for understanding risk to children.
Admin Function 1	Case Management and Supervision
Admin Function 2	Development of the case plan
Admin Function 3	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
Admin Function 4	Identifying a child and families' risk for the removal of the child from the home.
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	4
Hours	24
Audience	DCF staff
Cost	5000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	To Share or Not to Share: Ethical Practice in Social Work
Training Description	*IN-SERVICE TRAINING* Understanding that the most reliable predictor of good outcomes for families involved with the child welfare system is the family's perception of their relationship with their social worker, DCF staff are very cognizant of the importance of engaging clients with genuine respect and empathy. Social workers are very skilled in building relationships with families in the most challenging circumstances. Yet workers often feel the tension between building these connections with genuine warmth and presence and maintaining a professional stance with the client. "Can I share personal experiences with my client? What if my personal experience is relevant to this situation?" "What happens on Facebook?" This 3-hour workshop will focus on the social worker professional use of self in building effective client-worker relationships. Through the use of case scenarios and experiential exercises, participants will gain: **-** A richer understanding of the ways social workers use their thoughts, feelings, and experiences to build strong relationships with families; and **-** Additional methods and strategies to genuinely engage with families within the context of safe, professional boundaries.
Admin Function 1	Case Management and Supervision
Admin Function 2	Team building and stress management training
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	.5
Hours	2
Audience	DCF staff

Cost	1200
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Making the Most of Supervised Visits
Training Description	*IN-SERVICE TRAINING* Supervised visitation is one of the most important opportunities for social workers to help maintain connections between child and family, ease the child's experience of separation, engage birth parents, and assess parent-child interactions. Yet, many social workers feel challenged to make the visitation hour meaningful for the child and family and helpful in their continuing assessment of parent-child relationships. This workshop will focus on strategies to: _ Prepare for visits; _ Assess progress; _ Address reactions of children and parents; and _ Defuse issues that may arise for the visit's participants, child, parent and foster parent.
Admin Function 1	Case Management and Supervision
Admin Function 2	Development of the case plan
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	1
Hours	6
Audience	DCF staff
Cost	1200
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Secondary Trauma: Resilience in the face of challenge
Training Description	*IN-SERVICE TRAINING* 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 workers and supervisors 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.
Admin Function 1	Case Management and Supervision
Admin Function 2	Grief and loss
Admin Function 3	Team building and stress management training
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	2
Hours	12
Audience	DCF Staff
Cost	3800

Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Finding the Patterns: Case Formulation
Training Description	*IN-SERVICE TRAINING* The ability to gather and organize large amounts of information and then distill this information into a meaningful analysis is at the heart of case formulation. This workshop reinforces the facilitated process that social workers and supervisors can use to find patterns in the complex and confusing realities of family life. The workshop provides concrete steps to searching for patterns of behavior which help the social worker and supervisor understand the impact of a caregiver on their child.
Admin Function 1	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations.
Admin Function 2	Development of the case plan
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 4	Identifying a child and families' risk for the removal of the child from the home.
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	8
Hours	48
Audience	DCF Staff
Cost	16000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Safety Mapping through a cultural lens
Training Description	*IN-SERVICE TRAINING* How does race contribute to the danger or safety of a case? How does gender identity/expression contribute to the danger or safety of a case? Economic Class? Education? Sexual Orientation? Age? Physical/Mental Ability? Religion? Immigration Status? How do the cultural variables of the caseworker and/or supervisor impact their understanding of the case's safety and risk? Participants will be invited to map cases incorporating the above-mentioned cultural variables.
Admin Function 1	Cultural competency related to children and families.
Admin Function 2	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 3	Identifying a child and families' risk for the removal of the child from the home.
Admin Function 4	
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	6
Hours	36
Audience	DCF Staff
Cost	12000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Advanced Facilitation Skills
Training Description	*IN-SERVICE TRAINING* Many staff in the agency have attended training on the role of facilitation in child welfare supervision and practice. This one day workshop builds upon this growing interest by advancing the skills and knowledge of managers, supervisors and social workers in the use of the Interactive Model of Facilitation. This workshop will focus on the role of facilitator to guide groups to success using an explicit process, attention to relationships and an emphasis on clear outcomes. The facilitated model will help staff engage effectively in case planning with families, develop clarity about case management and supervision goals, and build teamwork within the supervisory unit.
Admin Function 1	Case management and supervision
Admin Function 2	Development of the case plan
Admin Function 3	Team building and stress management training
Admin Function 4	
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	6
Hours	36
Audience	DCF Staff
Cost	12000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Understanding Hoarding Behavior
Training Description	*IN-SERVICE TRAINING* Compulsive Hoarding Have you ever wondered why people hoard? Why it is so difficult for them to clean up and throw things away? This workshop will assist DCF staff in understanding the clinical nature and features of compulsive hoarding and the significant impact it can pose to the safety of children. This workshop is ideal for DCF staff that encounter hoarding and clutter in their day to day job Through lecture and group discussion staff will learn of key promising practices for moving beyond short term solutions to addressing the roots of compulsive hoarding issues. In this interactive workshop participants will learn how to: • Assess health and safety risks related to hoarding • Utilize effective tools for intervention • Assemble an intervention team
Admin Function 1	Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, educational services
Admin Function 2	Cultural competency related to children and families.
Admin Function 3	Identifying a child and families' risk for the removal of the child from the home.
Admin Function 4	Development of the case plan
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	2
Hours	6
Audience	DCF Staff
Cost	5000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Interviewing Children: 4 Houses Approach
Training Description	*IN-SERVICE TRAINING* 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 4 Houses approach to interviewing children. This evidence based approach focuses on simple but powerful ways to frame questions to engage children. This builds on the skills that social workers and supervisor having using the "3 Houses model" with the specific addition of the "Safety House" as an effective safety planning process with children. Using demonstrations and case presentations, the instructors will guide social workers through the techniques that they can use immediately in working with children.
Admin Function 1	Identifying a child and families' risk for the removal of the child from the home.
Admin Function 2	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 3	Development of the case plan
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	6
Hours	36
Audience	DCF Staff
Cost	12000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Best Practices with Adolescents
Training Description	*IN-SERVICE TRAINING* 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.
Admin Function 1	Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services.
Admin Function 2	Independent living and the issues confronting adolescents preparing for independent living.
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	4
Hours	24
Audience	DCF staff
Cost	4800
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Solution Focused Interviewing Skills
Training Description	*IN-SERVICE TRAINING* Solution Focused treatment is being successfully applied to child protective service agencies worldwide. 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 videotaped 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. The primary focus of this workshop is the effective development of case plans with families and the assessment of danger and safety related to placement decisions through innovative and powerful approaches to engaging with families.
Admin Function 1	Development of Case Plan
Admin Function 2	Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services.
Admin Function 3	Case Management and Supervision
Admin Function 4	Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, education
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	4
Hours	24
Audience	DCF staff
Cost	8000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Integrated Child Welfare Practice
Training Description	*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.
Admin Function 1	Case Management and Supervision
Admin Function 2	Referral for Service
Admin Function 3	Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services.
Admin Function 4	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted Trainer
Days	3
Hours	18
Audience	DCF Staff
Cost	13600
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Legal Training
Training Description	*IN-SERVICE TRAINING* 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.
Admin Function 1	Development of Case Plan
Admin Function 2	Placement of the child
Admin Function 3	Case Management and Supervision
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Agency Staff
Days	2
Hours	12
Audience	DCF Staff
Cost	5000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Facilitation Skills in CW Social Work
Training Description	***IN-SERVICE TRAINING*** Innovations in child welfare practice have increasingly emphasized the vital nature of collaboration and network building to sustain safety for children and families. This one day training will help social workers and supervisors understand their role as facilitator's of change, rather than viewing themselves strictly as case managers or clinicians. With a deeper understanding of the processes of facilitation, using the dimensions of success described by the interactive model of facilitation, staff will be better able to form positive working relationships, build shared agreements, and have clarity about the desired outcomes of child welfare intervention in the life of a family. This training integrates the key role of a facilitator with the essential skills for assessing danger and safety in families to better understand what the collective plan of action needs to be.
Admin Function 1	Communication skills required to work with children and families.
Admin Function 2	Development of the case plan
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	MCWI Staff/Trainer
Days	4
Hours	24
Audience	DCF Staff
Cost	4000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Building Safety Plans
Training Description	*IN-SERVICE TRAINING* The primary goal of child welfare interventions is to promote safety for children and families. This one day training will build upon DCF staff's strong foundation of safety organized practice and the assessment of danger and safety to a specific approach to building safety plans. Effective safety planning is collaborative and relies on a network of support for children and families. Social workers and supervisors will learn the essential skills of inquiry and engagement to build realistic plans for safety which will allow a greater number of children to remain at home safely.
Admin Function 1	Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, education
Admin Function 2	Development of the case plan
Admin Function 3	Identifying a child and families' risk for the removal of the child from the home.
Admin Function 4	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	4
Hours	12
Audience	DCF Staff
Cost	7200
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Center for Professional Innovation
Training Description	The MCWI works collaborative with CPI to offer relevant and contemporary professional training programs for DCF social workers, supervisors and managers. CPI has been providing high level and well regarding training programs for human service professionals for over 25 years. CPI designs and implements a broad range of in-service trainings with a clinical focus on human services and helping multi-stressed families and the MCWI purchases slots for staff to attend these workshops.
Admin Function 1	Cultural competency related to children and families.
Admin Function 2	Communication skills required to work with children and families.
Admin Function 3	Case management and supervision
Admin Function 4	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	20
Hours	120
Audience	DCF Staff
Cost	130000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	The Bridge Training Institute: Professional Workshops for Human Service Staff
Training Description	The MCWI works collaborative with The Bridge to offer relevant and contemporary professional training programs for DCF social workers, supervisors and managers. The Bridge has been providing high level and well regarding training programs for human service professionals for over 25 years in Central Massachusetts. The Bridge designs and implements a broad range of in-service trainings with a clinical focus on human services and helping multi-stressed families and the MCWI purchases slots for staff to attend these workshops.
Admin Function 1	Cultural competency related to children and families.
Admin Function 2	Communication skills required to work with children and families.
Admin Function 3	Case management and supervision
Admin Function 4	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	20
Hours	120
Audience	DCF Staff
Cost	33000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Trainer Development Programs
Training Description	*IN-SERVICE TRAINING* This one day workshop is designed to support the professional development of DCF MCWI trainers. With a focus on generating innovative approaches to training, participants learn to support adult learning processes, facilitate dialogue, and evaluate the effectiveness of training programs.
Admin Function 1	Job performance enhancement skills
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	1
Hours	6
Audience	MCWI Trainers/Staff
Cost	3000
Allocation	Currently, costs associated with the Training Institute, including costs associated with professional development, are claimed to Title IV-E by the Title IV-E eligibility rate at 50%.

