

November 27, 2002

Mr. Lewis H. Spence, Commissioner  
Department of Social Services  
24 Farnsworth Street  
Boston, MA 02210

Dear Commissioner Spence:

We have completed a review of the November 18, 2002 updates to Massachusetts' most recent Child and Family Services Program Improvement Plan. We are pleased to approve this Plan and have enclosed a signed copy of the approved agreement.

We want to again thank Joan McGregor for her leadership and to acknowledge Liz Skinner-Riley and Dianne Curran for their thoughtful and diligent efforts throughout this process.

During the development of this plan, we were cognizant that because of difficult financial times, the State has had to work through budget deficits, personnel cutbacks, and other administrative issues. We agree with you and your staff, however, that despite these challenges, any plan for improvement must set high but achievable goals. It also must be part of an overall strategy of continuous quality improvement in the work that we do to assist vulnerable children and families in the Commonwealth.

Written progress reports on Program Improvement Plan (PIP) results are required by Federal Regulations at Section 45 CFR 1355.35(d)(4) and are due no less frequently than quarterly. These quarterly reports must adhere to the terms and conditions of the approved PIP and include sufficient detail to describe the progress made during the reporting period, including data and/or other measurable indicators. Your first progress report must be submitted to my office no later than February 28, 2003.

As you are aware, penalties associated with any areas of non-conformity are suspended while the State is implementing the approved PIP. If the Administration for Children and Families (ACF) determines that substantial conformity is achieved for a particular area, withholding of funds related to that area will be rescinded. Should the State encounter major unforeseen barriers to achieving the goals and benchmarks in the PIP and the State is able to justify an amendment,

ACF will consider a re-negotiation of the approved PIP. If ACF determines, however, that the State has failed to meet critical benchmarks on specific outcomes or systemic factors within the timeframes of the approved PIP, ACF will cease suspension of the penalties and begin immediately to withhold funds related to that particular area(s).

In collaboration with you and your staff, we will evaluate Massachusetts' progress towards substantial conformity with the State Plan requirements found in titles IV-B and IV-E of the Social Security Act. We look forward to working with the State in implementing this Plan and offer assistance both at the regional level and through our National Resource Centers. If you have any questions, regarding the PIP or other related matters, feel free to call me or Veronica Melendez at (617) 565-1148.

Sincerely,

Hugh F. Galligan  
Regional Administrator

Enclosure

Cc: Joan McGregor, Assistant Commissioner for Quality Case Practice  
Joan Ohl, Commissioner, Administration on Children, Youth and Families  
Susan Orr, Associate Commissioner, Children's Bureau  
John Allen, Director, Office of Public Affairs  
Martin Dannenfesler, Deputy Assistant Secretary for Policy and External Affairs

**General Information**

**Name of State Agency:** Commonwealth of Massachusetts Department of Social Services

**Period Under Review:**

Federal Fiscal Year for On-Site Review Sample: FFY 1999  
Period of AFCARS Data: FFY 1999  
Period of NCANDS Data: CY 1999

**Contact Person:**

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**Approvals:**

The following State and Federal officials hereby approve the contents of the attached PIP:

\_\_\_\_\_  
Commissioner – DSS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hub Director/ Regional Administrator  
Administration for Children & Families

\_\_\_\_\_  
Date

## INTRODUCTION

As the Massachusetts Department of Social Services (the Department) embarks on development and implementation of its Program Improvement Plan (PIP), we have begun to undertake a re-examination and re-definition of the overarching mission, beliefs and practice of the agency.<sup>1</sup> Ideally, we would prefer to complete our organizational work before final development of our PIP. Realistically, we understand that federal deadlines make that impossible.<sup>2</sup> We recognize the PIP as an opportunity to discuss and apply the emerging core principles we have identified defining a desired practice that is child-focused, family-centered, strengths-based and community-connected, supported by a flexible and accessible service array aligned with the needs of our clients. The work discussed in the PIP will be conducted within this framework.

After re-examining the areas identified in the review as needing improvement, the Department approached program improvement in this PIP in a manner that is consistent with, and reflective of, the practice described above. Hence, we have identified themes and areas of focus for improvements in practice. We have identified the need for strategic and targeted tasks in assessment, service planning, and service delivery, with the primary goals of better evaluating and identifying the needs of parents, children and their interim caregivers; assuring that fathers are identified as soon as possible after agency involvement in the family's life, and whenever possible, included with mothers and children in service planning; and identifying services that are responsive to client needs and monitored to assure that cooperating clients obtain the targeted assistance. We have also formulated goals targeted to address systemic issues impeding timely permanency and permanency hearings. The Child and Family Services Review demonstrates the need to be especially vigilant in improving our practice in cases of chronic neglect and those involving substance abuse (for which we have developed a separate goal statement), and several activities focus in these areas. Throughout the PIP, we particularly focus on two demographic groups – fathers and adolescents (for whom we developed a separate goal) – both of whom are contributing factors in several areas needing improvement, including service planning, service delivery, permanency and delay in adoptions.

During the PIP planning sessions with our Federal representative, the Department has shared the impact of recent budget and staff cuts on the Department and the children and families it serves. The budget cut in its administrative account has caused DSS to lose almost 30% of its managerial and administrative staff. A number of Central Office staff have been reassigned to the field to cover critical vacancies. There are no plans to restore administrative employees at this time. The Department's ability to meet the expectations outlined in this Program Improvement Plan is subject to final FY'03 budget appropriations.

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<sup>1</sup> In December, 2001, Governor Jane Swift appointed Lewis H. Spence as Commissioner of the agency, replacing Jeffrey A. Locke who was Commissioner at the time of the Child and Family Service Plan review. See attached letter of [date] from Commissioner Spence to the legislature.

<sup>2</sup> We also rely on the ability to renegotiate the PIP if necessary and appropriate.

## Areas Identified For Improvement in the Child and Family Services Review

### Safety

- **Children are first and foremost protected from abuse and neglect.**
- **Children are safely maintained in their home whenever possible.**

The review identified needs for improvement in both of the safety outcomes. In the area of safety, Massachusetts did not achieve the national standard for the recurrence rate of maltreatment (7.4%, compared to a national standard of 6.1%) or for preventing maltreatment of children in foster care (.94%, compared to a national standard of .57%). The recurrence of maltreatment was more likely to be found in cases involving chronic neglect. Although the state did not meet the national standard for maltreatment in foster care, there was no occurrence of maltreatment in foster care in any of the 32 applicable cases reviewed. While safety is an area needing improvement, in a majority of the cases during the period under review, decision-making on child safety issues was found to be timely, appropriate, and consistent with State policy for the investigation and assessment of reports alleging abuse/neglect of children by a caretaker.

The area of services to protect children and prevent removal was rated an area needing improvement because, during the period under review, the following problems were observed in 20% of the applicable cases:

- Issues and service needs identified at assessment were not adequately addressed;
- Services provided were not targeted to the identified needs of children or families;
- Staff did not follow up on service referrals to ensure that the child or family member participated in and/or received the services; and
- Necessary services were delayed because of long waiting lists and the lack of certain services, particularly substance abuse and mental health treatment.

### Permanency

- **Children have permanency and stability in their living situations.**
- **The continuity of family relationships and connections is preserved for children.**

The review identified need for improvement in providing children with permanency and stability in their living situations. Achieving permanency for children in foster care is an area of particular concern with the State's high rate of foster care re-entries (22.3%, compared to a national standard of 8.6%) and the low rate of achieving adoption for children within 24 months of entering foster care (9.4%, compared to a national standard of 32%).

During the period under review, foster care re-entry was found in only one of the applicable cases; however, more re-entries were found in the months preceding the year under review. These re-entries appear to be driven by the inability of the service system to meet the complex needs of adolescents and cases of chronic neglect.

The area of placement stability was rated as a strength in 91% of the applicable cases because, in these cases, the children's placements were stable during the period under review; in a number of cases, there were high quality assessments of children's needs that resulted in appropriate placements. Also, child-specific and therapeutic placements as well as extensive follow-up and home visits by social workers and family resource workers contributed to the stability of these placements. Despite these strengths, there were a few

cases that had more than two placements during the period under review. Stakeholders reported that in some areas of the state, children – especially older children – are often caught up in a night-to-night approach to placements because of a lack of resources. In 1999, 77% of children who had been in care for less than 12 months had no more than two placements. This number is lower than the national standard of 86.7%.

The area of permanency goals for children was rated as needing improvement in 47% of the applicable cases reviewed because there were delays in achieving permanency as a result of legal or other procedural requirements within the Department, the Courts or the Interstate Compact on the Placement of Children. The following delays were found:

- A lack of clarity regarding the service plan goal;
- Inappropriate services to reach permanency;
- Incomplete paperwork;
- Changes in judges or attorneys; and
- Lengthy periods of time required for obtaining the necessary paperwork/homestudies through the ICPC.

Stakeholders noted that there were Departmental delays in carrying out various activities that promote permanency for children, including:

- Obtaining children's birth certificates;
- Identifying and searching for absent parents;
- Submitting reports to the Court; and
- Initiating efforts to finalize the new plan.

Stakeholders also identified legal system-related delays in achieving permanency including:

- Lengthy timeframes for adjudication;
- Too many continuances; and
- Not enough attorneys to represent children or indigent parents.

The area of independent living was rated as needing improvement in 4 of the 9 applicable cases under review. The following problems were observed in the case records:

- Delayed and weak assessments of youths' independent living skills;
- No follow-up on identified issues;
- Independent living goals not articulated in case planning;
- Needed services not provided; and
- A lack of residential/placement options in the area

The area of permanency goal of other planned living arrangement was rated as needing improvement in 5 of the 9 (56%) applicable cases reviewed because appropriate services to achieve the permanency plan were not provided. Although compelling reasons not to TPR were documented and supported in the case records, reviewers noted that this area might warrant additional scrutiny. In two of these cases, more appropriate permanency goals were not thoroughly explored before planned permanency living arrangement was set as the goal. In addition to the information from the case records, some stakeholders expressed the opinion that there is an overuse of long-term foster care or independent living goals for youth. They believe that the Department needs to continue to expand its efforts at finding a permanent home for all children exiting the child welfare system.

## **Well-Being**

- **Families will have enhanced capacity to provide for their children's needs.**
- **Children receive appropriate services to meet their educational needs.**
- **Children receive adequate services to meet their physical and mental health needs.**

The review identified need for improvement in all three of the well-being outcomes with regard to enhancing parental capacity to provide for their children's needs, and providing adequate services in the areas of education, physical health, and mental health.

For the first well-being outcome, enhancing parental capacity to provide for their children's needs, it was determined that efforts to involve parents in case planning were inconsistent. In addition, reviewers found barriers to families gaining timely access to appropriate services because of disparities between the assessed need and the services provided, the lack of certain services such as placement options for adolescents and affordable housing and/or extensive waiting lists for particular services such as mental health and substance abuse treatment.

The well-being outcomes related to the education and the physical and mental health of children were also rated as areas needing improvement. In a number of cases, educational and medical needs were not addressed. In addition, serious issues with coordination of and access to mental health services were found.

Among the seven systemic factors, the case review system in Massachusetts was the one factor that was determined not to be in substantial conformity. This factor includes the process for development of the case plan, foster care case reviews, permanency hearings, termination of parental rights, and notice of reviews to out-of-home caregivers. The areas in need of improvements are the involvement of families in developing case plans for their children and the quality of permanency hearings in the Courts.

**Goal 1: Research, design and implement a comprehensive assessment process that is child-centered, family-focused and community-connected. The assessment process will:**

- **Include efforts to identify locate and assess fathers as well as mothers**
- **Reflect strengths of all family members**
- **Identify kin and significant adults in each child’s life**
- **Address the particular needs of special populations, including high-risk adolescents**
- **Assess the medical, mental health and educational needs of children**

**Technical Assistance Needed: National Resource Center for Family-Centered Practice**

Goal: Research, design and implement a comprehensive assessment process that is child-centered and family-focused.			1
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>• Obtain agreement with the National Resource Center on Family-Centered Practice to assist in the review of the DSS assessment tool, policy and practice and training needs.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	1	Sign contract with National Resource Center
<ul style="list-style-type: none"> <li>• Establish agency workgroup to work with the National Resource Center on assessment and service planning issues</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	2-3	Finalize list of group members; hold first meeting. Members to represent staff from all levels of the agency and those with expertise in special populations.
<ul style="list-style-type: none"> <li>• Examine and revise as necessary current policy and procedures, forms and practice regarding assessment to ensure that they reflect values stated above.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	2-4	All policies, procedures, forms and practice are revised by team, as necessary.
<ul style="list-style-type: none"> <li>• Meet with union to bargain over the impact of implementing new or revised policy, procedures, forms, etc.</li> </ul>	Joan McGregor and Doug Shatkin	4	Meetings held. (This timeline is subject to change based on the progress of the talks)
<ul style="list-style-type: none"> <li>• Develop training curriculum to train staff to address service needs of families with substance abuse or chronic neglect issues or with adolescent family members.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	3-4	Training curriculum developed.
<ul style="list-style-type: none"> <li>• Develop training on educational, medical and mental health needs of children.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	3-4	Training developed.
<ul style="list-style-type: none"> <li>• Develop in-house training plan, including training of trainers model.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	4	Training plan developed.
<ul style="list-style-type: none"> <li>• Train staff who will provide training.</li> </ul>	PIP Steering Committee	5	Staff are trained.
<ul style="list-style-type: none"> <li>• Train statewide field staff and distribute new assessment tool.</li> </ul>	Trained Staff	5-6	Area based training sessions are held across the state.
<ul style="list-style-type: none"> <li>• Revise automated version of assessment tool as necessary</li> </ul>	IT Unit	5-8	Automated assessment tool is developed and tested. Length of time to achieve this action step depends on the extent of changes required.
<ul style="list-style-type: none"> <li>• Implement new Assessment Tool across all Area Offices.</li> </ul>	Area and Regional Directors	6-8	All Areas are utilizing new assessment tool.

