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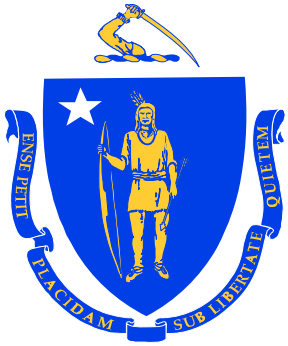
2007 Child and Family Services Review
Statewide Assessment



Harry Spence, Commissioner

May 2007

Massachusetts Department of Social Services
2007 Statewide Assessment
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Statewide Assessment Instrument

Section I – General Information

Name of State Agency
MASSACHUSETTS DEPARTMENT OF SOCIAL SERVICES
Period Under Review
Onsite Review Sample Period: April 1, 2006 – July 23, 2007 Period of AFCARS Data: FFY06B (4/1/06 – 9/30/06) Period of NCANDS Data (or other approved source; please specify if Alternative data source is used): (4/1/06 – 11/30/06)

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SECTION II

INTRODUCTION

INTRODUCTION TO CFSR SELF-ASSESSMENT

The Massachusetts' Department of Social Services is pleased to have the opportunity through the CFSR State Self-Assessment process to share the substantive and exciting efforts to enhance child welfare services in the Commonwealth since our last review in 2002. In September 2002, Commissioner Spence outlined *a "Three-Tiered Approach to Developing a Family-Centered Child Welfare Practice"* with a commitment to "fundamentally revising the nature of [the Department's] child welfare practice." During the past five years, we have engaged in an exciting re-visioning process with staff throughout the Department, our provider and community partners, as well as youth and families. This process has grounded the Department's review and reform of clinical, managerial and systemic practices throughout the agency. New statewide initiatives *(discussed in detail in the Systemic Factors Section of this Self-Assessment)* provide the framework through which the Department seeks to continually improve outcomes for children, youth and families.

Comprehensive systemic change leading to continually improving performance requires a clear vision implemented with passion, patience, and perseverance to bring about the cultural and organizational shifts that are necessary. Systemic change requires input, guidance, and monitoring by all key stakeholders. Systemic change requires time, time for re-visioning, time for professional development, and time to adjust the practices, processes and structures necessary to ensure that the change is institutionalized and sustainable. Creating this sustainable system transformation has been the primary focus of the Department since 2002.

Because of the evolutionary nature of our approach to practice change at the clinical, managerial and systemic levels, we have not been able to systematically link these changes to subsequent changes in child and family outcomes. While this may be viewed as a short coming of this Self-Assessment document, we believe that our approach to practice change will eventually become more embedded in the culture of the organization than would otherwise have been the case, and thus ultimately will result in more positive outcomes for the children and families we serve.

We have benefited greatly from the deep involvement of stakeholders during every phase of this process. The Department has actively sought out the expertise and perspectives of providers, other state agencies, youth and families during the visioning and design phases of our work. Their advice has been invaluable and to both the development of our purchased service system *Family Networks* and the development of our *Family Engagement* practice model. Each of these initiatives is a critical component of the Department's efforts to provide quality services that result in improved outcomes for children and families.

Involvement of key stakeholders in the design and development of our *Family Networks* purchased service system began in September 2002 with a workgroup comprised of DSS managers, provider agency Chief Executive Officers, and family advocacy group representatives. This workgroup provided the initial recommendations for designing, managing, and purchasing an integrated service system that uses purchased services funds to the greatest effect in achieving positive outcomes that promote the safety, permanency and well-being of children and families. This workgroup completed its work in the spring 2003.

In August 2003 the Department convened executive, clinical, and financial representatives from twenty-nine (29) residential provider agencies to identify the clinical, managerial, and network changes that would be required to better connect residential services to the community. An important component of the Department's vision to effectively maintain children at home and to prevent out-of-home placement is a reduced reliance on longer term residential treatment. The work with residential providers was vital to ensuring that the critical expertise they hold in providing services to children who have experienced serious emotional, behavioral, and mental health challenges is utilized most effectively in the system of care. Their advice on strategies for improving the transition of youth back to the community, for effectively engaging parents during the time the child is away from home, and for linking with community-based services was extremely helpful in our design process.

The next stage in development was the determination of decision-making roles and responsibilities that would be held respectively by the Department and the Lead Agencies. Again, the Department obtained input from other key stakeholders through a Recommendations Group, Provider Advisory group, a Family Advisory Council, and a DSS Advisory Council. Through these various groups the Department solicited input on roles and responsibilities from 64 provider and family representatives from February 2004 through May 2004.

The substantive input from these critical stakeholders is reflected throughout the RFR for Family Networks Lead Agencies (issued in 2005) and the RFR for Family Networks Provider Services (issued in 2006). As the Department continues with the development and implementation of *Family Networks*, we continue to actively engage key provider, community and family stakeholders through the monthly Provider Advisory Council (convened in May 2006), Family Advisory Council (convened in 2005) and a variety of other practice committees and workgroups. Membership of these ongoing groups has been provided in the Appendix to the Self-Assessment.

The Department received a grant from EOHHS to study the process of implementation of Family Networks. This study is designed to provide the Department, and others, with vital information on how the implementation of Family Networks has progressed and identify key learning (success stories and challenges) that may be shared with others. A Family Networks Implementation

Study Advisory Team comprised of DSS, provider and family representatives will begin meeting in June 2007 to advise the research team on the study framework, research strategies, methods, measures, and participants. This Advisory Team will be actively involved throughout the study and assist in interpreting findings and recommending strategies for disseminating the results.

Another key initiative fundamental to the Department's systemic change has been work on the *Family Engagement Model of Working with Families Right from the Start.* This effort began in February 2003 when DSS initiated the Intake and Assessment Policy project to determine whether policy and practice reflected the DSS Core Values and Mission, as well as current state and federal mandates. An agency-wide workgroup arranged for focus groups and surveys to obtain information from an estimated 250 individuals. These focus groups included parents who had (or were) receiving services from the Department, foster and adoptive parents, community leaders, adolescents who have been in DSS care, and professional representatives including mandated reporters. An April 2004 report of this project outlined specific recommendations for change from these groups.

The *Working with Families Right from the Start* initiative was the next step in our developmental process. In the first phase of the initiative, 89 individuals participated on a Design Team. Seven broadly representative working groups were convened each including DSS social workers, supervisors, area program managers, area directors, regional office staff, central office staff, parents and community partners. These workgroups met at least one full day each month from October 2004 through June 2005 to conduct research, gather information, and engage in group discussion and study that culminated in a report entitled "A Proposed Practice Model for Working with Families Right from the Start."

From October 2005 to March 2006 project members undertook a statewide *Listening and Learning Tour* to present the concept model and elicit feedback from staff, parents and community partners. Fifty-two (52) briefings were held that reached almost 2000 individuals.

Phase II of Working with Families Right from the Start further refined and developed the practice model through a 67 person Design Team, including some members from the initial design group, as well as new members to assist in the more detailed design work. The workgroups for this Team met at least one full day per month from January through September 2006. The outcome of this phase of the initiative was a report entitled *Overview of the Design for a New DSS Family Engagement Model."* The core elements outlined in this document address: 1) community connected practice; 2) "Teaming"; 3) Unified entry and initial engagement; 4) alternative pathways for those entering DSS service system; 5) improved practices for assessing safety and risk; 6) a new approach to assessing the family's ability to achieve safety, well-being and permanency; 7)

improved action planning; and, 7) approaches to sustained engagement, including work with DSS-involved youth over the age of 18.

Phase II also included the creation of an Advisory Board to provide support for the work of the Design Team and to be ambassadors for the model to other systems. The 29 person Advisory Board included DSS staff, parent partners, local and statewide service providers, and representatives of other state agencies.

Phase III of the "family engagement model" project is scheduled to begin in the summer 2007. A DSS Steering Committee has been convened to oversee and coordinate the project. In addition, a Design and Implementation Team, consisting of a core group of community, family and youth partners as well as DSS staff will meet monthly to integrate the work.

These two key initiatives have been supplemented and complemented by a variety of additional statewide and local projects, as well as professional development activities since our last review. Much of this effort is detailed in subsequent sections of the CFSR Self-Assessment and should provide both a substantive overview of the dynamic work DSS has diligently pursued for the past several years and how that work establishes a solid foundation for future child welfare practice. Our capacity as an agency to firmly establish the linkages between effective practice and positive outcomes for children and families will be substantially improved by the work toward systemic change that we have been committed to during the past five years.

SECTION III

SYSTEMIC FACTORS

Section III. – Systemic Factors

A. Statewide Information System

Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Performance

This was determined to be an area of strength in the prior CFSR.

The Department of Social Services (DSS) **Protective Intake Policy** provides the direction related to the collection of necessary demographic information including: the date and time of the report; the child(ren) and parent(s) or parent substitute(s): name; address, including apartment number, and telephone number; present whereabouts; date of birth (or estimate of age); sex, ethnicity; and preferred language; and any legal custody order pertaining to the child(ren). DSS's statewide information system, the mechanism for retaining this information is described fully below.

FamilyNet

DSS has operated a Statewide Child Welfare Information System (SACWIS), known as FamilyNet, since February 1998. The Administration for Children and Families has completed a SACWIS Assessment Review and in correspondence dated May 14, 2003 reported that the review team "found that FamilyNet is a comprehensive, highly automated system". FamilyNet fully meets all but one SACWIS requirement; the interface with the Title IV-D agency remaining the only outstanding issue.

FamilyNet is the system of record for DSS and maintains demographic data for all persons receiving services from DSS. It also retains a history of addresses for both children and adults involved with the agency and maintains a placement history for all children in out-of-home placement.

FamilyNet supports robust reporting functionality including on-line queries of the production database, batch reports, and a data warehouse. Reports are available in real-time (on-line queries) as well as weekly, monthly and quarterly (batch and data warehouse). Data are presented to end-users in ready-to-print formats and interactive spreadsheets. On-line queries are available to all field staff and are used to track case load, work reminders, court, fair hearing and foster care review schedules, child placement, and resource management. Spreadsheets created from batch reports are provided to managers and are used for financial management, case management trends, placement trends, resource licensing and service utilization. Reports from the data warehouse are used by the

Department's data group to generate statistical reports, used for tracking federal outcome measures as well as generating quarterly and annual reports that report current child abuse/neglect reporting and disposition levels, client and family resource demographics and placement characteristics including trend analysis.

Many statistical reports used by DSS staff include the ability to drill down or drill through to the data underlying the measure. This allows staff to explore the differences in practice that result in differences in performance. It also allows staff to validate the report output – resulting in more accurate reporting when problems are found with the report and prompting the field to explore practice issues when they can see that the problem is not with the report.

Reports needed to support the day-to-day work of the Department are available as on-line queries. These include reports like the Log of Consumers served, which provides a list of consumers receiving paid services by region/area/worker and type of service, the Pending Tickler report, which allows staff to obtain a list of work reminders (ticklers) for a staff person, unit or area office that are due within a stated date range or overdue or the Court Case Schedule report that provides a list of the court cases scheduled for a legal region, court or attorney. There are 57 on-line queries. In broad categories, 16 of these queries support resource management; 6 support legal case management; 12 support clinical case management; and 23 support financial management. Access to these real-time queries is not limited to staff within each category. Clinical staff can access relevant legal and financial reports; legal staff can access relevant clinical reports and so on.

Since the last CFSR, FamilyNet has been extended to the internet to support a collaboration between DSS, hospitals and placement services providers to help move children out of hospital settings when less a less intensive treatment setting is appropriate. This new functionality has highlighted a problem with documenting unpaid placements, including hospital settings and facilitated its resolution. The Non-Referral Location on-line query can be used by DSS Mental Health Specialists to ensure that psychiatric hospitalizations are recorded in a timely manner. If a foster parent tells a case worker that she has not been paid for a particular child, the worker can use the Referral Payments report to see what payments have been made to the provider for a particular child. Workers and supervisors can obtain printed lists of work reminders to determine what medical/dental appointments need to be scheduled, what service plans need to be renewed, etc.

Data necessary to ensure compliance and document trends are available through batch and warehouse reports. These are generally run monthly or quarterly. Batch reports are less widely available and are generally distributed or available to managers or administrative staff. These data are broken down by area, region and sometimes unit and worker. There are 131 active batch reports. Sometimes reports are combined to provide a comprehensive picture. For

instance, the Statistics of Home Visits report is provided to the field along with lists of the case members who were not seen during the target month as well as the case members for whom a visit has not yet been recorded for the subsequent month. This gives area office staff the ability to see how each unit and worker is complying with the goal of visiting each open case member monthly, while providing aids to analyze the instances when case members were not visited and to ensure timely data entry for the next round of reports.

At the time of the last CFSR, DSS developed a DataMart based upon a data warehouse and using Oracle Discoverer to recreate seven of the Outcome Measures. The DataMart has since been expanded to include the AuthoCosts report, which tracks all payments for DSS-licensed and unlicensed foster homes, contracted foster homes, family-based services and most congregate care placements. The AuthoCosts report is updated weekly and includes 3 years worth of financial and service data. Reports have also been added for placement cohort analysis, tracking trends in case openings and closings, analysis of foster care review findings, to support IV-E eligibility determinations and, most recently, to support the Family Networks initiative. All DataMart reports support drill-down to supporting data in warehouse tables.

Two reports relying on extensive use of MS Excel pivot tables were developed to analyze pre and post Family Networks service utilization. The first report shows the movement of children within the system over the course of a year, using charts that can be easily manipulated to filter for criteria like placement type, child demographics and geographic area. Amongst its many utilities the report will show how many moves were “lateral’ moves to a similar type of placement; how many were “step-down” moves to a less restrictive placement; and how many were “step-up” moves to something more intensive. A second report focuses on residential placement utilization.

The DSS Division of Quality Improvement and the Office of Management, Planning and Analysis have collaborated to create a CQI Data Book to support the use of data by DSS staff and CQI teams. The Data Book includes reports available through FamilyNet relevant to clinical practice, managerial practice and child welfare outcomes. These reports also include data from other sources including human resources (staff diversity and development) and reports of threats/injuries to DSS staff. Data are provided by region, area and statewide to enable inter-office comparisons. The Data Book will be updated quarterly to permit trend analysis. It includes 11 key indicators for Clinical Practice, 7 key indicators for Managerial Practice and 8 key indicators for Outcomes/Child Permanency. These reports are static and do not provide for drill-down source data, but do provide graphical representations of data to enhance discussion in a group setting. As most of the data are drawn from existing FamilyNet reports, offices will be able to easily delve further into questions raised by the Data Book.

The DSS IT unit also provides ad hoc reporting, which is available to all DSS offices on an as needed basis. Recent requests have included a report that lists all reports of abuse/neglect received for cases open in a region; counts of intake reporters by type of reporter for an area office; and a report showing all open consumers age 5 or under for an area office. These reports are being used for a variety of issues related to case practice.

DSS is increasingly using maps to display data. Mapped data is particularly effective when sharing data with community groups. One mapping project compared the availability of licensed foster homes to the children placed in foster care by area office. A range map showing the ratio of children in foster care to foster homes was a particularly effective way to identify those areas of the state most in need of new foster homes.

In late 2003 Massachusetts added address validation software to FamilyNet to help ensure the accuracy of family and placement addresses. Since the introduction of this software, on average, at least 82% of new and updated addresses have been validated. Around the time of the last CFSR review DSS implemented edits to ensure that demographic data is being added for open consumers and family resources. Since that time, Massachusetts' AFCARS submissions for Foster Care and Adoption have passed on the demographic data elements. A recent AFCARS review found no problems with either the demographic data for the placement population. Demographic data are lacking for individuals who are only open for the period of an intake screening or investigation. Although these data can be entered as part of an intake or investigation, no edits require this data entry.

Data regarding paid placements is generally very good as payment is predicated upon the placement being accurately recorded. Data regarding unpaid placements is not as accurate. Work needs to be done to improve this data entry in addition to the Mental Health Specialists more closely monitoring data entry of psychiatric hospitalizations. Another known area where case practice and data entry must be improved is activating guardianship and adoption subsidies. Data entry of legal status end-dates when custody is returned to parents or guardians is sometimes delayed and needs to be more closely monitored.

B. Case Review System

Item 25: Written Case Plan. Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

DSS Policy #97-003 guides all DSS Service Planning and Service Referral activities.

Performance

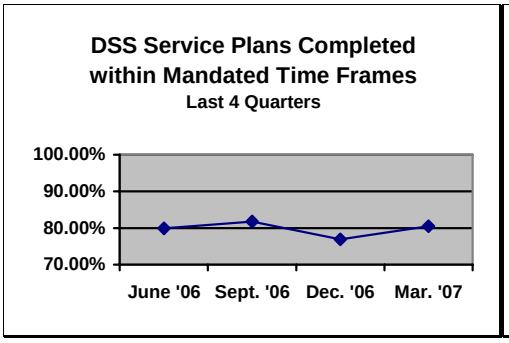
This was determined to be an Area Needing Improvement in the prior CFSR.

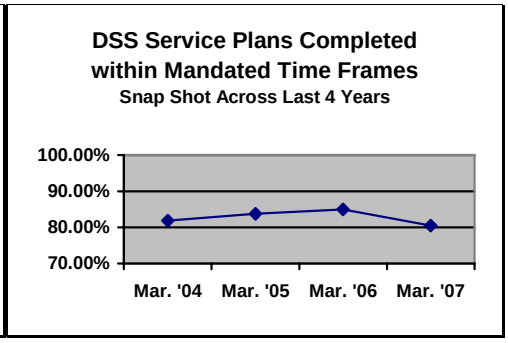
Service Planning

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

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

The Department monitors monthly its performance on completing service plans within the mandated timeframes. Case work reports are available to all staff and are used by supervisors and managers to monitor individual office performance. On a statewide basis, DSS completes approximately 80% of all service plans within the mandated timeframe. A Review the past four quarters as well as a snapshot over the past four years is provided below.





Family Engagement Model

The Department's 2001 Child and Family Services Review noted the Department's promising work in the area of Strength Based Service Planning. At the same time the Department was undertaking a number of initiatives, true to its Core Practice Values that were child drive, family centered, community focused, strength based, committed to cultural diversity/cultural competency and committed to continuous learning. It became clear that several of these initiatives and projects were essentially interrelated and focused on the Department's initial involvement with families, including, but not limited to, intake, assessment and service planning. A decision was made by DSS Senior staff in 2004 to join much of these efforts into a comprehensive Family Engagement Model.

The overriding objective of the work to date on the Family Engagement Model has been to improve family engagement because this is seen as key to achieving safety for children while supporting families. It is strategically designed to "front load" attention, support and resources for families, immediately matching the Department's response to the family's unique set of circumstances, competencies and needs. The model also reflects the Department's growing commitment to eliminating disproportionate representation of families and children of color in the system, which requires sustained attention across all design elements.

Essential Design Features

- Community connected practice, through partnerships forged by strong Area Director leadership and active Area Boards and Community Coalitions associated with every Area Office, linkages with state and community agency counterparts, outposting of staff and Patch sites, staffing for community resource development work and coordinated management of formal and informal community resource information.
- Expanded use of "teaming"—a specific work process in which a unit of social workers collaborates to address families' needs (in contrast to the traditional one-on-one caseload model) that has been shown to be effective, result in better decision-making and reduce worker isolation.
- Unified entry and strengthened initial engagement for linking each reported, referred or requesting family to appropriate resources within the community or DSS in a timely manner.
- Alternative (or differential) responses for those entering DSS that provide for safer children and strengthened families, as indicated by the child's assessed needs for safety, well-being and permanency:
  - Community Response: For linking those families who do not need services through DSS to appropriate community resources.
  - Protective Response: For situations in which a report of concern indicates that a child has been or is at risk of being seriously harmed.

- Support and Stabilization Response: For referrals to DSS, voluntary requests for DSS services and most situations involving a report of concern.

- Improved practices for assessing safety and risk that involve the family in a joint process of understanding the combined capacities of the community, individual and family to maintain child safety and that results in sound decisions based on research and clinical judgment.
- A new approach to assessing the family's ability to achieve safety, well-being and permanency for the child that gathers only that information necessary for the purpose at hand, while providing for continual updating to meet changing needs especially when a child enters DSS care or custody.
- Improved action planning—the process by which tasks and resources, building on family strengths, are identified are mobilized and described in a written plan, developed with the family, to address the child's needs for safety, well-being and permanency.
- Approaches to sustained engagement, including work with DSS-involved youth over age 18, who need extended support to become self-sustaining adults with life-long family connections.

While many details remain to be worked out during implementation, the Department is committed to measuring success using controlled evaluation designs wherever possible as well as feedback directly from families.

Item 26: Periodic Reviews. Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

DSS Policy # 86-009 Foster Care Review
Federal and state laws require that cases involving children in out-of-home placement be reviewed periodically and no less frequently than once every six months. Foster Care Review provides an opportunity for interested individuals to participate in a meeting focused on a review of: the appropriateness of the child's placement; individuals' participation and level of completion of tasks and progress toward achievement of behavioral indicators and outcomes identified in the service plan; progress made during the preceding six (6) months toward the goal identified in the service plan; and the date by when the goal will be achieved.

Performance

This was determined to be an area of strength in the prior CFSR.

Foster Care Review

The State ensures the timely review of the status of each child in care through an administrative review process. The Foster Care Review Unit, an independent unit within the Department of Social Services, is charged with selecting, scheduling and conducting reviews for all families with children in the Department's care or custody and living outside of their home. The review includes all family members, including siblings not in out of home placement. The Department's Foster Care Review policy clearly defines both the purpose and process for periodic reviews.

During FY 2006, the Foster Care Review Unit completed 11,608 reviews involving 13,330 children. Of those children, 10,553 were in care, 2,777 were at home, and 361 were on the run. Of the children in placement, the majority (97.5%) were found to be in appropriate settings. Case selection is fully automated through Family Net, with specific criteria that trigger initial reviews within 4 to 6 months of the child(ren) entering placement. Family Net sets a review cycle that identifies subsequent reviews every six months following the initial review. In only very rare cases is a child not selected for review, generally due to an error or delay in data entry. Foster Care Review managers work closely with area office staff to clarify what criteria triggers reviews, identify children not selected through the automated system, and minimize and correct those situations in a timely manner.

Policy requires that reviews "are scheduled and conducted at times which ensure, to the maximum extent possible, the participation of all invited parties". Participants must receive no less than 14 days notice of the review. This requires a high level of coordination involving Foster Care Review and Area Office staff. Every effort is made to include everyone involved with the family. Policy and regulation mandate that parents, children age 14 and older, foster parents, group care providers, and the child's attorney be invited to reviews. Family Net is programmed to automatically invite those parties. Additionally, the Foster Care Review Unit automatically invites parents' attorneys. The assigned social worker is responsible for identifying who else should be invited to the review. Potential invitees may, and often should, include probation officers, therapists, extended family, and school personnel. Reviews are usually scheduled in the area office responsible for providing services to the family. In cases where a parent is incarcerated, arrangements are made to hold the review at the corrections facility whenever possible. To ensure that parents and other key parties are given a chance to be heard, when their attendance is not possible, arrangements are made to include them through conference calls.

The Foster Care Review Unit completes between 90% and 96% of all reviews within the month they are due. Reviews are not completed within the month due to scheduling issues, the unavailability of the family, or cancellations (weather, emergencies, etc.) are completed as soon as possible, but no later than within the next two months.

Foster Care Review decisions, or “determinations”, are made by a review panel that includes the Foster Care Reviewer, who is an employee of the Foster Care Review Unit, a “Second Party”, who is a manager from the office where the review is being held, and a Community Volunteer. The Foster Care Reviewer is responsible for preparing for the review, facilitating the meeting, and recording the results. The manager on the panel is not involved in the case being reviewed, but is able to bring information and knowledge regarding the community as well area office practices to the process. The volunteer brings a fresh, unbiased perspective to the meeting. The panel members have an equal vote in the review determinations. Reports are sent to parents, children ages 14 and older, children’s attorneys, foster parents and social workers.

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

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

In making these determinations, the strengths and needs of the family and individuals within the family are considered. The child’s health, educational, social and behavioral needs, and how those needs are met, are key issues addressed in the process. The panel may make non-binding recommendations in support of the goals and objectives identified at the review. While they are non-binding, the panel at the subsequent review will explore if and how the recommendations were addressed.

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

The Foster Care Review Unit utilizes an Alert system designed to bring appropriate attention to issues, barriers or problems identified during a case review. Those issues are related to safety, permanence or well-being, and are generated in three categories: Priority, Administrative and Legal. Priority alerts generally address situations where risk to the child has been identified. Administrative alerts identify planning, progress, case management and technical issues. Legal alerts address issues requiring legal action. Alerts are sent either to the area director or regional counsel, who are expected to respond with what

action will take place to address the concern. Secondary alerts are sent to "specialty units" as a support to the area office. These specialty units may lend their expertise to address the identified issue. In addition to allowing the Department to identify and resolve problems or barriers that impact safety, permanence or well-being, the alert system tracks potential trends in case practice.

The Foster Care Review Unit collects data related to review participation, determinations and recommendations made at reviews, information related to a review of each child's medical passport, medical and dental care, and medical needs, systemic barriers, and alerts (issues and responses). Since the last CFSR, a DataMart management report has been created to track all of this information on a statewide, regional, area and individual basis. The data can be used to identify trends, strengths and areas needing improvement, and is being shared with management and staff more regularly than in the past. It may assist in identifying training needs for the agency.

Since the initial CFSR, the Foster Care Review Unit has revisited its purpose and re-evaluated its process. The PIP identified several activities in support of this re-evaluation. Those activities focused on improving practice and the review process, and increasing and enhancing participation by families. The Foster Care Review Unit established a Practice Committee, participation in which is entirely voluntary, to look at FCR practices. Nearly two-thirds of the Unit's staff participate regularly in committee meetings and activities. The committee has conducted surveys with staff and families and has invited review participants in to discuss their observations about the review process. A more strength based, family centered approach to reviews was piloted. While the Unit continues to work on improving or refining the approach, nearly 75% of the reviewers facilitate reviews in ways consistent with the approach, which enhances outcomes and enables family participation and input.