Training Title	Statewide Hotline Training
Training Description	*IN-SERVICE TRAINING* DCF Hotline staff intervene with families in the midst of crisis, after-hours, with limited access to resources. This one day workshop will bring Hotline Investigators together to share in a dialogue about best practices for engaging, assessing and building partnerships with families in crisis. This workshop will focus on danger and safety assessments and making the decision whether or not to remove children from their homes.
Admin Function 1	Assessments to determine whether a situation requires a child's removal from the home, if the training is not related directly to conducting a child abuse and neglect investigation. This topic does not include trainings on how to perform medical, education
Admin Function 2	Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services.
Admin Function 3	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations.
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	2
Hours	12
Audience	DCF Staff
Cost	5000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. Costs associated with this training are not claimed to Title IV-E at the enhanced rate. A new cost allocation methodology is being developed to further isolate the costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Section 5: *Permanency Planning*

Training Title	Permanency Planning Workshop Series
Training Description	The Department rolled out a comprehensive Permanency Planning Policy in 2013. To support this policy and promote practices that are aligned with the focused efforts to achieve permanency for children in foster care, the MCWI will offer a series of topic based, day-long workshops for staff. The workshops will focus content and activities on direct practice and supervision and include the following training titles: • Concurrent Planning • 6 Week Placement Reviews • Supervising for Permanency • Managing for Permanency • Engaging and Working with Kin • Youth Readiness Assessment • Young Adult Review Panels • Transition Age Youth and Discharge Planning • Positive Youth Development
Admin Function 1	Placement of the Child
Admin Function 2	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 3	Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services.
Admin Function 4	Independent living and the issues confronting adolescents preparing for independent living.
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	DCF Trainers and Contracted Trainer
Days	27
Hours	162
Audience	DCF Staff
Cost	25000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Foster and Adoptive Programs
Training Description	*FAMILY INITIATIVES* 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.
Admin Function 1	Placement of the Child
Admin Function 2	Negotiation and review of adoption assistance agreements
Admin Function 3	Preparation for Judicial Determinations
Admin Function 4	Post-placement management of subsidy payments
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term-Part Time
Provider	Contracted trainer
Days	12
Hours	72
Audience	Foster/Adoptive Parents
Cost	13088
Allocation	Currently, costs associated with the Training Institute, including costs associated with curriculum development, are claimed to Title IV-E by the Title IV-E eligibility rate at 50%. .

Training Title	Engaging Fathers
Training Description	*FAMILY INITIATIVES* 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.
Admin Function 1	Placement of the Child
Admin Function 2	Family Visitation.
Admin Function 3	Case Management and Supervision
Admin Function 4	Development of the case plan
Venue	Agency Training Space
Duration	Short Term-Part Time
Provider	Agency Staff
Days	2
Hours	12
Audience	DCF staff
Cost	600
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

FFY 2016 DCF Training Plan
Department of Children and Families
Massachusetts Child Welfare Institute

Section 6: *Professional Education*

Training Title	Tuition Reimbursement Program
Training Description	*PROFESSIONAL EDUCATION* The Department provides financial assistance for DCF staff attending graduate level degree coursework. This program will assist approximately 125 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.
Admin Function 1	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	College/University
Duration	Long Term-Part Time
Provider	Graduate Degree
Days	
Hours	
Audience	DCF Staff
Cost	50000
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be 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 will be used.*

Training Title	Simmons ULP MSW Fellowship
Training Description	*PROFESSIONAL EDUCATION* 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 University, Bridgewater State University, Springfield College and Simmons College Urban Leadership Program. MCWI Fellows receive a scholarship as they earn their Master's degree in social work. The MCWI will fund fellowships for 35 DCF staff in the Salem State MSW program, 5 at Bridgewater State 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.
Admin Function 1	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
Admin Function 2	Communication skills required to work with children and families.
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 4	
Venue	College/University
Duration	Long Term - Part Time
Provider	Graduate Degree
Days	
Hours	
Audience	DCF Staff
Cost	22000
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be 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 will be used.*

Training Title	Bridgewater MSW Fellowship
Training Description	*PROFESSIONAL EDUCATION* 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 University, Bridgewater State University, Springfield College and Simmons College Urban Leadership Program. MCWI Fellows receive a scholarship as they earn their Master's degree in social work. The MCWI will fund fellowships for 35 DCF staff in the Salem State MSW program, 5 at Bridgewater State 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.
Admin Function 1	Communication skills required to work with children and families.
Admin Function 2	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 4	
Venue	College/University
Duration	Long Term - Part Time
Provider	Graduate Degree
Days	
Hours	
Audience	DCF Staff
Cost	113500
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be 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 will be used.*