**Goal 2: Develop a new service planning process that is strengths-based, child-centered, family-focused and community-connected, building upon the Department’s current service planning pilot; this process will reflect the individualized needs of children and families identified in the assessment process.**

**Technical Assistance Needed: National Resource Center for Family-Centered Practice**

Goal: Develop a new service planning process that is strengths-based, child-centered, family-focused and community-connected.			2
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Obtain agreement with the National Resource Center on Family-Centered Practice to assist in the review of the service planning process, policy, practice and training needs.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	1	Sign contract with National Resource Center.
<ul style="list-style-type: none"> <li>Utilize agency workgroup to work with the National Resource Center on assessment and service planning issues.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	2-3	Finalize list of group members; hold first meeting.
<ul style="list-style-type: none"> <li>Examine and revise as necessary current policy and procedures, forms and practice regarding service planning to ensure that the service planning process reflects the values stated above and is inclusive of all family members.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	2-4	All policies, procedures, forms and practice are revised by team, as necessary.
<ul style="list-style-type: none"> <li>Meet with union to bargain over the impact of implementing new or revised policy, procedures, forms, etc.</li> </ul>	Joan McGregor and Doug Shatkin	4	Meetings held. (This timeline is subject to change based on the progress of the talks)
<ul style="list-style-type: none"> <li>With assistance from the National Resource Center, develop training curriculum to train staff to address service planning process</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	3-4	Training curriculum developed.
<ul style="list-style-type: none"> <li>Develop in-house training plan, including training of trainers model.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	4	Training plan developed.
<ul style="list-style-type: none"> <li>Train staff who will provide training.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	5	Staff are trained.
<ul style="list-style-type: none"> <li>Train statewide field staff.</li> </ul>	Staff trained.	5-6	Area based training sessions are held across the state.
<ul style="list-style-type: none"> <li>Revise automated version of service planning tool as necessary.</li> </ul>	IT Unit	5-8	Automated service plan is developed and tested.
<ul style="list-style-type: none"> <li>Implement new service planning tool.</li> </ul>	Area and Regional Directors	6-8	All Areas are utilizing new service planning tool.

**Goal 3: Continue to improve the Department’s service array so that it is responsive, flexible and accessible and able to meet the identified needs of all family members in order to achieve the specified service plan goal. Services should be child-centered, family-focused and community-centered and follow from the needs identified during the assessment process.**

**Technical Assistance Needed: National Resource Center for Family-Centered Practice**

<b>Goal: Improvement of the DSS service array so that it is responsive, flexible and accessible and meet the identified needs of all family members in order to achieve the specified service plan goal.</b>			<b>3</b>
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Request a consolidated account in the DSS budget as a means to develop a more flexible service system</li> </ul>	DSS Administration & Finance Unit	1	Request filed with Mass. State Legislature; receiving a positive response from Legislature.
<ul style="list-style-type: none"> <li>Assemble workgroup to review current system of purchased services to ensure that it supports a continuum of services that is community-connected and family-centered.</li> </ul>	DSS Procurement Workgroup	1	Team assembled to conduct review.
<ul style="list-style-type: none"> <li>Develop workplan to review procurement policies and purchased services.</li> </ul>	DSS Procurement Workgroup	2-3	Workplan developed.
<ul style="list-style-type: none"> <li>Conduct six-month review of procurement system.</li> </ul>	DSS Procurement Workgroup	2-4	Review conducted.
<ul style="list-style-type: none"> <li>Review and implement recommendations of procurement workgroup.</li> </ul>	DSS Program Staff (TBD)	4-8	Recommendations implemented.
<ul style="list-style-type: none"> <li>Continue work with DMA/DMH/MBHP to meet the mental health needs of DSS children and families</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	2-6	Meetings held with agency representatives; trainings in each DSS region with Mental Health Specialists.

**Goal 4: Reduce the time that it takes for children in out-of-home placement to achieve permanency. Permanency includes reunification, adoption, guardianship and independent living.**

**Technical Assistance Needed: National Resource Center for Foster Care and Permanency Planning**

Goal: Reduce the time that it takes for children in out-of-home placement to achieve permanency.			4
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
• Meet with union to bargain over the impact of implementing revised policy and procedures.	PIP Steering Committee, Joan McGregor, Chair	1	Negotiations completed.
• Conduct final review and issue the Department's revised permanency planning policy to ensure that children's placements are reviewed at 6 weeks and nine months after placement.	PIP Steering Committee, Joan McGregor, Chair	2	Issue permanency planning policy.
• Develop training program regarding revised policy and concurrent planning.	PIP Steering Committee, Joan McGregor, Chair	4	Training program developed.
• Meet with union to bargain over the impact of implementing new or revised policy, procedures, forms, etc.	Joan McGregor and Doug Shatkin	4	Meetings held. (This timeline is subject to change based on the progress of the talks)
• Train staff who will provide training.	PIP Steering Committee, Joan McGregor, Chair	5	Staff are trained.
• Train statewide field staff.	Trained staff	5-6	Area based training sessions are held across the state.
• Implement permanency planning policy statewide.	Area and Regional Directors	6	Areas utilizing revised policy statewide.
• Update online documents as needed	IT Unit	6-8	Online documents updated.
• Develop tracking system to assure that activities required under the Permanency Planning policy are conducted within the specified timelines.	PIP Steering Committee, Joan McGregor, Chair	6	Tracking system developed.
• Develop enhanced wrap-around services to move DSS children out of group care or prevent placement of children with emotional disturbance into group care settings.	Regional Office Staff	2-4	Services developed and implemented.
• Develop and implement six pilot CFFC program sites to provide enhanced wrap-around services to families with children with serious emotional disturbance	Interagency Steering Committee, chaired by Division of Medical Assistance	1-3	Pilot sites selected; program implemented.
• Implement process for determining status of fathers and adjudicating paternity (when necessary) as soon as possible after a child is placed.	PIP Steering Committee, Joan McGregor, Chair	5-6	Process developed and implemented.
• Develop and implement strategies for making permanent community connections available to teens in out-of-home placement.	PIP Steering Committee, Joan McGregor, Chair	4-6	Strategies developed and implemented.
• Improve accuracy in reporting dates of legalization.	IT Unit	4-6	Review of data shows improved accuracy of reporting dates.

**Goal 5: Continue to implement key recommendations from the DSS/DPH strategic plan to address substance abuse issues as they relate to the children and families being served by DSS.**

**Technical Assistance Needed: National Center on Substance Abuse & Child Welfare**

Goal: Improve the Department's ability to address the impact of substance abuse on the families it serves.			<b>5</b>
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Complete a substance abuse needs assessment in the remaining Areas Offices in the Western, Northeast, Central &amp; Boston Regions.</li> </ul>	Statewide Substance Abuse Coordinator and staff (Unit = 2 FTEs.)	2-4	Assessment completed.
<ul style="list-style-type: none"> <li>Connect the above Area Offices to local substance abuse treatment providers by establishing necessary protocols to facilitate client access to treatment.</li> </ul>	Statewide Substance Abuse Coordinator and staff	3-4	Protocols to facilitate client access to treatment established.
<ul style="list-style-type: none"> <li>Increase substance abuse resources for DSS families.</li> </ul>	Statewide Substance Abuse Coordinator and staff	3-8	Collaborate with DPH as they re-procure their substance abuse continuum of care, working to prioritize DSS families in treatment.
<ul style="list-style-type: none"> <li>Implement statewide urine drug testing across all DSS Regions by selecting a drug testing vendor and implementing drug testing system statewide.</li> </ul>	Statewide Substance Abuse Coordinator and staff	4-8	Drug testing vendor selected.  Statewide drug testing system implemented.
<ul style="list-style-type: none"> <li>Provide training and technical assistance to DSS Area Offices on the new drug testing system.</li> </ul>	Statewide Substance Abuse Coordinator and staff	4-8	Training sessions held in each area office.
<ul style="list-style-type: none"> <li>Provide each DSS Area Office with training on the impact of substance abuse on child welfare families.</li> </ul>	Statewide Substance Abuse Coordinator and staff	2-8	Training conducted for DSS staff.
<ul style="list-style-type: none"> <li>Participate in CORE, Investigations and In-Service Training sessions.</li> </ul>	Statewide Substance Abuse Coordinator and staff	2-8	Substance abuse staff conduct training for DSS field staff.
<ul style="list-style-type: none"> <li>Provide substance abuse case consultation to DSS Area Office staff; two pilot models are currently in use that bring substance abuse providers into DSS offices for the consultation. The DSS Substance Abuse Unit staff provide consultation to other offices.</li> </ul>	Statewide Substance Abuse Coordinator and staff	3-8	Expand consultation pilot models to all DSS regions, through possible use of CAPTA funds. Integrate local substance abuse providers and their DSS Area Offices.
<ul style="list-style-type: none"> <li>Ensure access and provide coordinated care to families residing in the women and children's substance abuse residential programs.</li> </ul>	Statewide Substance Abuse Coordinator and staff	2-8	Protocols are being followed to coordinate care between family residential programs and DSS.
<ul style="list-style-type: none"> <li>Identify a substance abuse continuum of care for adolescents in collaboration with other state agencies, as part of an interagency group</li> </ul>	Statewide Substance Abuse Coordinator and staff	2-8	Secure access to treatment services for DSS youth.
<ul style="list-style-type: none"> <li>Identify appropriate substance abuse service models for child welfare clients with the assistance of the new National resource Center.</li> </ul>	Statewide Substance Abuse Coordinator and staff	4-8	Research conducted on treatment continuum of care; grant funding explored.
<ul style="list-style-type: none"> <li>Continue cross-system collaboration with key stakeholders, focusing on treatment needs of DSS clients and resource needs for adolescents.</li> </ul>	Statewide Substance Abuse Coordinator and staff	2-8	Treatment needs of DSS clients are communicated to other state agencies.

**Goal 6: Identify and address the unique service and placement needs of the Department’s adolescent population.**

**Technical Assistance Needed: National Resource Center for Youth Development.**

Goal: Improve the Department’s ability to address the unique service needs of adolescents			6
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Continue analysis of ways to better-serve the Child in Need of Service (CHINS) population.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	1-3	Interview private foundation re: their research on innovative programming.
<ul style="list-style-type: none"> <li>Develop procedures for identifying CHINS youth on FamilyNet.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	1-3	Make necessary changes to information system to support tracking services.
<ul style="list-style-type: none"> <li>Explore ways in which Family Group Conferencing might be adapted to address the issues in CHINS cases. FGC is currently in use in 14 of the DSS offices; some of these are utilizing the concept for the CHINS population.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	1-3	Explore with National Resource Center and expand implementation if the model is deemed appropriate for this population.
<ul style="list-style-type: none"> <li>Maintain a comprehensive approach to life skills training for youth in out -of-home placement.</li> </ul>	Maureen Fallon, IL Coordinator	1-3	Coordinate approach statewide.
<ul style="list-style-type: none"> <li>Based on recommendations from the Youth Advisory Board, recruit and train mentors for youth and facilitate matches with those who do not have family or a network of friends in the community.</li> </ul>	Maureen Fallon, IL Coordinator	3-4	Youths assigned mentors to assist with connections in the community for housing, employment, recreation, etc.
<ul style="list-style-type: none"> <li>Develop a Discharge Support Guide for agency staff, outreach workers and youth to ensure more planful discharge from agency care. The guide will include resources for youth leaving care.</li> </ul>	Maureen Fallon, IL Coordinator	3-4	Completion of an IL Discharge/Case Closing Plan for all youth leaving care.
<ul style="list-style-type: none"> <li>Expand programming to address gaps in housing for youth attending community college.</li> </ul>	Maureen Fallon, IL Coordinator	4-8	Replicate successful “ABC” supportive housing program now in place.
<ul style="list-style-type: none"> <li>Promote improved independent living service integration with service plan tasks by training Foster Care Review Unit staff on adolescent issues and available resources.</li> </ul>	Maureen Fallon, IL Coordinator	4-6	Training held with designated staff.
<ul style="list-style-type: none"> <li>Inform youth prior to discharge from care of independent living resources available to them, without regard to their custody status with the Department.</li> </ul>	Maureen Fallon, IL Coordinator	1-8	Staff are trained to inform youth of available resources.

**Goal 7: Improved legal and court processes will support and facilitate timely permanency for children.**

**Technical Assistance Needed: National Resource Center on Legal and Judicial Issues**

Goal: Improved legal and court processes will support and facilitate timely permanency for children.			7
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Continue discussions within SJC Committee to <u>Address Delays in Child Welfare</u> on ways in which judicial and legal resources can be used most effectively and efficiently to expedite permanency for children and implement agreed upon changes.</li> </ul>	General Counsel	1-8	Discussions are scheduled and held regularly.
<ul style="list-style-type: none"> <li>Collaborate with the Juvenile Court regarding continued use of recall judges (with Court Improvement funds) to supplement judicial resources in high demand areas and expedite trials.</li> </ul>	General Counsel	1-8	Discussions are held regarding impact and scheduling; trials expedited.
<ul style="list-style-type: none"> <li>Continue to explore with the courts the use of Court Improvement and other funds to support pilot project focused on resolving paternity issues that impede progress toward permanency. Actual implementation of pilot is contingent on funding discussions.</li> </ul>	General Counsel	1-2	Discussions held; contact made with other agencies as appropriate; proposal developed.
<ul style="list-style-type: none"> <li>Enter into agreement with the National Resource Center on Legal and Judicial Issues (NRC) for technical assistance on improving the quality of permanency hearings for children.</li> </ul>	General Counsel	1	Agreement reached and discussions commenced.
<ul style="list-style-type: none"> <li>Convene group including DSS, Court personnel and Committee on Public Counsel Services to meet with NRC representative to discuss conduct of permanency hearings, including any additional barriers to high quality permanency hearings not previously discussed and identified. Identify methods through which quality information can be presented to the court and evaluated by the parties and explore the roles of the participants in the permanency hearing.</li> </ul>	General Counsel	1-2	Members of the group are identified and meet with NRC representative.
<ul style="list-style-type: none"> <li>Formulate plan for improved permanency hearings. Details of the plan will be formulated after technical assistance is provided. However, the plan will include at a minimum:               <ol style="list-style-type: none"> <li>i. Training of judges and may include development of materials such as checklists, benchbooks, etc.</li> <li>ii. By agreement with CPCS, activities to reinforce obligation of CPCS attorneys to attend permanency hearings in accordance with CPCS performance standards.</li> <li>iii. Training of DSS staff to improve the quality of permanency plans presented at permanency hearings.</li> </ol> </li> </ul>	General Counsel	2-4	Written plan is developed with recommendations.