Item 27: Permanency Hearings. Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

DSS Permanency Planning Policy guides all practice related Permanency Hearings.

Permanency Hearings

State law provides for a permanency hearing within 12 months of the original commitment to DSS and not less frequently than every 12 months thereafter. (MG.L. c. 119, § 29B.) A Trial Court Rule was developed to implement the statutory requirement. (Uniform Rules for Permanency Hearings) In practice,

the Trial Court may regularly schedule the first permanency hearing at the time custody is transferred to DSS. Under the rule, notice is provided to all parties and DSS files a permanency hearing report 30 days prior to the hearing, or notifies the court that a permanency hearing is not required. Notice is accomplished either by providing DSS a list of scheduled permanency hearings 120 days prior to the hearing, or individual notices 60 days prior to the hearing. Parents and children have an opportunity to present objections to the permanency hearing report. At the hearing, the permanency plan for the child is reviewed, the parties have an opportunity to challenge the Department's proposed plan and the Court determines the permanent plan for the child. The Trial Court generally will schedule the next annual permanency hearing at the end of the hearing.

Performance

This was determined to be an area needing improvement in the prior CFSR.

DSS has its own monitoring system to determine when permanency hearings are due for each child in DSS custody. Through the use of FamilyNet data, DSS runs a monthly report of all children in placement, with key information, that provides a monitoring mechanism to assist with the timely scheduling of permanency hearings on an annual basis. The report is provided to the DSS legal managers in each region to utilize in comparing against lists and notices received from the court. The DSS legal and clinical staff has established procedures to obtain and file the permanency hearing reports.

As part of the prior PIP, the Commonwealth developed a pilot to have youth 16 and older attend their permanency hearings. The pilot began in the Lynn Court. Historically, in the Commonwealth, children rarely attended court hearings. The permanency hearing report was revised to put an emphasis on issues that advance a youth development approach. The hearings were rescheduled for the afternoon after school. The youth are provided an opportunity to present their own report or to talk directly to the judge. The first few cases were so successful that the Commonwealth began expanding to the other juvenile courts in Essex County and are planning the further expansion in four other courts. In June 2006, the practice was presented at Session 2 of the DSS statewide Breakthrough Series on Adolescent Permanency. In October 2006, the practice was presented at a statewide juvenile judge's conference and the Commonwealth began a plan to implement the practice statewide within 18 months. The Courts, DSS and the Committee for Public Counsel Services (CPCS) are actively working together on a statewide implementation. The Commonwealth hopes to complete full implementation by the end of 2008. This practice has also raised the awareness of the requirement that permanency hearings be conducted for Child in Need of Services cases (CHINS) as well as the care and protection cases.

In 2005, the Massachusetts Court Improvement reassessment was conducted. As part of the reassessment docket sheets for eight counties were reviewed to

obtain a statewide picture of adherence to the Juvenile Court time standards. The assessment found that overall 70% of the hearings reviewed occurred in a timely manner. It also showed that over the three years 2002-2004 the percentage increased from 64.8% to 76.6%. There were three counties well above the average at approximately 80% as well as two counties that were seriously below the average. As a result, there has been a reemphasis within the Department to more closely monitor the timeliness of the hearings, including making the reduction of overdue hearings a legal management performance goal. Two of the regions with the greatest number of overdue hearings, Southeast and Western, have significantly reduced their overdue cases within the past year. The Northeast has also been working over the past year to both ensure permanency hearings occur in all CHINS cases and reducing the number of overdue hearings.

The Central and Boston regions generally do very well in this area. This was born out in the CIP reassessment where Suffolk and Worcester were two of the counties exceeding the state average. One of the promising practices for the Central Region is to assign the permanency hearing to the judge who is assigned to the special trial assignment session. Another promising practice that the Boston and Central region historically used was to request to schedule the permanency hearings at 11 months rather than 12. That helps to assure if there is a slight delay due to illness or lack of court time, there is time to reschedule the permanency hearing without exceeding the timeframe. This practice is being adopted in other regions of the Commonwealth.

Overall one of the challenges for the Department since the last PIP was the significant reduction in legal staff. During SFY 2002 and 2003 the Department either laid off or did not replace a number of its legal staff. As a result, one of the legal managers from each region resumed a trial caseload and was not available to manage and monitor the timeliness of cases. In addition, adequate support staff is required to ensure that the permanency hearings reports are obtained and filed timely so the hearings can occur on time, as well as notice to foster/adoptive parents. Without the combination of adequate manages and support staff to monitor this process, the Department saw a rise in the number of overdue hearings, or hearings that were continued and were not rescheduled. In CY 2005, the juvenile court reported holding 6807 permanency hearings. That is an average of 567 hearings every month. The highest numbers were in Worcester, Hampden and Suffolk. In SFY 2006 and 2007, the Department began to replace the legal staff lost. This has provided several of the regions with the staffing capacity needed to reduce their number of overdue permanency hearings and to improve the timeliness of these hearings going forward.

Conducting permanency hearings on CHINS cases has also been a challenge. CHINS cases in the Commonwealth must appear before a judge every six months. In that context, the plan for the child, and the steps to achieve that plan, are a part of what is discussed at every hearing. Although not labeled a

"permanency hearing" the goal of permanency hearings are met. As stated above, the new practice of having youth 16 and older at their permanency hearings has provided an opportunity to jointly – the Courts, the Department, and CPCS – to remember the requirement of permanency hearings in CHINS cases and to conduct more meaningful hearings and having more meaningful plans for youth, especially for those who will not be returning to their parents.

Item 28: Termination of Parental Rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

The Commonwealth's law includes the requirements for proceeding with a termination of parents rights (TPR) where a child has been in foster care 15 of the last 22 months unless an exception applies In addition, the trial courts have established time standards so a child welfare case will be resolved between 12 and 15 months after filing. Those time standards are monitored by the administrative office of the Juvenile Court or Probate and Family Court as well as the Administrative Office of the Trial Court.

Performance

This was determined to be an area of strength in the prior CFSR.

At the time the ASFA requirements were incorporated into state law, the DSS established a policy and monitoring mechanism for DSS to hold a permanency planning conference on every child who had been in care for 15 of 22 months where a TPR is not already being pursued. The monitoring mechanism provides the list 3 months prior to the 15th month. The report is issued to each area office and includes any children who have been in care for 12 months or more where a TPR has not been initiated or where the agency has not found a compelling reason not to file a TPR. The DSS established four criteria for not filing a TPR. The Department holds permanency planning conferences prior to the 15th month to determine if a TPR should be filed or if a compelling reason exists. The conference and its outcome are documented in FamilyNet.

Two regions, the Western and Central regions, have begun holding permanency planning conference for any child in care at 9 months. This allows for meaningful discussion of the plan for the child well in advance of the first permanency hearing. It is the Department's intention to implement this practice statewide. Another practice utilized historically by the Boston region is to hold quarterly meetings of regional and area legal and clinical staff to review all children with a goal of adoption. This is an additional check on ensuring that barriers to completing the legal case and barriers to completing the adoption are identified and resolved. This practice has been adopted recently by the Metro region.

In the CIP reassessment, the average length of time from Care & Protection Petition filed to TPR filed and granted was 315 days. From 2002 to 2004, the average time reduced from 327 days to 288 days. This is well within the statutory timeframe. Although not all cases are resolved by the 15th month, on the average TPR cases are resolved (final order) within 16-17 months. The Commonwealth continues to be challenged in providing day to day trial time, rather than the "rolling trial" in which a case will be heard one or two days a month over several months. The one court that has shown a promising practice is in Worcester Juvenile Court where there is a dedicated trial session. This allows for multiple day trials with a dedicated judge. However, this is possible both because that court has more than one judge assigned to it and because the Department has had the capacity to dedicate two full time attorneys to those trials. In many of the Juvenile Courts there is only one judge sitting at the location. That judge is responsible for not only Care and Protection cases, but also CHINS and delinquencies. The difficulty with a one judge court is if a trial is scheduled and an emergency temporary custody needs to occur or a bail hearing, the trial will be delayed or postponed. The Juvenile Court in recent years has not had its full complement of judges. The Juvenile Court continues to utilize recall judges to help with backlog of trials or gaps in coverage due to resignations or retirements. However, the number of judges experienced in this area that can be utilized for recall is limited.

The appellate process in Massachusetts has historically prioritized child welfare appeals. The appellate courts continue to do so and there are not significant delays once the case is docketed. On the average the appeal can be resolved within a year. Recently the juvenile court has been able to utilize CIP funds to purchase some digital recording equipment in the hope of improving the quality and speed of transcript production. Also, this is an area where the Department again saw an impact because of the reduction of legal staff and the necessity of legal mangers to carry a case load. It is the Deputy Regional Counsel who is responsible for overseeing the movement of cases on appeals. In SFY 02, 03 and 04 the Deputy Regional Counsel carried cases and did not have the time to devote to ensuring timely movement of appeals. Nor were the trial attorneys able to pick up that oversight due to the high caseloads. With the hiring back of legal staff, the Deputy Regional Counsel in conjunction with the Deputy General Counsel are reviewing all cases on appeal to identify and resolve barriers at the trial level.

The Supreme Judicial Court on Child Welfare Delays continues to meet on a quarterly basis. This provides a mechanism for all the court involved stakeholders to meet and discuss barriers to the timely resolution of child welfare cases. In addition, the court improvement reassessment process brought together the stakeholders. Not only was the group involved in reviewing the reassessment, but it is continuing as the steering committee for the CIP. Members of the group attended the CIP conference in Baltimore together and began its work on developing the five year strategic plan. In addition,

Massachusetts was well represented at the Summit in Minnesota which brought together Child Welfare Administrators and the Chief Justices of the Courts. Representing Massachusetts were the Chief Justices of the SJC, the Trial Court and the Juvenile Court along with the Commissioner of DSS. Together they developed a plan to improve the timely resolution of court involved child welfare cases. Recently several of them traveled to a follow up conference in New York City. That plan, along with the CIP reassessment and the prior CFSR report form the basis for the five year strategic CIP plan. It is the intention of the steering committee to also utilize the results of the 2007 CFSR in its ongoing planning.

Massachusetts has a statewide permanency mediation program. This year the program focused on holding review sessions in each county to inform new practitioners of the program and to identify any barriers to utilization of the program. Following those presentation, the program saw an increase in the referrals to mediation. The program continues to be a success. Eighty cases were referred between July 2006 and March 2007. Funding for the program was slightly increased in SFY 2007 to allow for additional cases to be referred. There was concern that the established time standards may have a negative impact on referrals to mediation, but at least in SFY 2007 that has not born out.

Another promising practice is the triage program being piloted in the Western Region. This is another alternative dispute resolution process that is utilized when the care and protection case is first utilized. It is a collaborative effort between the Department - clinical and legal staff, the Court and the CPCS. Although not focused on TPR, it diverts cases to an alternative process thereby freeing up more court time for the TPR cases. The program has just received a two year evaluation study showing this to be a promising practice as an alternative court resolution process to contested litigation. Preliminary studies indicate the quality of the communication between and among the parties is greatly enhanced and more appropriate services are being accepted.

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

The process for providing notice on upcoming foster care reviews to foster parents, pre-adoptive parents, and relative caregivers of children in foster care was discussed under Periodic Review, Item 26. In addition, DSS Policy # 86-009 Foster Care Review, makes it clear that interested individuals such as foster parents, pre-adoptive parents, and relative caregivers are welcome to participate in this review.

Performance

This was determined to be an area of strength in the prior CFSR.

In response to ASFA, the Commonwealth amended its state law to provide the right of foster parents, pre-adoptive parents and relative caregivers to be provided with notice of and the right to be heard at both trials on the merits and permanency hearings. DSS provides notice the current caregiver for both the annual permanency hearing and the trial. The State Appeals Court held that the method a court should use to consider the information from a caregiver is to put them under oath to testify. Although caregivers are notified, they do not usually appear to be heard except in cases where they have been called as a witness by one of the parties or where they are the possible permanent placement for the child.

The formal notice is sent from the legal department. A template letter was developed in FamilyNet to facilitate the legal staff's requirement. The letter pre-populates with the current caregiver based on placement data in FamilyNet. This helps to ensure that as children's placement's change, there is not an additional burden on either the legal or clinical to ensure the correct caregiver receives notice. In addition, the social workers verbally inform current caregivers of upcoming court dates, including trials and permanency hearings. The Department has worked on developing a batch report that would automatically print and send notification letters to current caregivers for permanency hearings similar to that used by foster care review notices. The program needs further review and testing before it could be implemented.

The requirement of notice to current caregivers of permanency hearings and trials has been particularly challenging for the legal department. As previously stated, with the reduction in support staff and staff attorneys this requirement became more difficult to maintain. So although some regions were able to at least maintain the notice on permanency hearings, they were not able to always maintain notice of trials. Other regions did not have sufficient resources to do either and needed to rely on the social workers verbal notice to the current caregiver. With the rehiring of support staff, each of the regions is working on a plan to bring the Department into compliance with this requirement.

Although not a requirement, children's lawyer can also be a source of information to the current foster or pre-adoptive parents about the court process and notification of upcoming hearing dates.

If the caregiver does attend and wish to be heard, the Juvenile Court does have a mechanism that permits them to testify, or if no objection by any party, verbally report to the court. In some of the cases, the foster or pre-adoptive parents testify at the trial as a witness for the Department or the child.

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services. Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

Performance

This area was rated a strength in the prior CFSR. However, as noted below, the Department continued to enhance the standards for ensuring quality services.

Foster and Pre-Adoptive Care

The Family Resource Policy became effective and was implemented by the Department in February of 2006.The policy requires a multi-step process that the Department uses to assure the quality of its foster/ pre-adoptive family resources and incorporates standards to ensure that children placed with foster/ pre-adoptive families and in foster/ pre-adoptive homes are provided quality services that protect their safety and health. The Standards establish basic requirements regarding eligibility to apply as a foster/pre-adoptive parent; the physical characteristics of the home itself; the ability of the foster/pre-adoptive parent to meet the needs of children in the Department's care, and for the ultimate licensing of the family resource for the placement of children by the Department.

The policy also includes clearly defined practice guidelines to be followed by staff, which were specifically developed to capture, prioritize and address any safety and health issues and concerns for staff to ensure that these are evaluated and monitored on an ongoing basis to better protect children in foster/pre-adoptive care. The "Enhanced Safety Assessment Guidelines" and "Waivers for Placements of Children in Homes with Presumptively Disqualifying Dog Breeds and Other Potentially Dangerous Pets/Animals" supports the Department's efforts in this regard.

Prior to the implementation of the Family Resource Policy, during FY 2005, the Department rebuilt the staffing capacity needed to appropriately oversee and manage the foster care/pre-adoptive care program. In the rebuilding process, the Central Office Foster Care and Adoption Support Services Unit is now staffed with a full-time Director in addition to a full-time Foster Care Specialist, the latter having a focus on CQI for family resource practice, two Foster Care Managers, each assuming responsibility for routine monitoring of family resource policy compliance – CORI, licensing, etc. – for three regions respectively. These managers also provide technical assistance and support to field staff on improvements to family resource practice. There are already routine monthly meetings between Central Office, Regional, and Area Family Resource Staff during which the compliance reports are reviewed and discussed and where the family resource experts can share best practices. Foster Care and Adoption staff from Central Office meet regularly with Regional and Area staff to review reports and the family resource reports are sorted and distributed to the family resource

field staff and managers on a monthly basis. Central Office Family Resource Staff have trained regional and area staff in utilization of the reports and continue to meet regularly to review recommendations regarding enhancements to the Department's Information System, namely FamilyNet, and compliance reports. Central, Regional and Area staff are utilizing the family resource reports both to assure compliance with safety and health standards.

The key collaborators on this item, the Central Office Foster Care Support Staff and two on-going foster care advisory committees -the Family Resource Information Committee, comprised of representatives from each Regional Office, and the Family Resource Advisory Committee comprised of Family Resource Supervisors representing their Area and Region, are attentive to identifying and prioritizing recommended improvements to the family resource functionality in FamilyNet. As the 'system of record', FamilyNet data and its reports will always be the source for testing compliance.

In addition, the Department has hired six Regional Clinical Directors, one in each regional office, whose role includes assisting the field with quality improvement and oversight of clinical practice. The Central Office Foster Care and Adoption Support Services unit will continue to work with regional and area office staff to assure the completion of family resource tasks in a timely manner. (Perhaps the Department's greatest strength was clearly exhibited in the release and implementation of the Family Resource Policy as of February 2006)

Congregate Care

The re-procurement of congregate care services in 2006 provided the opportunity to incorporate performance standards related to safety, permanency and well-being into the new contracts. The standards are designed to promote practices in placement settings that will reduce incidents that may result in child injury, that will shorten the period of time that a child is away from his / her family or community, and to promote positive youth development. The Department has also developed a standardized set of clinical forms for documentation of a strengths/needs assessment, treatment plan, treatment progress review and critical incidents that will be used by all providers beginning in 2007. The forms are completed in a web based application, and contain data fields that will permit regular analysis and reporting of each provider's performance against the standards. All providers are required by contract to complete the documentation in this application. It is the first time that all providers will provide this information in a standard format. The system was developed over the past two years and is being implemented statewide during the last quarter of FY'07. The Department will begin performance reporting during the second quarter of FY'08.

DSS provides oversight to congregate care programs in a number of different ways, including:

- Introductory Visit: This visit to programs new to the DSS system focuses on viewing the physical site, assessing the extent to which the program

is ready to provide services in compliance with the DSS contract and standards, and gathering information for the resource directory.

- Desk Audit: This review of the functioning and performance of a program is based on written materials supplied by the Family Net System, collateral contacts, staff within DSS (Special Investigation Unit, Foster Care Reviews, etc., other agencies such as the Department of Early Education and Child Care (EEC) and the program itself.
- Issue Specific Follow Up: The Integrated Services Unit reviews abuse and neglect reports as well as complaints received from the field, the public, or other agencies. Where necessary, Integrated Planners work with the program to develop corrective action plans.
- Site Evaluation: This is a complete review of the program, including the desk audit described above, along with an on-site review of the program. This evaluation typically includes interviews with administration staff, line staff and residents, as well as record reviews. An exit interview is held. Results of the evaluation are written into a report shared with the provider including any recommended or required changes and corrective action.

Of the approximately 280 congregate care program sites contracted with DSS, DSS Integrated Planners participate in the activities described above for approximately 1/3 of the programs in any given year with approximately 5 to 10% of these resulting in full site evaluations.

In addition, several other systems help to ensure that DSS remains aware of the current functioning level of programs.

- All programs in which DSS children are placed are visited at least monthly by the DSS social worker responsible for the child. Any programmatic concerns are reported to the Area Resource Coordinator who forwards the information to the contract manager.
- A foster care review is conducted on all children in placement in order to determine, among other things, whether the placement provider is complying with the services plan. The Foster Care Review Unit issues alerts to the Area Director and the contract manager in cases where this is not happening.
- All programs must file an annual Uniform Financial Report. The Operational Services Division notifies DSS of any program not filing on time or filing a report demonstrating a “going concern”.

The DSS Integrated Planning Unit staff work closely with Program Quality Assessment staff from the Department of Education (DOE), the agency charged with approving residential schools, as well as with licensing staff from EEC, the agency charged with licensing congregate care programs. Where appropriate, DSS joins with DOE and/or EEC to conduct joint meetings/reviews with providers. DSS, DOE, and EEC staff communicate regularly regarding the approval and licensing status of programs. In addition, the three agencies hold

quarterly meetings to address statewide issues, to establish common approaches to problems and to share information.

Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

Rated an area needing improvement in the prior CFSR, current Continuous Quality Improvement initiatives build upon prior efforts to actively engage DSS Central, Regional, and Area Office staff in activities that promote a greater understanding of practices and policies that improve the quality of services to children and families.

Each of the 29 Area Offices maintains a CQI Team that includes not only Area Office Staff but representatives from local communities, district attorneys, and other state agencies. These teams have identified and conducted hundreds of focused reviews and activities to promote quality practices within their Area Offices over the past 5 years. Only a few of these activities have been highlighted in Section III of this report.

CQI structures and activities were grounded in a conceptual framework that emphasizes CQI as both a management philosophy and a set of methods and tools used to improve an organization's operations and services. In the spring of 2006, a new phase of CQI development was outlined. An important component of this phase of CQI development is the commitment to include families, providers, and community partners in the Department's CQI processes. Continuous Quality Improvement initiatives have been undertaken in a spirit of collaboration in the design and implementation, with an explicit goal of promoting the development of a learning culture within the organization.

CQI Development/Enhancement in the Area Offices

Six Area Offices have been selected as CQI Pilot sites. These Areas have begun to build a comprehensive continuous quality improvement framework within their offices.

- Each of the offices received additional technical assistance and support from the Central Office CQI Unit as they further develop their Area Office CQI Teams.
- Other training opportunities have been made available to each of these six Area Offices to promote learning on key practice areas (e.g., family engagement) and skill development (e.g., facilitation).
- The six CQI Pilot sites will be the initial Area Offices to participate in a Quality Service Review process.

The Area Directors and selected Area Program Managers from each of the six pilot sites, as well as an additional six Area Offices, are participating in a 6 month CQI Leadership program described below.

Quality Services Review

The Department engaged Human Systems & Outcomes, Inc. to assist in the development a Quality Service Review process and protocols for DSS. Quality Service Review (QSR) is a process that focuses on practice and its results. It provides a structured methodology to find out how children and families are benefiting from services received and how well locally coordinated services are working. The QSR is connected directly to DSS core values, models of practice, measures of desired results, and outcomes for children and families.

The focus of a Quality Service Review is local. QSR Teams are comprised of peers from Regional and Area Offices, and include Area Program Managers, Social Workers, Regional Clinical Managers, Area Directors, as well as community partners. The individuals participating on the QSR Teams bring a variety of perspectives, but have substantive experience in child welfare and good communication skills. All Review Team Members receive training on the principles underlying the QSR Process, the review protocols, conducting interviews in the spirit of "appreciative inquiry" and facilitating learning dialogues with the Area Offices.

The QSR process includes case record reviews and interviews with family members, social workers and others involved in the family team. Fifteen random families will be reviewed in each area office. The results of the QSR are shared in "grand rounds" learning dialogues with key stakeholders in each of the Area Offices. As the QSR process is fully implemented we will be adding "Learning Forums" regionally and statewide to share observations of best practice and practice challenges that have been identified during the Reviews.

QSR Development and Current Status

- A Design Team including representatives from DSS Central, Regional and Area Offices, as well as provider agencies was convened in July, 2006 and has guided the development of the Review Protocols, as well as training and implementation plans. This QSR Design Team will continue as an advisory group to assist in monitoring the QSR process as it is implemented across the state.
- A presentation on the goals and process for QSR was provided to Statewide Managers in August, 2006 and to the Provider Advisory Council in October, 2006.
- QSR Teams were selected for each Region in November, 2006.
- Final QSR Protocols were completed December, 2006.
- A half-day Orientation, and two days of Training were provided to approximately 65 QSR Team members during January, 2007.

- Quality Service Reviews will be completed by May, 2007 in each of the 6 CQI Pilot Area Offices. It is anticipated that as a result of these reviews in the 6 Area Offices the Department will have completed 90 case reviews and conducted approximately 350 interviews with families, youth, social workers, and provider staff.

QSR Next Steps

- Once the initial round of reviews is completed, the QSR Team members will participate in a de-briefing to provide their observations and any recommendations regarding the review process and the protocols.
- The QSR Design Team will reconvene to consider what changes may need to be made to the process, the protocols, or training materials.
- The next 6 Area Offices will be scheduled for reviews during the early Fall, 2007. By the end of calendar year 2007, we anticipate that we will have completed an additional 6 Area Offices, bringing the total of cases reviewed through the QSR process to 180, and conducted 700 interviews with families and providers on the quality of practice in those cases.

CQI Leadership Program

The CQI Leadership Program was developed to provide an opportunity for key managers from twelve DSS Area Offices (the 6 current CQI Pilot sites and the 6 Area Offices expected to be the next group of CQI Offices) to enable leaders to further develop skills in leading complex systems during times of transition. Area Directors and Area Program Managers from each of the 12 Area Offices are engaged in interactive professional development with Bill Kahn, Professor of Organizational Development at the BU School of Management, Bill Deveney and Jan Nisenbaum, DSS CQI Division. The CQI Leadership Program is designed to enable Area DSS leaders to create organizational cultures that have three dimensions crucial to the success of CQI efforts. The three dimensions are:

- Cultures focused on managing practices for quality outcomes.
- Supervisory cultures, in which leaders are able to assume roles of coaches and facilitators, as well as managers, and develop others' capacities through delegation, authorization, support, and accountability.
- Cultures in which leaders and staff are less focused on crisis management and more focused on learning, thus enabling people to continue to develop systems and practices leading to quality outcomes.

Current Status

The CQI Leadership Program began in January, 2007 and will conclude in June. During the first and last sessions, Area Directors and Area Program Managers meet together. These two combined sessions provide opportunities for participants to establish a common foundation for work in subsequent sessions and then to share insights that they gained. Four additional sessions during which ADs and APMs meet separately are

designed to explore organizational development strategies and leadership skills from their distinct roles within the agency.

Next Steps
It is anticipated that Area Directors and Area Program Managers from the remaining Area Offices will have the opportunity to participate in the CQI Leadership Program between September, 2007 and June, 2008.

CQI Data Book

The CQI Data Book has been developed to provide DSS managers and CQI Teams information to support their exploration and understanding of key indicators and outcomes related to clinical, managerial and systemic practices. The CQI Data Books (1st quarter FY07) were distributed in February, 2007 and provide Area, Regional, and Statewide data on approximately 30 indicators.

The CQI Data Book will provide a foundation for further learning throughout DSS on how data should be used in a learning organization, strategies for promoting reflective practice by exploring quantitative measures, as well as using both quantitative and qualitative analysis to improve outcomes for children and families.