Training Title	Springfield College Children & Adolescents Certificate
Training Description	*PROFESSIONAL EDUCATION* Post-Masters Certificate Program in Advanced Practice with Children and Adolescents. $2,200 per student. This program imparts the latest knowledge of clinical practice and increases skill sets. The program is designed for social workers, nurses, mental health professionals, school counselors, and others who have earned a master's degree. The 90 CEU curriculum includes contemporary practice, theories, and intervention techniques. Applicants must be currently working with children and adolescents. Applications are accepted twice each year. The goal of the Certificate Program is to enhance state of the art knowledge and skills in the following content areas: • Clinical Intervention Techniques • Bio-Psycho-Social Theories Topics covered include: ▪ Interviewing skills with children and adolescents ▪ Skills for engaging parents and families ▪ Developmental approaches: infancy, toddlerhood, middle childhood, and adolescence ▪ The impact of adult mental illness on parenting ▪ The influence of race and culture, cultural competence ▪ Children with mental illness: Depression, anxiety, pervasive developmental disorders, conduct disorder, oppositional defiant disorder, attention-deficit hyperactivity disorder, bipolar disorder, and reactive attachment disorder ▪ Trauma and loss ▪ Community interventions ▪ Counseling boys and male adolescents ▪ Domestic violence ▪ Psychotropic medication ▪ Substance abuse
Admin Function 1	Communication skills required to work with children and families.
Admin Function 2	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations.
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 4	
Venue	College/University
Duration	Short Term - Part Time
Provider	Graduate Degree
Days	

Hours	
Audience	DCF Staff
Cost	43000
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be 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 will be used.*

Training Title	Springfield MSW Fellowship
Training Description	*PROFESSIONAL EDUCATION* 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 University, Bridgewater State University, Springfield College and Simmons College Urban Leadership Program. MCWI Fellows receive a scholarship as they earn their Master's degree in social work. The MCWI will fund fellowships for 35 DCF staff in the Salem State MSW program, 5 at Bridgewater State 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.
Admin Function 1	Communication skills required to work with children and families.
Admin Function 2	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 4	
Venue	College/University
Duration	Long Term - Part Time
Provider	Graduate Degree
Days	
Hours	
Audience	DCF Staff
Cost	43000
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be 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 will be used.*

Training Title	Simmons Post Masters Trauma Certificate Program
Training Description	*PROFESSIONAL EDUCATION* 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, 20 DCF staff members will attend this certificate program focused on trauma in child welfare. This Post Certificate program offers an ongoing forum for those who completed the program to continue the learning and dialogue about best practices. These dialogues reinforce the learning from the Certificate program and help to continuously improve the content of the program.
Admin Function 1	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 2	Grief and loss
Admin Function 3	
Admin Function 4	
Venue	College/University
Duration	Short Term - Part Time
Provider	College/University Instructors
Days	
Hours	
Audience	DCF Staff
Cost	12000
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be 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 will be used.*

Training Title	Simmons Trauma Certificate
Training Description	*PROFESSIONAL EDUCATION* 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, 20 DCF staff members will attend this certificate program focused on trauma in child welfare.
Admin Function 1	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations.
Admin Function 2	Effects of separation
Admin Function 3	Grief and loss
Admin Function 4	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Venue	College/University
Duration	Short Term - Part Time
Provider	College/University Instructors
Days	
Hours	
Audience	DCF Staff
Cost	38000
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be 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 will be used.*

Section 7: *Organizational Development*

Training Title	Area Office Organizational Practice Development
Training Description	*Organizational Development* 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 dialogues to advance practice in the context of the Integrated Practice Model. These groups are referred to as Action Learning Groups.
Admin Function 1	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	2
Hours	12
Audience	DCF Staff
Cost	20000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	ICPM Coaches Meetings
Training Description	The effort to advance practice at DCF has placed great value in local level coaching and facilitation of learning. This day long gathering brings together agency and provider staff who are assigned as practice coaches. The content of these dialogues is focused on improving practice, case management and supervision and social work skills necessary to promote family centered, solution focused approaches to enhancing safety for children and families.
Admin Function 1	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	2
Hours	12
Audience	MCWI Trainers/Staff
Cost	3000
Allocation	Currently, costs associated with the Training Institute, including costs associated with curriculum development, are claimed to Title IV-E by the Title IV-E eligibility rate at 50%.

Training Title	Area Office Organization/Management Support
Training Description	The MCWI supports training needs identified at the local, area office level--including organizational development and change management coaching for local level managers.
Admin Function 1	Staff management
Admin Function 2	Using Management reports
Admin Function 3	Team building and stress management training
Admin Function 4	
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	
Hours	
Audience	DCF Staff - Managers
Cost	5000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	DCF Regional Office Training
Training Description	The four Regional Offices of DCF represent diverse communities with specific needs. The Department supports the unique learning needs of each region through the provision of resources and training support to develop and implement local level workshops on a range of topics including: cultural competency, engaging providers in case planning, referral for services, and placement decisions. Each Region develops a plan for its training needs and is supported in the implementation of this plan throughout the fiscal year.
Admin Function 1	Communication skills required to work with children and families.
Admin Function 2	Development of the case plan
Admin Function 3	Referral to services
Admin Function 4	Cultural competency related to children and families.
Venue	Agency Training Space
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	12
Hours	72
Audience	DCF Staff
Cost	12000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Section 8: *Professional Conferences*

Training Title	Statewide Worker Safety Conference
Training Description	*Organizational Development* 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. This conference focuses on specifically on safety in the routine practice of child welfare social workers.
Admin Function 1	Case management and supervision
Admin Function 2	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Agency Staff
Days	1
Hours	6
Audience	DCF Staff
Cost	6000
Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	You, Inc - Trauma Conference
Training Description	Annual conference sponsored by You, Inc. for human service professionals focused on the impact of trauma on children and families. Purpose of the Conference Offering topics that are timely and relevant, this conference will focus on introducing participants to current research and new practices focused on treating children and families who experience complex trauma. Complex trauma usually involves occurrences of child maltreatment including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence-that is chronic, begins in early childhood, and occurs within the primary care giving system. Educational Objectives Upon the completion of the conference, participants will be able to: 1. Gain a current and comprehensive understanding of the key theoretical and clinical approaches underlying best practices in the child complex trauma field. 2. Increase knowledge of the effects of traumatic stress on very young children and on the parent-child relationship. 3. Expand insight into the four building blocks of healthy family functioning and learn strategies to help children and families at risk. 4. Identify effective strategies for screening for early childhood trauma and for collaborating with other systems of care in identifying and supporting young children affected by trauma. 5. Recognize and discuss some of the major transference and counter-transference issues in treating these conditions and the need for attention to self-care.
Admin Function 1	Grief and loss
Admin Function 2	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations.
Admin Function 3	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	1
Hours	6
Audience	DCF Staff
Cost	6000

Allocation	Currently, costs associated with trainee salaries (as appropriate and allowable) are allocated via quarterly RMTS results. Each RMTS activity is allocated to benefiting objectives based upon approved methodologies. A new cost allocation methodology is being considered to further isolate the non-salary costs associated with this training, and this methodology will be added to the DCF Training Plan when finalized and approved by DCA.