<ul style="list-style-type: none"> <li>Implement recommendations for improvement, including development of materials and training.</li> </ul>	General Counsel (and others depending on recommendations)	4-8	Recommendations implemented.
<ul style="list-style-type: none"> <li>Collaborate with Probate and Family Court to obtain lists of upcoming scheduled permanency hearings on an as-needed basis.</li> </ul>	General Counsel (and Regional Counsel as needed)	1-4	Discussions held and lists provided.
<ul style="list-style-type: none"> <li>Modify existing system at DSS to monitor the completion of permanency plans so they may be filed in court and provided to the parties no later than 30 days before the permanency hearing. In doing so, identify individuals responsible for monitoring and the filing of such plans, as well as the procedures for addressing delays.</li> </ul>	General Counsel (and Deputy Commissioner for Field Operations)	3-4	System revised.
<ul style="list-style-type: none"> <li>Train individuals responsible for monitoring system and (if different) addressing delays and implement system.</li> </ul>	General Counsel (and Deputy Commissioner for Field Operations)	3-4	Training provided and system implemented.

**Goal 8: Design and implement a continuous quality improvement system to monitor Program Improvement Plan achievements.**

**Technical Assistance Needed: National Resource Center for Organizational Improvement**

Goal: Design and implement a continuous quality improvement system to monitor Program Improvement Plan achievements.			<b>8</b>
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Obtain agreement with the National Resource Center for Organizational Improvement to assist in design of system.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	1	Sign contract with National Resource Center
<ul style="list-style-type: none"> <li>Establish agency workgroup to work with the National Resource Center on design.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	2-3	Finalize list of group members; hold first meeting. Members to represent staff from all levels of the agency.
<ul style="list-style-type: none"> <li>Examine and revise as necessary current practice regarding quality reviews to ensure that they reflect PIP priorities. The Department currently uses a variety of approaches to case quality reviews: Clinical review Teams, Multi-Disciplinary Teams, Foster Care reviews &amp; Permanency Planning meetings.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	2-4	Current practice is revised by team, as necessary.
<ul style="list-style-type: none"> <li>Meet with union to bargain over the impact of implementing new or revised procedures, forms, etc.</li> </ul>	Joan McGregor and Doug Shatkin	3-4	Meetings held. (This timeline is subject to change based on the progress of the talks)
<ul style="list-style-type: none"> <li>Develop quality assurance tools for utilization by Continuous Improvement Development Teams.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	3-4	Tools developed and tested in field pilot.
<ul style="list-style-type: none"> <li>Determine composition of Area Continuous Quality Improvement Teams.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	3-4	Establish Area Continuous Improvement Teams.
<ul style="list-style-type: none"> <li>Develop system for quality assurance review of cases taken from areas to examine practice implementing new assessment, service planning and service delivery approaches.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	6-8	Quality assurance review system developed. Reviews conducted.
<ul style="list-style-type: none"> <li>Develop interview guidelines for families and collaterals.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	6-8	Interview guidelines developed and interviews conducted.
<ul style="list-style-type: none"> <li>Develop and implement Family Satisfaction Survey to determine impact of services on family issues and how family perceived DSS staff.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	6-8	Survey developed and implemented statewide.
<ul style="list-style-type: none"> <li>Use data derived from area monitoring and family surveys to identify additional program capacity or models as needed.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	6-8	Information shared with Program Development Unit and new programs developed as required.
<ul style="list-style-type: none"> <li>Develop Performance Measure Reports to be piloted in the DSS Regional Offices.</li> </ul>	IT Unit Staff	1-2	Reports developed; staff trained to pilot reports.
<ul style="list-style-type: none"> <li>Expand pilot to all Area Offices.</li> </ul>	Regional and Area Staff	3-6	Roll-out contingent on system upgrades.
<ul style="list-style-type: none"> <li>Run reports quarterly.</li> </ul>	IT Unit Staff	3-8	Reports successfully run.

## **GOALS FOR PROGRESS TOWARDS NATIONAL STANDARDS**

### **SAFETY**

- **Children are first and foremost, protected from abuse and neglect.**
- **Children are safely maintained in their home whenever possible and appropriate.**

#### **Repeat Maltreatment**

National Standard for repeat maltreatment	6.1%
Massachusetts performance for 1999	7.4%
Massachusetts performance for 2000	10.2%
Massachusetts performance for 2001	11.1%
Goal for PIP – Year One	10.5%
Goal for PIP – Year Two	10.2%

#### **Rationale for Choice of Goal:**

Safety is the priority for all children. The Department will strive to achieve the national standard, set at the 75th percentile of performance for state's who submitted data on repeat maltreatment; however, recent data indicate that the Department's performance for this outcome is not improving. In 2000, the rate of repeat maltreatment rose to 10.2% and in 2001, the rate increased to 11.1%. Therefore, the Department is only able to commit to achieve the minimal increment of improvement in this outcome area. The Department is considering a request for technical assistance from the National Resource Center for Organizational Improvement or the National Resource Center for Information Technology to determine next steps for this outcome area. A change in the Department's procedures for handling repeat protective reports (during FY 2000) may have had an impact on the rate of repeat maltreatment. Also, some of the repeat maltreatment reported may have occurred in a time period preceding the original report. The Department continues to analyze the increase reflected by the data.

#### **Supporting Activities:**

It is anticipated that the PIP activities outlined in Goals 1-3 (improvement in assessment, service planning and available service array) will impact the numbers of cases experiencing repeat maltreatment. Performance measure reports are being developed to present data on recurrence of maltreatment. Summary data will be presented at the area, region and statewide levels and detailed data will be presented at the area level. It is anticipated that DSS management staff will utilize these quarterly reports to analyze locations across the state where repeat maltreatment is an issue which requires area-specific attention. The Department may also request assistance from the National Resource Center on Child Maltreatment to assist with analysis of this population and to provide information regarding national interventions for chronic neglect cases.

## Incidence of Child Abuse & Neglect in Foster Care

National Standard for Maltreatment in Foster Care	.57%
Massachusetts performance for 1999	.94%
Massachusetts performance for 2000	N/A
Massachusetts performance for 2001	1.13%
Goal for PIP – Year One	1.06%
Goal for PIP – Year Two	.99%

### Rationale for Choice of Goal:

Safety is the priority for all children, particularly those placed in out of home care through the Department. The Department will strive to achieve the national standard, set at the 75th percentile of performance for state's who submitted data on repeat maltreatment; however, recent data indicate that the Department's performance for this outcome is not improving. In 2000, the rate of maltreatment in foster care rose to 1.05% and in 2001, the rate increased to 1.13%. Therefore, the Department can only commit to achieve the minimal increment of improvement in this outcome area. The Department is considering a request for technical assistance from the National Resource Center on Child Maltreatment to determine next steps for this outcome area.

### Supporting Activities:

Any increase in supported maltreatment reports for children in foster care is not acceptable. The Department is developing performance measure reports to present data on maltreatment in foster care. Summary data will be presented at the area, region and statewide levels and detailed data will be presented at the area level. It is anticipated that DSS management staff will utilize these quarterly reports to analyze locations across the state where maltreatment in foster care is an issue which requires area-specific attention. The Department will continue to analyze the data on these reports to determine specific demographics of the children and families or facilities being reported. The Special Investigations Unit reports will provide detailed information regarding institutional abuse and will prove valuable in our development of future trainings and other interventions. Through KidsNet, the Department will offer foster parent trainings regarding behaviors of children in their care and acceptable methods of disciplining children. Also, addressing systemic issues through improved assessment, service planning and individualized service array (PIP Goals 1, 2 and 3) should help to reduce the incidence of maltreatment in foster care.

## PERMANENCY

- **Children have permanency and stability in their living situations.**
- **The continuity of family relationships and connections for children is preserved.**

### Foster Care Re-entries

National Standard for Foster Care Re-entries	8.6%
Massachusetts performance for 1999	22%
Massachusetts performance for 2000	N/A
Massachusetts performance for 2001	19.9%
Goal for PIP- Year One	18.9%
Goal for PIP- Year Two	18.5%

#### Rationale for Choice of Goal:

The Department has undertaken a clean-up of a FamilyNet data element that reflects the child in placement's "home removal event". Rules for closing the home removal event have been clarified to more accurately reflect the child's movement in and out of placement. It is anticipated that this data clean-up will yield an improvement in the foster care re-entry rate. The Department is proposing the minimal increment for improvement but anticipates that actual improvement may be greater.

#### Supporting Activities:

The Department is developing performance measure reports to present data on foster care re-entry. Summary data will be presented at the area, region and statewide levels and detailed data will be presented at the area level. It is anticipated that DSS management staff will utilize these quarterly reports to analyze locations across the state where re-entry into foster care is an issue which requires area-specific attention. The Department will continue to analyze the data on these reports to determine specific demographics of the children re-entering foster care. Improved assessment, service planning, provision of individualized services to children and families, utilization of kinship resources and an improvement in services for adolescents is anticipated to yield a decrease in the number of children re-entering foster care. Improving linkages with community-centered services should also support the child and family post-reunification.

### Placement Stability in the First Twelve Months

National Standard for Placement Stability in First 12 months	86.7%
Massachusetts performance for 1999	77%
Massachusetts performance for 2000	N/A
Massachusetts performance for 2001	73.2%
Goal for PIP –Year One	74%
Goal for PIP –Year Two	75.1%

**Rationale for Choice of Goal:**

Placement stability was seen as a strength in 91% of the cases reviewed on-site during the review. The Department is proposing modest improvement in this national standard. In FY 2001 the Department's compliance with this standard decreased due to data clean-up recently completed on the SACWIS system's Home Removal Event. The Department cleared up data on a number of cases, merging multiple home removal events for children, which may resulted in more placements for some children within a specific home removal episode, negatively impacting the calculation of placement stability.

**Supporting Activities:**

The Department is developing performance measure reports to present data on placement stability. Summary data will be presented at the area, region and statewide levels and detailed data will be presented at the area level. It is anticipated that DSS management staff will utilize these quarterly reports to analyze locations across the state where stability in foster care placement is an issue which requires area-specific attention. The Department anticipates that its systemic improvements in assessments, service planning, service provision, availability of flexible services, continued use of kinship resources and family group conferencing will yield increased placement stability for children in foster care.

**Reunification Within Twelve Months**

National Standard for Reunifications within 12 months	76.2%
Massachusetts performance for 1999	73%
Massachusetts performance for 2000	N/A
Massachusetts performance for 2001	75.1%
Goal for PIP – Year One	75.5%
Goal for PIP – Year Two	77.5%

**Rationale for Choice of Goal:**

The Department's performance level approaches but does not meet the national standard of 76.2% for reunification of children with their parents or caretakers within 12 months; the Department proposes to increase its performance in this area by year two of the PIP to 77.5%

**Supporting Activities:**

The Department is developing performance measure reports to present data on reunification of children in placement for 12 months or less. Summary data will be presented at the area, region and statewide levels and detailed data will be presented at the area level. It is anticipated that DSS management staff will utilize these quarterly reports to analyze locations across the state where this issue requires area-specific attention. The Department anticipates that the activities outlined in Goal 4 of the Program Improvement Plan will lead toward an increase in the numbers of children achieving reunification within twelve months [or less] from the time of removal. Also, the assessment, service planning and service provision improvements as outlined in Goals 1, 2 and 3 should positively impact the performance in this national standard.

### Adoptions Within Twenty-Four Months

National Standard for Adoptions within 24 months	32.0%
Massachusetts performance for 1999	9%
Massachusetts performance for 2000	N/A
Massachusetts performance for 2001	19.3%
Goal for PIP – Year One	20%
Goal for PIP – Year Two	22.2%

#### **Rational for Choice of Goal:**

The Department anticipates significant improvement in performance on this national standard and proposes that 22.2% of children adopted in Massachusetts (as of year two of the PIP) will have been in care for less than 24 months from the time of latest removal from home. This will bring the Department much closer to the national standard of 32%.

#### **Supporting Activities:**

The Department is developing performance measure reports to present data on adoptions within 24 months of placement. Summary data will be presented at the area, region and statewide levels and detailed data will be presented at the area level. It is anticipated that DSS management staff will utilize these quarterly reports to analyze locations across the state where this issue requires area-specific attention. The Department will work to ensure that the data captured for the adoption of children accurately reflects their adoption finalization status in a timely manner. Also, the activities outlined in the PIP goals 4 (reduction in the time that it takes to achieve permanency) and 7 (improved legal and court processes to support and facilitate timely permanency for children) should contribute to improvement in the performance on this national standard and promote more timely adoptions for children.