The Central Office CQI Unit will be available to provide technical assistance and support to Area and Regional Offices who are interested in more deeply understanding the information contained in the CQI Data Book.

CQI Learning Forums

Learning Forums are being organized to provide an opportunity to integrate qualitative and quantitative data from multiple sources into a shared understanding that leads to learning, expansion of effective practices, and identification of clinical, managerial, or systemic practices that require additional attention.

Learning Forums for the initial CQI pilot sites are planned for September, 2007. Over the Spring and Summer, the Central Office CQI Division will provide technical assistance to each of the Area Offices to integrate and understand data from the CQI Data Books, Quality Service Reviews, as well as other information from Area Office specific initiatives. The Area Offices will work with the Regional Office to further their shared learning and identify major themes. The Learning Forums during September will include Area, Regional and Central Office staff and will result in an Area Office strategic plan.

The results of the Learning Forums will be disseminated statewide to ensure that promising practices, practice challenges and strategies are shared across the state.

Purpose/Goals:

- To integrate qualitative and quantitative data from multiple sources into a shared understanding that leads to learning, expansion of effective practices, and identification of clinical, managerial or systemic practices that require additional attention.
- To develop shared strategies to improve DSS child welfare practices and child and family outcomes.
- To ensure that new initiatives (e.g., Family Engagement Model) are informed by and integrated into a shared learning process.
- To identify and agree on supports and resources needed from Regional and Central Office to achieve improved practice and outcomes in each Area Office.
- To share knowledge gained from each Learning Forum throughout the Department and with other key stakeholders

Guiding Principles:

- Learning Forums require multiple perspectives (AO,RO,CO) to develop a shared understanding and learning
- Learning Forums are conducted in a spirit of disciplined curiosity and exploration, rather than blaming
- Learning Forums focus on strengths, challenges, strategies, resources needed
- Learning Forums are an opportunity for shared diagnostic of what works well and where improvement would be beneficial
- Learning Forums require the freedom to speculate and to brainstorm
- Learning Forums require the freedom to challenge assumptions
- Learning Forums lead to a consensus on a strategic plan which will include benchmarks and targeted goals

Structure:

- Central Office CQI Division will assist Area Offices in understanding/ integrating information from the multiple sources of data.
- Area and Regional Offices will then meet to further their shared learning, identify major themes, areas of strength, and target areas requiring additional focus.
- CQI Learning Forum will be scheduled and include Area, Regional and Central Office staff. Exploration of the themes, strengths, and target areas of focus will provide the framework for development of shared learning and strategies for improving identified areas of practice or outcomes.
- Shared learnings and strategies will provide the basis for a two-year strategic plan to be developed by the Area, in conjunction with the Regional Office.

- Results of the Learning Forums will be disseminated statewide to support broader transfer of knowledge.

D. Staff and Provider Training

Item 32: Initial Staff Training. Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

Initial Staff Training

Although this area was rated a strength in the prior CFSR, over the past three fiscal years, the MCWI has made considerable progress in advancing the professional development objectives for child welfare in the Commonwealth. The creativity and innovation in the design and implementation of important training programs for DSS staff, families and providers has formed the foundation for continued expansion in fiscal year 2007.

The Department's policy regarding initial staff training covers four job functions: 1. Newly hired direct service social workers are required to attend Core Competency Training; 2. Staff who conduct child abuse and neglect investigations are required to attend Investigations Training; 3. Newly hired child welfare supervisors are required to attend Core Supervisors Training; and 4. Newly hired area program managers are required to attend Core Manager Training.

Core Competency Training for New Social Workers

Core competency training for new social workers is currently designed to include initial training components and follow-up training. The initial training that is required for all newly hired direct service social workers currently consists of sixteen days (120 hours) of interactive classroom instruction and four days (30 hours) of On-the-Job training in the first month of employment. Training is delivered by both DSS staff as well as specialists within the Department and leaders in the field. The training topics serve as the foundation to prepare staff for their entry into the field and focus both on the child welfare practices that preserve and support intact families through effective planning and service provision, and practices oriented towards achieving permanency for children in placement. The classroom sessions take place at the DSS central office. All newly hired social workers must attend initial core training prior to being assigned cases.

The required follow-up components to the initial core training include one day (7.5 hours) of training called "New Worker Follow-up" at three months of

employment, and two days (14 hours) of Core legal training at six months of employment.

This competency based program for newly hired social workers combines to include 142.5 hours of classroom training during a social worker's first six months of employment and 30 hours of formal On-the-Job training.

The core new worker training series is the largest professional development program run by the Department, both in terms of logistics and the actual number of training days per year (192 days for Initial Core, 12 days for 3-month follow-up and 12 days for 6-month follow-up equals 216 full days of training per year—or 1620 hours). Initial Core training for newly hired staff is run on a monthly cycle, 12 months per year and averages approximately 21 participants per class. Over the past three fiscal years, the Department has trained over 760 new social workers (220 in FY2004, 319 in FY2005, and 229 in FY2006) and projects to train an additional 220 new social workers by the end of the current fiscal year. The Core 3-month follow-up session runs on a monthly basis and included 30 participants in two pilot sessions in FY2005. In FY2006, 167 new workers participated in this follow-up day of training. The Department projects to finish this current fiscal year having had 190 participants (86% participation rate) attend this follow-up training session. The Core 6-month legal training was initiated in the current fiscal year and has had 69 participants to date.

Using attendance as a measure of effectiveness, the Department's initial core training achieves full participation. The structure of the training which runs on a monthly basis and each newly hired staff member is sent directly to centralized training before entering their local area office insures full attendance. Furthermore, human resource protocols are explicit in instructing the hiring managers about the requirement for all new staff to complete initial core training prior to case assignment.

The follow-up training sessions, by comparison, are relatively new and have lower attendance rates (although still close to 70% for 3-month in FY2006). The increase in attendance for the 3 month follow up training that is projected for FY2007 may reflect a greater awareness of the mandatory nature of this component of new worker training. Individual training sessions are also evaluated using participant surveys and comments.

The Department currently utilizes a computerized Learning Management System (Pathlore Application) to track the registrations and attendance of staff training, electronically confirm registrations, and to run basic statistical reports used for program monitoring, assessing training needs, informing marketing strategies and generate staff training transcripts. The DSS training unit maintains attendance records for all Core training participants and shares this information at the end of each week with local area offices. New staff are given a certificate

of completion at the end of their sixteen days of classroom training and they are then return to their area offices for case assignment.

In July 2007, the Department will be transitioning to a Web-based Learning Management System called the Meridian Knowledge Center 5.2. This innovative technology will give DSS staff immediate, web-based access to training information, on-line registration, individualize professional development plans, resources and literature to support their classroom learning and eventually the ability to participate in on-line, real time workshops.

Although the Department has not made significant structural or policy changes to the core competency training for new social workers since the implementation of the PIP, specific steps have been taken to improve the content and learning experience for staff. Several of these enhancements are responsive to concerns expressed by stakeholders during the first CFSR. For nearly 20 years, the Department has required newly hired staff to complete core training before entering the field. This long history of content development, instructional design and attention to worker competencies provides an exceptional platform on which to build improved training programs. Starting with an appreciation for the components of core training that are state of the art, the Department embarked on a process of curriculum review and revision. This process was initiated in the spring of 2005. So far, the curriculum for foundational child welfare practice trainings has been edited to better reflect innovations and evidence based practice. These changes have been framed with appreciation of adult learning theory and focus on values, knowledge and skills of family-centered practice. Building on essential assessment skills, the Department's core training program promotes a formal strengths based approach to developing effective action plans with families. The primacy of relationship building in effective child welfare interventions is reinforced further through specific attention to the dynamics of culture and diversity.

Core new worker follow-up training at both three months and six months of employment serves to reinforce relationship building skills in social work practice while also providing a greater perspective on essential case management and service provision functions. The three month follow-up training was added to the core new worker requirement in the spring of 2005 and directly improves the quality of training for new staff. The six month follow-up training was initiated in the fall of 2006 and focuses directly on the social worker's interaction with the court system.

Currently, the Department is actively engaged in revising the Core new worker training. The effort underway includes a new structure for the program which will expand the number of classroom training days while also substantially increasing the number of On-the-Job training days required for completion of the program. It is the expectation that the Department will develop this new worker training series into a formal child welfare certification program.

The Core new worker training program has set the standard of quality for all other professional development efforts initiated by the Department. The many years of experience and constant improvements to the curriculum, content, and teaching methods has attracted and retained highly skilled and effective trainers from within the agency and from external child welfare trainers. This commitment to quality has resulted in an excellent new worker training program, but one that can still be improved upon through creativity, collaboration, and access to sufficient resources.

As the Department moves forward with revisions to the core new worker training, there are a number of barriers that must be negotiated. The Department needs to continue to train newly hired staff in an uninterrupted manner while simultaneously designing and implementing a new training model. Also, a revised Core training program will likely increase the On-the-Job training responsibilities for area office managers and supervisors. This shift in perspective places much greater emphasis on the role of supervisors as teachers for new staff. The overt expectation that supervisors will train new staff in the field must be met with structured training specifically for agency supervisors.

There are many barriers to designing and implementing a new approach to training new staff. A new schedule must be designed to accommodate the same number of participants and respect case assignment guidelines. The curriculum development process will require a clear description of child welfare worker competencies as defined by the Department's core practice values. The competency based training curriculum must allow for the evaluation of the impact of classroom learning on social work practice, and eventually an understanding of the impact of training on child and family outcomes. Finally, as the proposed initial training component in a program leading to Child Welfare Certification, the Department needs to prioritize the resources necessary to effectively design and fully implement a continuous model of professional development for direct service staff.

Investigations Training

The Investigation Training Series focuses on the critical competencies necessary for social workers to assess the capacities of parents or caregivers to meet a child's essential physical, developmental and emotional needs. This is a six day (45 hour) training series completed over a one month period. Social workers are required to complete this training program prior to conducting child abuse and neglect investigations. The participants in this training series are a combination of DSS staff and contracted providers who conduct child abuse and neglect investigations and work on the 24 hour Hotline.

In FY2004, 82 staff members completed this program from two separate classes. With an increased demand for this training, the Department offered three sessions of Investigations training in FY2005 and 121 staff members received

certificates of completion. In FY2006, 101 staff people attended the training and during the current fiscal year the Department expects to train approximately 125 new investigators. Over the past three fiscal years, the Department has trained a total of 388 investigators through this intensive program.

This program is not open to general registration. Participants must be sponsored by their area director and their name is included on a master list for registration. The Department tracks registration, attendance and completion of this program through the Pathlore Learning Management System.

Over the past four years, the Investigations training series has been consistently revised. Most notably, in the spring of 2005, the Department made considerable upgrades to the curriculum and content to better align the material with the core practice values. This revised curriculum introduced practice skills informed by solution focused interviewing and the signs of safety model of child welfare intervention. The improved curriculum prepares social workers to: respond effectively to situations in which a parent or caregiver is not currently capable of ensuring the safety of a child; or work with the family to resolve their immediate needs for safety; or support the family in using community supports when no further DSS involvement is warranted.

The Investigations training series is a highly regarded learning experience for Departmental staff and contracted provider staff. The attendance rates are very high and participant surveys routinely rate this program as being excellent. It is vital to the success of this program that the trainers be well versed in child welfare practice and services. For this reason, the Department relies on its own area office managers and field supervisors to conduct much of this training. This strength also represents a considerable barrier to the implementation of this program. The burden placed on agency staff to both conduct intensive training 3 times per year while also maintaining responsibility for their work in the area offices can be overwhelming. This burden limits the Department's ability to offer the Investigation training series more than three times per year.

As the Department embraces a vision of agency practice that is vested in family engagement and differential response, the role of investigators will change substantially. This will require significant adjustments to the Investigations training series both in terms of the curriculum and the structure and will create opportunities for the Department to introduce innovative training approaches necessary to support evolutionary child welfare practice.

Core Supervisors Training and Certificate in Child Welfare Supervision

New supervisors are required to complete the Core New Supervisor training program within their first year of employment. This program consists of four days (30 hours) of training over the course of a month. This training series is designed to support new supervisors in their transition from social worker to supervisor; to promote understanding of the role of supervisor in DSS; to teach basic principles

and skills of supervision; and to assist supervisors in developing their own professional development plans.

The Core New Supervisor training program is run two times per year. The attendance levels for this training series over the past four fiscal years is marked by considerable variation. In FY2004, 65 new supervisors completed this program in two separate classes. In FY2005, 38 new supervisors completed the program in two separate classes. While in FY2006, only 10 new supervisors attended and in FY2007, to date, 12 new supervisors completed the Core Supervisor's training. These attendance rates are a reflection of the variation in hiring needs at the area office level and demonstrate the impact of turn-over on the implementation of mandatory training programs. In total for the past three fiscal years including the first half of FY2007, the Department has trained 125 new supervisors.

The Department evaluates this training series at the participant reaction level. Participants are asked to complete reaction surveys following each day of training and these forms are then reviewed by the Department training staff and the trainer.

With a strong appreciation for the vital role that supervisors play in both guiding practice improvements for social workers and championing organizational improvements, the Department initiated a statewide training needs assessment for supervisors in 2004. This needs assessment involved a series of supervisor focus groups held strategically across the Commonwealth. The qualitative information gathered from statewide supervisor focus groups provided the foundation for an initiative to develop a continuous training program for all Department supervisors, starting with the Core Supervisor Training and leading to a Certificate in Child Welfare Supervision. This certificate program is a very promising approach to advancing the Department's core practice values through excellent supervision practice.

The work necessary to create a certificate program for supervisors began in 2005 with particular attention to the potential positive impact that supervisors can have on the practice and outcomes for families related to safety, permanency and well-being. After considerable time and investment in the design of a certificate program for child welfare supervisors, the Department intends to implement this program beginning in June 2007 and successful completion of this program will be required for all supervisors. The program offers an innovative mix of formal training, facilitated supervisor Learning Circles, Professional Portfolios and professional development credit for service on advisory committees and for developing best practice presentations.

Core Area Program Manager Training

All newly hired area program managers (APM) are required to attend Core New APM training. This training is offered annually. Registration and attendance for

this training series is tracked through the Department's Learning Management System.

The content of this series includes managing for performance, appreciating diversity, leadership, building staff capacities, and effective team building. This training series consists of four days (30 hours) of classroom learning over the course of one month and additional day of follow-up training three to six months later. This mandatory training program for area program managers was initiated in FY2005 and included 12 participants in the initial series. This program was not run in FY2006 which reflects the small number of managers hired. In FY2007, 15 new area program managers completed this training program.

The Department has augmented its Core area program manager training with bi-annual manager statewide conferences. These full day conferences are mandatory for all area program managers and consist of a schedule of workshops designed to promote reflective management skills, appreciative inquiry and change management skills. In FY2005, 82 managers attended the inaugural conference. In FY2006, 79 managers attended the fall conference and 75 managers attended the spring conference. In FY2007, 76 managers attended the fall conference with about the same number projected to attend the upcoming spring conference.

The evaluation of these training programs for area program managers suggests the real potential for professional development as a factor in supporting positive agency change.

Item 33: Ongoing Staff Training. Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

Performance

Rated as an area needing improvement in the 2001 CFSR, the Department has invested substantial time and resources into strengthening the ongoing staff training system.

In-Service Professional Development Trainings, Seminars and Workshops

The Department offers continuous learning and professional development opportunities for DSS staff in the form of the In-Service Workshop series. This program is made up of trainings offered directly through the Department, trainings and seminars purchased from child welfare training organizations, and specialized conferences covering human services and child welfare content.

Historically, the Department has contracted with select training organizations to provide a portion of the professional development for DSS staff. These contracted providers have traditionally offered high quality training from

instructors with national reputations, but with little input from the Department on the curriculum, learning objectives or teaching methodologies. Over the most recent three years, the Department has continued its relationships with select contracted training organizations, but has insisted upon greater input into the design and content of the curriculum to insure relevancy to child welfare practice and reflection of the DSS core practice values. These evolving relationships have produces innovative approaches to training and a clear appreciation for evidence based, contemporary concepts in child welfare practice. The following descriptions highlight the variety of training opportunities for DSS staff under the In-Service Professional Development Program.

DSS organized workshops and seminars

Over the past three years, the Department has intentionally focused workshop content specifically on family centered practice approaches to child welfare social work. Currently, this training series accommodates approximately 1100 DSS staff per year in broad-based child welfare related learning experiences. Listed below are examples of the training topics offered in fiscal year 2006 and fiscal year 2007 for DSS staff:

In-Service Training Topic (Offered at training sites in each region) (120 total days of training FY06 & FY07)	**Total # Trained**
Child Development: Understanding child development from a relational perspective	70
Commitment to Cultural Diversity and Cultural Competence	265
Facilitating Family Group Conferences	240
Supporting Family Group Conferencing for Area Office Leaders	16
Indian Child Welfare Act	65
Leadership Development Program	25
Quality Service Reviews	146
Undoing Racism	40
Finding the Balance—Supporting social worker resiliency in trauma work	55
Strengths Based Service Planning	55
Integrated Social Work Practice: Understanding the impact of trauma resulting from the presence of domestic violence, substance abuse, and mental illness in families served by child welfare.	24
Solution Focused Interviewing Techniques: In introduction to engagement skills for child welfare social workers	410
Solution Focused Interviewing Techniques, Part 2: Advanced practice approaches to working with families in child welfare.	161
Discovery, Decisions and Direction:	17
Management Development Seminar	13
Master Facilitation Training	13
Striving for Safety: Using the “signs of safety” approach to assessing safety and danger with families and developing plans for safety	118
Solution Focused Supervision in Child Welfare: Advanced practice skills for	32

supervisors	
Solution Focused Practice in Foster Care Review	45
Family Centered Practice Supervision in Child Welfare	35
Family Centered Practice Leadership: Developing and supporting practice innovations at the area office level.	120
Fostering Social Worker Resilience	17
Area Program Manager Conferences	250

Supervisory Training to Enhance Permanency Solutions (STEPS)

The Massachusetts Department of Social Services (DSS) and its partner, the Center for Adoption Research (CAR), at the University of Massachusetts Medical School have joined forces to develop a comprehensive approach to training, education and support of DSS social work supervisors. In September 2005, ACF announced that DSS and CAR were awarded a three year discretionary grant to train child welfare supervisors on the delivery of independent living services to youth in care. To this end, CAR, in partnership with DSS, has developed *Supervisory Training to Enhance Permanency Solutions* (STEPS). The focus of the proposed training is to support DSS supervisors in increasing their knowledge of positive youth development philosophy and practice, and, provide strategies to assist staff working with youth to develop permanent connections and life skills for self-sufficiency. Because supervisors are the link between policy and front line practice, these trainings will incorporate a youth centered philosophy across the statewide network of systems that serve youth as they transition to young adulthood.

The overall goal of the training series is that "Supervisors will develop techniques to lead, support, and positively engage social workers in facilitating youths' successful transition to adulthood." In line with this goal, the program's overall objectives include:

1. Supervisors will have a holistic perspective about the various needs of youth in care.
2. Supervisors will learn specific supervisory techniques to engage and support social workers in the management of adolescents in care and preparing them for young adulthood.
3. Supervisors will have opportunities for ongoing self reflection regarding older youth and their potential for permanent relationships.

The six module series utilizes an emergent curriculum design and includes interactive activities intended to bridge theory to practice and encompasses five content areas: *Positive Youth Development, Community Ties and Life Long Connections, Education and Workforce, Physical and Mental Health, Public Safety and Juvenile Justice*. The final module, *Impact on Practice*, will be delivered three months post the final content module, *Public Safety and Juvenile Justice*. The final module is designed to allow participants to share best practices resulting from the training and their experience with applying the

techniques and information to staff supervision and field practice. The six module training will be delivered bi-monthly beginning September 2006 and conclude in September 2007. Lastly, CAR's evaluation team, in consultation with Dr. Mary Collins of Boston University, has developed measures (pre and post) to capture supervisors' attitudes, knowledge, and behaviors relative to older youth in care. These measures include pre-post knowledge, attitudes, and behavior tests and in-depth interviews with participants who attend all six modules as well as with those supervisors who did not attend any of the STEPS offerings.

These post-training evaluation efforts comparing participants to non-participants are designed to understand why supervisors did not attend the training and what changes would be necessary for them to do so in the future. In addition, both participants and other key agency stakeholders will be asked for suggestions to make this offering available to other members of DSS staff and their provider agencies. Finally, efforts will be made to incorporate components of the STEPS series into the Supervisory Certification Program as well as in the MSW Fellowship program at Salem State College.

Each module is offered in each DSS region, however, due to low registration (five participants or less) in the Metro region, after module 1 all subsequent offerings in Metro were cancelled. Despite several efforts from the STEPS project team and other members of DSS, enrollment was not reaching a feasible minimum to offer training for that region.

In an effort to disseminate knowledge, a STEPS website was developed to allow participants, DSS staff, and others a web-based resource for information regarding adolescents in care. The site includes training session materials, resources, and useful links.

DSS Partnerships in training development for In-Service Professional Development

- *Institute for Health and Recovery:* Cambridge, Massachusetts: The Department partnered with IHR to co-develop an intensive, three-day workshop entitled Integrated Child Welfare Practice. This series focused on the compounding influences of domestic violence, substance abuse and mental illness impacting the majority of families and children served by the Department. This innovative approach to curriculum design and training integrates the values, knowledge and skills necessary for working effectively with families impacted by some combination of domestic violence, substance abuse or mental illness into a practice model founded on trauma. In fiscal year 2006, 24 DSS staff attended this training. The Department is scheduled to offer this series again in the spring of 2007.
- *Family Institute of Cambridge:* Watertown, Massachusetts: The Department has formed a growing relationship with FIC and this

partnership has resulted in a series of state of the art training opportunities for DSS staff. In close development with FIC, the Department has sponsored the Partnering with Families Intensive Series. This program is a year long, 12 full-day session, course that emphasizes reflective techniques in the context of advanced family centered practice skills. This Intensive was attended by 48 DSS staff members in fiscal year 2006 and there are currently 52 staff members enrolled in the fiscal year 2007 class. A second important program developed in concert with FIC is the Partnering with Colleagues Series. This program is a follow-up training for graduates of the Partnering with Families Intensive and is focused on helping staff form effective and sustained relationships within their area offices. The Department has also worked with FIC to develop an innovative In-service training entitled "Striving for Safety". This one-day workshop offers DSS staff an evidence based practice overview of the signs of safety model of child welfare work, with a focus on the skills necessary to search for signs of a child and families safety, while simultaneously noticing the signs of danger. Finally, the Department has partnered with FIC to develop curriculum for the supervisory certification program and recently tested the Contemporary Child Welfare Practice course for DSS supervisors.

- *Family Center of Somerville*: Somerville, MA: The Department has partnered with the Family Center in the development and implementation of a 9 month intensive training program in family centered practice skills. This training program was reserved for DSS staff from the Metro Region and was held at the Family Center's facility.
- *New England Adolescent Research Institute*: Holyoke, Massachusetts: The Department has partnered with NEARI in the development of an on-line training program for child welfare professionals. This computer based training program is designed to engage social workers in learning about the needs of adolescents who have demonstrated sexual offending behaviors. The curriculum and content of this training is normative in its focus and informed by restorative justice principles. This on-line program will be piloted in the fall of 2007.
- *Community Program Innovations*, Gloucester, Massachusetts: The Department has contracted with CPI to provide a designated number of seats in each of the trainings offered in the CPI catalogue. CPI is nationally known for developing and offering innovative and evidence based training topics for human service professionals. These training options are open to all DSS staff and cover a range of clinical, evidence based practice, supervision, case management, child placement concerns, using data to evaluate progress and innovations in social work theory. In fiscal year 2006, DSS supported 640 DSS staff in attending these one day workshops.

- *Interactive Institute for Social Change,* Cambridge, Massachusetts*:* The Department has partnered with IISC to develop and implement a master facilitation training program entitled, Essential Facilitation. This six day, year long, training program was designed to advance the facilitation capacities of DSS trainers and other staff who will facilitate learning circles for the Certificate in Child Welfare Supervision program.

Graduate Education and MSW Fellowship Program

The Department supports staff in their efforts to advance their education through tuition remission and paid educational leave programs. A significant initiative of the CWI has been the establishment of Fellowship programs for DSS staff attending the Salem State College Masters in Social Work program and the Simmons College Urban Leadership Masters in Social Work program. The Department currently provides the resources for 45 students to participate in this fellowship program with the full expectation that graduating students will take on leadership positions to advance practice improvements in the agency.

External Conferences and Seminars

The Department supports staff in attending external conferences, seminars, and workshops that further the mission of child welfare practice in the Commonwealth. Over the past 2 years, the Department has supported staff attendance at: the National Association of Social Workers Symposium; the National Conference on Child Abuse and Neglect; the National Staff Development and Training Association Conference; the Child Welfare League of America Annual Conference; the Massachusetts Fatherhood Conference; the You, INC Conference on Trauma; The Faces of Trauma Conference, The Trauma Institute; the West Coast Training Association Conference; the Southern Regional Consortium on Supervisory Training Conference, to name just a short selection of the many external learning opportunities made available to DSS staff.

Provider Leadership Program

It is important to note that the Department also supports a variety of training for provider agencies. One of the most exciting initiatives has been the Provider Leadership Program instituted in September 2005. This is a nine month professional development program to the CEOs and COOs of residential provider agencies designed to assist them in building organizational capacity. The program was so successful that participants (representing 23 provider agencies) in the initial program wanted to continue for an Advanced Provider Leadership Program. Sixteen of the initial agencies have continued for a second nine month program. In October, 2006, a new nine month Provider Leadership Program was begun and there are an additional 15 agencies with senior level managers participating in this program.

Item 34: Foster and Adoptive Parent Training. Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

Performance

Rated as an area of strength in the prior CFSR.