Training Title	Conferences - Other
Training Description	DCF supports the attendance of staff at outside workshops and conferences through a reimbursement of the registration fees. Participation in this reimbursement program is determined by the relevancy of the topic matter to the key practices of child welfare social work and alignment to the mission of DCF. The MCWI expects to reimburse staff for outside training fees at workshops on substance abuse, mental health, and domestic violence to advance the assessment of these worries relative to the caregivers' impact on their child. These workshops occur regularly in Massachusetts through universities and private human service agencies, and the MCWI contributes to the conference fees when staff attend conferences out of state.
Admin Function 1	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 2	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
Admin Function 3	
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	1
Hours	6
Audience	DCF Staff
Cost	15000
Allocation	Currently, costs associated with trainee salaries (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 topic-specific cost allocation methodology is being explored and, if implemented, will be 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	Workshop/Conference Reimbursement
Training Description	Participation in this reimbursement program is determined by the relevancy of the topic matter to the key practices of child welfare social work and alignment to the mission of DCF.
Admin Function 1	Cultural competency related to children and families.
Admin Function 2	Social work practice, such as family centered practice and social work methods including interviewing and assessment.
Admin Function 3	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.
Admin Function 4	
Venue	Rented Training Space (Hotel/Conference Center)
Duration	Short Term - Part Time
Provider	Contracted Trainer
Days	20
Hours	120
Audience	DCF Staff
Cost	25000
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be 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 will be used.*

Training Title	CEU Application Costs
Training Description	The MCWI, as the Department's training and professional development unit, seeks CEUs for applicable trainings to support staff in maintaining their social work license. This is the administrative cost of providing continuing education units for participants attending DCF training programs that qualify.
Admin Function 1	
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	
Duration	
Provider	
Days	
Hours	
Audience	DCF Staff
Cost	2500
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be negotiated with the Division of Cost Allocation. This will be added to the DCF Training Plan when finalized. For Title IV-E allowable activities, the Title IV-E FC rate will be used.*

Training Title	SW License: Vendor Payments
Training Description	MCWI supports DCF staff to become licensed social workers, as mandated by state law. This is the administrative cost of paying for staff to register for social work licensure and take the licensure examination.
Admin Function 1	
Admin Function 2	
Admin Function 3	
Admin Function 4	
Venue	
Duration	
Provider	
Days	
Hours	
Audience	DCF Staff
Cost	130000
Allocation	*These costs are not currently being claimed. However, a cost allocation methodology is being considered, and any methodology implemented will be 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 will be used.*

Commonwealth of Massachusetts

Department of Children and Families

Financial Information

Financial Information

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 FY 2016 than the state expended for those purposes in FY 2005 (section 424(c) of the Act). The 2016 APSR submission must include information on the amount of FY 2005 title IV-B, subpart 1 funds that the state expended for child care, foster care maintenance and adoption assistance payments for comparison purposes. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

The Department of Children and Families has never used, nor does it plan to use, IV-B, subpart 1 funds for these programs.

- The amount of state expenditures of non-federal funds for foster care maintenance payments that may be used as match for the FY 2016 title IV-B, subpart 1 award may not exceed the amount of such non-federal expenditures applied as state match title IV-B, subpart 1 for the FY 2005 grant (section 424 (d) of the Act). The CFSP submission must include information on the amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

MA Department of Children and Families no longer uses state funds for foster care maintenance payments as a match for, IV-B, subpart 1 funds. In FY 2005, non-federal foster care maintenance funds used as a match totaled $227,427.

Payment Limitations – Title IV-B, Subpart 2

- States are required to spend a significant portion of their title IV-B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the APSR a rationale for the disproportion. The amount allocated to each of the service categories should only include funds for service delivery. States should report separately the amount to be allocated to planning and service coordination. States must provide the estimated expenditures for the described services on the CFS-101, Part II.

Rationale for Requested FFY 16 PSSF Funds

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 Northern Region area offices. It is now completely supported with state dollars through Family Networks.

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 Five Year Child and Family Services Plan and this year's Annual Progress and Services Review (APSR), 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 and evolutionary 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.

The Worcester Community Connections Coalition expanded this work with families in the community by opening a Parent Resource Center. In the past two years, the early promise of it becoming a magnet to families from all parts of the city has been realized. As a result, DCF chose the Worcester site to be one of four Family Resource Center "proof of concept" sites in the spring of 2010 – continuing the testament of the relevance of the coalition to the community. Community Connections Coalitions will continue to be the foundation upon which we intend to expand community-based Family Resource Centers in the future.

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.

The work of the New Bedford Task Force has firmly taken hold in the neighboring community of 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 DSS foster care and adoption recruitment staff to strategically build linkages at community and regional levels continue to produce discernible 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 were 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.

In 2010, DCF partnered with the MA Children's Trust Fund, and Departments of Early Education and Care and Public Health in a subsequently awarded Strengthening Families AIM grant. Community Connections Coalitions and Family Resource Centers were key implementation points in our state strategy and were part of the initial training population included in the expansion of Parent Café work in 2012.

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 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 2013, the State had annual expenditures in excess of $41 million in POS dollars for Family Networks Support and Stabilization Services (FNSS) which is inclusive of Family Preservation and Adoption Support Services, but does not include any direct service personnel costs in these programmatic areas. In addition, for FY 13, the State targeted over $1.4 million in State funds for time-limited reunification services and over $12 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.

DCF preliminarily plans to spend approximately 35% of its total available FFY 16 PSSF grant funds in Family Support Services, followed by 24% in Family Preservation Services 14% in Adoption Promotion and Support, 8% in Time Limited Family Reunification Services, 9% in Administration, and 10% 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 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.

- States must provide the FY 2013 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state's 1992 base year amount, as required to meet the non-supplantation requirements in section 423(a)(7)(A) of the Act.

Rationale for Final FFY 13 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 Northern Region area offices. It is now completely supported with state dollars through Family Networks.

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 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 and evolutionary 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.

The Worcester Community Connections Coalition expanded this work with families in the community by opening a Parent Resource Center. In the past two years, the early promise of it becoming a magnet to families from all parts of the city has been realized. As a result, DCF chose the Worcester site to be one of four Family Resource Center "proof of concept" sites in the spring of 2010 – continuing the testament of the relevance of the coalition to the community. Community Connections Coalitions will continue to be the foundation upon which we intend to expand community-based Family Resource Centers in the future.

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.

The work of the New Bedford Task Force has firmly taken hold in the neighboring community of 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 DSS foster care and adoption recruitment staff to strategically build linkages at community and regional levels continue to produce discernible 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 were 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.

In 2010, DCF partnered with the MA Children's Trust Fund, and Departments of Early Education and Care and Public Health in a subsequently awarded Strengthening Families AIM grant. Community Connections Coalitions and Family Resource Centers were key implementation points in our state strategy and were part of the initial training population included in the expansion of Parent Café work in 2012.

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 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 2012, the State had annual expenditures in excess of $41 million in POS dollars for Family Networks Support and Stabilization Services (FNSS) which is inclusive of Family Preservation and Adoption Support Services, but does not include any direct service personnel costs in these programmatic areas. In addition, for FY 12, the State targeted nearly $ 1.1 million in State funds for time-limited reunification services and over $12 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.

In our plan for FFY 13, DCF planned to spend approximately 36% of its total available FFY 13 PSSF grant funds in Family Support Services, followed by 23% in Family Preservation Services 15% in Adoption Promotion and Support, 8% in Time Limited Family Reunification Services, 8% in Administration, and 9% in Planning/Other Service Related Activities.

In actuality, the state spent approximately 35% of its total available FFY 13 PSSF grant funds in Family Support Services, followed by 24% in Family Preservation Services, 14% in Adoption Promotion and Support, 10% in Time Limited Family Reunification Services, 9% in Administration, and 10% in Planning/Other Service Related Activities. The variances are due to the across the board impact of the sequester on the grant allocation and the purchase of service contracts funded through PSSF, savings accrued due to a staff vacancy and increases in parent stipends primarily attributable to the increase in fatherhood engagement programming and incorporation of supervised visitation as a priority activity.