**General Information**

**Name of State Agency:** Commonwealth of Massachusetts Department of Social Services

**Period Under Review:**

Federal Fiscal Year for On-Site Review Sample: FFY 1999  
Period of AFCARS Data: FFY 1999  
Period of NCANDS Data: CY 1999

**Contact Person:**

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Telephone: (617) 748-2360

**Approvals:**

The following State and Federal officials hereby approve the contents of the attached PIP:

\_\_\_\_\_  
Commissioner – DSS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hub Director/ Regional Administrator  
Administration for Children & Families

\_\_\_\_\_  
Date

## INTRODUCTION

As the Massachusetts Department of Social Services (the Department) embarks on development and implementation of its Program Improvement Plan (PIP), we have begun to undertake a re-examination and re-definition of the overarching mission, beliefs and practice of the agency. Ideally, we would prefer to complete our organizational work before final development of our PIP. Realistically, we understand that federal deadlines make that impossible. We recognize the PIP as an opportunity to discuss and apply the emerging core principles we have identified defining a desired practice that is child-focused, family-centered, strengths-based and community-connected, supported by a flexible and accessible service array aligned with the needs of our clients. The work discussed in the PIP will be conducted within this framework.

After re-examining the areas identified in the review as needing improvement, the Department approached program improvement in this PIP in a manner that is consistent with, and reflective of, the practice described above. Hence, we have identified themes and areas of focus for improvements in practice. We have identified the need for strategic and targeted tasks in assessment, service planning, and service delivery, with the primary goals of better evaluating and identifying the needs of parents, children and their interim caregivers; assuring that fathers are identified as soon as possible after agency involvement in the family's life, and whenever possible, included with mothers and children in service planning; and identifying services that are responsive to client needs and monitored to assure that cooperating clients obtain the targeted assistance. We have also formulated goals targeted to address systemic issues impeding timely permanency and permanency hearings. The Child and Family Services Review demonstrates the need to be especially vigilant in improving our practice in cases of chronic neglect and those involving substance abuse (for which we have developed a separate goal statement), and several activities focus in these areas. Throughout the PIP, we particularly focus on two demographic groups – fathers and adolescents (for whom we developed a separate goal) – both of whom are contributing factors in several areas needing improvement, including service planning, service delivery, permanency and delay in adoptions.

During the PIP planning sessions with our Federal representative, the Department has shared the impact of recent budget and staff cuts on the Department and the children and families it serves. The budget cut in its administrative account has caused DSS to lose almost 30% of its managerial and administrative staff. A number of Central Office staff have been reassigned to the field to cover critical vacancies. There are no plans to restore administrative employees at this time. The Department's ability to meet the expectations outlined in this Program Improvement Plan is subject to final FY'03 budget appropriations.

### **PIP Amendment – July, 2004**

As noted above in the original Program Improvement Plan introduction, as the PIP was being developed in 2002 the Department was embarking on a significant reform effort.

The Massachusetts Department of Social Services has committed itself to fundamentally revising the nature of its child welfare practice. Building on a consistent strain of thought, belief and practice, DSS intends to nurture a sustained, resilient network of relationships that will ensure the safety of children and support healthy growth and development. This

strain of practice—deemed “family-centered” for shorthand—has provided the intellectual and emotional energy for a wide array of innovation in the Department in recent years.

The Department has now embarked on a course to institutionalize the core practice values that underlie its practice of child welfare, and to align its philosophy and structures in accord with those values. In charting this course, the Department is attempting to bring the logic of “family-centered” practice to each aspect of its work. This requires a fundamental rethinking of basic work processes and organization. Through a comprehensive and coherent process of institutional change, the Department is revising the way we do child welfare work, to reflect six core practice values:

- Child-driven;
- Family-centered;
- Community-focused;
- Strength-based;
- Committed to cultural diversity/safety; and,
- Committed to continuous learning.

To translate these espoused values into action, the Department recognizes the need to revise its core work processes and policies. This requires a simultaneous focus and integrated revision of practice at three levels of organization:

- Clinical Practice: Family-Centered Practice Models
- Managerial Practice: Departmental Quality Systems
- Systemic Practice: The Community System of Care

Since these three levels of practice—the clinical work of frontline social workers, the managerial work of Departmental supervisors and leaders, and the systemic work of the Department, family and institutional providers, public agencies, and community organizations—all reflect and embody fundamental practice values, they will operate at cross purposes unless they are consistently aligned. This is the work of organizational change, but it must be more; it must become a movement.

The Department is immensely excited at the prospect of developing a coherent and integrated family-centered child welfare practice throughout the Commonwealth. We believe that this task will challenge our capacities for collaboration, invention and “scaling up”. We can envision clearly many elements of such a scaled up system of practice, and imagine others. Throughout all of our ambitious visions, we discern constant learning about the nature, locus and texture of partnership between child welfare professionals and parents and families for the protection and nurturing of children.

The PIP as it was developed in 2002 has provided the Department with a framework for setting goals and indicators for change and provided a focus for examining progress. The PIP has helped DSS leaders engage staff around data and has been the centerpiece for discussions about reform that took place across the state in 2003. The Department appreciates the opportunity to amend the PIP to more accurately reflect the status of these initiatives as of 2004.

## Areas Identified For Improvement in the Child and Family Services Review

### Safety

- **Children are first and foremost protected from abuse and neglect.**
- **Children are safely maintained in their home whenever possible.**

The review identified needs for improvement in both of the safety outcomes. In the area of safety, Massachusetts did not achieve the national standard for the recurrence rate of maltreatment (7.4%, compared to a national standard of 6.1%) or for preventing maltreatment of children in foster care (.94%, compared to a national standard of .57%). The recurrence of maltreatment was more likely to be found in cases involving chronic neglect. Although the state did not meet the national standard for maltreatment in foster care, there was no occurrence of maltreatment in foster care in any of the 32 applicable cases reviewed. While safety is an area needing improvement, in a majority of the cases during the period under review, decision-making on child safety issues was found to be timely, appropriate, and consistent with State policy for the investigation and assessment of reports alleging abuse/neglect of children by a caretaker.

The area of services to protect children and prevent removal was rated an area needing improvement because, during the period under review, the following problems were observed in 20% of the applicable cases:

- Issues and service needs identified at assessment were not adequately addressed;
- Services provided were not targeted to the identified needs of children or families;
- Staff did not follow up on service referrals to ensure that the child or family member participated in and/or received the services; and
- Necessary services were delayed because of long waiting lists and the lack of certain services, particularly substance abuse and mental health treatment.

### Permanency

- **Children have permanency and stability in their living situations.**
- **The continuity of family relationships and connections is preserved for children.**

The review identified need for improvement in providing children with permanency and stability in their living situations. Achieving permanency for children in foster care is an area of particular concern with the State's high rate of foster care re-entries (22.3%, compared to a national standard of 8.6%) and the low rate of achieving adoption for children within 24 months of entering foster care (9.4%, compared to a national standard of 32%).

During the period under review, foster care re-entry was found in only one of the applicable cases; however, more re-entries were found in the months preceding the year under review. These re-entries appear to be driven by the inability of the service system to meet the complex needs of adolescents and cases of chronic neglect.

The area of placement stability was rated as a strength in 91% of the applicable cases because, in these cases, the children's placements were stable during the period under review; in a number of cases, there were high quality assessments of children's needs that resulted in appropriate placements. Also, child-specific and therapeutic placements as well as extensive follow-up and home visits by social workers and family resource workers

contributed to the stability of these placements. Despite these strengths, there were a few cases that had more than two placements during the period under review. Stakeholders reported that in some areas of the state, children – especially older children – are often caught up in a night-to-night approach to placements because of a lack of resources. In 1999, 77% of children who had been in care for less than 12 months had no more than two placements. This number is lower than the national standard of 86.7%.

The area of permanency goals for children was rated as needing improvement in 47% of the applicable cases reviewed because there were delays in achieving permanency as a result of legal or other procedural requirements within the Department, the Courts or the Interstate Compact on the Placement of Children. The following delays were found:

- A lack of clarity regarding the service plan goal;
- Inappropriate services to reach permanency;
- Incomplete paperwork;
- Changes in judges or attorneys; and
- Lengthy periods of time required for obtaining the necessary paperwork/homestudies through the ICPC.

Stakeholders noted that there were Departmental delays in carrying out various activities that promote permanency for children, including:

- Obtaining children's birth certificates;
- Identifying and searching for absent parents;
- Submitting reports to the Court; and
- Initiating efforts to finalize the new plan.

Stakeholders also identified legal system-related delays in achieving permanency including:

- Lengthy timeframes for adjudication;
- Too many continuances; and
- Not enough attorneys to represent children or indigent parents.

The area of independent living was rated as needing improvement in 4 of the 9 applicable cases under review. The following problems were observed in the case records:

- Delayed and weak assessments of youths' independent living skills;
- No follow-up on identified issues;
- Independent living goals not articulated in case planning;
- Needed services not provided; and
- A lack of residential/placement options in the area

The area of permanency goal of other planned living arrangement was rated as needing improvement in 5 of the 9 (56%) applicable cases reviewed because appropriate services to achieve the permanency plan were not provided. Although compelling reasons not to TPR were documented and supported in the case records, reviewers noted that this area might warrant additional scrutiny. In two of these cases, more appropriate permanency goals were not thoroughly explored before planned permanency living arrangement was set as the goal. In addition to the information from the case records, some stakeholders expressed the opinion that there is an overuse of long-term foster care or independent living goals for youth. They believe that the Department needs to continue to expand its efforts at finding a permanent home for all children exiting the child welfare system.

## **Well-Being**

- **Families will have enhanced capacity to provide for their children's needs.**
- **Children receive appropriate services to meet their educational needs.**
- **Children receive adequate services to meet their physical and mental health needs.**

The review identified need for improvement in all three of the well-being outcomes with regard to enhancing parental capacity to provide for their children's needs, and providing adequate services in the areas of education, physical health, and mental health.

For the first well-being outcome, enhancing parental capacity to provide for their children's needs, it was determined that efforts to involve parents in case planning were inconsistent. In addition, reviewers found barriers to families gaining timely access to appropriate services because of disparities between the assessed need and the services provided, the lack of certain services such as placement options for adolescents and affordable housing and/or extensive waiting lists for particular services such as mental health and substance abuse treatment.

The well-being outcomes related to the education and the physical and mental health of children were also rated as areas needing improvement. In a number of cases, educational and medical needs were not addressed. In addition, serious issues with coordination of and access to mental health services were found.

Among the seven systemic factors, the case review system in Massachusetts was the one factor that was determined not to be in substantial conformity. This factor includes the process for development of the case plan, foster care case reviews, permanency hearings, termination of parental rights, and notice of reviews to out-of-home caregivers. While the foster care review process was found to be in compliance, areas in need of improvement are the involvement of families in developing case plans for their children and the quality of permanency hearings in the Courts.

**Goal 1A: Research, design and implement a comprehensive intake and assessment process that is child centered, family-focused and community-connected. The assessment process will:**

- **Include efforts to identify, locate and assess fathers as well as mothers**
- **Reflect strengths of all family members**
- **Identify kin and significant adults in each child’s life**
- **Address the particular needs of special populations, including high-risk adolescents**
- **Assess the medical, mental health and educational needs of children**
- **Include tools for the early and accurate identification of domestic violence, mental health and substance abuse issues**

**Technical Assistance Needed: National Resource Center for Family-Centered Practice**

Goal: Research, design and implement a comprehensive intake and assessment process that is child-centered and family-focused.			1A
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>• Obtain agreement with the National Resource Center on Family-Centered Practice to assist in the review of the DSS assessment tool, policy and practice and training needs.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	1	Sign contract with National Resource Center
<ul style="list-style-type: none"> <li>• Establish agency workgroup to work with the National Resource Center on assessment and service planning issues</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	2-3	Finalize list of group members; hold first meeting. Members to represent staff from all levels of the agency and those with expertise in special populations.
<ul style="list-style-type: none"> <li>• Initiate learning and listening phase, hold focus groups and conduct surveys with child welfare stakeholders across the state</li> </ul>	Susan Getman, Deputy Commissioner	3-4	Focus groups are held and surveys conducted.
<ul style="list-style-type: none"> <li>• Incorporate feedback from above into a summary report.</li> </ul>	Susan Getman, Deputy Commissioner	4-5	Survey report produced.
<ul style="list-style-type: none"> <li>• Share report with Commissioner and DSS leadership.</li> </ul>	Susan Getman, Deputy Commissioner	4-5	Report presented to DSS Commissioner, Executive staff and managers.
<ul style="list-style-type: none"> <li>• Hire consultant to lead the Department in policy development process.</li> </ul>	Susan Getman, Deputy Commissioner	5	Consultant hired.
<ul style="list-style-type: none"> <li>• Enlist assistance of the National Resource Center for Family-Centered Practice for policy redesign.</li> </ul>	Susan Getman, Deputy Commissioner	5	Agreement reached with NRC.
<ul style="list-style-type: none"> <li>• Form Intake and Assessment Planning Committee with representation from DSS staff and providers</li> </ul>	Susan Getman, Deputy Commissioner	5	Committee formed and begins to meet with consultant.
<ul style="list-style-type: none"> <li>• Plan policy development process and Identify and prepare policy participants, including DSS staff, families, providers and community representatives.</li> </ul>	Susan Getman, Deputy Commissioner	6-7	Policy development participants identified; statewide briefings held to introduce project; background materials gathered and disseminated to participants.
<ul style="list-style-type: none"> <li>• Hold three briefing sessions for project participants.</li> </ul>	Susan Getman, Deputy Commissioner	7	Briefing sessions held.
<ul style="list-style-type: none"> <li>• Identify principles for guiding and evaluating intake and assessment through policy summit involving DSS staff, families.</li> </ul>	Susan Getman, Deputy Commissioner	8	Policy summit held; written statement developed that specifies casework principles to

providers and community representatives.			guide policy development and evaluate its effectiveness.
<ul style="list-style-type: none"> <li>Workgroups develop initial working policy drafts for various aspects of intake and assessment.</li> </ul>	Susan Getman, Deputy Commissioner	8	Workgroup members identified; workgroup meetings held; drafts produced.
<ul style="list-style-type: none"> <li>Hold Midway Policy Vetting Summit to review, coordinate and integrate policy drafts prepared by workgroups.</li> </ul>	Susan Getman, Deputy Commissioner	Jan. 2005	Summit held.
<ul style="list-style-type: none"> <li>Develop initial draft policy</li> </ul>	DSS Workgroup and project consultant	2005	Policy draft(s) prepared and circulated for review and input.
<ul style="list-style-type: none"> <li>Share draft revised policy(ies) with Commissioner, Executive Staff, Agency Managers and internal and external stakeholders.</li> </ul>	Susan Getman, Deputy Commissioner	2005	Draft policies are distributed for wide review; comments are assembled, reviewed and incorporated as determined appropriate.
<ul style="list-style-type: none"> <li>Approval of final policy(ies) by DSS management, policy(ies) negotiated with unions and policy(ies) implemented.</li> </ul>	Susan Getman, Deputy Commissioner	2005	Policy(ies) finalized and negotiated; staff are trained and policy is implemented. Necessary FamilyNet changes identified and made.