Massachusetts Approach to Partnership in Parenting (MAPP)

The Massachusetts Approach to Partnership in Parenting (MAPP) is the mandatory pre-service education program for people interested in fostering or adopting children living in the custody of the state of Massachusetts. All prospective foster or adoptive parents are given the opportunity through MAPP to learn about the Department of Social Services (DSS) and the children in need of foster or adoptive families. The MAPP education program provides parents with information and skills-building that will effectively prepare them to parent children who need care. In line with this, MAPP is designed so that upon completion of the pre-service training, parents have realistic expectations of the rewards and challenges of parenting a child through foster care or adoption. Continuous learning opportunities will support parents' ongoing needs as they tackle the challenges and reap the rewards of watching their children and families grow and develop.

The Center for Adoption Research (CAR) has been contracted by DSS to conduct comprehensive revisions to the current foster and adoptive parent pre-service training program. This is underway using a multi-level approach that targets the 3 levels of training: Master MAPP Training-of-Trainer (Master TOT); Training-of-Trainer (TOT); and pre-service family trainings. In addition, planning and implementation strategies for new curriculum trainings and programmatic supports (e.g., implementation of new program, recruitment of trainers, continuing professional development and support for trainers) will be recommended based on identified national best practices. The proposed updates and revisions will provide a Master TOT curriculum manual with components on training skill development with a strong emphasis on the tenets of adult education and revised MAPP curriculum manuals for the master trainer, family trainer, and MAPP participants. A multi-faceted delivery system (e.g., web-based components and trainer booster sessions) will be recommended and managed by the Center for Adoption Research (CAR). A comprehensive evaluation component will be developed for each training level that will include competency-based testing, training experience, trainer strengths and needs, and additional educational needs for participants and trainers.

The revised MAPP curricula and program are built upon the philosophy that learning is continuous and that adults have unique learning needs. The MAPP

framework encompasses both the Department's six Core Practices Values, and the five key tenets of adult learning theory. In addition it utilizes a developmental lens; reflects national best practices; is culturally sensitive to the diverse communities served; includes information about physical and behavioral health issues; and, is updated with latest legal issues (e.g., open adoption agreements).

While training is required of all prospective foster and adoptive parents (unrestricted, child-specific, and kinship), curriculum has been developed to be more responsive to needs of differing types of caretakers. In addition to requiring that all Unrestricted, Licensed Foster Homes for the Department complete MAPP, the Department as of July 1,2006 began requiring all contracted intensive foster care agencies (IFC) to use the MAPP curriculum. All IFC agencies have been offered 3 statewide TOT (Training of Trainers). In the summer of 2003, in response to an increase in kinship/child-specific foster and pre-adoptive families, the Department developed the Kinship and Child Specific Training and Resource Guide in English and Spanish. This guide provides the pre-service training component for the Department's Kinship and Child Specific foster and pre-adoptive homes.

The Department contracted with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), an agency that provides foster/pre-adoptive parent support services, to conduct a foster parent satisfaction evaluation. It was clear through the survey process that Pre-service training for foster/pre-adoptive families was highly rated (survey attached).

To assure consistent, on-going in service training of all foster/pre-adoptive families, the Department has also engaged with MSPCC in developing our Post-Approval Curriculum for the Family Center, "a training center for foster, adoptive, kinship, and birth families and youth. MPSCC is contracted to provide post-approval foster/adoptive/kinship training, track attendance at trainings, develop curriculum, and identify and document training needs for foster/pre-adoptive families.

To assure statewide input and collaboration, the Department utilizes several differing groups of key collaborators. A state-wide Foster Care Supervisors Advisory Group meets monthly to identify local issues, trends, barriers. Our contract agency (MSPCC) provides information to the Department on a regional and statewide basis. The Department has participated with The Center for Adoption Research (CAR) to explore on-line training capacity for more rural areas of the state. Informal partnerships which enrich this collaboration include: Foster Parents, Adoptive Parents, Kinship Families, MSPCC, IFC Agencies, CAR at UMass Medical, MAFF (Mass Alliance for Families), National Resource Centers, and Corporate Partners.

The Department's strengths have been demonstrated in our ability to establish strong working relationships and mutually supportive partnerships with Contracted Providers, families, National Resource Centers and Neighboring states.

A further and most promising approach in this area has been the expansion of the Family Center as part of the Child Welfare Institute (CWI) along with the use of conference calls and extranet.

Unfortunately, the Department still faces the barriers of distance to training locations and daycare needs of our foster/pre-adoptive families. However, we continue to address these issues by utilizing a portion of our contract with MSPCC/Kids Net for support services to our families and are currently able to provide some coverage of those daycare needs. The Department also continues to explore and develop technology based training alternatives such as teleconferencing and on-line curriculum modules.

E. Service Array and Resource Development

Item 35: Array of Services. Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

A number of DSS Policies guide its service array, accessibility and individualization including: Assessment, Service Planning and Referral; Permanency Planning; Placement Prevention and Placement; and Service Delivery for Intact Families Policies.

Performance

Service Array was rated a strength in the 2001 CFSR.

At the time of the PIP, the Department was in the early planning stages of its Family Networks system. *Family Networks* is an integrated system of both DSS-purchased services (support and stabilization services, intensive foster care, and congregate care) and non-purchased supports. It is designed to fully engage providers in enhancing the capacity of parents to safely care for their children and in fostering and protecting children's permanent connections to family, kin, and other significant adults. By establishing Area Lead Agencies and Regional Resource Centers, *Family Networks* includes an enhanced management system. In FY06, the Department spent $300M on a wide array of purchased services that will now be included in the *Family Networks* service networks.

On July 1, 2005, DSS established contracts for 29 Area Based Lead Agencies and 6 Regional Resource Centers. Area Lead Agencies work in partnership with one of DSS' 29 Area Offices and its communities to support and enhance the performance of the Area Office in achieving positive permanent outcomes for children and their families. The Area Lead Agency serves as the hub for coordinating purchased services and non-paid community supports and provides service coordination and care management. Regional Resource Centers support Area Lead Agencies in developing strong service networks, primarily by working with residential programs to create strong regional networks that supports the area-based service networks.

From June 1 through November 1, 2006, DSS established contracts for Network Services (support and stabilization services, intensive foster care, and congregate care). Provider agencies of network services are expected to identify and breakdown the structural barriers that currently make flow into, through, and out of the service system towards permanency ineffective, choppy and inefficient. We strongly believe that by integrating these services, we will be better able to support families in caring for and safely nurturing their children at home; reduce cycles of repeat involvement with DSS; maximize community connections and reduce isolation; minimize the need for and the time spent in out-of-home placement; reduce the number of unproductive moves that occur during placement; reduce the length of time a child spends in a non-permanent placement; and support youth transitioning to young adulthood in a manner that maximizes their potential.

Implementation of Family Networks, including all the network services, is relatively new. However, there are several components that our Area Offices have been incorporating into their practice for the past year. An integral component of Family Networks is Family Team Meetings, which are charged with developing a plan that meets the unique needs and strengths of the family. Area Lead Agencies convene these Family Teams, which are attended by family members, their natural supports, the DSS social worker, and others who play a key role in the family's life. The Team develops a plan that integrates the specific Network services needed to help the family achieve the goals established in the DSS service plan. The CANS is often used to support Team communication and decision-making, especially for complex cases and those children for whom being placed in or returning from residential programs is being considered.

One of the initial key goals for Family Networks is to shift the Department's reliance on residential campus-based programs to community-based placements and in-home services. Our placement trends show a decline of 16% since July 1, 2005, in the utilization of these residential programs. The use of community based group homes has increased by 13%. The use of contracted intensive foster care has increased by 4%. Through both the savings due to the differential cost in these service levels, the Department has increased its spending on in-home services from $25m/ annually to $35m over the past three years. While

these are only interim milestones, requiring additional data sources and analyses in order to better understand the impact on outcomes, they are nonetheless encouraging movements.

As part of the Network Services design and procurement, DSS established a number of new program models in order to have a more responsive service network. Suggest rewording this next sentence: One of those models is the STARR (Stabilization, Assessment, and Rapid Reunification) program model, which is designed to better serve children and youths in short-term placements. This model was developed based on our assessment of the strengths and weaknesses of previous short-term models. Previously, the Department purchased shelter programs to provide immediate placements in a safe setting; bridge homes to better support community and school connections during a child's initial placement; and residential diagnostic programs that provided 45 to 90 day assessments. While all short-term in nature, these programs responded to specific, somewhat narrow needs rather than being flexible enough to meet all the needs a child might have in their initial out-of-home placement.

Another model is Behavioral Treatment Residences (BTR) which provides more intensive and structured living environments in communities than previously existed. We created this new level of care to support more children living in community settings and attending public schools. We developed this model in response to an identified gap in our previous placement continuum.

Having just completed the initial round of contracting for network services, the Department is now designing a more robust contract management and monitoring system and program development practice. The Department plans to use the case-level CANS data at an aggregated systems-level to identify service needs and gaps.

Family Networks implementation has required a great deal of collaboration with community partners, especially the courts and schools. The degree of collaboration and participation by the provider community in the design of Family Networks was greater than any previous initiative in the Department's history. Providers have encouraged other state agencies to model their work on our approach. Family Networks integrates the Department's purchased services system in a manner not previously accomplished. It provides a new opportunity to create coherent experiences for families and children, rather than force them into categorical services.

The internal challenge that we are confronting is nurturing the successful implementation of Family Networks while also implementing significant change initiatives in other aspects of our work. Our greatest external pressures come from our constrained state appropriations. We are implementing Family Networks without new funding. This requires that we redeploy savings from a decreased use of high-end placements in order to increase our investment in

community services. Doing so requires careful and strategic clinical and resource management decisions.

Item 36: Service Accessibility. Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

DSS is a state administered agency and as such its services are accessible to all children and families who become involved with the Department. Rated an area needing improvement in the prior CFSR, a new DSS Treatment Planning Process that is in the process of being rolled out state wide for all service providers is web-based and completely transparent. Real time information on service resources is available to DSS Area Office staff and Lead Agencies from all service providers facilitating fuller and more efficient use of services and lessening delays in accessing services.

Item 37: Individualizing Services. Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

All of the Department's purchased services array can be individualized to the needs of a specific child or family. The DSS Treatment Planning Process focuses on treatment Domains, Goals and Activities, all of which can be tailored or customized. A primary responsibility of the Departments' new Lead Agencies is to ensure that services are individually tailored to a child and family's needs. To be able to accomplish this task, Lead Agencies are contracted to work with their respective area offices to develop an overall array of services that will effectively services the collective and individual needs of that offices children and families.

F. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation With Stakeholders. In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

The Department employs a broad array of strategies to ensure that stakeholders are engaged in consultation with the state to implement the provisions of CFSP. Stakeholders include a representative from the State's federally-recognized tribe, former consumers, both as youth and as adults, foster and adoptive parents, service providers, both contracted and informal, and state agency partners.

Rated an area of strength in the 2001 CFSR, the Department has made substantial efforts to continue to enhance this area.

Consumer Engagement in Consultation

In 2004, the Department launched the Family Involvement Initiative by hiring a full-time Family Representative as part of the Family Support Team. The purpose of the Family Representative is to promote partnership between DSS and community members on behalf of families and to facilitate the inclusion of parents in the planning, delivery and monitoring of DSS practice and contracted services. Accomplishments include:

Family Advisory Committee (FAC) to the Commissioner – 23 parents meet quarterly with Commissioner Spence to advise him on policy, practice and program development. 12 parents are on a waiting list to join. The FAC produced a new guide for parents' involved with DSS, a Family Involvement Brochure, and consumer feedback cards for use in area office waiting areas. The FAC reviewed the Family Engagement Model at various stages of design, and is taking up the issue of foster care placements and how to make transitions smoother for children entering care or moving from one foster home to another.

Youth Advisory Committee - For many years the Department has had an active Youth Advisory Committee that meets regularly as a group and also with the DSS Commissioner

Parent Panel for CORE training for new hires – 10 parents have been recruited and trained to sit on a panel (convened monthly with 3 parents) dedicated to teaching social workers how parents experience intervention by DSS and how they can better engage families as partners.

Community Representatives on Service Proposal Review Teams – A cadre of parents and other interested community members have been recruited, largely from the Community Connections coalitions, and trained to sit on proposal review teams to assist DSS to select the most qualified service providers. The goal has been to have two community representatives on all review teams. The Family Networks Lead Agency & Service Network Requests for Response (RFR) involved 37 review teams in April and May of 2005, and 20 review teams in the spring of 2006. As this is a rolling submission RFR, review teams will be convened quarterly and one to two parents will participate on each team. Two parents also participated on each of the 6 regional review teams for the Domestic Violence Services RFR in April and May of 2006.

Continuous Quality Improvement (CQI) Teams – Two community representatives are in the process of being hired to staff each the 6 area offices piloting Phase II of the CQI process. They will work two days per

month and their role is to conduct Family Centered/Strength-based Surveys with 50 families per quarter. Data from the surveys is included in the CQI Data Book and will help local CQI teams to understand their effectiveness from the parents' perspective. The Fall River area office was the first to implement this program.

Community Representatives Involvement in Planning - Parents and other community members have participated in a series of work groups to assist DSS with the planning, design and implementation of a number of initiatives, including Family Networks, the Family Engagement Model (formerly known as Working with Families Right from the Start or WWFRFS), the Adolescent Breakthrough Series, Domestic Violence Services, the Diversity initiative, etc. For example, in Phase 1 of WWFRFS, 15 Community Connections coalition members participated in the Intake and Assessment Workgroup in October of 2003, 2 parents participated in monthly Steering Committee meetings, and 4 parents participated in a variety of working groups. WWFRFS had a 90 member planning group with 30% of the members being from outside of DSS.

Key Informant Interviews – 12 Area Directors were interviewed to gain a greater understanding of how they view family involvement, both involvement in their individual cases as well as in service planning and delivery. A report informed the Action Plan for the Family Representative.

General Meetings – Outreach to other advocacy groups, agencies devoted to children and parent councils, such as Parents Helping Parents, the Federation for Parents of Children with Special Needs, the Children's Trust Fund, etc., is conducted on a regular basis, with the goal of leveraging additional support for families served by DSS.

Community Engagement in Consultation

The Family Involvement Initiative was an outgrowth of the success of Community Connections. As was reported in the last CFSR, Community Connections is the Department's response to the Promoting Safe and Stable Families Act. Ten years ago, DSS used this federal funding to facilitate the development of neighborhood-based, resident driven family support coalitions in 21 high-risk communities across the state. Communities were selected where risk factors predictive of abuse and neglect clustered at the highest rates (The Ecology of Child Maltreatment, James Garbarino, 1989) A Family Support Team, comprising 6 community organizers, a policy analyst and a team leader, was hired by DSS to go into these communities and bring together all stakeholders interested in building coalitions dedicated to family support. The goal was to work in the communities to prevent the need for DSS involvement, to provide informal help while DSS was involved, and to promote continued healing after DSS intervention was no longer needed. Coalitions came to define their mission as

that of process, access and advocacy: a process to include everyone in strengthening the community; access to greater informal supports and services; and advocacy with systems that are designed to help families to hold them accountable. In the past year end report, Coalitions described numerous ways that they have been effective, including:

- Having families involved in decision-making has improved how decisions are made and actions are implemented;
- Diminished misconceptions and fears among families have opened doors to services; and
- Partnerships with DSS have promoted more family centered practice locally.

Coalitions provided many examples of how the synergy created through their multi-stakeholder collaborative initiatives had increased support for families, particularly foster families and foster children. Coalitions also reported that their efforts to share information on resources continue to reach increasingly more families. The Department is committed to expanding Community Connections as funding becomes available, and to creating alternative ways to organize family support in neighborhoods with small grants.

As coalitions grew strong enough, the Family Support Team worked with them to begin building bridges to DSS with the goal of influencing DSS practice, making it more strengths-based and family-centered. Opportunities for joint planning were identified and they included neighborhood foster family recruitment, community events and resource fairs to decrease isolation and publicize services, representation of Community Connection's, family nurturing groups at area offices, Family Advocates, parent leadership forums, etc. Joint planning eventually led to the development of Patch Teams, a concept imported from England, and the only DSS' sponsored program where community representatives and DYS actually share decision making in DSS child protection cases. Patch was first piloted 7 years ago in Dorchester, an urban neighborhood of Boston, and Athol, a rural neighborhood in the North Quabbin. Since the last CFSR, Patch Teams have expanded to Lawrence and New Bedford. Patch Teams have enhanced our understanding of what it means to take a community connected child welfare practice approach, and have provided the basis for a series of Learning Circles that the Planning & Program Development Division is conducting to promote awareness of this approach. Local evidence that DSS is still analyzing does suggest that Patch Teams reduce the need for out of home placement by engaging families as partners early on and having greater access to full knowledge of families' capacities; placement of children out of home when truly needed (community and DSS agrees), increase placement of children with kin; and expand availability of informal supports. (Note: A paper titled *Essential Practices of the Patch Approach* by John Zalenski, with Carolyn Burns & Pamela Whitney available upon request.)

In addition, DSS has continued to participate in the Collaborative Assessment Program (CAP), Coordinated Family Focused Care (CFFC) and Mental Health Services to Youth Program (MHSYP).

Also, DSS has area boards in 17 out of 29 areas, with active parent involvement on boards in 6 out of 29 areas. In many areas, local CQI teams have replaced the area board structure, and they include a broad array of stakeholders from the community and from provider organizations. A finite pool of volunteers is but one of a number of challenges faced by Area Offices in engaging and sustaining a significant degree of community participation.

Service Provider and State Agency Engagement in Consultation

In preparation for the re-procurement of congregate care, intensive foster care and community based services the Planning and Program Development Division organized or participated in numerous forums that brought together members of the provider community, parents, family advocates and sister state agencies to assist in the design of the Family Networks system of care. Some of the forums were time limited and task focused, others were one time events to provide information and collect feedback, and still others are standing implementation and governance committees. Beginning in September 2002 they include:

Procurement Advisory Group – This group assisted in the development of the principles that would ground the system of care

Re-engineering Residential Care Committee – This group considered the challenges confronting traditional residential care programs in a more community services oriented system, and developed guidance and educational opportunities to assist providers in re-designing their programs to better support children in their families.

Recommendations Committee – This group considered the challenges inherent in shared decision making, in which all partners in the system participate in and share accountability for decisions about services and outcomes. The group developed the criteria for decisions and authority that would be held by DSS and those that would be given to the Lead Agencies. It did not reach consensus on the role of families in this arena.

Provider Advisory Committee – This is a standing committee that meets monthly consisting of providers from all levels of care in the system and DSS senior managers. It is attended by the Commissioner, and serves as a conduit for the dissemination of information between the Department and the provider community. The PAC also provides advice to the Department on operational and political issues arising from the implementation of Family Networks

Regional Resource Center Committee – This is a standing committee that meets monthly consisting of DSS middle managers from Central and Regional Offices, and a manager from each of the six Regional Resource Centers. It addresses issues related to the operation of the RRC in Family Networks.

Area Lead Agency Committee – This is a standing committee that meets monthly consisting of several DSS managers representing the Central Office, the Regional Offices and the Area Offices, as well as the senior operations manager from each of the 13 agencies providing Lead Agency services in the system. It addresses issues related to the operations of the Lead Agencies in Family Networks.

DSS / DOE / DEEC Committee – This is a standing committee that meets quarterly consisting of quality assurance, licensing and program development staff from each of the three agencies. It provides opportunities to share information between the agencies on issues related to programs where there is shared responsibility for monitoring and oversight, and to reduce redundancy in oversight activities.

Practice Committee – This is a standing committee that meets monthly consisting of representatives from DSS, the provider community and family advocates. It addresses issues related to the quality of family centered practices in the field, such as Family Team Meetings, the use of CANS, etc.

Behavioral Health Advisory Committee – This is a standing committee that meets quarterly and is chaired by the Massachusetts Behavioral Health Partnership, a private corporation under contract to the Department of Mental Health, which manages the behavioral health services provided under the state Medicaid plan. Attendees include senior managers of each of the state agencies serving children and families, mental health advocates, and providers. Policy and program issues related to the provision of behavioral health services are reviewed.

Rosie D. – This includes a standing committee for the planning and implementation of the remedy to the successful lawsuit that found deficiencies in the states response to the federal EPSDT requirements. There are also a number of sub-committees engaged in operationalizing the components of the remedy, including screening, assessment, intensive care coordination, service delivery, finance, information technology and procurement. When the plan is implemented significant benefits will accrue to children and families involved with the Department.

In preparation for the re-procurement of DSS funded domestic violence services (community based, supervised visitation, child witness to violence, emergency shelter, substance abuse/mental health, housing stabilization, statewide hotline,

training and technical assistance) the Planning and Program Development Division organized and participated in numerous activities. Activities were designed to bring together and solicit feedback from the provider community, program participants, community members, stakeholders and other state agencies. Beginning in March 2004, they include:

Listening and Learning Tour

DSS worked in partnership with other state agencies to assess current domestic violence services and learn more about local community needs. The tour included:

Focus Groups - Observational visits were made to a variety of Domestic Violence and Sexual Assault programs. During these visits Focus Groups were conducted with program participants and staff. In addition, discussions were held with community-based providers and community members, some of who identified themselves as current or former recipients of domestic violence and/or sexual assault services. Over 1000 people participated in these focus groups.

WIC Surveys - Women at twelve Women Infant and Children program sites were invited to complete a voluntary and anonymous survey about what kind of help is most important when someone is threatened or hurt in a relationship; and, who they would talk to if they or someone they knew were threatened. 333 WIC recipients completed the survey.

Planning and Design Group - A diverse and multidisciplinary advisory group of current providers and other domestic violence professionals made recommendations regarding definitions, program design, collaboration, and intake and assessment forms to be implemented statewide.

Reflection and Planning Days - Two day long sessions were held to give 200 workers in the fields of child welfare, domestic violence and sexual assault an opportunity to review and comment upon preliminary information from the above activities.

Procurement Management Team (PMT) - DSS staff from our central and area offices developed RFR materials and the initial draft was posted as an RFI to invite public comment prior to finalizing.

State Agencies Group - DSS meets regularly with other state agencies that fund and/or are closely involved with the delivery of domestic violence and/or sexual assault services in Massachusetts. These include the Department of Public Health, the Massachusetts Office of Victim Assistance, the Executive Office of Public Safety, and the Department of Transitional Assistance. We meet to coordinate funding, data collection, identify strengths and needs of agencies and to problem solve and enhance program development.

DSS Provider Meetings - DSS hosts two to four provider meetings each year (over 60 agencies and 120 staff) to promote ongoing communication, relationship building and professional development.

Regional Representatives: DSS is implementing a working group of Regional Representatives from domestic violence programs to help improve communication between DSS and domestic violence programs, to further develop local and regional networks of services; to take up challenging clinical issues and share best practices, and to ensure that training and technical assistance is responsive to the needs of funded agencies and program participants. Jane Doe, Inc., the Massachusetts Coalition Against Sexual Assault and Domestic Violence is an invited participant.

DSS has a growing number of young children, age 0 to 5, in its caseload and has increased its focus on working with state agencies serving young children and families. Activities include:

Massachusetts Early Childhood Comprehensive Systems – Since 2003, DSS has been participating in the Department of Public Health's federal Maternal and Child Health Bureau grant to support the MECCS project, whose goal is to coordinate policies on early education and care, preventive health care, family support, parenting education and mental health services for young children. DSS participated in 3 working committees involving families and providers, attended quarterly Commissioner's meetings and monthly state agency manager meetings.

Head Start – DSS participates on the MA Head Start Advisory Committee to ensure coordination between state funded child care and Head Start for eligible DSS involved families.

Interagency Coordinating Council – DSS is represented on the ICC, the federally mandated advisory body to the Early Intervention system comprising parents, providers and community partners.

CAPTA – DSS has been actively involved in working with Early Intervention and DPH to implement two CAPTA changes; one directed at improving outcomes for newborns exposed to substances and one directed at referring children with supported child abuse reports to Early Intervention.

MDAA – The Massachusetts District Attorney's Association and DSS have been working to improve the practice of interviewing young children for the purpose of prosecuting child abuse. One outcome is that DSS plans to adopt the "Finding Words" curriculum.

Item 39: Agency Annual Reports Pursuant to the CFSP. Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

This item was identified as an area of strength for DSS in its 2001 CFSR. This is an area in which the Departments' work has only gotten stronger. As laid out in Item 38 the Department's consultation and collaboration with partners continues to be robust, inclusive and expansive.

Item 40: Coordination of CFSP Services with Other Federal Programs. Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?

The DSS's 2001 CFSR noted this as an area needing improvement. In addition to the coordination efforts with federally-funded programs cited in Item 38, the Department has taken a number of steps to improve its work in this area.

- DSS is a key contributor in the state's Court Improvement Plan.
- Under a large scale reorganization of the state's Executive Office of Health and Human Services, DSS works in a much more collaborative nature with a number of the state's federally assisted programs serving the same population, including the Department of Mental Retardation, Department of Mental Health, Department of Public Health and the Department of Early Education and Care.
- DSS now works directly with Department of Education to systemically address the needs and concerns related to DSS children in school systems statewide.
- The DSS Commissioner and his deputy work closely with the Board and staff of the Massachusetts Children Trust Fund (CTF) to address issue related to child abuse prevention in Massachusetts. The CTF leads statewide efforts to prevent child abuse and neglect by supporting parents and strengthening families. As an umbrella organization, CTF funds, evaluates, and promotes the work of over 100 agencies that serve parents.
- The DSS Adolescent Services Unit works with the Family and Youth Services Bureau (FYSB) funded Transitional Living Programs to coordinate services to Chafee eligible youth. The staff of these programs are welcome to attend our Preparing Adolescents for Young Adulthood (PAYA) life skills training. PAYA is the life skills curriculum developed and utilized by DSS for youth 14 and older in out of home placement. The Unit also provides technical assistance to these programs as requested to assist them in delivering life skills training. DSS collaborates with the Workforce Investment Boards and their providers (both state and federally funded) to provide work readiness services to youth and young adults. We participate in the statewide initiative, Pathways to Success by 21, a

workforce initiative supported by a federal Transitional Living Program Grant.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 41: Standards for Foster Homes and Institutions. Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

This was rated an area of strength in the prior CFSR. The Department has continued to build upon that strength with a revised Family Resource Policy that became effective and was implemented in February of 2006. This policy requires a multi-step process that the Department uses to assure the quality of its foster/ pre-adoptive family resources and incorporates standards to ensure that children placed with foster/ pre-adoptive families and in foster/ pre-adoptive homes are provided quality services that protect their safety and health. The Standards establish basic requirements regarding eligibility to apply as a foster/pre-adoptive parent; the physical characteristics of the home itself; and for the ultimate licensing of the family resource for the placement of children by the Department.