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 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.

- **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.

Commonwealth of Massachusetts

Department of Children and Families

CFS-101 Forms

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2016, October 1, 2015 through September 30, 2016

1. State or Indian Tribal Organization (ITO): Massachusetts	**2. EIN:**	
3. Address: Massachusetts Department of Children and Families 600 Washington Street - 6th Floor, Boston, MA 02111	**4. Submission:** [X] New [ ] Revision	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$	3,710,022
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$	370,000
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$	4,544,191
a) Total Family Preservation Services	$	1,080,324
b) Total Family Support Services	$	1,572,900
c) Total Time-Limited Family Reunification Services	$	351,170
d) Total Adoption Promotion and Support Services	$	658,634
e) Total for Other Service Related Activities (e.g. planning)	$	454,419
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-B subpart 2 estimated allotment)	$	426,744
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$	285,957
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$	-
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$	471,065
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$	2,799,692
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$	-
11. Estimated Education and Training Voucher (ETV) funds	$	904,665
12. Re-allotment of CFCIP and ETV Program Funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$	
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$	
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	$	
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	$	

13. Certification by State Agency and/or Indian Tribal Organization.

The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature and Title of State/Tribal Agency Official	**Signature and Title of Central Office Official**
4/29/2015	

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO **MA – October 1, 2015 to September 30, 2016**

SERVICES/ACTIVITIES	TITLE IV-B (a) Subpart I-CWS	TITLE IV-B (b) Subpart II-PSSF	TITLE IV-B (c) Subpart II-MCV *	(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE Individuals	(i) NUMBER TO BE Families	(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		$ 1,572,900		$ 471,065				$ 78,847,593	90,987		reports of abuse and neglect	statewide
2.) PROTECTIVE SERVICES	$ 3,340,022							$ 87,733,040	35,748		investigations	statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)		$ 1,080,324						$ 64,429,478	33,502		children not in placement	statewide
4.)TIME-LIMITED FAMILY REUNIFICATION SERVICES		$ 351,170						$ 21,080,937	8,275		children in placement	statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		$ 658,634						$ 29,575,422	662		goal of adopt, legal & match status	statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)		$ 454,419						$ 57,882,653				
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE							$ 25,670,735	$ 106,073,923	7,917		children in foster care	statewide
(b) GROUP/INST CARE							$ 17,358,643	$ 230,149,612	1,873		children in congregate care	statewide
8.) ADOPTION SUBSIDY PMTS.							$ 28,776,911	$ 45,842,179	8,179		adoption subsidies	statewide
9.) GUARDIANSHIP ASSIST. PMTS.							$ 2,885,369	$ 21,511,379	2,648		guardianship subsidies	statewide
10.) INDEPENDENT LIVING SERVICES					$ 2,799,692			$ 14,871,788	943		adolescents	statewide
11.) EDUCATION AND TRAINING VOUCHERS						$ 904,665		$ -	270		adolescents	statewide
12.) ADMINISTRATIVE COSTS	$ 370,000	$ 426,744					$ 21,072,727	$ 18,273,862				
13.) STAFF & EXTERNAL PARTNERS TRAINING								$ 2,079,139				
14.) FOSTER PARENT RECRUITMENT & TRAINING								$ 100,000				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING								$ 100,000				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING								$ 231,015				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			$ 285,987									
18.) TOTAL	$ 3,710,022	$ 4,544,191	$ 285,987	$ 471,065	$ 2,799,692	$ 904,665	$ 95,764,385	$ 778,782,019				

*** States Only, Indian Tribes are not required to include information on these programs**

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2013: October 1, 2012 through September 30, 2013

1. State or Indian Tribal Organization (ITO): **MA**	2. EIN:**1-046002284-**	3. Address: **Department of Children and Families 600 Washington Street - 6th Floor, Boston, MA 02111**				
4. Submission: [X] New [ ] Revision						
Description of Funds	***Estimated Expenditures ****	***Actual Expenditures***	***Number served*** *Individuals*	*Families*	***Population served***	***Geographic area served***
5. Total title IV-B, subpart 1 funds	$ 4,011,679	$ 3,728,526	365		open cases	statewide
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	$ 401,000	$ 128,759				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	$ 4,881,677	$ 4,619,294	450		open cases	statewide
a) Family Preservation Services	$ 1,122,786	$ 1,098,179				
b) Family Support Services	$ 1,757,404	$ 1,598,895				
c) Time-Limited Family Reunification Services	$ 488,168	$ 356,974				
d) Adoption Promotion and Support Services	$ 683,435	$ 669,519				
e) Other Service Related Activities (e.g. planning)	$ 439,351	$ 461,930				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	$ 390,534	$ 433,797				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	$ 308,401	$ 291,933				
a) Administrative Costs (not to exceed 10% of MCV allotment)						
8. Total Chafee Foster Care Independence Program (CFCIP) funds	$ 2,982,643	$ 2,869,622				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		$ 100,004	90		adolescents	statewide
9. Total Education and Training Voucher (ETV) funds	$ 976,532	$ 900,668	521		adolescents	statewide

10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature and Title of State/Tribal Agency Official	***Date***	***Signature and Title of Central Office Official***	***Date***
[signature]	6/29/2015		

*Estimates are based on the previously reported and approved CFS-101 for FY13 (FY12 allocations). They are not based on the actual allocations for FY13. Final grants awarded were much lower than the estimates.