**Rationale for amending original PIP goal and action steps :**

In December 2002, DSS initiated a project to redesign its “front door” – i.e., the intake and assessment policies and procedures that govern the way that families and children enter and first become involved with the DSS service delivery system. At this point, rather than a simple 'rewrite' of current policy and procedures, the Department wants to open the process up to a reconceptualization of the way families come into its system, how DSS social workers assess their needs, and what is offered to them to address their service delivery needs. This effort is being informed by the new core case practice values and closely coordinated with the PIP and the development of the new System of Care. This effort is large in scope, incorporating elements of 10-12 existing policies, including I & R, Protective, CHINS and Voluntary Intake, Family Assessments and Service Planning. A new tool for assessing safety and risk is one of the anticipated products of this process.

**Goal 1B: In preparation for the development of a new service planning process that is strengths-based, child-centered, family-focused and community-connected, conduct an assessment of the Department’s current efforts to include parents/families in individual case planning, service design, delivery and monitoring.**

**Technical Assistance Needed: National Resource Center for Family-Centered Practice**

<b>Goal: Prepare for development of a new service planning process that is strengths-based, child-centered, family-focused and community-connected. Assess current level of family involvement in case planning and other case-related matters.</b>			<b>1B</b>
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Obtain agreement with the National Resource Center on Family-Centered Practice to assist in the review of the service planning process, policy, practice and training needs.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	1	Sign contract with National Resource Center.
<ul style="list-style-type: none"> <li>Utilize agency workgroup to work with the National Resource Center on assessment and service planning issues.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	2-3	Finalize list of group members; hold first meeting.
<ul style="list-style-type: none"> <li>Meet with groups and individuals to obtain feedback regarding family involvement work within the Department.</li> </ul>	Family Representative, Family Support Team & Community Connections	4-5	Feedback received and results tabulated.
<ul style="list-style-type: none"> <li>Create an Action Plan with specific tasks and measurable methods to assess progress in family involvement efforts.</li> </ul>	Family Representative, Family Support Team & Community Connections	5-6	Action Plan developed.
<ul style="list-style-type: none"> <li>Identify existing programs that should be systemically used and expanded to enhance parent involvement.</li> </ul>	Family Representative, Family Support Team & Community Connections	5-6	Programs identified.
<ul style="list-style-type: none"> <li>Assess current efforts to include parents in individual case planning as well as service design, delivery and monitoring.</li> </ul>	Family Representative, Family Support Team & Community Connections	5-6	Assessment completed.
<ul style="list-style-type: none"> <li>Establish a system for routinely obtaining consumer feedback from parents served by DSS and its contracting agencies.</li> </ul>	Family Representative, Family Support Team & Community Connections	6-7	System established and consumer feedback utilized by DSS staff.
<ul style="list-style-type: none"> <li>Assemble a Parent Advisory Committee which represents the diverse groups served by DSS.</li> </ul>	Family Representative, Family Support Team & Community Connections	7-8	Advisory Committee established.
<ul style="list-style-type: none"> <li>Establish a Foster Care Review Practice Committee to look at FCR practices</li> </ul>	FCRU Director	4	Committee established
<ul style="list-style-type: none"> <li>Gather input regarding FCR process/practice from DSS field staff</li> </ul>	FCRU Director and FCR Practice Committee	6-8	Regional meetings held and input received.
<ul style="list-style-type: none"> <li>Pilot a strengths-based approach to FCR with an assessment of its impact on attendance and participation by families.</li> </ul>	FCRU Director	5-8	Pilot implemented
<ul style="list-style-type: none"> <li>Review steps that may be taken to encourage parents and adolescents to attend Foster Care Review meetings.</li> </ul>	FCRU Director	5-8	Implement pilot projects aimed at increasing attendance; assess impact.
<ul style="list-style-type: none"> <li>Develop survey for FCR consumers</li> </ul>	FCRU Director	7-8	Survey developed.
<ul style="list-style-type: none"> <li>Solicit input from FCR volunteers at Annual FCR Volunteer Recognition Event regarding the current FCR process and potential changes or</li> </ul>	FCRU Director	7	Volunteer input received and documented.

improvements to that process.			
<ul style="list-style-type: none"> <li>Gather input from parents and youth regarding FCR process and practices.</li> </ul>	FCRU Director	2005	Family input received and documented.

**Rationale for amending action steps:**

Given the revisioning process that the Department is undertaking with its Intake and Assessment policy and practice, it was determined that the service planning policy work needs to be completed in tandem with this redevelopment work. The assessment process and related tools need to be deeply interrelated with the service plan process: practice, policy and form alike. The safety factors, strengths, risks and family needs identified through an assessment process necessarily informs the content of the service plan. The work to date on the service plan policy will guide the Department in the adoption of strengths-based service planning in 2005 and also serve to inform the work relative to intake and assessment. The Department proposes new action steps that reflect a deeper look at (and monitoring of) parental participation in all aspects of service delivery, from family group conferencing, service planning to foster care reviews. This is work that can be done while the Intake and Assessment policy is being redeveloped.

**Goal 1C: Focus on Department's Initiatives to Promote Child Safety and Assess Maltreatment in Foster Care**

Goal: Focus on Department's Initiatives to Promote Child Safety and Assess Maltreatment in Foster Care			1C
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Prepare detailed analysis regarding Maltreatment in Foster Care for internal and external review.</li> </ul>	Ros Walter, Information Technology unit	6	Detailed analysis completed.
<ul style="list-style-type: none"> <li>Present above analysis to DSS Core Action Team and the CQI Statewide Steering Committee for review and comment.</li> </ul>	Ros Walter and the Statewide CAT team	7	Analysis presented and discussed at appropriate forums.
<ul style="list-style-type: none"> <li>Assemble a Case Review Team to assist the Department's Case and Special Investigations Unit in reviewing cases of children maltreated while in foster care.</li> </ul>	Scott Scholefield, Director of Case and Special Investigations Unit	7-8	Case Review Team assembled; meetings held.
<ul style="list-style-type: none"> <li>Assemble small workgroup to review 40-50 cases of children who were maltreated while in foster care; summarize results of review.</li> </ul>	Mike MacCormack, CQI Coordinator	7-8	Group appointed and cases reviewed.
<ul style="list-style-type: none"> <li>Present results of this case review to the Statewide CQI Steering Committee at next meeting.</li> </ul>	Mike MacCormack and the CAT Team Members	7-8	Review results presented to Statewide CQI Steering Committee in Fall, 2004.
<ul style="list-style-type: none"> <li>Begin Teaming Initiative through "Opening Forum" for all Teams and consultants</li> </ul>	Mia Alvarado	6	Opening Forum held.
<ul style="list-style-type: none"> <li>Teaming consultants meet with Area Teams</li> </ul>	Mia Alvarado	6	Consultant meetings held.
<ul style="list-style-type: none"> <li>Hold Team Skill-Building Seminar</li> </ul>	Mia Alvarado	7	Seminar held.
<ul style="list-style-type: none"> <li>Hold Quarterly meetings of Teams</li> </ul>	Mia Alvarado	6-8	Meetings held.
<ul style="list-style-type: none"> <li>Review of Teaming Initiative</li> </ul>	Mia Alvarado	8	Report produced.
<ul style="list-style-type: none"> <li>Support the spread of Patch Teams and Family Nurturing Programs as models for family-centered practice.</li> </ul>	Pam Whitney and the PSSF Program Staff	7-8	Current programs receive continued support; plans for additional programs begin.

**Goal 2: Continue to improve the Department’s service array so that it is responsive, flexible and accessible and able to meet the identified needs of all family members in order to achieve the specified service plan goal. Services should be child-centered, family-focused and community-centered and follow from the needs identified during the assessment process.**

**Technical Assistance Needed: National Resource Center for Family-Centered Practice**

Goal: Improvement of the DSS service array so that it is responsive, flexible and accessible and meet the identified needs of all family members in order to achieve the specified service plan goal.			2
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
• Request a consolidated account in the DSS budget as a means to develop a more flexible service system.	DSS Administration & Finance Unit	1	Request filed with Mass. State Legislature; receiving a positive response from Legislature.
• Assemble workgroup to review current system of purchased services to ensure that it supports a continuum of services that is community-connected and family-centered.	DSS Procurement Workgroup	1	Team assembled to conduct review.
• Develop workplan to review procurement policies and purchased services.	DSS Procurement Workgroup	2-3	Workplan developed.
• Conduct six-month review of procurement system.	DSS Procurement Workgroup	2-4	Review conducted.
• Continue work with DMA/DMH/MBHP to meet the mental health needs of DSS children and families	PIP Steering Committee	2-6	Meetings held with agency representatives; trainings in each DSS region with Mental Health Specialists.
• Meet with Provider Associations to craft participation in Consensus Process on decision-making roles and responsibilities.	SOC Project Team	5	Meeting held.
• Discuss Debriefing Notes & Lessons and prepare for Regional Forums at Statewide Managers Mtg.	SOC Project Team	5	Discussion held at Statewide Managers' Meeting.
• Hold six half-day Regional Forums with Commissioner Spence to kick off consensus process.	SOC Project Team	5	Regional forums held.
• Final meeting of Re-engineering Residential Group to review materials and distribution process for readiness guidance to provider community.	SOC Project Team	5	Meeting held.
• Convene stakeholders for consensus process	SOC Project Team	5	Meeting held.
• Develop operational model for system of care to be presented to DSS regional teams.	SOC Project Team	7	Operational model developed.
• Consensus Group finalizes recommendations.	SOC Project Team	7	Recommendations finalized.
• Finalize system of care operational design	SOC Project Team	7	Operational model finalized.
• Write Request for Response (RFR)	SOC Project Team	7	RFR written and approved
• Issue Request for Response (RFR)	SOC Project Team/DAF Staff	7-8	RFR issued.
• Hold Bidders Conference	SOC Project Team	7-8	Bidders Conference held.
• Train Proposal review Team members	SOC Project Team	7-8	Training held.
• Review Proposals received.	Proposal Review Team	7-8	Proposals reviewed.

• Make and announce award decisions.	Proposal Review Team	8	Decisions made and announced.
• Conduct Regional Implementation Leadership Forums for Area Office management teams	SOC Project Team and Regional Managers	2005	Forums conducted.
• Conduct training for staff on new system.	Region and Area Managers with support from SOC Project Team	2005	Trainings held.
• Complete readiness and transition work required for system start-up.	SOC Project Team	2005	System ready for start-up.

**Rationale for change in action steps:** DSS has concluded a six-month review of its procurement policies and practices for the \$320 M that it spends on purchasing services from provider agencies. DSS plans to redesign and reprocure current categorical services including \$160M in Commonworks, residential treatment and group homes; \$50M in contracted foster care and \$25M in family based services. The new procurement will apply the principles from systems of care coupled with the principles of community partnership to create local networks of integrated services across the state. The approach will use lead agencies as partners to DSS area offices to design, build and manage local integrated service networks in place of current categorical services. It will build the infrastructures necessary for DSS to effectively partner with families, communities, sister state agencies, private providers and academic institutions to ensure collaboration in the planning, development, implementation and evaluation of an integrated service delivery system.

**Goal 3: Reduce the time that it takes for children in out-of-home placement to achieve permanency. Permanency includes reunification, adoption, guardianship and independent living.**

**Technical Assistance Needed: National Resource Center for Foster Care and Permanency Planning**

Goal: Reduce the time that it takes for children in out-of-home placement to achieve permanency.			<b>3</b>
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
• Update draft Permanency Planning Policy & send for agency-wide review.	PIP Steering Committee, Joan McGregor, Chair	4-5	Permanency planning policy distributed for review.
• Receive and consolidate comments on draft policy.	Susan Getman, Deputy Commissioner	5-6	Comments received and policy changes made as necessary.
• Establish panel to work on addressing issues relating to the Over 18 population.	Susan Getman	5	Panel established and meetings held.
• Select small group to review all recommended policy changes.	Susan Getman, Deputy Commissioner	7	Staff are selected to serve in small workgroup.
• Small workgroup meets to discuss results of policy review; incorporate additional changes that are needed and ensure core values are addressed in final draft of policy.	Susan Getman, Deputy Commissioner	7-8	Small workgroup meets to update final draft of policy.
• Begin Labor/Management negotiations after Family Resource Policy negotiations are completed.	Susan Getman and Doug Shatkin	2005	Negotiations are completed and policy is revised to reflect any negotiated changes.
• Implement permanency planning policy statewide.	Area and Regional Directors	2005	Areas utilizing revised policy statewide.
• Develop tracking system to assure that activities required under the Permanency Planning policy are conducted within the specified timelines.	PIP Steering Committee,	2005	Tracking system developed.
• Develop enhanced wrap-around services to move DSS children out of group care or prevent placement of children with emotional disturbance into group care settings.	Regional Office Staff	2-4	Services developed and implemented.
• Develop and implement six pilot CFFC program sites to provide enhanced wrap-around services to families with children with serious emotional disturbance.	Interagency Steering Committee, chaired by Division of Medical Assistance	1-3	Pilot sites selected; program implemented.
• Develop and implement strategies for making permanent community connections available to teens in out-of-home placement.	PIP Steering Committee	6-8	Strategies developed and implemented.
• Improve accuracy in reporting dates of legalization.	IT Unit	4-6	Review of data shows improved accuracy of reporting dates.