The policy also includes clearly defined practice guidelines which were specifically developed to heighten awareness of safety and health issues and concerns and calls for staff to evaluate and monitor these on an ongoing basis in order to protect children in foster/pre-adoptive care. The Family Resource Policy incorporates standards for foster/pre-adoptive families, regulations overseeing the placement of children in foster/pre-adoptive homes and on-going monitoring of licensing standards by family resource staff which includes regular home visits as well as annual re-assessments and bi-annual license renewals. Supervisory and management staff for the Department ensure compliance with this policy and the standards contained therein through the use of information system generated compliance reports.

During FY 2005, the Department rebuilt the staffing capacity needed to appropriately oversee and manage the foster care program. The Central Office Foster Care and Adoption Support Services Unit is now staffed with a full-time Director in addition to a full-time Foster Care Specialist, the latter having a focus on CQI for family resource practice. In addition, there are two Foster Care Managers, each assuming responsibility for routine monitoring of family resource compliance – CORI, licensing, etc. – for three regions. These managers also provide technical assistance and support to field staff on improvements to family resource practice. There are routine monthly meetings between Central Office, Regional, and Area Family Resource Staff during which the compliance reports, (the DSSRP195, Foster Care Compliance Report, DSSRP171, Unapproved Homes with Active Placements and DSSRP196, Contracted Foster Care Compliance Report), are reviewed and discussed and where the family resource experts can share best practices. Foster Care and Adoption staff from Central

Office meet regularly with Regional and Area staff to review these reports, which are distributed to the family resource field staff and managers on a monthly basis. Central Office Family Resource and Adoption Staff have trained regional and area staff in utilization of the reports and continue to meet regularly to review recommendations regarding enhancements to FamilyNet, the Department's Information Management System, as well as the reports. Central, Regional and Area staff are utilizing the family resource reports both to assure compliance with regulations and standards are met.

Central Office Foster Care and Adoption Support Staff and two on-going foster care advisory committees, the Family Resource Information Committee comprised of representatives from each Regional Office and the Family Resource Advisory Committee comprised of Family Resource Supervisors representing their Area and Region, are attentive to identifying and prioritizing recommended improvements to the family resource functionality in FamilyNet. As the 'system of record', FamilyNet data and its reports will always be the source for testing compliance. The managers in the Central Office Foster Care and Adoption Support Services Unit, along with IT FamilyNet staff, must continue to enhance the family resource functionality to ease navigation and minimize opportunities to create conflicting or erroneous data. Enhancements to FamilyNet will continue to be developed, with the goal of improving and increasing family resource documentation in the system.

The Central Office Foster Care and Adoption Support staff will continue to sort and distribute the compliance reports to the Regional and Area staff monthly, as well as, continue on-going monitoring of the status of the homes which exceed the 30 working days allowed by regulation and assure due diligence continues in meeting the licensing requirements. The Family Resource Policy contains the outline for the universal License Study utilized for all types of foster/pre-adoptive homes.

As a child placement agency within Massachusetts, the Department (DSS) must comply with the Department of Early Education and Child Care (DEEC) regulations, as well as our DSS Regulations, Policy and Procedures. The Intensive Foster Care contracted agencies are required to adhere to not only DEEC requirement but DSS regulations and policies as well. To ensure compliance with the standards and practices contained in the Family Resource Policy, the Department trained 500 internal staff, 100 IFC contract agency staff and Adoption Management Services contract staff during a series of two statewide, six regional, ten area office, two IFC agency staff and two Adoption Management Services contract agency staff trainings. The Department continues to offer training on the Family Resource Policy on a local and statewide basis.

A further and most promising approach in this area has been the expansion of partnerships through collaboration with Recruitment Ambassadors (foster parents

stipended to mentor and support newly recruited prospective foster/pre-adoptive families), Area Recruitment Teams (comprised of DSS staff and community stakeholders), the Heart Gallery, increased use of Internet and Extranet, Youth Participation, Corporate Sponsorship, College Partnerships, Commissioner's Leadership Group on Recruitment and Retention, focus groups on Pre-Service Training and revisions to the MAPP curriculum.

Item 42: Standards Applied Equally. Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

This area was rated as a strength for DSS in the 2001 CFSR, and with the implementation of the Family Resource Policy, the Department again demonstrated its commitment continuous quality improvement. In addition, in the past year, the support and oversight functionality for the IFC contracted agencies have been moved to the Department's Division charged with overseeing all other foster care placement settings. This change assures consistency in application of standards, regulation and policy for all foster families and children placed in foster homes. To that end, staff was hired specifically to oversee those contracts and the IFC agencies.

Licensing and monitoring of Massachusetts child care institutions is the responsibility of the state's Office of Early Education and Care. DSS does license all of its resource families, including Unrestricted, Pre-Adoptive, Kinship and Child Specific Foster Homes, with whom DSS places children must be licensed, including those that are utilized on a temporary, short-term basis such as respite homes and visiting resources. Respite homes foster/pre-adoptive families who accept short-term, temporary placements of children in order to provide a break to the foster/pre-adoptive family with whom the child normally resides, are also licensed. Visiting resources are licensed foster/pre-adoptive families with whom children are placed on a short-term basis such as during the vacation period of a community residential program. In addition to these requirements for DSS foster families, in July of 2006, the Department began requiring that all contracted Intensive Foster Care agencies (IFC) assure their foster families complied with DSS standards and policy.

All foster care families are re-assessed annually in regards to the standards and license renewal is completed every two years. The Department is moving forward with the development and implementation of one universal information management system that will incorporate all foster families and children in placement and allow transparency of information that will ensure compliance. The Department still faces barriers regarding consistency of practice by field staff. To this end, we continue to provide on-going training to staff as well as support and technical assistance through supervisory, management and peer oversight and support.

Item 43: Requirements for Criminal Background Checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

DSS Policy #86-014(R) guides all DSS Background Record Checks activities

Performance

This area was rated a strength in the prior CFSR. Although DSS opted out of the Federal Criminal Records Check requirement, every prospective family resource is subject to a complete Massachusetts Backgrounds Record Check (BRC) which includes a check of the Criminal Offense Records Index (CORI) and a DSS history check. The Department's CORI Unit, works with Area, Regional and Central Office staff and is responsible for completing these checks and for monitoring outstanding checks for new and existing resources.

The DSS CORI Unit utilizes three automated reports to monitor compliance. Each of these reports is updated monthly. One report provides data related to pending, late and absent background checks for all DSS family resource homes eligible to receive a child. A second report does the same for all contracted family resource homes. A third report provides a list of children placed in unapproved homes. An outstanding BRC check could be one reason contributing to a home being unapproved. The CORI Unit uses an advanced tickler system to notify Family resource staff that one of their homes is due or overdue for a BRC.

A negative result on a BRC does not result in an automatic denial of the resource. An outstanding criminal warrant for an existing or a potential or previously approved resource is the only cause for a mandatory disqualification. All other findings allow for the further review. Depending on the severity of the findings, that review would be conducted by the responsible DSS Area Director, Regional Director, Deputy Commissioner or Commissioner. If a prospective family resource is denied, they are not eligible for any further review. However, a family resource that had been previously approved and upon re-evaluation or re-licensing is denied due to new results on a BRC, may request an independent third party fair hearing.

DSS and Administration for Children and Families conducted a secondary eligibility review of the State's IVE Federal foster care program the week of August 28, 2006. The result of the review was a determination of substantial compliance with Federal eligibility requirements. The report's Findings of Strengths and Areas in Need of Improvement included the following:

- Massachusetts' criminal records check requirements for prospective foster parents are comparable to those mandated by the Federal legislation even

though the state opted out of this requirement. DSS staff perform safety checks of all foster parents prior to initial licensing/approval and recheck this information on an annual basis.

- DSS licenses and/or approves foster homes based on the same standards....Reviewers found that DSS is providing a close level of scrutiny to foster homes under its purview.
- ACF recommends that additional scrutiny be provided to the licensing and re-licensing of Child Placement Agencies and the approval and re-evaluation of the foster homes of these agencies.
- MA acknowledged the need for strengthened oversight of these foster homes and is developing procedures requiring Child Placement Agencies to enter all future home study and licensing information into FamilyNet.
- Key collaborator – Department of Early Education and Care

Item 44: Diligent Recruitment of Foster and Adoptive Homes.

Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

The 2001 CFSR rated this item as a strength for DSS. There have been a number of new components added to more diligently recruit foster and adoptive parents which are supported by strong community and business partnerships.

- DSS has stipended foster parent ambassadors in all 29 of its Area Offices to help recruit, retain and provide advocacy for foster parents.
- DSS has hired six Recruitment Supervisors, one for each of the Department's service regions. These Recruitment Supervisors work with area office recruitment staff to develop strategies and plans based on recruitment needs assessments completed for the individual offices.
- Corporate Partnership Initiatives
    - Jordan's Furniture: PlusOne Challenge, Statewide Informational and Adoption party opportunities located at the Jordan's stores and in partnership with Assumption College in Worcester, MA
    - BJ's Wholesale Club: Annual Discount membership opportunities to honor and demonstrate appreciation for foster and adoptive parents
    - Welch's : Donations of beverages for recognition, appreciation and holiday parties across the state
    - Titterington's Old English Bakery: Donations of fresh baked goods for recognition, appreciation and holiday parties across the state.

- The Community Based Initiatives
    - Massachusetts Inter-Faith Partnership for Children mission is to assist with the recruitment and support of foster and adoptive families
    - NRC Training with a focus on Diversity and Working within Communities of Faith
- Development of a foundation to recruit within the Gay and Lesbian communities
- Development of targeted recruitment for children with medical needs
    - Building partnerships with local long-term medical hospitals for children
    - Development of a data
- Developing Internal Resources
    - Breakfast Cart Initiative
    - Inclusion of all interested staff in Area Recruitment Teams, not limiting membership to family resource staff.
- Development of monthly Child &Family Today program for cable in 133 outlets across the state; focus on adolescent permanency and the need for adolescent foster and adoptive families
- Family Search for Permanency Project with six test-sites across the state
    - Training provided through the National Resource Center in May, 2007
- Building, Enhancing and Celebrating Effective and Enduring Partnerships between and among Family Resource Unit staffs, administrators, Kid's Net Directors, Family Resource Liaisons, Foster Parent Recruitment Ambassadors
- Collaboration with the Massachusetts Adoption Resource Exchange
    - Results of Survey of Massachusetts Residents Attitudes and perceptions of Adoption with UMass CAR
        - Recommendations on how best to target recruitment and information to focus on in the African American and Hispanic communities
        - Three training opportunities for staff to learn about recommendations
- Heart Gallery, 2007
- Mare "Children Waiting for Adoption Manual" in Spanish and English
- Specifically targeted adoption parities for children of color
- Univision features of children of Latino heritage in need of permanency
- National Adoption Day
- AdoptUsKids National Website
- Private Agency Collaboration
    - Homestudies
    - Co-sponsored events and sharing of recruitment opportunities
    - MAPP
    - Regional Coalitions

- Post Permanency Services
    - Adoption Journeys
- Foster Parent Recruitment Ambassadors
- Intranet and Extranet for sharing information

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements. Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

Although rated an area of strength in the prior CFSR, the Department has taken numerous steps to further strengthen its work in this area.

- The Massachusetts Adoption Resource Exchange (MARE), the contracted provider for registering legally free Massachusetts' children for adoption as well as for recruiting foster homes for the children statewide, lists information about each of these children in its Adoption Manual and on its website.
- MARE is also the Rapid Response vendor for Adopt USKids in Massachusetts and also for posting information on all legally freed children onto the Adopt USKids web site.
- DSS and MARE and their corporate partner (Jordan's Furniture) host the Heart Gallery at Jordan's Massachusetts stores in Reading and Avon, as well as at the partners store in Nashua, NH. The Heart Gallery is a heart warming pictorial and narrative display of children awaiting adoption
- DSS hosts Adoption Coalition meetings with private adoption agencies in regions across the state to discuss issues related to recruitment for children awaiting adoption.
- Building Effective and Enduring Partnerships (BEEP) training are being provided statewide to foster parents and DSS recruitment and family resource staff.
- **Plus One Challenge**: Working with Jordan's Furniture (DSS's corporate partner for adoption and foster care recruitment) 675 new foster and adoptive families were recruited. This tremendous effort was accomplished by challenging foster and adoptive families to each recruit one prospective family.
- The Department sponsors 9 – 10 annual adoption matching parties across the state. Prospective adoptive parents and children awaiting adoption along with their social workers are invited to these parties, which are themed events, during which fun activities are scheduled to allow for low stress social interactions between the children and families.

Interstate Compact for the Placement of Children (ICPC)

In accordance with *Regulation* 110 CMR 7.502, the Compact Administrator for Massachusetts is the Deputy Commissioner for Field Operations; her/his

designee (referred to as “Compact Administrator/designee”), the Interstate Compact Unit Director, is responsible for all day-to-day administrative responsibilities and duties of the ICPC Unit.

To aid in the in and out of the state placement of foster and adoptive children, the Massachusetts Interstate Compact staff are available to in-state agency and provider staff. They assist with issues related to the Interstate Compact policy and procedures, articles and regulations and/or with child specific situations. The Compact Staff also are available to assist with all out of state ICPC requests. These requests are processed centrally and sent to the appropriate DSS area Office for home study and/or placement supervision.

As of January 2007 DSS began to assign all incoming ICPC requests for foster care and adoption home studies to contracted placement agencies. These agencies are expected to complete their studies and make a placement recommendation within the new federal time. These contracts are monitored by DSS contract managers and the Massachusetts ICPC Units still monitors these requests and makes final placement decisions.

DSS 2007 CFSR Statewide Assessment Stakeholder Consultation

Stakeholders who were consulted regarding and /or had the opportunity to comment on the development of the Massachusetts Statewide Assessment are included in the Appendix.

SECTION IV

Narrative Assessment of Child and Family Outcomes

Section IV
Narrative Assessment of Child and Family Outcomes

A. Safety

Safety Outcome 1:
Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment. How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

Related Agency Policy

It is the mandate of the Department of Social Services to investigate all screened-in emergency reports by initiating the investigation within two (2) hours and completing the investigation within twenty - four hours of receipt of the report.

It is the mandate of the Department to investigate all screened-in non-emergency reports by initiating the investigation within two (2) working days and completing the investigation within ten (10) calendar days of receipt of the report.

TIMELINESS OF INVESTIGATIONS 1ST QUARTER FISCAL YEAR 2007	
Statewide Average	80%
Regional Range	77% - 90%

Performance

The Department does not track timeframes to initiation of investigation, but rather the timeliness of completion; however, timeliness to initiation of investigation was rated a strength in the 2001 CFSR.

Factors Impacting Performance

Massachusetts believes that proactive reporting provides greater opportunities for working with families early with the goal of providing supportive services to assist in stabilizing the family. Massachusetts also has a broader range of mandated reporters than do other states. These efforts at public education and collaboration have resulted in increased reports of child maltreatment. *There was a six percent (6%) increase in reports of maltreatment between 2002 and 2006.*

REPORTS OF MALTREATMENT		
# of 51A Reports	**2002** 67,366	**2006** 71,900
# of "Unduplicated" Children w/ Reported Maltreatment	**2002** 73, 431	**2006** 74,011

Strategies/Actions Taken

Frequent, ongoing and substantive education to a wide variety of community groups, as well as state and local agencies on the mandated reporting law helps to ensure that the Department is notified whenever there are concerns regarding maltreatment of children. All Area Offices have actively established training programs for local pediatricians, police, clergy and school systems to provide ongoing education and outreach on mandated reporting of child abuse and neglect. Area Offices also work closely with District Attorneys and their local Sexual Abuse Investigation Networks (SAIN Teams) to ensure coordination of efforts.

Item 2: Repeat maltreatment. How effective is the agency in reducing the recurrence of maltreatment of children?

Related Agency Policy

According to DSS policy, the following types of reports on active cases **must** be screened-in and investigated: all new physical abuse or sexual abuse allegations on previously known or newly reported children in the family; any report on a child in the family who has not been reported in the past; and, new incidents of abuse or neglect that do not fall within acceptable reasons for screening out reports as defined in the Protective Intake Policy.

Performance

REPEAT MALTREATMENT WITHIN SIX MONTHS	
2001 Statewide Average	11.9%
2002 PIP Goal	11.2%
Year Ending 3/31/06	10.9% **(Achieved PIP Goal 3/31/04)**
National Standard	5.6% (Below National Standard)
TYPES OF REPEAT MALTREATMENT	
# of children experiencing repeat maltreatment during calendar year 2006	1,727
% that were instances of Neglect	92%
% that were instances of physical abuse	5%
% that were instances of sexual abuse	3%

Factors Impacting Performance

1. Threshold: It is important to note, that although Massachusetts is above the national standard, there are a number of considerations relative to thresholds for abuse and neglect for investigations that decidedly impact results for this indicator. The criteria for determining what constitutes abuse and neglect varies from state to state. For example, eight states do not investigate reports of abuse that are related to discipline of the child by the parent. Similarly, the requirement for reporting and screening in for investigation instances of repeat maltreatment on open cases varies from state to state. Unlike some other states, Massachusetts does not automatically screen out reports of child maltreatment on open cases. Our efforts to maintain the focus on maltreatment, even in open cases, also impacts the data for this indicator.

2. Timeframes: One of the factors that affect these data is the timeframe for reporting/investigation of child maltreatment. For example, a state that has a 60 day timeframe for investigations would have far more cases excluded during a twelve month period than would Massachusetts where there is a 10 day timeframe for investigation.

3. Substance Abuse: One of the areas identified as a significant contributing factor to repeat maltreatment is substance abuse. The Department estimates that substance abuse is present in approximately 70% of open cases.

4. Domestic Violence: The Department's Domestic Violence Specialists indicate that domestic violence is present in approximately 50% of cases of abuse/neglect. The Lawrence Area Office conducted a study of repeat maltreatment cases and found that in a six month period domestic violence was present in the home in 69.9% of these cases.

The Department's efforts to address substance abuse and domestic violence issues are addressed in subsequent sections of this report.

5. Family Support and Stabilization: The availability of adequate support and stabilization services to families is fundamental to preventing recurrences of maltreatment. As the Department continues implementation of Family Networks and the Family Engagement model discussed in Section III on Systemic Factors it is anticipated that rates of maltreatment will be positively impacted as a result of greater family engagement and additional community-based services.

Strategies / Actions Taken

Prevention of repeat maltreatment has been the focus of education, collaboration, CQI and Practice/Service Initiatives since our submission of the 2002 PIP.

DSS put in place a mandatory management review of cases where a third 51A (report of abuse/neglect) is filed on a family. These managerial reviews are fundamental to focusing attention on repeat maltreatment and provide an opportunity for intensive evaluation of DSS practice and the services needed by the family.

Since the 2002 PIP, the Department has hired a Substance Abuse Specialist for each Regional Office. These Specialists are available to staff in the Area Offices to provide consultation on any case where substance abuse issues are impacting the safety of the child or inhibiting the family's ability to engage in treatment. In addition, DSS has been working collaboratively with the state Department of Public Health on a program of family engagement to build upon existing services and enhance availability of substance abuse services to DSS families.

Some Area Offices have instituted specific training on substance abuse for DSS Social Workers. For example, the Attleboro Area Office held a series of seminars with Loretta Beutterhorn, a specialist in the area of substance abuse.

DSS has a Domestic Violence Unit that provides technical assistance and consultation to Area Office staff on cases involving domestic violence. In January 2007 the DV Unit returned to a regionally based model of consultation

with a DV Specialist in each of the Regions. The Metro Region has two DV Specialists. The DV Specialists assist Area Social Workers and Supervisors in determining the level of risk to either mother and/or child. DV Specialists work diligently to promote an understanding of domestic violence and to encourage practice change so that women are not inappropriately held accountable for the violence their abusers subject them to.

Summarized below are highlights of unique local initiatives to promote prevention and education of child maltreatment within the past few years.

Practice / Service Initiatives

- *Child Exploitation Workgroup*: The Boston Regional Office has instituted this partnership dedicated to education, prevention and best-practice response to child sexual exploitation. Education/prevention events include the play, Body and Sold, roller-skating event combining youth activity and education, trainings for social service providers, school personnel, students, and community at large. Best-practice efforts include "A Way Back," an outreach service for sexually exploited youth, and the development of an RFR for a group home specifically for sexually exploited females. A Teen Prostitution Prevention Program was a key component to this initiative. Training has been provided to over 1,000 participants and outreach has been offered to 150 families.

- *Shaken Baby Syndrome*: Many of the Area Offices have undertaken specific efforts relative to and have provided workshops and seminars to multiple community and family groups to enlighten the public on this specific aspect of child abuse. The Worcester West Area Office in the Central Region initiated a Shaken Baby Prevention Program and worked with a wide variety of community groups to provide education and information to promote prevention in this area. The Framingham Area Office in the Metro Region engaged in a specific CQI activity targeted to review, provide education and outreach on this form of abuse. The Hyde Park Area Office offered classes in local middle schools on "Never Shake a baby."

Community Partnerships

- *Domestic Violence:* The North Central Area Office in the Central Region worked closely with the police departments responding to incidents of domestic violence in order to ensure a heightened awareness of child safety / neglect issues that may be present.

- *Partnership with Local Police Departments:* The Cape Ann Area Office in the Northeast has instituted a "*Night Rider"* program. Area Office Social Workers accompany police throughout the night as they patrol. This unique opportunity has truly enhanced the relationships between DSS and the local police department and provided substantial cross-agency education that supports early identification of child maltreatment.

Managerial Initiatives

- *Administrative Protocols:* The Greenfield Area Office in the Western Region a *monthly management review by the Area Director of reported cases that have not been screened in.* The Area Director randomly selects for review at least 10 cases that have been reported but determined not to need further investigation. This pro-active stance helps to ensure that the threshold for what reported cases are screened in for investigation is not diminished.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

Performance

TRENDS IN HOME REMOVAL FOR PROTECTIVE CASES	
% of Protective Cases in Placement on the last day of the Year (CY 2002)	25%
% of Protective Cases in Placement on the last day of the Year (CY 2004)	23%
% of Protective Cases in Placement on the last day of the Year (CY 2006)	22%

Over the past four years there has been a downward trend in the percent of children in protective cases who have been placed outside of their home.

Noted as an area needing improvement (ANI) in the prior CFSR, the Department has made consistent progress over the past three years in maintaining children in their homes. The analyses of the percent of protective cases in which a child has required out-of-home placement is particularly important because we have simultaneously been able to meet our targeted 2002 PIP goal in preventing repeat maltreatment.

As noted below, CHINS cases, in which the Court is often making the decision to place a child away from home have a significantly higher percent of children in placement.

Factors Impacting Performance

1. *CHINS.* One of the external factors that impacts out-of-home placement rates for children in Massachusetts is the Child in Need of Services (CHINS) legislation.

Through CHINS, courts are able to order the out-of-home placement of a child. Of children who became involved with the Department through a CHINS petition, a statewide average of 33% of those children ended up in an out-of-home placement, compared to only 24% of protective cases that have an out-of-home placement. In the Metro Region, approximately 43% of CHINS children are in out-of-home placement as a result of a court order. Within that Region, data from the Area Director in the Arlington Area Office reflects that out-of-home placements for CHINS are 144% higher than non-CHINS cases.

A February, 2007 study by the Juvenile Rights Advocacy Project at Boston College Law School analyzed a five year entry cohort of children in the DSS service system and found that 25% of children in DSS custody were in custody as the result of a CHINS proceeding. Twenty percent (20%) of all children in placement during calendar year 2005 were CHINS (N=3,603).

AGES OF CHINS CHILDREN IN PLACEMENT	
12 – 13 Years of Age	22%
14 -15 Years of Age	50%
16 -17 Years of Age	21%
18+ Years of Age	2%

These children are more likely to be in more highly restrictive placements than non-CHINS youth, although they had less significant abuse and neglect histories.

Although there is variability in the way Court jurisdictions render placement decisions, the rate of placement orders for CHINS is significantly higher. For example, as noted previously, in Arlington the rate of placement for CHINS is 143% and in Lynn 92% higher than protective cases.

2. *Services and Supports.* The Department recognizes that its own practice, as well as the purchased and informal services and supports provided to families, are fundamental to ensuring that families can remain together. Our increased focus on family involvement and training on family centered practices have both positively contributed to our performance on this standard. Information about many of these services are summarized throughout the self-assessment.

3. *Availability of Local Community Supports.* Collaboration to develop and promote access to informal and community supports are just as critical to maintaining the viability of families in their community. The Department's efforts to build communities through our Community Connections Programs and through the re-procurement of the Family Networks system positively impact this indicator. These initiatives are described in other sections of the self-assessment.

Strategies /Actions Taken

The Department has engaged in a number of activities over the past five years which are designed to strengthen families and communities. Our Family Based Services (FBS) began the Department's increased emphasis on maintaining children at home in 2002 through contracts for FBS Lead Agencies. Lead Agencies also supported families in accessing community supports such as child care, parenting support, recreational and educational activities that were not purchased services. Through our family based service system, approximately 3,500 families received a range of in-home services and supports, as well as supervised visitation opportunities to promote reunification.

Service dollars for FBS remained relatively constant at $35 million between 2002 and 2006. Historically, the Department was not able to transfer funds from our residential services account to support more community-based services. The Department was successful in working with the Legislature to include new legislative language in 2005 which allowed for transfer of funds to support our community-based services. This "transferability" language was a significant benefit to designing our Family Networks system and to promoting the use of more community-based services. The availability of services to families in the community has contributed to the increased performance on this indicator.