Commonwealth of Massachusetts

Department of Children & Families

Appendices

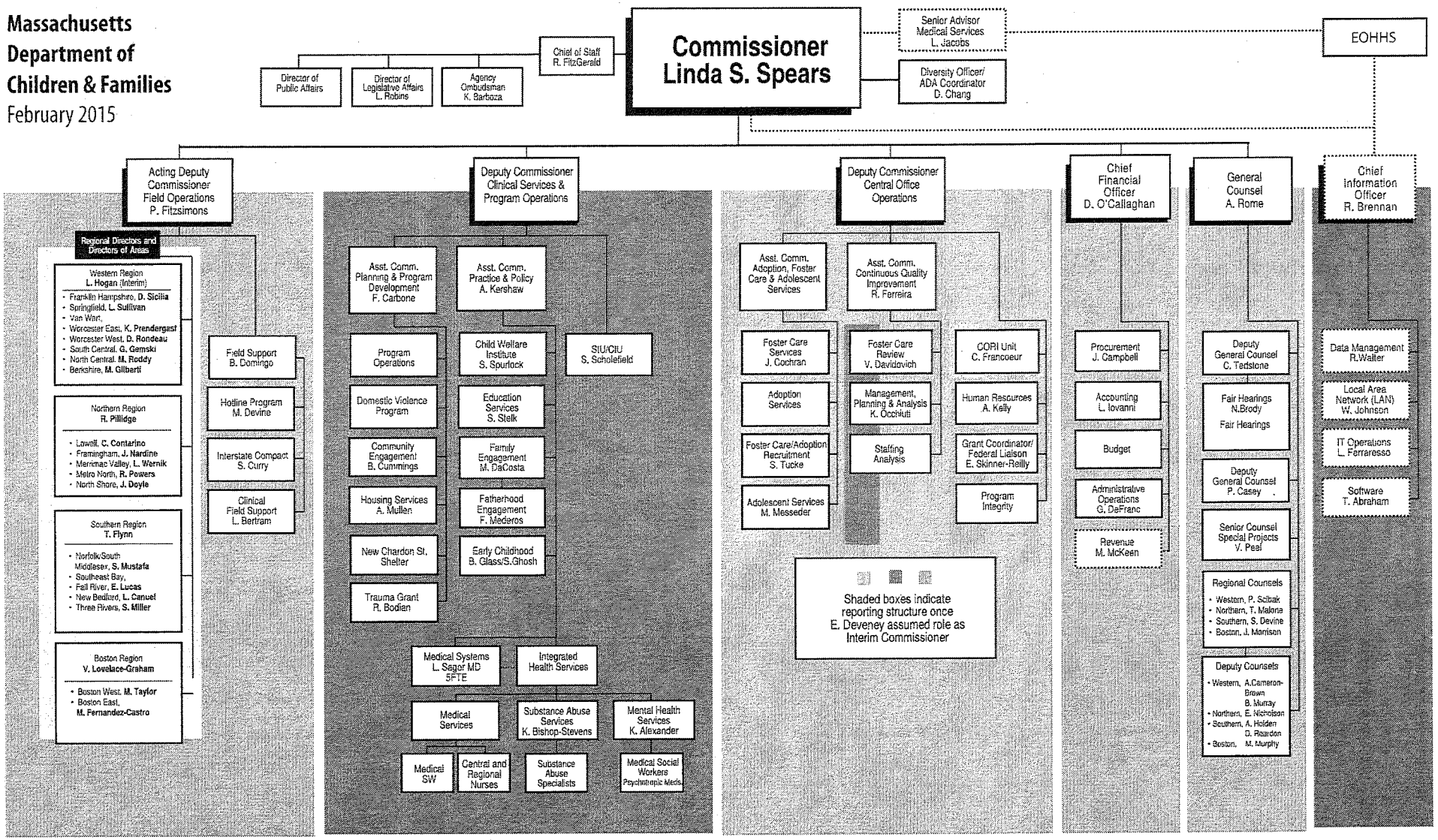
Commonwealth of Massachusetts

Department of Children & Families

DCF Organizational Chart - June 2015

Massachusetts Department of Children & Families

February 2015



MASSACHUSETTS DEPARTMENT OF Children & Families

Supporting Children • Strengthening Families

..... indicates dual agency reporting

Commonwealth of Massachusetts

Department of Children & Families

DCF Service Taxonomy

Category	Program	Model	Index Number
Caring Together	Residential School	Residential School	
	Residential School	Residential School with Follow Along	
	Group Home	Group Home 1:4	
	Group Home	Group Home 1:4 with Follow Along	
	Group Home	Intensive Group Home 1:3	
	Group Home	Intensive Group Home 1:3 with Follow Along	
	Group Home	Pre-Independent Living	
	Group Home	Pre-Independent Living with Stepping Out	
	Group Home	Independent Living	
	Group Home	Independent Living with Stepping Out	
	Group Home	Intensive Group Home 1:3 with expanded Nursing	
	Group Home	Intensive Group Home 1:2	
	Group Home	Intensive 1:1 Supported Living	
	Respite	Respite	
	Teen Parenting	Enhanced Teen Parenting 1:4	
	Teen Parenting	Enhanced Teen Parenting 1:4 with Stepping Out	
	Placement Add-On	Direct Care I	
	Placement Add-On	Direct Care II	

Category	Program	Model	Index Number
	Placement Add-On	**Direct Care III**	
	Placement Add-On	**Behavioral Psychologist**	
	Placement Add-On	**Canine Therapy**	
	Placement Add-On	**Forensic Psychiatrist**	
	Placement Add-On	**Medical Consultation**	
	Placement Add-On	**Nurse**	
	Placement Add-On	**Psychologist**	
	Placement Add-On	**Forensic Psychologist**	
Family Networks	**Area Lead Agencies** Lead a system of aligned and integrated strategies dedicated to fostering and protecting permanent families and lifelong connections for children. Includes designing and managing an integrated service system so that it supports more fully the clinical practice of the Department and its providers.	**Management** Operations **Flex Services** Specialized funds to be used to further the purposes of family networks-managed by Area Lead Agency	
	Regional Resource Centers Lead a system of aligned and integrated strategies dedicated to fostering and protecting permanent families and lifelong connections for children. Includes designing and managing an integrated service system so that it supports more fully the clinical practice of the Department and its providers, with an additional emphasis on managing residential placements on a regional basis.	**Management** Operations **Flex Services** Specialized funds to be used to further the purposes of family networks-managed by Regional Resource Center.	
Family Networks - Network Services	**Group Home**	**Behavioral Treatment Residences**	24

Category	Program	Model	Index Number
Integrated Service system for children and families serviced by the Massachusetts child welfare system.	Provide 24-hour supervision and intensive treatment services in group care settings that do not usually include on-site education.	Campus or community based models that can provide staff secure treatment for children with serious emotional, developmental, cognitive and behavioral disorders who do not require an educational placement in an on-site school.	
	Group Home	**Independent Living** Program models include group homes as well as supervised or supported apartments, and are designed for older adolescents who are developing the skills to live in the community in their own homes or apartments.	24
	Group Home	**Group Home** Designed for latency aged or adolescent children who have sufficiently internalized controls to be safe in a less staff intensive setting, and may progress to limited unsupervised time in the community.	24
	Group Home	**Other** Sites/facilities which do not readily fall into previous model definitions. These should be defined by the DCF manager most familiar with the services being offered.	24
	Residential	**Residential school** Designed to provide staff secure placement for children who have not sufficiently internalized controls and require a more highly structured setting to help them manage their behavior. These facilities are licensed by the Department of Education under "71B" regulations. Special education services are provided according to the child's Individual Education Plan (IEP) developed by the Local Educational Agency (LEA).	24
	Residential	**Non-766 Residential School** Similar to 766-approved facilities, this model also provides on-site educational programming that is approved by the local superintendent of schools rather than the DOE "71B" designation.	24
	STARR	**STARR (Stabilization, Assessment and Rapid Reunification)** Short-term placement services that provide a single door for children that need shelter / respite-type services only as well as for children who require more intensive services.	24

Category	Program	Model	Index Number
Family Networks - Network Services (cont.)	IFC Intensive Foster Care (IFC) programs provide therapeutic services and supports in a family-based placement setting to children and youth for whom a traditional foster care environment will not be sufficiently supportive; are transitioning from a residential/group home level of care and require the intensity of services available through this program; or discharging from a hospital setting.	**IFC Skill Level 1** Rate includes basic support package – to be authorized automatically, not separately.	11
		Sibling Rate Paid to support any sibling who does not need IFC but is placed in an IFC home in order to stay with a brother /sister who does require this level of service.	11
		IFC Skill Level 1- Teen Parent Paid when a teen parent and child are placed in an IFC home	11
		Recruitment Rate Paid for the recruitment, home-study, and use of a foster home.	11
		One-time Resource Purchase Paid when a provider's IFC home becomes an approved adoptive home or guardian causing them to become ineligible to continue as an IFC home because of limits on the number of children in the home.	11
		IFC - Other IFC programs which provide additional supports. These will be defined and approved by IFC Other Cmte.	11
	Support and Stabilization Support and stabilization services encompass services currently known as family-based services; the service providers will 'unbundle' from their placement programs; and portable diagnostic and assessment services. These services are intended to be flexible, rooted in the community, and have the capacity to be shaped in a manner that will address the specific needs of each family.	**Comprehensive** Comprehensive program models are those that use teams whose staffing, interventions, and funding are blended in a manner that allows for varying levels of intensity, duration, and capacity for building strengths and managing risk with complex families.	13
		Parent Support Designed to provide assistance and support to parents and caretakers in building skills relative to safety, supervision, and nurturing.	13
		Youth Support Designed to provide assistance and support to youth in order to improve relationships with families, schools and other community systems.	13
		Family Stabilization Designed to provide assistance and support to families in keeping their children safely at home and in the community.	13