**Goal 4: Continue to implement key recommendations from the DSS/DPH strategic plan to address substance abuse issues as they relate to the children and families being served by DSS.**

**Technical Assistance Needed: National Center on Substance Abuse & Child Welfare**

Goal: Improve the Department's ability to address the impact of substance abuse on the families it serves.			<b>4</b>
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Gather information and continue ongoing statewide needs assessment on substance abuse services available for child welfare clients. Communicate changes in access to services to the field.</li> </ul>	Statewide Substance Abuse Coordinator and staff	2-8	DSS has shifted the needs assessment to include the changes that have occurred in the substance abuse treatment system across the state. This information is communicated through a quarterly newsletter, the DSS intranet and emails.
<ul style="list-style-type: none"> <li>Connect Area Offices to local substance abuse treatment providers to facilitate client access to treatment as requested.</li> </ul>	Statewide Substance Abuse Coordinator and staff	3-8	Work with Area Offices to establish contacts and protocols if necessary with local substance abuse treatment providers to facilitate client access.
<ul style="list-style-type: none"> <li>Collaborate with DPH as they re-procure their substance abuse continuum of care, working to prioritize DSS families in treatment.</li> </ul>	Statewide Substance Abuse Coordinator and staff	3-8	DPH substance abuse services prioritize pregnant and parenting women for treatment services.
<ul style="list-style-type: none"> <li>Implement statewide urine drug testing across all DSS Regions by selecting a drug testing vendor and implementing drug testing system statewide.</li> </ul>	Statewide Substance Abuse Coordinator and staff	4-8	Drug testing vendor selected.  Implementation of new drug testing system.
<ul style="list-style-type: none"> <li>Provide training and technical assistance to DSS Area Offices on the new drug testing system.</li> </ul>	Statewide Substance Abuse Coordinator and staff	4-8	Completion of Area Office training. Use statistics to evaluate implementation and treatment needs.
<ul style="list-style-type: none"> <li>Provide each DSS Area Office with training on the impact of substance abuse on child welfare families.</li> </ul>	Statewide Substance Abuse Coordinator and staff	2-8	Training sessions held in each DSS Area Office.
<ul style="list-style-type: none"> <li>Most DSS Offices have received initial substance abuse training. Survey the DSS field to prioritize training topics and to identify future substance abuse training needs.</li> </ul>	Statewide Substance Abuse Coordinator	7-8	Draft a survey to identify substance abuse training needs. Send out survey to DSS field. Review survey results and make a list to prioritize substance abuse training topics.
<ul style="list-style-type: none"> <li>Participate in CORE, Investigations and In-Service Training sessions.</li> </ul>	Statewide Substance Abuse Coordinator and staff	2-8	Substance abuse staff conduct training for DSS field staff.
<ul style="list-style-type: none"> <li>Provide substance abuse case consultation to DSS Area Office staff; two pilot models currently exist that bring substance abuse providers into DSS offices for the consultation. Increase pilot case consultation to each region as funding is available.</li> </ul>	Statewide Substance Abuse Coordinator and staff	3-8	Expand consultation pilot models to all DSS regions, through the use of CAPTA funds. Focus is on integrating local substance abuse community providers and their DSS Offices. Case consultation pilots are expanded to two pilots in each DSS region.
<ul style="list-style-type: none"> <li>Ensure access for DSS families residing in the women and children's substance abuse residential programs.</li> </ul>	Statewide Substance Abuse Coordinator and staff	2-8	Ensure that protocols are being followed to coordinate care between substance abuse family residential programs and DSS

			staff. Participate in DPH's/BSAS's review of substance abuse family treatment services...
<ul style="list-style-type: none"> <li>Identify a substance abuse continuum of care for adolescents in collaboration with other state agencies, as part of an interagency group; assist in the development of the DPH/ BSAS RFR for youth residential services.</li> </ul>	Statewide Substance Abuse Coordinator and staff	2-8	Meet monthly with sister state agencies and partners around service development for substance abusing youth. Participate in process to RFR substance abuse youth residential programs.
<ul style="list-style-type: none"> <li>Investigate integrated substance abuse and child welfare models across the country through activities of the Robert Wood Johnson Fellowship held by the Substance Abuse Coordinator.</li> </ul>	Statewide Substance Abuse Coordinator and staff	6-8	Monthly contact with Nancy Young, Director of the National Resource Center on Substance Abuse and Child Welfare. Gather information on models by meeting with other states or attending conferences that highlight other state models.
<ul style="list-style-type: none"> <li>Implement services to engage child welfare families into substance abuse treatment.</li> </ul>	Statewide Substance Abuse Coordinator & Community Agencies	6-8	Pilot a substance abuse treatment engagement model in one region that focuses on referring and engaging clients in community based substance abuse treatment programs.
<ul style="list-style-type: none"> <li>Participate with DSS partners in the development of intensive community services for clients impacted by substance abuse, mental health and domestic violence</li> </ul>	Statewide Substance Abuse Coordinator & Community Agencies	6-8	Participate in MBHP's Performance Incentive Project that provides intensive community services to client's with substance abuse, mental health, and domestic violence issues.
<ul style="list-style-type: none"> <li>Evaluate substance abuse services for child welfare families and the necessary supports to serve identified families in the child welfare system.</li> </ul>	Statewide Substance Abuse Coordinator and Executive Staff	7-8	Establish a process to begin a new DSS Strategic Plan on Substance Abuse. Participate in DPH's Substance Abuse Strategic planning process.
<ul style="list-style-type: none"> <li>Hire staff to fill vacancy in Substance Abuse Unit and expand staffing available: develop job descriptions for positions; post positions; interview candidates; begin hiring and training process.</li> </ul>	Statewide Substance Abuse Coordinator	7-8	Job descriptions developed and approved; positions posted and candidates interviewed; hired and trained process started.

**Goal 5: Identify and address the unique service and placement needs of the Department's adolescent population.**

**Technical Assistance Needed: National Resource Center for Youth Development.**

Goal: Improve the Department's ability to address the unique service needs of adolescents			5
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Continue analysis of ways to better-serve the Child in Need of Service (CHINS) population.</li> </ul>	Mia Alvarado, Chief of Staff	1-3	Interview private foundation re: their research on innovative programming.
<ul style="list-style-type: none"> <li>Develop research questions to understand the experience of DSS youth involved through a CHINS petition.</li> </ul>	Mia Alvarado, Chief of Staff	6	Research questions developed.
<ul style="list-style-type: none"> <li>Obtain approval of research questions by CHINS project Steering Committee and the Courts.</li> </ul>	Mia Alvarado, Chief of Staff	6-7	Approval obtained.
<ul style="list-style-type: none"> <li>Explore funds to hire CHINS researcher for project.</li> </ul>	Mia Alvarado, Chief of Staff	8	Sources of funding explored.
<ul style="list-style-type: none"> <li>Engage a researcher to utilize research questionnaire for study.</li> </ul>	Mia Alvarado, Chief of Staff	2005	Researcher hired.
<ul style="list-style-type: none"> <li>Explore ways in which Family Group Conferencing might be adapted to address the issues in CHINS cases. FGC is currently in use in 14 of the DSS offices; some of these are utilizing the concept for the CHINS population.</li> </ul>	Neal Michaels	1-3	Explore with National Resource Center and expand implementation if the model is deemed appropriate for this population.
<ul style="list-style-type: none"> <li>Maintain a comprehensive approach to life skills training for youth in out-of-home placement.</li> </ul>	Maureen Messeder, IL Coordinator	1-3	Coordinate approach statewide.
<ul style="list-style-type: none"> <li>Based on recommendations from the Youth Advisory Board, recruit and train mentors for youth and facilitate matches with those who do not have family or a network of friends in the community.</li> </ul>	Maureen Messeder, IL Coordinator	3-4	Youths assigned mentors to assist with connections in the community for housing, employment, recreation, etc.
<ul style="list-style-type: none"> <li>Develop a Transitional Support Guide for agency staff, outreach workers and young adults leaving agency care. The guide will include helpful resources in each region of the state.</li> </ul>	Maureen Messeder, IL Coordinator	3-4	Distribution of the Transitional Support Guide to all area offices, all Outreach staff and young adults leaving agency care.
<ul style="list-style-type: none"> <li>Promote improved independent living service integration with service plan tasks by training Foster Care Review Unit staff on adolescent issues and available resources.</li> </ul>	Maureen Messeder, IL Coordinator	4-6	Training held with designated staff.
<ul style="list-style-type: none"> <li>Inform youth prior to discharge from care of independent living resources available to them, without regard to their custody status with the Department.</li> </ul>	Maureen Messeder, IL Coordinator	1-8	Staff are trained to inform youth of available resources and Outreach staff work with youth to inform them of their options regarding voluntary continuation in DSS care after age 18.
<ul style="list-style-type: none"> <li>Continue collaboration with other state agencies to provide summer jobs for youth throughout the state</li> </ul>	Maureen Messeder, IL Coordinator	6-7	Slots for youth obtained for Summer 2004 employment.
<ul style="list-style-type: none"> <li>Continue internship program to promote career-building skills and connections in the work world for foster youth.</li> </ul>	Maureen Messeder, IL Coordinator	6-7	Youth provided with internship opportunities.

<ul style="list-style-type: none"> <li>Develop a program to match youth and young adults in DSS care to jobs in professional trades and unions.</li> </ul>	Maureen Messeder, IL Coordinator	8	Youth matched with employers who will offer them jobs matching career interests.
<ul style="list-style-type: none"> <li>Work with community colleges to obtain support with community landlords in order to replicate the Bridge Street model for youth housing.</li> </ul>	Maureen Messeder, IL Coordinator	8	Meetings held with community college staff to solicit support.

**Goal 6: Improved legal and court processes will support and facilitate timely permanency for children.**

**Technical Assistance Needed: National Resource Center on Legal and Judicial Issues**

Goal: Improved legal and court processes will support and facilitate timely permanency for children.			6
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Continue discussions within SJC <u>Committee to Address Delays in Child Welfare</u> on ways in which judicial and legal resources can be used most effectively and efficiently to expedite permanency for children and implement agreed upon changes.</li> </ul>	General Counsel	1-8	Discussions are scheduled and held regularly.
<ul style="list-style-type: none"> <li>Collaborate with the Juvenile Court regarding continued use of recall judges (with Court Improvement funds) to supplement judicial resources in high demand areas and expedite trials.</li> </ul>	General Counsel	1-8	Discussions are held regarding impact and scheduling; trials expedited.
<ul style="list-style-type: none"> <li>Initiate a pilot in one DSS legal region to identify fathers and establish paternity, if needed, in newly filed care and protection cases within the first 12 months of filing the petition</li> </ul>	General Counsel	1-4	Pilot Initiated
<ul style="list-style-type: none"> <li>Evaluate the paternity pilot, make adjustments to the process if needed, and make recommendations for the resources that would be needed and the process that would be needed to expand the pilot process statewide.</li> </ul>	General Counsel	5-8	Written recommendation completed.
<ul style="list-style-type: none"> <li>Enter into agreement with the National Resource Center on Legal and Judicial Issues (NRC) for technical assistance on improving the quality of permanency hearings for children.</li> </ul>	General Counsel	1	Agreement reached and discussions commenced.
<ul style="list-style-type: none"> <li>Convene group including DSS, Court personnel and Committee on Public Counsel Services to meet with NRC representative to discuss conduct of permanency hearings, including any additional barriers to high quality permanency hearings not previously discussed and identified. Identify methods through which quality information can be presented to the court and evaluated by the parties and explore the roles of the participants in the permanency hearing.</li> </ul>	General Counsel	1-2	Members of the group are identified and meet with NRC representative.
<ul style="list-style-type: none"> <li>Convene a workgroup of stakeholders, including DSS, Court personnel and Committee for Public Counsel Services, to design a process to improve permanency hearings in cases where the plan of "alternative permanent plan" has been determined by the court</li> </ul>	General Counsel	5-6	Workgroup established
<ul style="list-style-type: none"> <li>With the stakeholder workgroup, develop a process to improve the quality of permanency hearings in cases where the court has determined the plan for the child will be "alternative permanent plan" and to initiate a pilot in at least on location in the state. The location(s) will be determined by the stakeholder workgroup.</li> </ul>	General Counsel	7-8	Process developed and at least one pilot initiated.

<ul style="list-style-type: none"> <li>Implement recommendations for improvement, including development of materials and training.</li> </ul>	General Counsel (and others depending on recommendations)	4-8	Recommendations implemented.
<ul style="list-style-type: none"> <li>Collaborate with Probate and Family Court to obtain lists of upcoming scheduled permanency hearings on an as-needed basis.</li> </ul>	General Counsel (and Regional Counsel as needed)	1-4	Discussions held and lists provided.
<ul style="list-style-type: none"> <li>Modify existing system at DSS to monitor the completion of permanency plans so they may be filed in court and provided to the parties no later than 30 days before the permanency hearing. In doing so, identify individuals responsible for monitoring and the filing of such plans, as well as the procedures for addressing delay.</li> </ul>	General Counsel (and Deputy Commissioner for Field Operations)	3-4	System revised.
<ul style="list-style-type: none"> <li>Train individuals responsible for monitoring system and (if different) addressing delays and implement system.</li> </ul>	General Counsel (and Deputy Commissioner for Field Operations)	3-4	Training provided and system implemented.