Our Community Connections and Patch Programs, described in the prior Section, provide excellent examples of programs striving to maintain children in their homes and communities.

The primary mission of Community Connections is to support achievement of two primary goals: strong resident driven networks of family support in high risk communities and the integration of family support principles into DSS case practice. The Community Connection initiative began by funding 10 community coalitions in 1995 and is currently comprised of 22 coalitions in different stages of development. In FY'06 18 coalitions reported forming over 80 new relationships with a wide variety of stakeholders.

In the 2006 report on the Promoting Safe and Stable Family Programs, it was noted that the Family Nurturing Centers were expanded to eight programs, assessing 110 families, made 82 home visits, and trained 43 facilitators during FY'05.

Under the recent domestic violence RFR, community based child witness to violence programs were funded by DSS, recognizing the intervention for children who live with domestic violence must be embedded in a continuum of services that is family focused and supports the efforts of parents.

Child witness to violence programs provide information and referral, basic assistance, standardized intake and assessment, crisis prevention and intervention, support and case management, advocacy, support groups,

parenting education and support groups, child care and children's services, access to medical care assistance, and reunification services for DSS involved families. DSS funds 12 programs throughout the state, linking them to other community based and residential services for victims of domestic violence and their families. A sampling of 8 programs during a three month time revealed 161 intakes, resulting in programs serving 123 clients. This year DSS will focus on supporting stronger linkages between these programs and other community based services, supervised visitation, and healthy fathers initiatives.

System wide efforts to maintain children with their families are the foundation of the Department's Family Networks initiative. This initiative is described in detail in Section IIII on Systemic Factors. Throughout the design phase of Family Networks the emphasis on keeping children at home with family and in their community was a guiding principle and is reflected in all design documents, and ultimately in the Family Networks RFR.

The Department has engaged in a number of strategies to promote family-centered practices throughout the agency. We have provided training and identified Practice Leaders across the state. The Family Institute of Cambridge has provided extensive training for staff.

Partnering with the Massachusetts Society for the Prevention of Cruelty to Children, the Department implemented *Connecting Families.* This program is a voluntary program for families with children under the age of 12 after an unsupported allegation of abuse or neglect.

The *Triage Project* involved a collaborative effort between the Franklin/Hampshire Juvenile Court, the DSS Greenfield Area Office and the Committee for Public Counsel Services. The Triage Project involves a multidisciplinary, family-centered, team-conferencing approach to care and protection cases. A preliminary evaluation of this Project conducted between May, 2005 and December, 2005 found that the families involved in Triage Project are more likely to engage in services and it appears to have potential to lower the burden on courts while improving outcomes for children.

The Department has been actively engaged in efforts to reform the current CHINS legislation. In 2005 Senator Karen Spilka, Chair of the Joint Committee on Children and Families, called together a task force to explore the Commonwealth's and other states practices and laws around the CHINS system. In January, 2007, new legislation was filed to reform the CHINS system. The legislation proposes the creation of a statewide community-based crisis intervention system and the streamlining of the juvenile court procedures for status offender cases. A community organization provides an immediate response to families and children in crisis and connects the family to additional services in the community. By diverting those children who can be helped with community-based services, this legislation will promote children remaining in their homes.

Local efforts to work with the courts to educate Judges about alternatives to out-of-home placements have been underway in several Areas across the state. Several "CHINS diversion" programs have been developed collaboratively between DSS and local community groups. Most all of the Area Offices now have a designated CHINS Worker who attends all CHINS court hearings to offer suggestions for community services to avoid out-of home placements. The Department has created CHINS units in some of the Area Offices to specifically respond to the needs of these children and families. Several Area Offices have intensified their efforts to design and implement CHINS diversion programs.

Outlined below are a number of Area Office specific initiatives that are designed to provide assessments or services to support families and to prevent out of home placements.

***Practice/Service Initiatives**:*

- The North Central Area Office has established *Urgent Family Teams*. These teams can be convened whenever a family is in crisis, and allow for rapid involvement of family-based services to improve visibility and quickly administer clinical home-based service to families in response to family crisis as observed, self identified, or identified by a report on an open family.

- The Dimock Street Office in Boston has established a specific program, *Creanza*, for work with Latino families in the area. This office has also partnered with the *Infant Mental Health Collaboration* to provide training to DSS Social Workers on the impact of maternal depression on children and the need to provide appropriate mental health and support services.

- The Cambridge Area Office has instituted a *Take Charge Parenting Group* to assist parents in CHINS cases to develop parenting skills and obtain support from other parents.

- The Worcester West Area Office has implemented the *Elementary Secondary School Intervention Program* which is designed to focus on court diversions.

- The Brockton Area Office has implemented *Team Fresh Start*, an innovative program in which Foster Parents mentor biological parents of infants the first time they come into care.

- The New Bedford Area Office has instituted weekly at risk teen meetings with the New Bedford public schools to identify teens who may ultimately be at risk of out-of-home placement and provide support services.

Community Partnerships:

- In the Boston Region, the *Child Advocacy Center* is a partnership between the Suffolk County District Attorney's Office, Boston Police Department, and several consultants from local public and private health/mental health

service providers. This partnership is dedicated to assisting families who have experienced abuse, neglect, domestic violence, or criminal victimization. Boston has also undertaken a new initiative, *Boston 0-5*, which includes representatives from Community Health Centers, Health Care Providers, Head Start, Boston Public Schools, and hospitals to improve early childhood education and prevention of child maltreatment.

- In 2005, the Greenfield Office began the *Triage Project*. This joint initiative with the Franklin/Hampshire Juvenile Court, DSS Regional Legal Office, CPCS attorneys, Quabbin Mediation, and the *Mediation and Training Collaborative* was designed to provide "facilitated discussions at the onset of a C&P." Through this Project, families are engaging in services sooner and reducing re-entry.

Item 4: Risk assessment and safety management. How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

MALTREATMENT OF CHILDREN IN FOSTER CARE WITHIN 12 MONTH PERIOD	
2002 PIP Goal	1%
Year Ending 3/31/06	.99% **(Achieved PIP Goal on 9/30/03)**

The Department has continued to improve performance on this indicator since meeting the PIP Goal in 2003.

Factors Impacting Performance

Massachusetts may appear to be higher than other states on this indicator as a result of variability between states in reporting requirements and data collection mechanisms relative to maltreatment of children in foster care. For example, residential treatment programs in Massachusetts are required to report on instances of maltreatment of children from other states that are in their program. Massachusetts also requires reporting by the program when the maltreatment occurred in settings other than the program site (i.e., when the child is in the community, on a home visit, or at school). These robust reporting requirements certainly result in a higher level of reports of maltreatment in Massachusetts.

The ability of Social Workers to consistently and effectively assess risk is fundamental to protecting children. It is also one of the most challenging aspects of the work of child welfare. The Department has multiple ongoing efforts to continue to refine knowledge and skills of this critical assessment.

Strategies / Actions Taken

While this area was rated a strength in the prior CFSR, the Department continues diligent efforts to ensure the safety of children in our foster care system. New policies have been adopted which further refine and improve our expectations and standards for children in foster care. For example, The *Family Resource Policy* became effective and was implemented by the Department in February of 2006. The policy requires a multi-step process that the Department uses to assure the quality of its foster/ pre-adoptive family resources and incorporates standards to ensure that children placed with foster/ pre-adoptive families and in foster/ pre-adoptive homes are provided quality services that protect their safety and health.

During FY 2005, the Department rebuilt the staffing capacity needed to appropriately oversee and manage the foster care program. The Central Office Foster Care and Adoption Support Services Unit is now staffed with a full-time Director in addition to a full-time Foster Care Specialist, the latter having a focus on CQI for family resource practice, two Foster Care Managers, each assuming responsibility for routine monitoring of family resource compliance – CORI, licensing, etc. – for three regions.

The Department's system wide reform, including the re-procurement through the DSS Family Networks model of all congregate care, intensive foster care, and support and stabilization services, was implemented beginning in 2005, and re-contracting through the RFR was completed in January, 2007. This initiative was described more fully in Section III, Systemic Factors.

One component of the newly developing Family Engagement Model is the design and implementation of a new Risk Assessment Protocol. This standardized risk assessment is currently under development in partnership with CRC. It is anticipated that the availability of this standardized assessment and the concomitant training will further enhance the ability of Social Workers to effectively assess risk to children.

DSS established quality standards as a component of re-contracting for congregate care. Further discussion of these standards was included in Section III on Systemic Factors.

In addition, a comprehensive re-design of the purchase of intensive foster care services has been implemented. Through this initiative the Department has placed additional focus on training and credentialing of foster families, including a two tiered credentialing process. These efforts are designed to ensure a cadre of well-qualified, trained and supported group of foster parents. Further discussion on these efforts is also included in Section III.

Additional efforts that the Department is undertaking to reduce the risk of harm to children are described in Section IIII as part of the Family Engagement Model.

B. Permanency

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster care re-entries. How effective is the agency in preventing multiple entries of children into foster care?

PREVENTING MULTIPLE ENTRIES INTO FOSTER CARE	
2002 PIP Goal on % of children re-entering foster care in less than 12 months	18.5%
Year ending 3/31/06, Massachusetts % of children re-entering foster care in less than 12 months	16.0% **(Achieved PIP Goal on 9/30/03)** (**Every Area Office exceeded PIP Goal)**
1st Quarter Fiscal Year 2007 Statewide Average for Re-entries into Out of Home Care within 6 Months	7%

Factors Impacting Performance

1. *Transitions.* The increased availability of adequate services to support the child and family during the child's transition home are critical to assuring that the child does not return to out-of-home care and has resulted in better outcomes in this area.

2. *Engagement of Families in Service Planning.* The Department's efforts to more fully engage families in service planning, so that they have a voice in identifying and planning the services they need, are resulting in families participating more effectively in services and an increased ability to safely maintain children at home.

3. *Services and Supports.* The increased availability of and the ability of local Area Offices to individualize and tailor services and informal community supports to help ameliorate stressors and build resiliency is helping to prevent re-entry of a child into out-of-home care.

Strategies / Actions Taken

It is anticipated that over the next few years our efforts to enhance the community based system will result in even fewer returns to out-of-home placement. A variety of system wide initiatives, such as Teaming, Family Group Conferences, service coordination from Lead Agencies, and enriched support and stabilization services have been established to help ensure that children do not return to out of home care. Several Area Offices have begun to develop respite services as one strategy to assist parents in maintaining their children at

home. The availability of respite services has made a significant difference in maintaining the safety and stability of these children at home.

Another positive development was the creation of a Housing Stabilization Unit (HSU) in October, 2004. This unit was established to identify and assist DSS families experiencing poverty and housing instability. The HSU provides case consultation to DSS social workers, direct service to families, and works in collaboration with other state agencies and community services. In SFY 06, the HSU provided 521 consults and through March of SFY07, 367 consults had been provided.

To date, the HSU has assisted 888 families struggling with housing related issues. The majority of these families had a supported 51A for neglect and a history of domestic violence. One of the primary areas of concern is children remaining in foster care due to lack of safe and stable housing after protective issues are resolved. This year DSS worked with Department of Transitional Assistance Emergency Assistance Program and the Department of Housing and Community Development to secure permanent housing for 5 families and 7 housing vouchers. Last year, the HSU made $50,000 available to families who were facing eviction and were able to prevent homelessness for 24 of 25 families by paying rent or utility arrearages.

Currently the HSU is utilizing federal funds to assist victims of domestic violence at risk of homelessness. In March, 2007 the HSU was able to implement a housing stabilization account and in that month 11 families received financial assistance.

In addition, a number of Area Offices have established practices that should help to minimize the number of re-entries. Some examples of these local initiatives are provided below.

Practice/Service Initiatives

- The Lynn Area Office in the Northeast Region has *provided additional extracurricular activities for youth returning home* (i.e., YMCA memberships, dance classes, art, sports, etc.). This Office has also provided *workshops for parents on financial planning and budgeting*. This Office has also begun using *day care centers to provide additional supports to parents.*

- The Cambridge Office in the Metro Region developed the *FIRST Team (Family Intensive Reunification and Stabilization Team)* in 2003 to provide wraparound services for 6 months to ensure smooth transition for children returning home.

- The Arlington Area Office provides *after care support and stabilization services for a minimum of three months following a child's return home*.

This Office has been successful in gaining active participation of families in their Family Team meetings. Between July, 2006 and March, 2007, family participation in Family Team Meetings was 83.5%.

- In the Plymouth Area Office a unique program pairs carefully screened adults with youth to *provide "specialing" or life enhancement opportunities.* Parents have reported that the availability of this additional resource has been a critical source of support to ensure the family's stability.

- The Dimock Street Area Office has instituted a *Nurturing Program for Birth and Foster Families,* and has focused on providing additional wraparound services during reunification.

- The Greenfield Area Office in the West developed an "*unbundled" services* program with DARE Family Services in 2004 to promote continuity of care by having the social worker and foster care provider continue to work with the child and parents during reunification.

- The Brockton Area Office has instituted the *Early Intervention Visitation Model* that has proved successful in preventing return to out-of-home placements.

CQI Initiatives

- In the Boston Region, the Hyde Park Area Office conducted a focused *CQI activity on Placement Re-entry*. This CQI initiative led to: technical assistance obtained from another Area Office who has been particularly successful in preventing re-entry; increased number of Family Group Conferencing facilitators; and, increased services to parents of adolescents returning home.

- The Pittsfield Area Office in the West has experienced a significant growth in the adolescent population in Pittsfield where as of December, 2006, 47% of children in custody are teenagers. The Area has increased the financial incentives for foster parents to provide support biological parents during reunification to help prevent re-entry.

Item 6: Stability of foster care placement. How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

STABILITY OF CHILDREN IN FOSTER CARE	
2002 PIP Goal of 2 or fewer moves for children in care for less than 12 months	75.1%
Statewide Average for Year Ending 3/31/06	75.4% **(Achieved PIP goal 9/30/03)**

Regional Range	57.3% to 85.4%
# of Area Offices Below the National Median of 83.3%	27 of 29
2002 PIP Goal of 2 or fewer moves for children in care for at least 12 but fewer than 24 months	NA
Statewide Average for Year Ending 3/31/06	48.6%
Regional Range	34.4% - 61.2%
# of Area Offices Below the National Median of 59.9%	27
2002 PIP Goal of 2 or fewer moves for children in care for more than 24 months	NA
Statewide Average for Year Ending 3/31/06	22.6%
# of Area Offices Below the National Median of 33.9%	27

Factors Impacting Performance

These factors include, but may not be limited to, an effective match between the child and out of home caregiver, adequately trained foster parents, ongoing support for foster parents and the child, and access to specialized programs a child may need at the time of initial placement. To improve our performance on this standard the Department has focused significant effort to identifying strategies to more effectively match children to foster parents (see initiatives outlined below). Requirements for, and availability of, training for Foster parents has also been increased to address this standard.

It is also important to note that for some children ensuring an adequate diagnostic and assessment requires an additional placement in a program specifically designed to provide comprehensive evaluations. While ensuring that children receive adequate assessments may result in an additional placement (e.g., the new STARR Programs) and performance on placement stability may actually appear to decline, the benefits to focusing on rapid reunification and stability when the child returns home should be evidenced in achieving permanency more quickly for these children.

Preparation & Support for Placement. The preparation of the child and the out-of-home caregiver substantially contributes to the stability of the child in placement. Emergency placements often have resulted in foster parents and/or congregate care providers receiving less than ideal background information on children. Foster parents and congregate care providers who have access to information (including strengths, talents, preferences, and challenges) about the child prior to placement are more effective in responding to that child. The Department has attempted to address this issue through a variety of strategies outlined below. Adequate support during placement is also critical to maintaining the child's

stability. Through Family Networks we have established expectations regarding the support that Intensive Foster Care agencies will provide to foster parents.

The following additional factors have been identified as the result of a study conducted on children in placement as of 12/31/06 who had been in placement for 12 or fewer months using data from the DataMart Report on Placement Stability (AFCARS data). This information has been shared with the Area Offices to inform their efforts to promote placement stability.

Age/Gender. An in-depth review of the data also shows that the age and gender of children also have some impact on the stability of placement. As expected, a higher percent of children 11 years of age or younger have 2 or fewer moves. Adolescents (ages 12 – 17) are more likely to have multiple moves. Statewide, there is no significant difference in stability between boys and girls. 75.14% of females and 75.47% of males had 2 or fewer moves.

	Placement %		
Age AT TIME OF LATEST HRE	2 or Fewer	Greater than 2	Grand Total
0 to 2	81.09%	18.91%	100.00%
3 to 5	74.15%	25.85%	100.00%
6 to 11	77.31%	22.69%	100.00%
12 to 17	71.28%	28.72%	100.00%
18 or older	90.88%	9.12%	100.00%
Grand Total	75.32%	24.68%	100.00%

Note: HRE = Home Removal Episode

Permanency Goal. The highest percent of children with two or fewer moves have a service plan goal of Stabilize Intact Family. The next highest percent of children having fewer than 2 moves have a goal of Guardianship. Not surprisingly, children with a goal of Long-term Substitute Care are more likely to have multiple placements. The more significant trauma histories, serious emotional and behavioral difficulties, as well as the number of these children who do not have a stable family who can safely and adequately meet their needs result in a greater number of placements.

	Placement %		
Current / Latest Goal AS OF 12/31/2006	2 or Fewer	Greater than 2	Grand Total
Adoption	72.79%	27.21%	100.00%
Guardianship	78.05%	21.95%	100.00%
Living Independently	70.22%	29.78%	100.00%
Long Term CareW/ A.S.A	76.92%	23.08%	100.00%
Long-TermSub Care	56.06%	43.94%	100.00%
Reunify Family	70.55%	29.45%	100.00%
Stabilize Intact Family	79.62%	20.38%	100.00%
Grand Total	75.32%	24.68%	100.00%

Level of Service. Analysis of data on current/latest placement type as of 12/31/06 shows that children who are in restricted foster care (i.e., kinship)

settings are more likely to have stability (2 or fewer moves) than do children in congregate care settings.

Strategies / Actions Taken

Rated an ANI in the prior CFSR, stability in placement has been highlighted as an area of focus in the Family Networks RFR, and a number of statewide initiatives *(including the development of a database to track stability at the child, provider, level of service, Area, Regional and Statewide)* have been undertaken in recent years to address this issue.

One of the key activities that sought to support stability was the enhanced focus on obtaining kinship placements. Substantive efforts, including creation of kinship units, conducting kinship breakthrough series, and increased attention to identifying kin have been conducted statewide.

Statewide, a number of Area Offices have sought to provide additional support for foster parents through additional training opportunities and the creation of foster family support groups.

Area Offices have also engaged in local initiatives to promote stability of children in placement. A few examples of those local initiatives have been highlighted below.

Practice/Service Initiatives

- *Additional Supports for Foster Parents.* The North Central Area Office highlights their practice of providing more contracted services to a child in DSS foster care as one strategy for maintaining placements and preventing children from going into more restrictive levels of care. During the first quarter of state fiscal year 2007, there were only 2 children of 289 that stepped up from foster to congregate care, no children stepped up from foster care to intensive foster care, and no children stepped up from intensive foster care to congregate care.

- *Preparation for Placement.* The Hyde Park Office in the Boston Region has developed the "*My 411"* for teens awaiting placement. This booklet is designed to give foster parents a more balanced picture of strengths, interests, and challenges of the teens in order to increase stability at the outset of placement. Other Area Offices have begun using this booklet and the "*It's Me"* form to give adolescents an opportunity to describe themselves in a strengths based way.

- The Pittsfield Office in the West focused a variety of initiatives specifically to support stability in placement. Between 2002 and 2006, the Area developed and expanded their "Placement Team" to address issues related to the most difficult to place children. The Area is also using services from the Massachusetts Behavioral Health Partnership (i.e.,

Family Stabilization Teams and Community Support Program) to provide additional supports to foster homes. Through a Kinship Survey, the Area identified services that are needed by DSS Kinship Homes.

- The South Central Blackstone Valley Area Office has implemented *The Plus One Challenge* model to support stability in placement.

Community Partnerships

- The Lowell Area Office in the Northeast Region established *KidsNet services* through a contract with the Massachusetts Society for the Prevention of Cruelty to Children. This contract provides respite, child care, camping and training for foster and kinship families.

- The Arlington Area Office in the Metro Region has partnered with foster parents and Children's Charter Trauma Center to create *the "Three Legged Stool."* This program gives direct training and support to foster parents to enable them to continue caretaking of children with serious behavioral issues.

- Through a contract with MSPCC *for "parenting partners"* the Pittsfield Area has expanded services to stabilize behaviorally difficult children in foster homes. The Area used the results of the "Six Week Placement Reviews" to drive revisions to the Family Networks support and stabilization services menu.

Item 7: Permanency goal for child. How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

Related Agency Policies

DSS Policy #97-003, Service Planning and Referral Policy sets forth requirements relative to permanency planning. The policy establishes guidance for permanency planning for reunification, adoption, guardianship, long-term substitute care, living independently, as well as procedures when the child will require long term care with one of the state agencies providing adult services.

Performance

The Department emphasizes that development of Service Plans for children and families is critical to ensuring that a clear vision of the permanency plan is set forth and that required services are identified and delivered in a timely manner. The Department tracks the timeliness of development of individual Service Plans. Data for the First Quarter of State Fiscal Year 2007 indicates that the Regional range for timely development of Service Plans was 77% to 80%.

The Foster Care Review Unit maintains data on changes in permanency goal as a result of those reviews determining that the goal was not appropriate. Only 2% of the cases required a change in permanency goal at the 6 month review, and another 10% had the goal changed at the 12 month review. When the permanency goal changes occur within 12 months of placement, it is most often changed to reunification, and when the goal changes occurred after 12 months, it was more often to guardianship or adoption.

The Foster Care Review Unit reports that goal changes at 6 months were most often due to parental noncompliance with Service Plan tasks, particularly with respect to substance abuse treatment. These families often have lengthy abuse/neglect histories. It has been noted by the FCR Unit, that the better the relationship between the family and the Social Worker, the less likely it will be that a goal change occurs.

Another factor affecting permanency goal changes are the Courts. In some Area Offices, there is a reluctance to set initial permanency goals of guardianship or adoption because local judges require the identification of a pre-adoptive home prior to supporting a goal of adoption.

Strategies / Actions Taken

One of the most comprehensive strategies to improve permanency planning was the *Massachusetts Breakthrough Series Collaborative on Adolescent Permanency* which began in November, 2005. Teams from all 29 Area Offices and two additional New England States (Maine and Rhode Island) tested different ways of working with adolescents, families and partners, strategies to improve the involvement of youth in determining a permanency plan, as well as strategies to achieve permanency in a timely manner. Nearly 200 *Plan/Do/Study/Act (PDSA) projects* were conducted and posted on an Extranet Site to share promising practices. Promising Practices and Lessons Learned from this Breakthrough Series are summarized in the March, 2007 report.

Promising practices from the Breakthrough Series addressed 6 key themes: 1) Including youth in planning for their own lives; 2) Preparing youth to actively participate in planning; 3) Using broad methods to identify potential connections and resources; 4) Establishing and maintaining ongoing support; 5) Engaging youth in mentoring, training, planning and policy development; and 6) Providing education and information to families, staff and partners.

One example of a Breakthrough initiative was the Park Street Area Office including youth in the Permanency Planning Conference (PPC). This resulted in the youth being more engaged in planning permanency goals and engaging in the services to meet that goal.

Other efforts to promote effective permanency planning are summarized below.

- The Department is now providing the CQI Data Book on a quarterly basis so that Area Offices may efficiently monitor indicators, including timeliness of service plans and outcomes, thereby reviewing the effectiveness of their practice and service initiatives.

- The Department is currently exploring additional strategies for using Foster Care Alerts to provide regular feedback to the Area Offices on the effectiveness of their Service Planning.

- The Department is instituting a web-based application which supports ongoing review of progress toward service plan goals at the client, provider, Area, Region and Statewide levels.

Item 8: Reunification, guardianship, or permanent placement with relatives.
How effective is the agency in helping children in foster care return safely to their families when appropriate?

Performance

REUNIFICATION	
2002 PIP goal for % of children who reunify in less than 12 months	76.2%
Statewide % of children who reunify in less than 12 months for year ending 3/31/06	70.2% **(Currently Not Achieving 2002 PIP goal, however the Department had achieved the PIP Goal on 12/31/03 of 67.01%)**
# Area Offices that are *below* the national median of 69.9%	13
Median Time to Reunification	6.5 Months (Equal to the National Median)
National Median for Entry Cohort who are reunified in less than 12 months	39.4%
Massachusetts Entry Cohort who are reunified in less than 12 months	49.4% (Exceeded National Median)

CHILDREN EXITING FOSTER CARE	
% of children exiting foster care during 1st Quarter 2007 who returned home to family	58%
Range Across Regions	48% - 63%

GUARDIANSHIP	
% of Children for whom the goal of Guardianship was finalized within 24 months of out-of-home care (1st Quarter 2007)	58%
Range Across Regions	25% - 77%

Factors Impacting Performance

1. *Effects of Domestic Violence* "Children who live with domestic violence face numerous risks, such as the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both of their parents. All of these can lead to negative outcomes for children and clearly have an impact on them. Emerging research indicates that the harmful effects of domestic violence can negatively influence parenting behaviors. Parents who are suffering from abuse may experience higher stress levels, which in turn, can influence the nature of their relationship with and responses to their children." U.S. Department of Health and Human Services, Administration for Children and Families Children's Bureau Office on Child Abuse and Neglect, 2003

The Department's focus on domestic violence has been highlighted in the section on repeat maltreatment. It is noted here simply as an acknowledgement of the impact on reunification as well.

2. *Substance Abuse.* In 2003, experts estimated that nine percent of children in the United States (approximately six million children) were being raised by at least one parent with a substance abuse problem.

   U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. *Gateways to Information: Protecting Children and Strengthening Families, Substance Abuse and Child Maltreatment.* (2003) p.1.