Category	Program	Model	Index Number
		Placement Diversion Designed to provide assistance and support to families whose children are at imminent risk of out-of-home placement in foster care, residential, or inpatient hospitals.	13
		Reunification Designed to provide assistance and support to families whose children are returning from out-of-home placement settings.	13
		Assessment Encompass evaluations, clinical assessments, and diagnostic services.	13
		Unbundled IFC Support Services Support service package unbundled and purchased for a Departmental home (e.g., kinship, child-specific, unrestricted).	13
		Support and Stabilization - Other Services which do not readily fall into previous model definitions. These should be defined by the DCF manager most familiar with the services being offered.	13

Category	Program	Model	Index Number
Family Networks - Network Services (cont.)	**Family Residence**	**Family Residence** A foster care model that integrates a level of provider agency support commonly associated with group care programs into a foster care model. Foster families or caretakers recruited to serve as Family Residence Foster Homes receive an annual salary for the household and other benefits.	11
Residential (non-Family Networks)	**Group Home** Provide 24-hour supervision and intensive treatment services in group care settings that do not usually include on-site education.	**Teen Pregnancy/Parenting** Structured residential living programs with 24 hour supervision for pregnant and parenting teen/families; assessed as unable to live with their family of origin or other appropriate adult caretaker; with a focus on acquiring and strengthening skills of basic parenting and independent living, ensure the healthy growth and development of their children and with a goal of completing a high school education or G.E.D. The settings may vary but must provide 24 hour skilled staffing and supervision, access to licensed childcare. Teen living programs must provide living arrangements for up to 36 months. Services may also include counseling, case management or topically-oriented programs.	
	Group Home	**Transitional Living** Small staffed apartment setting. Intervention intended to stabilize client and family in order to transition client to less restrictive setting. Service elements include daily living skills, social skills, money management, etc.	16
	Shelter Generally for emergency or immediate placement situations, shelters are short-term residential facilities for children and adolescents on 24-hour per day basis.	**Alternative Lock-up Program** This service provides an emergency or short-term alternative placement to incarceration or lock-up for juvenile offenders until they can be brought to court for arraignment on their charges.	

Category	Program	Model	Index Number
Foster Care Temporary substitute care placement for child(ren)/adolescents in the care or custody of DCF in a safe and nurturing community based family setting, approved/licensed and managed by DCF or provided through a purchase of service agreement with a DEEC licensed foster care agency and monitored by DCF.	**Department Foster Care** Temporary substitute care placement for child(ren)/adolescent(s) in the care or custody of DCF in a safe and nurturing community based family setting, approved/licensed and managed by DCF.	**Tier I Unrestricted** Temporary placement of children/adolescents who need a basic quality level of daily care in a family setting in an unrestricted DCF foster home, approved/licensed to provide Tier I foster care.	11
	Department Foster Care	**Tier I Kinship** Temporary placement of children/adolescents who need a basic quality level of daily care in a family setting with a member of the family's kinship network who has been approved/licensed to provide Tier I foster care restricted for specific children who are kin.	11
	Department Foster Care	**Tier I Pre-Adoptive** Placement of child(ren)/ adolescent(s) with the goal of adoption needing a basic quality level of care in a permanent family setting approved by DCF as a Tier I pre-adoptive family.	11
	Department Foster Care	**Tier I Independent Living** Payment made to an older adolescent who is in the Department's care, but who lives on their own in a structured setting.	11
	Contracted Foster Care	**Enhanced Therapeutic Foster Care** Therapeutic foster care with additional supports and resources, and higher level of training and experience of foster parent.	11
	Foster Care Management and Supports	**Foster Parent HELPLINE** Through an 800 telephone line provides after hours support, guidance and assistance to foster/adoptive parents experiencing matters of urgency involving their placements, offering them the opportunity to speak with experienced Family Resource supervisory staff on call to provide assistance in order to minimize placement disruptions and maximize the retention of foster/adoptive parents, while still preserving the integrity of the placement and foster family whenever possible.	11
	Foster Care Management and Supports	**Membership Services** A contracted organization or program element representing and governed by foster and adoptive parents whose purpose is to provide support, education, recognition and advocacy on behalf of families providing foster care placement for children in the care and custody of DCF to increase foster and adoptive parent satisfaction and sense of value for services rendered on behalf of children in the Commonwealth.	11

Category	Program	Model	Index Number
	Foster Care Management and Supports	**Training** Pre-service and ongoing competency based education modules for the purpose of supporting, developing and retaining Level I, II and III family resources in the placement system to improve and enhance placement skill development, and develop family resources with specialized capabilities.	
	Foster Care Management and Supports	**Foster Home Recruitment** Targeted media and community outreach activities specifically designed to promote and support inquiries to DCF from eligible individuals interested in becoming foster parents.	

Category	Program	Model	Index Number
Adoption	**Subsidies** Adoption subsidies consist of financial assistance, medical assistance, or both, provided at the time of legalization of the adoption in order to aid in the support of a child with identified special needs.	**Adoption Pre-1997 Rate** The Pre-1997 Rate is paid when the adoption finalization occurred prior to January 1, 1997.	
	Subsidies Guardianship subsidies consist of financial assistance to aid in the support of a child with his/her guardian.	**Adoption Tier I** **Guardianship Pre-1997 Rate** The Pre-1997 rate is paid when the guardianship occurred prior to January 1, 1997. **Guardianship Tier I**	
	Adoption Management	**Adoption Management and Support** Varied services provided to individual children, sibling groups and individual adults and couples who are in the adoption process. These services include, but are not limited to, adoption assessments, home studies, education, consultation, adoption recruitment, public information, support groups, trainings, and workshops. Also, includes post adoption services.	
	Adoption Management	**Product Based Adoption: Single Service** The completion of a single specific task: Assessment of an identified child; adoptive home study of foster parent(s) where the child resides; adoptive home study for a relative of an identified child; MAPP training/home study of identified parent(s); adoptive home study of DCF employee.	
	Adoption Management	**Product Based Adoption: Family Resource** The transfer of an approved adoptive placement resource from an adoption contract agency to an area office responsible for the adoptive placement of an identified child.	
	Adoption Management	**Product Based Adoption: Case Management** Casework responsibility for assigned children with a Service Plan goal of Adoption, including the follow steps: case assignment and acceptance; adoption assessment of child; adoption home study; family development; placement; legalization; case closure.	

Category	Program	Model	Index Number
Domestic Violence Services	**Community Based**	**General Community Based**	
Provide a continuum of services for individuals and families who are victims of domestic violence. Services provided under contracted Purchase of Service basis.	Community-based location for individuals and families to drop in for help and/or receive Domestic Violence services.	Community-based location for individuals and families to drop in for help and/or receive Domestic Violence services. **Supervised Visitation** Provider supervised visitation for children of families who have experienced, or are at risk of domestic violence. **Child Witness to Violence** Programs which provide services to children who have witnessed Domestic Violence **Transition to Home** Programs whose focus is to enable victims of domestic violence to transition to permanent housing.	
	Residential Facility-based services which include a residential or housing component.	**Substance Abuse and Mental Health** Residential programs which focus on serving victims of domestic violence who have also experienced substance abuse and/or mental health problems.	29
		SSTAP1 Scattered Site Transitional Apartment Program. Provides services and financial support to maintain families in housing.	29
		Emergency Shelter Provision of residential care on a limited and short-term basis in shelter facilities (up to 90 days) or safe homes. Shelter services include, but are not limited to, peer support groups, individual counseling, legal, financial, and housing advocacy, referral to health and social services, linkages to education/vocational opportunities, and children's services.	29
		Housing Stabilization Provide stable family housing and concrete support services that will help program participants access and maintain permanent housing, access employment and/or attend school, parent their children, and generally prepare for economic independence.	29
		Statewide Hotline 24 hours per day, 7 days per week staffed phone lines available to respond to victims of domestic violence, and arrange for an array of services on a rapid basis.	
		Training and Technical Assistance	29

Category	Program	Model	Index Number
		Training and technical assistance to agencies which provide domestic violence services.	