**Goal 7: Design and implement a continuous quality improvement system to monitor Program Improvement Plan achievements.**

**Technical Assistance Needed: National Resource Center for Organizational Improvement**

Goal: Design and implement a continuous quality improvement system to monitor Program Improvement Plan achievements.			7
ACTION STEP	PERSON RESPONSIBLE	QTR	EVALUATION METHOD
<ul style="list-style-type: none"> <li>Obtain agreement with the National Resource Center for Organizational Improvement to assist in design of system.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	1	Sign contract with National Resource Center
<ul style="list-style-type: none"> <li>Establish agency workgroup to work with the National Resource Center on design.</li> </ul>	PIP Steering Committee, Joan McGregor, Chair	2-3	Finalize group members; hold first mtg. Members to represent staff from all across DSS.
<ul style="list-style-type: none"> <li>Examine and revise as necessary current practice regarding quality reviews to ensure that they reflect PIP priorities. The Department currently uses a variety of approaches to case quality reviews: Clinical review Teams, Multi-Disciplinary Teams, Foster Care reviews &amp; Permanency Planning meetings.</li> </ul>	Statewide CQI Core Action Team (CAT)	2-4	Current practice is revised by team, as necessary.
<ul style="list-style-type: none"> <li>Determine composition of Area Continuous Quality Improvement Teams.</li> </ul>	Statewide CAT Mike MacCormack	3-4	Established Area Continuous Quality Improvement Teams.
<ul style="list-style-type: none"> <li>Develop quality assurance tools for utilization by CQI Teams.</li> </ul>	CAT Steering Committee Mike MacCormack	5-7	Tools developed and tested in field pilot.
<ul style="list-style-type: none"> <li>Hold Statewide CQI Forum to exchange information and share successes with CQI Teams.</li> </ul>	Statewide CAT Mike MacCormack	5	Forum held.
<ul style="list-style-type: none"> <li>Hold Quarterly CQI Team Leader Forums, building of the Statewide Forum, to continually exchange information and share success.</li> </ul>	Statewide CAT Mike MacCormack	6-7	Forum Scheduled for June 10, 2004
<ul style="list-style-type: none"> <li>Create CQI Steering Committee, including key stakeholders and partners, to review and inform statewide CQI efforts</li> </ul>	Statewide CAT Mike MacCormack	5	First Meeting held February 12, 2004
<ul style="list-style-type: none"> <li>Provide Area CQI Teams with technical assistance for building and sustaining successful CQI Processes and Teams.</li> </ul>	Statewide CAT Mike MacCormack	6-7	Area Teams receive onsite technical assistance
<ul style="list-style-type: none"> <li>Develop system and tools for CQI Reviews of cases for Area Offices to examine case practice</li> </ul>	Statewide CAT Mike MacCormack NRC, Organizational Improvement	6-8	CQI Review system and tools developed. Reviews conducted.
<ul style="list-style-type: none"> <li>Develop interview guidelines for families and collaterals.</li> </ul>	Statewide CAT Mike MacCormack	6-8	Interview guidelines developed and interviews conducted.
<ul style="list-style-type: none"> <li>Test CQI Case Review Tool statewide</li> </ul>	Mike MacCormack	7	Area Offices will use/test the tool for 3 months and provide feedback/recommendations.
<ul style="list-style-type: none"> <li>Implement a uniform Case Review Tool</li> </ul>	Mike MacCormack	8	Compile feedback and recommendations from Area Offices and present to Exec. Staff for decision around protocol.
<ul style="list-style-type: none"> <li>Develop Family Satisfaction Survey to determine impact of services on family issues and how families perceive DSS staff.</li> </ul>	Statewide CAT Mike MacCormack Manuela DaCosta	7-8	Survey developed and approved for implementation.
<ul style="list-style-type: none"> <li>Implement Family Satisfaction Survey in those</li> </ul>	Statewide CAT	7-8	Survey conducted and results

DSS Area Offices with Family Advocates on staff.	Mike MacCormack Manuela DaCosta		obtained.
<ul style="list-style-type: none"> <li>Begin integration of Family Advocates into Area CQI Team meetings to represent parental concerns and issues.</li> </ul>	Statewide CAT Mike MacCormack Manuela DaCosta	7-8	Family Advocates included in Area CQI Team meetings.
<ul style="list-style-type: none"> <li>Develop Performance Measure Reports to be piloted in the DSS Regional Offices.</li> </ul>	IT Unit Staff	1-2	Reports developed; staff trained to pilot reports.
<ul style="list-style-type: none"> <li>Expand pilot to all Area Offices.</li> </ul>	Regional and Area Staff	3-6	Reports available to all offices
<ul style="list-style-type: none"> <li>Run reports quarterly.</li> </ul>	IT Unit Staff	3-8	Reports successfully run.
<ul style="list-style-type: none"> <li>DSS Data Users Group established to improve the ability and understanding of data management, as well as improve the quality of data collection across the agency</li> </ul>	Ros Walter, Data Unit Mike MacCormack	6-7	User Group established, list-serve created, Information Sharing begins.

## GOALS FOR PROGRESS TOWARDS NATIONAL STANDARDS

### SAFETY

- **Children are first and foremost, protected from abuse and neglect.**
- **Children are safely maintained in their home whenever possible and appropriate.**

#### **Repeat Maltreatment**

National Standard for repeat maltreatment		6.1%
Massachusetts performance for 1999		8.4%
Massachusetts performance for 2000		11.9%
Massachusetts performance for 2001		11.4%
Status as of 12/31/02		10.7%
Status as of 3/31/03		N/A
Status as of 6/30/03		N/A
Status as of 9/30/03		N/A
Status as of 12/31/03		11.1%
Status as of 3/31/04		10.38%
Goal for PIP – Year One	<b>GOAL MET</b>	10.5%
Goal for PIP – Year Two	<b>REVISED</b>	<b>TBD</b>

#### **Rationale for Choice of Goal:**

Safety is the priority for all children. The Department will strive to achieve the national standard, set at the 75th percentile of performance for state's who submitted data on repeat maltreatment; however, recent data indicate that the Department's performance for this outcome is not moving in the direction of the national standard. In 2000, the rate of repeat maltreatment rose to 11.9% and in 2001, the rate was 11.4%. Therefore, the Department is only able to commit to achieve the minimal increment of improvement in this outcome area. A change in the Department's procedures for handling repeat protective reports (during FY 2000) may have had an impact on the rate of repeat maltreatment. Also, some of the repeat maltreatment reported may have occurred in a time period preceding the original report. The Department continues to analyze the increase reflected by the data.

#### **Rationale for Amended Year Two Goal:**

The Department saw increases in the rates of repeat maltreatment for 2000 and 2001, much of which may be attributed to the procedural change discussed above. In 2002 and the first quarter of 2003, the rates began to decline only to be followed by rising rates over the next three quarters. The Department has engaged in an effort to correct previously submitted NCANDS data files. The 1999-2002 NCANDS child files have been resubmitted following the discovery of an error in the selection logic used on the original submission. The Department continues to review the NCANDS data and is currently reviewing and exchanging data with the Children's Bureau; the Year 2 PIP goal will be renegotiated at the conclusion of this process.

#### **Supporting Activities:**

It is anticipated that the PIP activities outlined in Goals 1-3 (improvement in assessment, service planning and available service array) and Goal 4 (addressing substance abuse issues) will impact the numbers of cases experiencing repeat maltreatment. As outlined in Goal 1C, one of the DSS new

Teaming Initiatives is designed to target families with a high probability of repeat maltreatment, based on factors identified through CQI and Case Reviews. In addition, performance measure reports are being developed to present data on recurrence of maltreatment. Summary data is presented at the area, region and statewide levels and detailed data presented at the area level. DSS management staff utilize these quarterly reports to analyze locations across the state where repeat maltreatment is an issue which requires area-specific attention.

## **Incidence of Child Abuse & Neglect in Foster Care**

### **Incidence of Child Abuse & Neglect in Foster Care**

National Standard for Maltreatment in Foster Care		.57%
Massachusetts performance for 1999		1.15%
Massachusetts performance for 2000		1.22%
Massachusetts performance for 2001		1.39%
Status as of 12/31/02		1.46%
Status as of 3/31/03		N/A
Status as of 6/30/03		N/A
Status as of 9/30/03		N/A
Status as of 12/31/03		1.48%
Status as of 3/31/04		1.2%
Goal for PIP – Year One	<b>NOT MET</b>	1.06%
Goal for PIP – Year Two	<b>REVISED</b>	<b>TBD</b>

#### **Rationale for Choice of Goal:**

Safety is the first priority for all children, particularly those placed in out of home care through the Department. The Department will strive to achieve the national standard, set at the 75th percentile of performance for state's who submitted data on repeat maltreatment; however, recent data indicate that the Department's performance for this outcome is not improving. In 2000, the rate of maltreatment in foster care rose to 1.22% and in 2001, the rate increased to 1.39%.

#### **Rationale for Amended Year Two Goal:**

The Department believes that the increase in the rate of maltreatment in foster care is largely the result of corrections to the NCANDS data files. The 1999-2002 NCANDS child files have been resubmitted following the discovery of an error in the selection logic used on the original submission. The original submission logic failed to include some children who were involved in more than one intake, included in the same investigation, if the child's role (reported child/unreported child) or the screening decision differed on his intakes. The percentage of cases of children experiencing maltreatment in foster care has increased following this correction of the data. The Department continues to review the NCANDS data and is currently reviewing and exchanging data with the Children's Bureau; the Year 2 PIP goal will be renegotiated at the conclusion of this process.

While it is not acceptable for any child in the care/custody of the Department to experience maltreatment while in out-of-home placement, the high rate of reports may indicate a keen awareness of the need to report any possible incidents of maltreatment for further scrutiny and investigation by DSS. Massachusetts State law sets a low threshold for abuse and neglect reports, thus encouraging such reports as well as a greater likelihood of screening them in for investigation. In support of this high standard, Massachusetts DSS has created a centralized investigation unit that specializes in investigating reports of abuse or neglect in placement settings to ensure uniformity in

the manner in which these reports are handled and to eliminate the conflict of interest inherent in having the office that supervises the placement resource screen the reports or perform the investigations. Also, it is worth noting that since the Commonwealth has numerous residential facilities for children in need of treatment, a large number of children counted in the numerator of this measure (those reported as having experienced maltreatment in a Massachusetts foster care or residential setting) are not included in the denominator (those children in out of home placement and in the care or custody of DSS). This discrepancy impacts the Department's apparent performance on this outcome.

**Supporting Activities:**

The Department has developed performance measure reports to present data on maltreatment in foster care. Summary data is presented at the statewide level and can be derived for the region and area of the child's clinical case or the region and area supervising the Departmental foster family. DSS management staff utilize these quarterly reports to analyze locations across the state where maltreatment in foster care is an issue which requires area-specific attention. The Department continues to analyze the data on these reports to determine specific demographics of the children and families or facilities being reported. The Department has a number of activities aimed at analyzing and promoting child safety, particularly for children in out of home placement, as outlined in the amended Goal 1C. A number of the Teaming initiatives will focus on families where abuse/neglect are present. Recommendations from all of these initiatives may ultimately result in programmatic changes to support children in care. There are current policy change initiatives underway that will impact the Department's performance on this measure. Also, addressing systemic issues through improved assessment, service planning and individualized service array (PIP Goals 1, 2 and 3) should help to reduce the incidence of maltreatment in foster care.

**PERMANENCY**

- **Children have permanency and stability in their living situations.**
- **The continuity of family relationships and connections for children is preserved.**

**Foster Care Re-entries**

**Goals for Years One and Two Achieved – Met for at least two consecutive quarters as required by ACF Policy**

National Standard for Foster Care Re-entries		8.6%
Massachusetts performance for 1999		22%
Massachusetts performance for 2000		N/A
Massachusetts performance for 2001		19.9%
Status as of 12/31/02		12.4%
Status as of 3/31/03		9.9%
Status as of 6/30/03		10.7%
Status as of 9/30/03		11.7%
Status as of 12/31/03		11.4%
Status as of 3/31/04		11.9%
Goal for PIP- Year One	<b>GOAL MET</b>	18.9%
Goal for PIP- Year Two	<b>GOAL MET</b>	18.5%

**Rationale for Choice of Goal:**

The Department has undertaken a clean-up of a FamilyNet data element that reflects the child in placement's "home removal event". Rules for closing the home removal event have been clarified to more accurately reflect the child's movement in and out of placement. It is anticipated that this data clean-up will yield an improvement in the foster care re-entry rate. The Department is proposing the minimal increment for improvement but anticipates that actual improvement may be greater.

**Supporting Activities:**

The Department has developed performance measure reports to present data on foster care re-entry. Summary data is presented at the area, region and statewide levels and detailed data is presented at the area level. DSS management staff utilize these quarterly reports to analyze locations across the state where re-entry into foster care is an issue which requires area-specific attention. The Department continues to analyze the data on these reports to determine specific demographics of the children re-entering foster care. Improved assessment, service planning, provision of individualized services to children and families, utilization of kinship resources and an improvement in services for adolescents is anticipated to yield a decrease in the number of children re-entering foster care. Improving linkages with community-centered services should also support the child and family post-reunification.

### Placement Stability in the First Twelve Months

#### **Goals for Years One and Two Achieved – Met for at least two consecutive quarters as required by ACF Policy**

National Standard for Placement Stability in First 12 months		86.7%
Massachusetts performance for 1999		77%
Massachusetts performance for 2000		N/A
Massachusetts performance for 2001		73.2%
Status as of 12/31/02		76.2%
Status as of 3/31/02		76.6%
Status as of 6/30/03		76.1%
Status as of 9/30/03		75.5%
Status as of 12/31/03		76.9%
Status as of 3/31/04		77.2%
Goal for PIP –Year One	<b>GOAL MET</b>	74%
Goal for PIP –Year Two	<b>GOAL MET</b>	75.1%

**Rationale for Choice of Goal:**

Placement stability was seen as a strength in 91% of the cases reviewed on-site during the review. The Department is proposing modest improvement in this national standard. In FY 2001 the Department's compliance with this standard decreased due to data clean-up recently completed on the SACWIS system's Home Removal Event. The Department cleared up data on a number of cases, merging multiple home removal events for children, which may have resulted in more placements for some children within a specific home removal episode, negatively impacting the calculation of placement stability.