   These children were more often the victims of child maltreatment, including physical, sexual and emotional abuse and/or neglect. In one study of child abuse and neglect cases reported by a California hospital, 69 percent of the parents had a history of alcoholism or alcohol abuse; and 92 percent of the parents who had been maltreated as children had been maltreated by an alcoholic parent.

   National Center on Addiction and Substance Abuse at Columbia University. *No Safe Haven: Children of Substance-Abusing Parents.* (1999) p.23.

   Across the country, substance abuse disorders are a factor in 40 to 80 percent of the families in the child welfare system.

   Child Welfare League of America. *Substance Abuse, Families, and Recovery.* National Conference, Workshop 2-A, 23 February 2004.

Substance abuse issues impact repeat maltreatment and reunification in Massachusetts as well. As noted previously, the Department has found that substance abuse issues are prevalent throughout open cases and as a result the Department instituted Substance Abuse Specialist to assist social workers in responding to these families.

3. *Quality and Frequency of Visitation.* National research clearly demonstrates that the child and family's opportunity to engage in quality visits during the time the child is in out-of-home placement positively impact the likelihood of reunification in a timely manner. The availability of

transportation for child/parents to visit also impacts both the quality and frequency of visitation.

4. *Proximity of Placement.* The further away from family that a child is placed, the greater the challenges for parents to visit or to engage in treatment or activities with the child.

5. *Age and Gender.* In a recent review of permanency exits for 368 adolescents, ages 16 and 17, the Department found that girls are four times more likely to be reunified with their families than boys. In the cohort reviewed, 60.4% of the adolescents were reunified, 9.4% had guardianships, and 1.4% were adopted. It is important to note that 28.8% exited as runaways, and that girls were twice as likely to be runaways.

6. *Acuity and Chronicity.* The severity of the emotional disturbance and trauma histories of the children has a significant impact on the likelihood of reunification. Children who enter the system with higher degrees of emotional and behavioral difficulties, and who require more intensive treatment in a highly structured setting are less likely to be reunified with their family. Reunification is also impacted by significant histories of chronic abuse and neglect, and in those cases where there has been multi-generational involvement with the Department.

As the Department implements the new web-based system for assessment and treatment planning during the summer 2007, we will have data available to profile the trauma histories and extent of behavioral and emotional challenges for children in care.

Strategies / Actions Taken

The Department has engaged in several agency-wide initiatives that positively impact children returning to their families. The practice of Six Week Placement reviews which have been instituted in a number of Area Offices leads to more focused attention on timely return of children. The efforts to institute a more strengths-based approach to service planning and use of the CANS assessment have also contributed to engaging families more effectively in identifying available strengths and resources to support child's return in a timely manner. The increased emphasis on use of local community supports and informal resources has provided families with additional connections within their local communities. The creation of aftercare, transitional, and wraparound services also aid in the return and successful transition of children back to their homes. Training for DSS Social Workers and Supervisors on Family-Centered Practice and Solution Focused case management have also had positive impacts.

One component of the Family Networks RFR was the creation of the STARR (Stabilization, Assessment and Rapid Reintegration) services. These new models have been introduced to the system as one strategy for assuring high

quality assessments and engaging families quickly in service planning to ensure that the child is able to return home safely and as quickly as possible, with the goal of preventing longer term out-of-home placement. The Department began contracting for this model of service in the spring of 2006 and is currently engaged with providers to assure fidelity to the model and monitor outcomes.

In addition to the various statewide initiatives, Area Offices have undertaken local efforts to ensure that children are returned home safely in a timely manner. A few examples of these local initiatives have been highlighted below.

Practice/Service Initiatives

- The North Central Area Office in the Central Region created an innovative *FARR* (Family Assisted Rapid Reunification) model. This model proved highly successful in stabilizing children and leading to rapid reunification when placement was necessary. Systematic reviews of children in non departmental foster care settings (IFC, group homes, and residential care) have helped the office have the lowest percentage in the Region and below the statewide average of children in these levels of care.

- The Pittsfield Area Office in the West greatly *expanded "transportation"* services for children to get to formal supervised visitations in order to return home more quickly.

- The Holyoke Area Office in the West has instituted *Enlace*, a father's education group to support fathers during reunification. This Area Office has 50% of its staff who are diverse in ethnicity and language and this has increased the quality of case management services to their ethnically diverse population.

- The Brockton Area Office has instituted *weekly* visits for the first month after reunification.

Community Partnerships

- In Worcester in the Central Region, the creation of *Worcester Communities of Care* has significantly enhanced the availability of wraparound and support services to ensure that children are safely returned or maintained with their families. This inter-agency and community collaboration has proven to be a successful model for stabilizing families. This Area has also convened the *Domestic Violence Roundtable Coordinated Community Response* which has highlighted the impact of domestic violence within families and seeks to improve a coordinated community response.

Managerial Initiatives

- The Pittsfield Area Office in the West has undertaken *increased enforcement of IFC contract standards* which call for providers to ensure at least weekly visitation for children in IFC.

Item 9: Adoption. How effective is the agency in achieving timely adoption when that is appropriate for a child?

Performance

ADOPTION	
2002 PIP Goal on adoptions occurring in less than 24 months	22.2%
Massachusetts % of adoptions occurring in less than 24 months for the 12 months ending 3/31/06	25.5% **(Achieved PIP Goal 3/31/04)**
Range across Area Offices	9.1% - 58.6%
# Area Offices that exceeded National Median	13
National Median Length of Stay for children who are adopted	32.4 months
2005 Statewide Median Length of Stay	37.0 months
2006 Statewide Median Length of Stay	34.9 months
2006 Range Across Areas	21.9 – 44.7 months
National Median on % of children in foster care for more than 17 months on 1st day of fiscal year who are adopted by end of fiscal year	20.2%
2004 Massachusetts %	13%
2006 Massachusetts %	16%
2006 Range Across Areas	4.5% - 25.4%
National Median on % of children in foster care for more than 17 months on the 1st day of the fiscal year who are not legally free for adoption who became legally free within 6 months.	8.8%
2004 Massachusetts %	5.7%
2006 Massachusetts %	5.7%
2006 Range Across Areas	1.9% - 12.4%
National Median on % of children who become legally free for adoption during the year who are adopted in less than 12 months of becoming legally free	45.8%

2004 Massachusetts %	51.3%
2006 Massachusetts %	45.2%
2006 Range Across Areas	13.3% - 77.8%
CHILDREN EXITING FOSTER CARE TO ADOPTION	
1ST Quarter Fiscal Year 2007 % of children exiting from foster care who exited to adoption	13%
Range Across Regions	9% - 16%

The Department has continued to improve performance on this indicator since the last review. Despite the fact, that we have achieved the PIP goal and strive to continue to improve our performance, the Department recognizes that there are factors which may impede continuous improvement.

Factors Impacting Performance

1. *Data Definitions.* Data for these indicators do not reflect the actual performance in timeliness of adoption. Performance is compromised by data not being entered into Family Net (SACWIS system) in a timely manner and the delayed activation of adoption subsidies. The data for these indicators is drawn from the AFCARS Foster Care file and this file uses the end-date of the child's home removal episode as the "event" date, not the date of actual legalization. For example, for the twelve months ending March, 2006, the percentage of children adopted within 24 months from placement using the Foster Care file was 25.5%. However, using the actual legalization date, the percentage is 28.6%.

2. *Legal Factors.* There have been significant legal factors that negatively impact the Department's efforts to effect adoptions in a timely manner. For example, in many Areas the Courts have had a difficult time arranging for timely permanency and termination of parental rights hearings. Massachusetts is working to address the various legal issues that contribute to longer lengths of time to adoptions. The strategies and actions that are the focus of the Department's internal work, as well as collaborative efforts with the courts and judicial system are discussed in Section IIII, Item 27.

Strategies / Actions Taken

Although the State did not meet the national standard for adoption, in the 2001 CFSR, case reviewers rated this item as a strength for DSS. There have been a number of new components added to more diligently recruit foster and adoptive parents which are supported by strong community and business partnerships. A Corporate Partnership Initiatives successfully engaged the following major businesses in the state to assist in adoption recruitment:

- Jordan's Furniture: PlusOne Challenge, Statewide Informational and Adoption party opportunities located at the Jordan's stores and in partnership with Assumption College in Worcester, MA

- BJ's Wholesale Club: Annual Discount membership opportunities to honor and demonstrate appreciation for foster and adoptive parents
- Welch's : Donations of beverages for recognition, appreciation and holiday parties across the state
- Titterington's Old English Bakery: Donations of fresh baked goods for recognition, appreciation and holiday parties across the state.

The Department has increased staffing in the Central Office Adoption Unit and in adoption units in several Area Offices since the last review. Local Area Office initiatives to promote adoption efforts are described below.

Practice / Service Initiatives

- The Boston Region maintains a pro-active approach to concurrent planning, ensuring that adoption work and ongoing case management occur simultaneously. PPCs are conducted at nine months of placement.
- The New Bedford Area Office has provided specific training to assist Social Workers in case presentations and established benchmarks that serves as supervision/ case review triggers. These efforts have improved the Area's performance on this indicator.

Community Partnerships

- The *Boston Adoption Coalition* is a partnership between Adoption Supervisors from Boston Area Offices and the private sector to work to improve adoption case practice and improve matching. The *Center for Family Connections* offers helpful adoption training consultation and therapy. The Boston Region also uses the *MARE (Massachusetts Adoption Resource Exchange) website* to recruit adoption families and to match children on the wait list. This Region is also an active participant in National Adoption Day and has established a Region-specific adoption event as well. *Jordan's Furniture* has been a strong facilitator and supporter for adoption recruitment, informational meetings, and matching. Work with children in the preparation of a *Life Book* helps children be more comfortable with adoption by removing or minimizing emotional challenges to this change in the child's life. The *Tree House Foundation* project is a new service model focused on providing a community for adoptive parents.

- The Pittsfield Area Office has exceeded the finalization goal of 30 or more cases in each fiscal year for four years in a row. The Area has established a monthly *Judge's Roundtable* and adoption decision-making is on the agenda for each of these meetings. The Community Connections project has been used to help recruit adoptive families.

Managerial Initiatives

- The Plymouth Area Office has established a *Permanency Board within the Adoption Unit* which charts each child's progress toward permanency.

- The Lynn Area Office has increased the number of Social Workers to manage adoption cases within the office. Lynn, as well as other Areas in the state, is using re-procurement within Family Networks to enhance adoption efforts and support pre-adoptive families.

- The Cambridge Area Office has encouraged permanency planning conferences at the end of six months should the movement toward reunification be seen as insufficient.

Item 10: Other planned permanent living arrangement. How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

Performance

In state fiscal year 2005, 803 foster youth and young adults ages 18 – 23 left the care of DSS without returning home or being adopted. Of this number, 506 were age 18. Of the 506 eighteen year olds discharging, 350 had a service plan goal of Living Independently. Reunify with Family was the most recent goal for 65 of these youth and 33 had a goal of Stabilize Intact Family.

YOUNG ADULTS	
In 2005, young adults ages 18-23 who left DSS	803
In 2005, young adults who continued on in placement pursuing educational / vocational training	1303

DSS accepts requests for voluntary services from former foster youth who discharged from agency care at or after age 18 and who have not yet reached the age of 21.

The Department has used its Chafee Foster Care Independence Program grant funds to prepare youth for successful transitions to adulthood with permanent connections to caring and committed adults. The Adolescent Outreach Program provided an array of services to 1521 youth and young adults ages 14 – 21 to assist them in developing necessary life skills to achieve their potential. Outreach staff assisted 990 of these youth with housing support, job search, financial aid/ college applications, Mass Health applications, and referral/resource information.

As of June 2006, youth receiving Adolescent Outreach Program services, 66% of youth were employed and additional 12% had summer jobs identified. Sixteen (16%) percent were participating in apprenticeships, paid internships or volunteer positions in preparation for paid employment. Seven (7%) percent were involved in WIA funded programs/ Career Centers. The College Mentoring Initiative took place at two community colleges and two four year colleges with 25 students participating.

Factors Impacting Performance

Nationwide, youth ages 12 and older make up roughly 45% of all youth in out of home care. In Massachusetts, this age group is even more striking with youth 12 and older comprising 59% of all youth in out of home care. Rated as an ANI in the 2001 CFSR, the need to address this population was reinforced in Massachusetts when an April, 2005 report, *18 and Out: Life after Foster Care in Massachusetts* was published by the Massachusetts Society for the Prevention of Cruelty to Children with the support of the Massachusetts Department of Social Services, described the dire consequences faced by youth leaving foster care at age 18 as well as the need for policies that support youth in attaining legal permanency and developing lifelong connections.

Strategies / Actions Taken

The Breakthrough Series on Adolescent Permanency provided a comprehensive array of promising practices to promote permanency for adolescents. One excellent example of these promising practices was initiated in the Fall River Area Office. The Breakthrough Series Team sought to identify services and supports needed by adolescents to help achieve self-sufficiency and permanency and establish responsibility for how adolescents would connect to the identified services and supports. The Area implemented the *Assessing Progress Towards Adult Self-Sufficiency* practice. The Ongoing Social Worker, the Adolescent Specialist, youth, and other significant caretakers met and discussed a plan for the following: sibling/biological family contact plan; education/vocational/ employment; expertise in daily living; housing; physical and mental health care; accessing community resources and public benefits; and relationships with caring adults.

Another example from the Lynn Area Office was the Adult Self-Sufficiency / Permanency Hearing Project. In this project, youth turning 17 met with the Counsel and the Social Worker prior to the Permanency Hearing to prepare for meeting with the Judge. Conducting this meeting prior to the Hearing ensured that the youth was better prepared to meet with the Judge and the Judge was able to hear directly from the adolescent.

In order to enhance the Department's ability to plan for successful discharges for youth, the Adolescent Services Unit has developed a *Transitional Planning Meeting Format.* There are fundamental components of all discharge plans, i.e.,

stable and appropriate housing, life long connections to a caring adult, employment/ source of income, community support system and personal goals.

The *Pathways to Success by 21* strategic initiative involving the Department of Labor and Workforce Development, Commonwealth Corporation, the regional workforce boards, community service providers and several state agencies continued to work to align youth services. The relationships that Adolescent Services/Outreach staff are developing with the local career centers is directly benefiting youth. For example, in Haverhill, the Outreach Worker was able to help two youth in acquiring full funding for post secondary school that was not Title IV eligible. The assistance totaled approximately $20,000 that would not have been covered by the Federal Education and Training Voucher or the state Foster Child Grant Program.

This year 534 current and former foster youth, foster parents, adoptive parents, group care providers, and DSS staff attended one of the 29 Educational/ Vocational Fairs presented by Outreach staff.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement. How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

Performance

At the present time, DSS does not maintain a database that reflects the distance from birth parents or communities to where children are placed. However, this was determined to be a strength in the prior CFSR.

Factors Impacting Performance

1. *Recruitment of Foster Placements.* The identification, recruitment and training of potential foster families continue to require diligent and creative efforts by the Department and its contracted providers. Each Area Office finds it a challenge to maintain a sufficiently broad base of foster care providers to meet the needs of all of the children requiring foster care in their respective areas. The Department continues to engage in an active, multi-faceted approach to the recruitment and retention of foster homes.

2. *Children Needing Specialized Programs in Congregate Care Settings.* Children who require specialized treatment programs (i.e., for juvenile fire setters or abuse reactive youth) are more likely to be placed further from home. The lower incidence of youth requiring these specialized settings in Massachusetts has limited more localized program development.

Results of a review in the Greenfield Area Office showed that only 8 of 66 children in Intensive Foster Care are placed within the 43 town catchment area. On average, children are over 35 miles from their home community.

Strategies / Actions Taken

To further strengthen the Department's performance in this area:

The *Community Connections Coalitions* have worked diligently to strengthen communities and partnerships with DSS to promote positive outcomes for children and families. Coalitions tend to partner with DSS in multiple ways, including: 1) working together to find mechanisms to improve how to better support families engaged with DSS; 2) working collectively to support foster children, their birth parents, and their foster families through provision of enrichment funds, etc.; 3) jointly planning and coordinating events that help to educate the community about the needs of families and the role of DSS in supporting them.

At the present time, several Regional Offices are undertaking a review of all children in placement who are placed outside of the Region and working with their provider networks to return these children to services in closer proximity to their home communities. For example, as noted above, the Greenfield Area Office engaged in a CQI initiative focused on the number of children who are placed out of area. As a result the Greenfield Area Office's review and collaborative efforts with providers to develop options for serving children closer to home, in January, 2007 the number of children placed in Area had increased by 50%.

Item 12: Placement With Siblings. How effective is the agency in keeping brothers and sisters together in foster care?

Performance

This was determined to be a strength in the prior CFSR. Although, DSS currently does not track statewide data on the percent of brothers and sisters who are kept together in foster care, some Regional Offices have maintained data on their local effectiveness at keeping siblings together in placement. The Boston Region reports that during 2005 they successfully placed 70% of siblings together.

Strategies / Actions Taken

To further strengthen the Department's performance in this area:

The Department's efforts to maintain siblings together were cited as a strength in the prior federal review. One important effort to further enhance our ability to keep sibling groups together is the new rate structure established for foster homes that adds incentive for foster parents to take sibling groups. A revised

policy that provides a waiver for a foster home to go over capacity is another important effort to keep siblings together. The *Tree House* model begun in 2006 also offers an exciting opportunity to promote siblings remaining together.

Perhaps most significant are the Department's enhanced efforts to identify and place children with kin. Our ability to search for extended family of children needing out of home placement has greatly improved and continue to provide additional important connections, including placement alternatives when needed. Kinship placements are more likely to result in brothers and sisters being able to remain together.

Item 13: Visiting with parents and siblings in foster care. How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

Related Agency Policies

It is the policy of the Department that the social worker arranges and enters into the family's service plan a schedule of social worker-client contacts and a child-family visitation schedule for all cases with child(ren) in placement, in accordance with the child(ren)'s needs and permanent plan. The schedule of contacts should include at least monthly visits by a social worker with the child(ren), the child(ren)'s placement resource and the child(ren)'s parents.

The schedule of child-family visitation should, in most cases, provide the opportunity for contact between the child(ren) and the parents to occur as frequently as once a week or once every other week. In no case should child-family contact be less frequent than once a month. The visitation schedule should also include contact with other sibling(s), if possible and appropriate. If the parents are separated/ divorced, both parents should be offered the opportunity for at least monthly contact with the child unless a court has entered orders to the contrary.

Performance

This was determined to be a strength in the prior CFSR.

Strategies / Actions Taken

To further strengthen the Department's performance in this area:

Since research shows that supervised visits of high quality result in earlier reunifications, specific initiatives related to improving the quality of visits were undertaken in the Plymouth Area Office in the Southeast Region and the Lowell Area Office in the Northeast Region. Plymouth has instituted a CQI activity focused on *Supervised Visitation*. The Lowell Office has established a *Visitation Center* that seeks to increase the number and quality of visits thereby promoting

safe return of the child to their home. This Area has also participated with the local *SHIFT coalition* to help parents secure and sustain suitable housing, a necessary condition of maintaining children at home.

In addition, the Department's Foster Care Support Network has included a number of strategies to promote visits with biological family while the child is in foster care.

Several Area Offices have undertaken initiatives to provide additional opportunities for visitation, including additional focus on transportation, placement in closer proximity to the child's family, and training of foster parents on working with biological families. The Fall River and New Bedford Areas have implemented exciting strategies that are described more fully under other items of this assessment.

Item 14: Preserving Connections. How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

Performance

This was determined to be a strength in the 2001 CFSR.

Strategies / Actions Taken

To further strengthen the Department's performance in this area:

The Family Networks RFR emphasized the importance of maintaining connections to community and schools.

"Fostering permanency means maximizing a child's engagement in their community, including reestablishing ties of those who have been removed from their communities. The likelihood of reunification diminishes significantly after a child has been placed out of their home for longer than three months. We must keep children as close to their home and community as possible while meeting their needs. In doing so, we must also ensure that the duration, stability, and quality of residence in a community supports healthy, permanent connections. Regular attendance at school is a vital part of a child's participation in a community. Similarly, participation in school as an engaged learner increases the likelihood of the child's success in the community."

Our Community Connections Coalitions have been instrumental in strengthening the ability of communities to support children and families. The Family Advocates have provided a significant voice in assuring that families are actively involved in planning and supporting connections to community. The Community Connections Coalitions are described more fully in Section III on Systemic Factors.

Item 15: Relative Placement. How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

Related Agency Policies

DSS Policy #2006-01, Family Resource Policy, establishes guidance regarding identification of relatives as placement resources. "… If it is not possible to maintain a child in his/her own home, and the child lives with only one parent, the Department first explores the availability and willingness of the child's non-custodial parent to provide care for the child. If placement with someone other than a parent becomes necessary to maintain safety, the Department places the highest priority on identifying a family resource from within the child's kinship or community circle, or placing the child with an unrestricted family if a kinship or child-specific family is not available…"

"To respond to situations in which it is not possible to maintain a child in her/his own home, nor with a non-custodial parent, the Department uses a multi-step process to assure the availability of quality, community-based resources for children who can benefit from placement in a family setting."

Performance

Although rated as an area of strength in the prior CFSR, the Department has effectively increased the percent of kinship placements for children requiring out of home placement over the past five years and the percentage of kinship homes has exceeded foster homes since 2003.

Of the 2042 youth ages 14 – 23 in Departmental Foster Care in December, 2005, 471 youth (23%) were in Kinship placements and 346 youth (17%) were in Child Specific homes.

During the First Quarter of State Fiscal Year 2007, of the children who required out of home placement an average of 18% statewide was placed specifically with kin. The Regions ranged from 15% to 22% of children placed specifically with kin. This percentage does not include the children who are placed in "Child Specific Homes." These homes are also significant because they include resources (family friends, or part of the child's extended community) identified specifically for this child to ensure they are able to maintain important connections.

Strategies / Actions Taken

To further strengthen the Department's performance in this area:

The Department continues to diligently pursue strategies that will increase the number of kinship connections and placement options for children in its care. We have instituted new strategies for *Family Search* which includes a concerted effort to explore relatives from the child's father's family, even when the father may be absent. The Department has also revising the CORI policy to help promote timely processing of appropriate waivers that may make it possible for children to be in kinship placements. Conditions for approval of a CORI are being established to ensure both the safety of children and opportunities to maintain kinship connections.

In addition, the Department worked with the state DEEC to change the square foot requirements relative to space needed by children and this change will enable more kinship families to consider providing appropriate living arrangements for children.

An important initiative undertaken in many Area Offices across the state was the Kinship Breakthrough Series. As a result of these efforts, Area Offices identified and implemented a variety of strategies to identify kin, work more effectively with kin to encourage either their taking the child into their home or other ongoing involvement in the child's life, and additional services or supports to enable a kinship placement.

Item 16: Relationship of child in care with parents. How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

Related Agency Policies

From DSS Policy #86-011, "Ongoing Casework Policy, Procedures and Documentation": Social Worker-Client Contact for Cases with Child(ren) in Placement and Child-Family Visitation for Cases with Child(ren) in Placement

During the time that a child is in placement, the ongoing social worker's efforts are directed toward achieving permanency for the child, preferably by facilitating the reunification of the child with her/his family. Client contacts with the social worker and visitation for the child with her/his family are vital to the process of identifying and implementing a permanent plan for the child and ensuring the child's safety and well-being.

Performance

This was determined to be a strength in the 2001 CFSR.

Strategies / Actions Taken

To further strengthen the Department's performance in this area:

The Department has a strong commitment to promoting parent-child relationships that is evidenced in policy, language in RFRs, practice and program development. The 2006 re-procurement of our Intensive Foster Care resources provided an opportunity to include language specific to expectations regarding work between intensive foster care placement agencies/their foster care resources and the biological families of the children they serve. The RFR set forth a series of expectations related to training of foster parents on work with biological families, parent-child contact and visitation, and shared efforts to promote reunification when that is the permanency goal for the child.

Our MAPP training also includes a section on working with biological families and underscores the importance of ongoing regular contact between the child and his/her parents.

Several of the Area Offices have instituted Visitation Center Programs to provide safe and nurturing opportunities for increased visitation between children, parents and siblings.

C. Child and Family Well-Being

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 17: Needs and services of child, parents, and foster parents. How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

Policy

Initial assessment of the child and family following a supported 51B must be completed within 45 days. Social workers engage the child, family and collaterals in this process.

Performance

The Department tracks the timely completion of these initial assessments completed by Social Workers. The data for the First Quarter of State Fiscal Year 2007 shows that timely completion of Assessments ranged from 49% in the Northeast Region to 75% in the Boston Region.

This area was rated as an ANI in the 2001 CFSR.

Strategies / Actions Taken

Over the past five years, the Department enhanced its existing efforts to ensure appropriate assessments of the child and family both at the time of entry into

DSS and as an ongoing activity to promote achievement of the child's permanency goal.

In addition, we have instituted a variety of new strategies to ensure that the needs of children and families are assessed effectively. The use of *Family-Group Conference*s in all Area Offices across the state has enhanced family participation in the assessment and service planning process and ensures that child and family strengths are identified and used to support achievement of the permanency goal. Approximately 500 Family Group Conferences were held between March, 2006 and March, 2007. Statewide, Family Teams have been instituted as an essential component of the service planning process.

In addition, the Family Networks RFR for Lead Agencies outlined specific expectations regarding the involvement of families in assessment and planning for services to meet their needs.

The Department has introduced the use of the CANS Assessment instrument to promote a standardized language and strengths-based approach to assessment. Use of the CANS is incorporated into family team meetings and is used as a decision-support tool and focuses the discussion on identification of areas of strength as well as those that require attention. In the near future, with the full implementation of our web-based assessment, treatment planning and progress review application, the Department will have substantial data to track the effectiveness of our assessment processes.

The Quality Service Review process initiated by the Department in January, 2007 includes a focus on the effectiveness of practices related to *Progressive Understanding* of the child and family under review. This domain in the QSR protocol assesses the extent to which the family team has access to comprehensive assessments of the child and family's needs and strengths, and whether the team's understanding of their needs is updated as new information becomes available or the family's circumstances change.