Category	Program	Model	Index Number
Battered Women & Children	**Battered Women & Children Services** Offer assistance to women and their children who are being threatened with or are experiencing harassment, coercion, intimidation, physical and/or sexual assault by a partner or family member.	**Comprehensive:** may include the following types of service models: Hotline, Crisis Intervention, Transitional Services.	
	Battered Women & Children Services	Community Education and Training is an array of activities by the battered women's service provider aimed at preventing domestic violence through raising community awareness of the problem. Activities may include public speaking, publication of brochures, poster, etc., radio and television appearance, orientation and in-service training, curriculum development, advertising and interagency networking and collaboration.	

Category	Program	Model	Index Number
Family Based Services Family based services include a range of services intended to strengthen the ability of families to care for their children by offering treatment or support.	**Family Based Services** Programs designed to build family strength through the use of clinical supports such as Family, Individual, or Group counseling, Intensive Family Intervention, Evaluation/Consultative/Diagnostic Assessment, and Comprehensive services. Services may also provide specialized counseling to targeted concerns/populations.	Time-limited therapeutic services offered in a clinical setting or in-home, for the purpose of achieving and/or supporting specific outcomes identified in the DCF Service Plan; provided by a licensed social worker, psychologist or other individuals trained in human services. Services may also include short-term supportive, preventive, or topically-oriented programs or counseling to specific target populations in a group setting, provided by a social worker, psychologist, or other individuals trained in human services.	20
	Clinical Family Based	**Sexual Abuse Intervention Network (SAIN)** Coordination with District Attorney's office to conduct multidisciplinary team interview; investigating cases of reported child sexual assault, severe physical injury, or death; possibly leading to criminal prosecution. Facilitates interagency linkages to law enforcement, and other service providers/systems; lessens child trauma by reducing multiple interviews; assesses immediate needs of victim/family/offender critical to service planning.	
	Clinical Family Based	**Comprehensive** Integrated or blended set of services delivered to consumers sequentially or simultaneously, which draws upon more than one model and/or external service elements.	20
	Supportive/Preventive Programs Preventive and supportive programs designed to increase strength, stability, and competency of individuals and families. Services may include populations having unique service needs such as young parents and their children, families with adolescents, ethnic and linguistic minority groups, etc.	**Parenting Aide/Support/education** Home-based supportive and preventive services, intended to guide and teach parents, improve family functioning, and enhance child development. Family-focused services may utilize techniques such as role modeling to develop parenting skills and behaviors, advocacy, may include parent support programs, teaching home management, etc. Services may also include time-limited group or individual instruction with a structured approach for the purpose of imparting topical skill or knowledge; usually in a center-based setting.	
	Supportive/Preventive Programs	**Young Parent Support** Community-based supportive, preventive, and educational services to strengthen teen family functioning; promote parenting competency, ensure the safe and healthy growth and development of child(ren); offered as a continuum of services including outreach, home visiting, case management, core support/topical services, mentoring, and tracking services.	
	Supportive/Preventive Programs	**Supervised Visitation** Service conducted by a trained professional, affording child visitation with the non-custodial parent, in a safe, hospitable environment. This services may be accessed by DCF to support visitation requirements, by battered women when there are safety concerns, or as a court-ordered neutral environment for parties involved.	
	Supportive/Preventive Programs	**Interpreter**	

Category	Program	Model	Index Number
		Short-term, closed referral service for bilingual, bicultural, hearing and visually impaired individuals and families during the absence of linguistically competent social work staff.	
	Supportive/Preventive Programs	**Recreation/Camp** Seasonal, day or residential camping/recreation service offered to children by qualified contracted providers; to encourage and stimulate the healthy emotional, social, and physical development of children.	
	Supportive/Preventive Programs	**Hotline/Parental Stress Line** A 24-hour confidential hotline designed to reduce stress, and the risk of child abuse and neglect; operating daily to provide information and referral, telephone crisis counseling to parents and other caregivers.	
	Supportive/Preventive Programs	**Coalition Supported Services** Community-based coalitions of residents, health and human service providers, schools, businesses and religious and public safety organizations and policy makers whose goal is to facilitate the development of comprehensive family support systems.	
	Supportive/Preventive Programs	**Comprehensive** Integrated or blended set of services, and delivered to consumers sequentially or simultaneously, which draws upon more than one model and/or external service elements.	
	Supportive/Preventive Programs	**Other** Services which do not readily fall into previous model definitions. These should be defined by the DCF manager most familiar with the services being offered.	

Category	Program	Model	Index Number
Family-based (continued)	**Adolescent Day Program**	**Alternative Schools** Programs designed for learning and improving practical skills such as reading, writing, and basic math, with emphasis on building self-esteem, social, and academic skills.	
Contracted Support Services Services that may closely resemble internal Department mission or activities that are performed through purchase of services contracts.	**Protective** Services or activities designed to avoid or prevent incidence or continuation of child abuse or neglect.	**Child Abuse Hotline** 24 hour, 7 day a week telephone line dedicated to screening reports from the public and professionals concerning the abuse and/or neglect of children.	
	Protective	**Case Management** This model currently covers two types of services. First, "conflict of interest" in which the provider investigates and manages cases that involve DCF employees and their immediate families. Second, a provider delivers a full range of case management services to refugee minors who are in state custody.	
	Protective	**Comprehensive Emergency Services** A coordinated system for providing immediate and effective supportive response on a 24 hour basis to individuals, families or children. Although these are crisis situations, they are not protective in nature.	22
	Protective	**Investigations (Conflict of Interest)** The provider conducts investigations of reports of child abuse and neglect that involve DCF employees and their immediate relatives.	22
	Protective	**Partnership Agency Services** The PAS program is focused on serving cultural/linguistic minority populations. It includes the following mix of components: parent/kinship mentor services; visiting resource services; intensive adolescent services; family/group care reintegration services; foster home/kinship recruitment and support; and foster home management.	
	Protective	**Unaccompanied Minors** Arrange foster care placements for "unaccompanied refugee minors" placed with licensed and trained foster families through 25 affiliated child welfare programs. The program provides foster care and related services to youths, who lack a caregiver, from all around the globe.	
	Service Management	**PATCH** A community-based partnership of public agency direct service staff, community groups, and residents to provide comprehensive direct services to families.	
	Community Education & Training	**Community Education & Training**	

Category	Program	Model	Index Number
	Community Education & Training	An array of activities aimed at the prevention or reduction of specific social problems through raising community awareness of the problem. Activities may include public speaking, publication of brochures, interagency networking, advertising, etc. **Other** Services which do not readily fall into previous model definitions. These should be defined by the DCF manager most familiar with the services being offered.	
Administrative	**Miscellaneous Payment**	**Emergency Payments** **Lump Sum Payment** **Child Care AIDS Network** **Foster Care Review** **Family Residence Service** **Insurance Coverage** **Preparing Adolescents for Young Adulthood (PAYA)** **Foster Parent Respite** **Exchange**	
	Miscellaneous Administrative	**Travel**	