### Supporting Activities:

The Department has developed performance measure reports to present data on placement stability. Summary data is presented at the area, region and statewide levels and detailed data is presented at the area level. DSS management staff utilizes these quarterly reports to analyze locations across the state where stability in foster care placement is an issue which requires area-specific attention. The Department anticipates that its systemic improvements in assessments, service planning, service provision, availability of flexible services, continued use of kinship resources and family group conferencing will yield increased placement stability for children in foster care.

### Reunification Within Twelve Months

National Standard for Reunifications within 12 months	76.2%
Massachusetts performance for 1999	73%
Massachusetts performance for 2000	N/A
Massachusetts performance for 2001	71.9%
Status as of 12/31/02	68.7%
Status as of 3/31/03	67.3%
Status as of 6/30/03	65.8%
Status as of 9/30/03	66%
Status as of 12/31/03	67.1%
Status as of 3/31/04	66.9%
Goal for PIP – Year One	<b>NOT MET</b> 75.5%
Goal for PIP – Year Two	<b>Revised Goal</b> <b>67.1%</b>

### Rationale for Choice of Goal:

The Department's performance level in 1999 approached but did not meet the national standard of 76.2% for reunification of children with their parents or caretakers within 12 months; the Department originally proposed to increase its performance in this area by year two of the PIP to the national standard. However, in 2002, the Department implemented the federal definition of the "trial home visit" period which appears to have negatively impacted its performance for this outcome. As an example, if a child was returned home within seven months of the date of placement, and custody of the child remained with the Department, the Home Removal Episode would not close until six months have passed; that child will not appear to have been successfully reunified within 12 months, even though this is the case. Discussions have been held to suggest "backing out" the trial home visit periods for applicable children but it has been determined that activity would involve detailed and time-consuming programming.

The Department believes that the decrease in the rate of reunification within twelve months is largely the result of implementation of this trial home visit period. The percentage of cases of children returning home within twelve months of initial date of placement has fluctuated since 2002; DSS was at 66% on 9/30/03; 67.1% on 12/31/03 and 66.9% on 3/31/04. The Department has cleaned up records related to children's "home removal events" and as a result, the Department is proposing to use the 06/30/03 performance as a more accurate baseline and suggests a new goal for Year Two if the PIP of 67.1%. The Statewide CQI Steering Committee and local CQI teams have spent time and effort reviewing the Department's performance on this standard. See the attached "Synthesis of CQI Team Meetings on Reunification" for field feedback on this issue.

### Supporting Activities:

The Department has developed performance measure reports which present data on reunification of children in placement for 12 months or less. Summary data is presented at the area, region and statewide levels and detailed data is presented at the area level. DSS management staff utilize these quarterly reports to analyze locations across the state where this issue requires area-specific attention. As outlined in the attached paper "**Synthesis of CQI Team Meetings on Reunification**", the field has taken on a study of this outcome and proposes numerous action steps at the local level to attempt to improve the performance for this standard.

### Adoptions Within Twenty-Four Months

**Year One Goal has been. DSS is making progress towards achieving Goal for Year Two.**

National Standard for Adoptions within 24 months	32.0%
Massachusetts performance for 1999	11.2%
Massachusetts performance for 2000	16.1%
Massachusetts performance for 2001	19.3%
Status as of 12/31/02	22.5%
Status as of 3/31/03	20.7%
Status as of 6/30/03	21.2%
Status as of 9/30/03	22.4%
Status as of 12/31/03	21.2%
Status as of 3/31/04	22.4%
Goal for PIP – Year One	<b>GOAL MET</b> 20%
Goal for PIP – Year Two	22.2%

### Rational for Choice of Goal:

The Department anticipates significant improvement in performance on this national standard and proposes that 22.2% of children adopted in Massachusetts (as of year two of the PIP) will have been in care for less than 24 months from the time of latest removal from home. DSS is working with CB staff to review the methodology that DSS has used to calculate its success with this measure. Pending a review of this methodology, the Department will retain the original PIP goal for year two; this will bring the Department much closer to the national standard of 32%.

### Supporting Activities:

The Department has developed performance measure reports to present data on adoptions within 24 months of placement. Summary data is presented at the area, region and statewide levels and detailed data is presented at the area level. DSS management staff utilize these quarterly reports to analyze locations across the state where this issue requires area-specific attention. The Department continues to work to ensure that the data captured for the adoption of children accurately reflects their adoption finalization status in a timely manner. Also, the activities outlined in the PIP goals 4 (reduction in the time that it takes to achieve permanency) and 7 (improved legal and court processes to support and facilitate timely permanency for children) should contribute to improvement in the performance on this national standard and promote more timely adoptions for children.

**MASSACHUSETTS DEPARTMENT OF SOCIAL SERVICES**  
**Continuous Quality Improvement Statewide Forum: March 11, 2004**

**Synthesis of CQI Team Meetings on Reunification**

The notes below reflect a synthesis of the debrief exercise, in which each team responded to the following three key questions related to their data on reunification within 12 months:

- 1) What are the three most important messages your data are telling you?
- 2) What practices or activities in your office do you think are impacting these data?
- 3) What are three “next steps” you are planning when you return to your office in response?

The “Hypotheses/Issues” section below responds to questions one and two; “Next Steps” responds to question three. This document is not intended to include the unique responses of every individual office; instead it is intended to capture the key themes that emerged from multiple teams across the state.

*Hypotheses/Issues*

There were ten key themes that came across as hypotheses for why the trends over the past several years on reunification within 12 months look the way they do.

- ❖ Staffing: This includes issues related to caseload changes and staffing changes. The hypothesis is that higher caseloads for workers result in more crisis driven case management and fewer home visits. Additionally, the loss of specialty workers, such as diversion workers, was also thought to result in decreasing rates of reunification. Conversely, lower caseloads and more experienced managers were thought to result in improvements in timely reunification.
- ❖ Decreasing resources: This topic area includes changes in local resources, decreases in foster homes, general lack of available and appropriate services, waitlists, fragmentation of services, and time limits and timeliness of family-based services.
- ❖ Changing threshold for safety and reunification: When deaths occur or when there are high profile cases in specific areas, the threshold for returning children home changes, thus resulting in fewer reunifications.
- ❖ Latency age youth and adolescents: Many offices cite these age populations as presenting particular challenges for reunification, including the increased complexity of issues they face.
- ❖ Kinship care: Kinship care is thought to be different from unrelated placements and, as a result, is presumed to affect reunification. As kinship placements grow, reunification rates within 12 months seem to fall.
- ❖ Geographic area: Large geographic areas are cited by several offices as explanations for why frequent visits, which are connected to reunification, are difficult.

- ❖ Number and types of placements: There is thought to be a connection between the number of placements, particularly residential placements, and reunification. While it is difficult to determine which issue is driving which, it is clear that children and youth with multiple placements tend to remain in placement longer prior to reunification.
- ❖ Relationships between workers, foster parents, and birth parents: When relationships between the Department and parents are positive, reunification tends to be faster. This was illustrated by the Cape's effective reunification initiative, which focused strongly on developing positive relationships between workers and families. When the Department is tougher with parents or when providers (e.g. residential providers, hospitals) do not have the skills to work with parents effectively, reunification tends to take longer.
- ❖ Increased complexity of cases/families/issues: Offices continue to name increasing complexity of cases and families as a key issue affecting reunification rates. Children with mental health issues are more prevalent; there are higher rates of substance abuse; and those cases involving substance abuse and/or mental health issues require longer timeframes to consider reunification.
- ❖ Socioeconomic and racial/cultural factors: Poverty, domestic violence, cultural differences in parenting, and lack of insurance are all cited as additional challenges for reunification.

Note: Is 12 months the "right" amount of time for reunification? Although only one office raised this issue, it is worth noting. The office questions if 12 months is too short a timeframe to stabilize a family, change a goal, and achieve reunification.

#### *Next Steps*

Below is a summary of next steps identified by offices across the state. They are grouped into topic areas wherever possible, in order to identify similarities across the state.

- ❖ Review additional data: Virtually every office wants to review, explore, and understand data beyond what was examined at the meeting. Many want to drill down and look for trends and others want to look at different cuts and breakdowns of data. The most commonly mentioned data for future review includes:
  - ❖ Age
  - ❖ Gender
  - ❖ Language
  - ❖ ZIP code - distance between family and placement
  - ❖ City/town
  - ❖ Kinship care
  - ❖ Multiple placements/Past placements
  - ❖ Hospitalizations
  - ❖ Re-entry
  - ❖ Diversity issues
  - ❖ Legal status
  - ❖ Custody (especially CHINS vs. protective)
  - ❖ Service plan goals

- ❖ Domestic violence
  - ❖ Substance abuse
- ❖ Make changes in staffing / training: This topic area included next steps ranging from staff education to increasing cultural competence of staff. There are many plans to focus on teaming across units, developing more specialized staff, increasing the support provided to workers by supervisors and managers, using new assessment tools, increasing knowledge about domestic violence and substance abuse, and reducing workloads.
  - ❖ Conduct case reviews / meetings: Despite the number of meetings that are already conducted in area offices, most area offices identified a need to conduct either additional or more focused meetings and/or case reviews. This includes conducting case reviews of specific “types” of cases, conducting meetings focused on placement and reunification early and frequently, reviewing group care requests, and conducting supervisory reviews.
  - ❖ Get input from social workers/line staff: Offices recognize the importance of these discussions happening at all levels of the Department. Many offices discussed actively soliciting the input of social workers through surveys and focus groups, using the federal format to verify data with staff experiences and stakeholder interviews, keeping staff involved in the process, and making outcomes more relevant to social workers.
  - ❖ Implement strength-based approaches: There are a variety of strength-based approaches that are currently used by offices in this work. Some of these approaches are related specifically to the issue of reunification, while other approaches are focused more broadly on the entire CQI process. Many offices appear interested in the approach taken by the Cape Office: Appreciative Inquiry. This method of reviewing work and cases focuses on understanding successes and what we did right.
  - ❖ Improve relationships between and engagement with families: Many offices note the positive impact that relationships have on reunification. As a result, there are several strategies identified for improving and sustaining these positive relationships between families and workers:
    - ❖ Negotiate strength-based service plans directly with families
    - ❖ Use family group conferencing and MDATs
    - ❖ Look at fathers’ involvement
    - ❖ Improve the quality of visits
    - ❖ Set up meetings with parents to plan for reunification
    - ❖ Have families and youth develop tools in partnership with the Department
    - ❖ Have social workers ask families to come in and talk about what worked for them
  - ❖ More resources: Trying to identify additional resources for families was discussed, although not as much as expected. Specific resources for families that were mentioned as needed include parent aides, tracking, housing, flexible funds, wraparound services, respite, and adolescent services. Additionally, many offices addressed the need for improved timely access to family-based services without time limitations.

- ❖ Visitation: Visitation was singled out as a key factor for reunification. The issue of increasing the frequency of home visits for adolescents was addressed specifically.
- ❖ Courts: Partnering with the court system will certainly impact timely reunification. Several offices believe that using a diversion program, especially for adolescents and CHINS cases will decrease court custody for those youth who many not need to be in placement at all.
- ❖ Substance abuse/domestic violence/mental health: There is a great deal of work that needs to be done around expertise and skills in these areas. Offices would like to “steal shamelessly” from other offices and programs (Attleboro related to substance abuse and the CAP related to mental health), bring domestic violence expertise to the areas, and create some sort of tracking system for these issues.
- ❖ Define success related to reunification: Several offices also think it would be helpful to develop more clarity around what constitutes success in terms of reunification and what are the criteria for reuniting children. This clarity will ultimately help social workers understand when reunification is appropriate.

September 17, 2004

Lewis H. Spence, Commissioner  
Department of Social Services  
24 Farnsworth Street  
Boston, MA 02210

Dear Commissioner Spence:

In light of the significant quality improvement efforts underway in the Massachusetts Department of Social Services, we have been negotiating modifications to your Program Improvement Plan (PIP) of November 27, 2002. We are pleased to inform you that the requested amendments have been approved. I have signed two PIP amendment approval forms and enclosed them with this letter. Please sign both forms, keep one for your files, and return one (original) to my office.

We have completed a detailed analysis of your most recent quarterly PIP reports and are encouraged to see the significant progress that your Department has made in the ongoing implementation of action steps needed to achieve the systemic changes envisioned in the amended PIP. We are also delighted to confirm the achievement of the agreed-upon level of improvement associated with the national standards on maltreatment in foster care, placement stability, foster care re-entry, and adoption. The penalties associated with these standards will be rescinded when the State meets all PIP activities for these relevant outcomes. Finally, the Department's data show that the State has achieved the negotiated level of improvement for the national standards on recurrence of maltreatment and reunification. Once the Children's Bureau data team is able to validate these data, we will confirm whether or not the PIP goals for these two remaining standards are met.

I have enclosed the results of our analysis which I hope you will find useful in tracking the status of your efforts in regards to successful completion of the PIP by December 2, 2004.

We are pleased with your accomplishments to-date and look forward to working with you and your staff during this last quarter of PIP. Please feel free to call me or Veronica Melendez, of my staff, to assist you in your continued efforts to improve the Massachusetts' child and family services system.

Sincerely,

Hugh F. Galligan  
Regional Administrator

Enclosures

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Enclosures