The Department has focused significant attention through the development of Family Networks on developing an array of services to meet the service needs of children and families. These services are addressed in Section III on Service Array. Specific strategies to meet the educational, health, and mental health needs of the child should be discussed under the appropriate items: item 21 for education, 22 for health and 23 for mental health.

In addition, the Department has developed a system of outcome monitoring to improve the effectiveness of contracted providers by providing specific information and expectations during the referral process and to assist DSS staff in determining whether clients are making progress in achieving the outcomes and change indicators detailed in their service plans.

One example of how a local Area Office has sought to assess and address the specialized needs of children and families is from the Northeast Region. The Lowell Area Office has worked with a number of local community agencies to address the needs of an ethnically diverse community, including the METTA Health Clinic to address the special needs of Southeast Asian population in this Area and the Lowell Community Health Center that has been nationally recognized for its ability to serve diverse populations.

Item 18: Child and family involvement in case planning. How effective is the agency in involving parents and children in the case planning process?

Performance

The Department has recently included a data element in our Family Net system that will track family participation in the case planning process. As a result, data on family participation in family team meetings will be available in the near future.

Several Area Offices track this information locally as a way to monitor their effectiveness in family engagement in treatment planning. For example, The Arlington Area Office has achieved a 76% participation rate for parental involvement in case planning conferences between July, 2006 and March, 2007.

The Department does track the number and percent of families who participate in Foster Care Reviews. During the First Quarter of State Fiscal Year 2007, the statewide average for parent participation in Foster Care Reviews was 39%, ranging from 27% to 49% across Regions.

This was rated as an ANI in the prior CFSR.

Factors Impacting Performance

1. *Transportation.*
2. *Geographic Distances.*
3. *Flexible scheduling of case conferences and treatment planning meetings.*

As the Department has taken up the work of engaging families and more strength based approaches to practice, an exploratory study was completed by Salem State College to look at the use of a Strengths-Based Service Plan (SBSP) and Traditional Service Plan (TSP). Specifically, the study looked at the practices of 485 social workers and provided work related demographics as well as a comparison of workers who employed either a SBSP or TSP. The study found that the mean age of workers using an SBSP was three years younger than those using a TSP. The mean years of employment with DSS for those using an SBSP was eight years while those using a TSP, was almost 10 years. The SBSP group included more minority workers (25% compared to 18% in the TSP group). More than a third (39%) of the SBSP group had social work degrees compared to

31% of the TSP group. Master's degrees had been obtained by 44% of the SBSP group compared to 39% of the TSP users.

The study also found that the groups were almost equal in the range of caseloads over 25 families. With the SBSP group, 41% had caseloads of 15 – 20 families, while only 29% of the TSP group reported caseloads of 15 – 20 families.

These findings help to inform the Department's efforts to revise the Service Plan goals and the revisions to our Service Plan documents that will be implemented as part of the Family Engagement model.

Strategies / Actions Taken

Over the past few years as the Department has undertaken its efforts toward system transformation, the emphasis throughout design, development, and implementation has been on the involvement of families. Family-centered practice is a core value of the agency and is prominently displayed on a Core Values poster in every single office across the state. Training has been provided to staff throughout the agency on Family-Centered Practices (See Section III on Systemic Factors).

Multiple initiatives have focused specifically on assuring that families are active participants in planning services to meet their needs. Some of those are described in other Sections of this Statewide Assessment.

Our strengths-based approaches to service planning have been effective in encouraging parents to identify the informal sources of support and the strengths of the family that promote resiliency. Initiation of Family-Group Conferences and Teaming has also brought an enhanced focus to family involvement. The Family Nurturing Programs have sought to engage families more deeply in the identification of needed services and involvement in service.

The Adolescent Outreach Program and the Adolescent Breakthrough Series have included comprehensive efforts to identify and implement strategies for engaging youth and families in the service planning process. Although youth attendance at Foster Care Review meetings has always been a standard expectation, through efforts in the Breakthrough Series Area Offices are now reporting this has now become a truly actively supported practice.

Statewide, Area Offices have been increasing efforts to provide more flexible times for case planning conferences and visits. A variety of strategies including provision of child care, transportation vouchers, and outreach by family advocates have been used in a number of Areas.

Our new Family Engagement Model will further enhance the efforts described above to more actively include families.

The Department has also focused attention on family participation through the Quality Service Review process. The Quality Service Reviews are described in Section IIII in Continuous Quality Improvement. The QSR protocols include several indicators relative to family involvement and specifically seek to determine the extent to which family's believe they have a role and voice in assessment and service planning processes. QSR interviews are conducted with parents and adolescents in the targeted cases to obtain information on personal experiences relative to involvement.

The Department is in the process of conducting a Family Satisfaction Survey to ascertain the extent to which families feel they are benefiting from services and experience positive relationships with those who are engaged in providing services. Family Perception surveys were conducted in 2006 and the results of those surveys are included in Section III on Systemic Factors.

Local Area Office efforts to increase child and family involvement in case planning are highlighted below.

- The Plymouth Area Office had a teen panel present to the CQI Team and from that presentation has established a *monthly Teen Night Support Group*. This program resulted in youth reporting that they feel "heard" by the Department and being more active participants in their case planning. The Office has also hired a *Family Advocate* who has over the past two years intensified efforts to engage families.

- The Lynn Area Office established a *Father's Support Network* to encourage increased participation in case planning by fathers.

- The Cambridge Area Office provided MBTA tokens and cab vouchers to assist parents in attending case planning conferences when *transportation* was a barrier to their involvement. The Area also uses a speaker/ conference phone when parents are unable to attend the conference in person.

- For the past five years this Office has had a Family Partner to assist in MDAT meetings. The Parent Advocacy League has also been active in supporting family involvement.

- The Pittsfield Area Office has a catchment area that covers 946 square miles so *case planning conferences have been scheduled in schools, family residences, and mental health clinics* to encourage family participation. This Area Office has provided *training for all foster parents on how they can be instrumental in helping biological parents participate* in service planning.

- The Holyoke Area Office began in 2005 *including parents on their CQI teams* as one strategy for promoting greater family participation in service planning.

- The Greenfield Area Office hosted a series of *focus groups with parents, foster parents, and teens in 2004 to explore strategies for increasing child and family involvement in service planning.* In 2006, the CQI Team brought in a parent panel to discuss their experiences with Area staff. The PATCH parents group meets annually with the Area Director to explore strategies for enhancing family involvement. There is an ongoing CQI subcommittee that addresses issues of family involvement. In 2006, staff began using the *Futures Planning Tool* with older teens to help them engage more effectively in their service planning.

Item 19: Caseworker visits with child. How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

Related Agency Policies

It is the policy of the Department that the social worker arranges and enters into the family's service plan a schedule of social worker-client contacts and a child-family visitation schedule for all cases with child(ren) in placement, in accordance with the child(ren)'s needs and permanent plan.

From DSS Policy #86-011, "Ongoing Casework Policy, Procedures and Documentation": Social Worker-Client Contact for Cases with Child(ren) in Placement and Child-Family Visitation for Cases with Child(ren) in Placement

"…The actual schedule of contacts and visitation will vary from case to case and may, in many cases, be more frequent than the minimum standard required. For example, the social worker and supervisor should consider more frequent social worker client contacts if the child has recently been placed or if the child has recently moved to a new placement. The social worker and supervisor should consider more frequent child-family visitation taking into account the age of the child and the projected date for the child's return home (or other permanent placement)."

Performance

MONTHLY SOCIAL WORKER VISITS TO CHILDREN	
1ST Quarter Fiscal Year 2007, % of children receiving monthly SW visits	70%
Range across Regions	68% - 73%

Although rated a strength in the prior CFSR, the chart above indicates that there is room for further improvement in this area.

Strategies/Actions Taken

The Department closely monitors the contacts between Social Workers and children through a monthly management report. The social worker, in discussion with the family and placement resource and in consultation with the supervisor, determines the frequency, location and method of her/his contacts with the child(ren) in placement, the placement resource and the parent(s).

If, on a particular case, monthly social worker-client contact or monthly child-family visitation is not appropriate to the child's needs or permanent plan, or are not possible to arrange, the social worker consults with the supervisor. If the supervisor approves a less than monthly contact or visitation schedule, the social worker documents the reason for this decision in the ongoing dictation in the case record.

An important new initiative over the past several months is the development of a policy related to Social Worker safety. This policy establishes a framework for promoting and responding to issues of safety for workers as they conduct home visits.

Item 20: Worker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

Related Agency Policies

See Item 19 above.

Performance

MONTHLY SOCIAL WORKER VISITS TO PARENTS	
1st Quarter Fiscal Year 2007, % of parents who received monthly visits from SW	50%
Range Across Regions	48% - 55%

The monthly visits reflected in the above table are face to face contact with parents in the family home. In addition, contact with parents occurs through phone calls, visits in the office, and home visits. As noted in Item 19, while rated a strength in the prior CFSR, the chart above indicates that in this area also, there is room for further improvement in this area.

Item 21: Educational needs of the child. How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

Related Agency Policies

DSS practices related to addressing the educational needs of children are guided by the following: DSS Policy #97-002, Educational Policy; DSS Regulations 110 CMR 7.400; McKenney-Vento Homeless Education Assistance Improvement Acts of 2001; DSS and DOE Commissioners' Directive, Guidance on Appointment of Educational Surrogate Parents. Additional information on these policies may be found in the CFSR State Policy Submission.

Performance

This was determined to be an ANI in the prior CFSR.

Strategies / Actions Taken

DSS has been developing an increasing array of activities in partnership with local public schools. These include the School and Community Support Collaborative, the ASE partnership, the EOHHS Schools Initiative, the Education Liaisons in each of the Lead Agencies, the Breakthrough Series Education Initiative in Haverhill, the developing relationship with the Holyoke School System, and the publication of the DSS Schools newsletter. At the same time, individual Area Offices have established innovative partnerships with schools on their own, as is the case with the Attleboro Adolescent Team, the New Bedford Community Connections work on foster child achievement and the Park Street work with the Martin Luther King School.

Most Area Offices have established monthly meetings with School Superintendents and Special Education Directors. Schools are invited to participate in service planning conferences for individual children and families. The Department is exploring the benefits of having Social Workers "outstationed" in public schools. There are now 3 Area Offices who have placed Social Workers in local school systems.

Local Area Office initiatives to focus additional attention on addressing children's educational needs and working collaboratively with school departments are summarized below.

- The Greenfield Area Office utilized DSS/DOE *grant funds to support foster and at risk children with in school counseling and after school/summer enrichment activities in the Athol/Royalston Public Schools* from 2001 through the present. In the fall of 2006, the Area organized a *CQI CAT team to review how far children are placed from their home school*. This CQI review led to a partnering with Athol, Orange, Mahar Regional and Montague schools to recruit foster homes so that children can be placed in their school district when the enter care. In 2004 and 2005, a CQI CAT team focused on adolescent permanency tracked youth's progress in school. Children who were out of school were referred to a GED program.

- The Holyoke Area Office obtained an EOHHS grant to work in collaboration with the Agawam and Holyoke Schools. The Special Education Director and School Adjustment Counselors from the local school systems have been participants on the Area Office CQI Team since 2005.

- The Pittsfield Area Office has engaged in a number of activities to promote collaboration with schools and to address specialized educational needs of youth. The Area Office *tracks the specific educational location of all children to review whether they are in an appropriate educational setting and close to their home communities*. The Area Office has provided a number of *trainings for Area Office staff on the McKenney Vento Homeless Act* and its relevance to the educational services received by children in the Area. The Area has been working to address the CHINS "truants" and "school offender" issues with the cities of North Adams and Pittsfield School districts. In 2002, this office participated in a "CHINS Diversion" program with the Berkshire juvenile court, and *partnered with the Pittsfield School District on it "Healthy Schools" initiative* in 2005. Two other unique initiatives in this Area Office involved working with a local residential provider to *develop a "day program"* available to both the Department and to school districts, as well as worked with the Department of Employment/Training to access GED and other educational/ training opportunities for older youth. Finally, the Area Office has partnered with DOE to provide *greater pool of "Educational Surrogate Parents"* for all children in DSS custody.

- The Cape Ann Area Office provides *training for foster parents on how to be effective educational advocates* for children in their care. The Salem Youth Collaborative is a multi-agency group in the Area seeking to co-operatively address educational, mental health, court and DSS issues.

- The Lowell Area Office has established close working relationships with school Homeless Coordinators. The *Family Literacy Center* has been an excellent source of support and services to promote educational goals in this Area.

- The Boston Region has engaged in a variety of initiatives designed to enhance educational services to children in DSS custody. They have maintained truly active engagement with the Boston Public Schools at both an individual client and system level. In 2005, the Boston Region began a project with the South Shore Educational Collaborative through a community support grant to help children in foster homes and other at-risk students succeed in school. Their *Boston 0 – 5 initiative* has been designed to improve early childhood heath education in Boston to more effectively prepare children for first grade.

- The Park Street Area Office has established a *Truancy Project* with the Martin Luther King Middle School designed to help children remain in school.

- The Attleboro Area Office Adolescent Team meets monthly with the Middle and High Schools, and probation officers, in an effort to promote early identification of children who are having difficulty at school and/or home and may be at risk of becoming a CHINS case. The DSS Team approaches the families to offer voluntary services. This early identification provides an opportunity to build in supports that the family / child may need. As a result of this work, the Adolescent Team has been able to divert a substantial number of youth from long term residential. Two years ago, the Team had twenty (20) youth in residential care. As of March, 2007, the Team has only five (5) youth in residential treatment.

  The Office has identified *liaisons for all of the local schools.* This has led to a better understanding of the roles and assists in identifying children who may be at risk for out of home placement. The city of Taunton has organized a CHIPS program which is a *truancy diversion* program and staff from the Attleboro Area Office are active participants in this collaborative effort.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Related Agency Policies

DSS Policy #85-003 "Health Care Services to Children in Placement," sets forth expectations regarding addressing physical health and medical needs of children in placement, including initial exams and ongoing continuity of medical care.

If the child(ren) did not have his/her last routine medical exam within the PGH periodicity schedule or the social worker is unable to determine the date of the child(ren)'s last exam, the social worker ensures that the health care provider is contacted within ten (10) days of the child(ren)'s placement to schedule an appointment and that the appointment occurs as soon as possible."

All children who enter the care or custody of the Department must have a health care screening within seven (7) calendar days of entering the care or custody of DSS.

Performance

This was determined to be an ANI in the prior CFSR.

Strategies / Actions Taken

Over the past year the Department has directed significant effort to working with other state agencies and medical professionals to enhance the coordination and provision of medical services to children in DSS custody. A Medical Director will soon be available to guide the Department's efforts to respond to the medical needs of children. Psychiatric consultation services are available to DSS Area Offices through an inter-agency agreement with the Department of Mental Health.

Local Area Office initiatives are summarized below.

- The Worcester West Area Office has partnered with the UMass FACES Clinic to create a collaborative program which ensures that children in care are receiving 7-day screenings and 30-day medical examinations.
- The Holyoke Area Office has partnered with the Holyoke Health Center since 2003 to have physical exams for children in DSS care. In 2006, a high profile case in the Holyoke Area identified the lack of coordination/ communication among medical/mental health providers. The Area Office has been actively engaged in developing strategies to improve the coordination and communication. One of the results of this high profile case has been the revision of the Department's DNR policy and the Holyoke Office has been an active contributor to that revision.
- The Pittsfield Area Office developed a formal "Medical Records" Center in the Area Office in September, 2001. The staff person in the Center has developed connections with all pediatric nurse practitioners county-wide and enters all medical, dental, and immunizations for all children in DSS custody. Access to dental care for DSS children continues to be a challenge in this area due to a lack of resources, and the Area Office identified the dental needs of DSS children in work with the Berkshire Chapter of the Massachusetts Dental Society. Two additional dentists available to take Mass Health insured clients have been identified. Between 2002 and 2004, the Area Office worked to identify Pediatric Nurses available to treat children in placement. This information was then shared with all foster parents in the Area. The Area Office participated with the Berkshire Navigation Group in 2003 in Northern Berkshire County to address children's health needs.
- The North Central Area Office participates in the MECLI project which ensures that every child coming into care was screened for Early Intervention eligibility.
- The Dimock Street Area Office has added a pediatrician to the Area's MDAT Team.

Item 23: Mental/behavioral health of the child. How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Related Agency Policies

The practices of the Department relative to mental/behavioral health needs of children are guided by Commissioner's Directive, October, 1998, DSS Policy #92-0001 on Adolescent Sexual Offenders, and Policy #98-001 on Placement of Children with Identified Fire Setting/Arson and/or Sexually Offending Behavior. See CFSR Policy Submission.

The Division of Medical Assistance has required a behavioral health screening as a component of a comprehensive annual examination known as the EPSDT exam. This requirement includes a behavioral health screening be done for foster children at the 30 day initial EPSDT exam and annually thereafter.

Performance

This was determined to be an ANI in the prior CFSR.

Strategies / Actions Taken

As noted previously, the Department has instituted the CANS Assessment to assist in identification of needs and strengths and to support effective service planning. This standardized assessment will provide us with important data to profile the mental / behavioral health needs of children. The Family Net Service and Transition Planning web application (described in a previous section) includes the CANS Assessment and provides an opportunity for efficient data collection, analysis, and reporting. An Early Adopters phase of implementation of this web application was conducted between December, 2006 and March, 2007. The application is being rolled out to providers across the state between April and June of this year. As data becomes available we will be able to provide profiling and outcome reporting on mental/behavioral health needs of children and families to all Area Offices across the state.

In 2003, the Department hired a Mental Health Specialist in each Regional Office to provide consultation to the Areas on child specific cases where there are substantive mental/behavioral health issues and to work collaboratively with psychiatric hospitals on DSS children who have been admitted for acute psychiatric care. During the summer of 2005, the Department re-established positions for Regional Clinical Managers who also provide technical assistance, support, and consultation to the Area Offices on challenging or clinically complex cases.

Information on inter-agency collaboration and the planning resulting from the Rosie D. lawsuit related to the mental / behavioral health needs of children in DSS custody is included in Section IIII.

The Department has partnered with Boston University to establish a certification program related to Trauma Treatment. Seven supervisors are currently participating in this program.

The Collaborative Assessment Program (CAP) is a jointly sponsored program of the Department of Social Services (DSS) and the Department of Mental Health (DMH) with some assistance from the Division of Medical Assistance (DMA). The program provides a single point of entry into DSS and/or DMH services for youth who have serious emotional disturbance and are at risk of residential placement. CAP provides prompt, comprehensive, strengths-based family and child assessments along with parent support programming. Immediate, intensive and flexible community-based services are used to stabilize the child during the assessment period. One goal of CAP is to divert children from inappropriate residential placements. When appropriate, CAP designates agency responsibility to assume ongoing case management.

Within one month of a child or youth being determined eligible for the CAP, program, CAP staff complete a comprehensive assessment. This assessment takes into account the mental health as well as safety and permanence needs of the child, while incorporating the family's perspective on what will address their needs.

Local Area Office initiatives and collaborative arrangements with community organizations and state agencies to address the mental/behavioral health needs of children and families are highlighted below.

- The Greenfield Area Office has contracted with the Cutchins Center to provide expert trauma and attachment treatment to children. This contract also supports collateral and court work on these cases.
- The Pittsfield Area Office has worked closely with the Massachusetts Behavioral Health Partnership to expand the use of mental health services through the Brien Mental Health Center and MSPCC Family Counseling Center. The Area is an active weekly partner in the local "child psychiatric" program for children in hospitals.
- The Arlington Area Office has maintained a contract with Children's Charter Clinic since 2002 to provide mental/behavioral health services to uninsured families. This Area Office also has twice monthly consults arranged with a DMH Child Psychiatrist that has been quite beneficial in supporting Social Workers to identify and address mental/behavioral health needs of their clients.

- The Cape Ann Area Office has included medical personnel on their Area CQI Team and other local committees. The Area has also partnered with Mass General Hospital in training medical interns.
- The Boston Region has taken a proactive systems approach to addressing mental/behavioral health issues for children and families. In 2001, they convened a monthly Clinical Team meeting. They facilitate this interagency team and assist in interagency consultations, advise Area Offices on DMH eligibility issues, facilitate collaborative interagency team meetings. In 2005 an initiative related to mental health crisis planning was begun. Through this initiative over 100 families have been assisted in the development of case specific safety plans for children at risk of psychiatric hospitalizations.
- The Dimock Street Area Office has the participation of a DMH clinical psychologist on the Area Clinical Review Team. The Area sends a representative to the weekly Community meeting with police and report back to staff on specific neighborhood safety issues within the catchment area that may be impacting families. The Area uses Mobile Assessment Services to obtain timely assessment information to make decisions regarding the emergent needs of children and families.

SECTION V

STRENGTHS AND NEEDS

SECTION V.

Strengths and Needs

The occasion of the second Child and Family Service Review of the Massachusetts Department of Social Services provides the Department the opportunity to assess its progress in improving its child welfare practice in the six years intervening since the first review. To assess the Department's progress, it is essential to identify its strategy for improvement and to evaluate how the Department has implemented its strategy. Finally, any genuine assessment of progress has to judge the wisdom of the Department's strategic choices: Do those strategic choices afford the best chance of advancing the safety, permanency and well-being of children in the Commonwealth of Massachusetts?

In the years since the first CFSR, the Department has made an unequivocal strategic choice, from which all of the Department's actions and outcomes flow: the Department has decided to undertake a wholesale revision of all aspects of its practice model. In making this decision, the Department has rejected the alternative approach of concentrating its efforts on making incremental improvements in its existing practice. Since the entire revision of the Department's practice model is anticipated to take a decade from start to finish, with roughly five years to go, the Department has not demonstrated significant interim improvement in most outcome measures. In deciding its strategy, the Department recognized that the focus on comprehensive revision would undermine the prospects for incremental improvements. The Department believes, however, that the lack of coherence in the Department's practice, as it has evolved over twenty-five years, and the inherent weaknesses of some elements of the traditional models of practice employed in Massachusetts and throughout the nation, not only justify but compel a comprehensive renovation of child welfare practice.

This judgment derives from four basic propositions about child welfare practice, as exemplified in Massachusetts DSS:

1) The fundamental confounding of adversarial and therapeutic practice inherent in the traditional sequence of investigation, assessment and ongoing practice applied in an undifferentiated way to all families poses a structural barrier to significant, sustained improvement in permanency outcomes for children.
2) The isolation of child welfare workers imposed by the traditional model of case assignment and accountability greatly reduces the effectiveness of child welfare workers, and encourages both idiosyncratic and risk-averse practice that fails to appropriately integrate safety and permanency in the decisions made about children and families.

3) The under-management of services, from the initial assessment of service need to the integration of services to achieve desired outcomes, significantly reduces the chances that children will achieve permanency.
4) The prevailing "industrial" model of child welfare practice, emphasizing compliance with defined routines through the application of organizational sanctions, prevents continuous learning and improvement in practice. This ensures that incremental improvements, achieved through compliance, will at best be modest, irregular and subject to a ceiling effect that will prevent further improvement. In consequence, all children may be denied lives that ought to be available to them, and children of color in particular will continue to experience overrepresentation in the system and disparate outcomes.

Based on these diagnoses of the Department's practice challenge, the Department concluded that substantial sustained improvement in outcomes for children could only be achieved through a thorough reexamination of all aspects of practice and the development of a revised practice model, based on the best learning from Massachusetts practice and the practice of other states. In 2002, Massachusetts DSS defined six Core Practice Values that it believed should characterize its child welfare practice: Child Driven, Family Centered, Community Connected, Strength Based, Committed to Diversity and Cultural Competence, and Committed to Continuous Learning. The Department posited that a practice grounded in these six values would best achieve Safety, Permanency and Well-Being for children. In 2003, the Department set out its basic model for the renovation of practice in what was termed the "Integration Map", and has continued to elaborate and implement that model since. The Integration Map defines the organizational changes that are necessary to scaffold a child welfare practice that embodies the six core values. The Department currently projects that the model will be fully designed by 2010, and will then be implemented across the Department. However, the model will continue to be dynamic, rather than static, and subject to continuous improvement thereafter.

Obviously, the comprehensive reexamination of all aspects of child welfare practice in Massachusetts has required enormous energies of the Department. In general, the first impact of a major change in organizational processes is a reduction in effectiveness, as the organization learns and adapts to new procedures and roles. This is known as the "implementation effect". It is a measure of the competence of Departmental staff that there is no evidence of such an effect in the Department's outcome measures, even as the Department has weathered the inevitable storms that attend on the implementation of its first major system revision, Family Networks. This offers heartening evidence that the Department can undergo a comprehensive renovation in practice without suffering diminished outcomes for the children and families it supports.

Strengths of the Department's Performance

Strength: Family Networks

The first comprehensive revision of practice undertaken by the Department was the implementation of Family Networks, the Department's new model of service management and integration. Family Networks had three major goals:

1) The establishment of a system of care that could support the gradual development of a community-based continuum of services that could keep children close to home with continuity in community relationships, and reduce the Department's historic reliance on long-term residential placement;
2) The introduction of a family-centered model of assessment and care management that accorded families a significant role in developing service plans and monitoring their implementation, through the utilization of Family Team Meetings for families receiving services;
3) A dramatic increase in the Department's capacity to support the educational needs of children receiving support from the Department, through the introduction of Area Office based education specialists and through a consistent, sustained effort to improve relations with the Commonwealth's public school systems.

Less than a year after the completion of the Department's reprocurement of $300 million worth of services, Family Networks has given evidence of substantially accomplishing these three goals. In the three years since the Department declared its intention to reduce its reliance on long term residential care, the Department has reduced its census in long term self-contained residential placements by over 20%. Every Area Office has implemented the use of Family Team Meetings, and the Department's relationship with Massachusetts' schools is rapidly improving. While there is continued work to be done to further improve practice in each of these three areas, the Department has demonstrated that the structure of Family Networks supports improvement in each of the targeted areas of practice.

In the process of implementing Family Networks, DSS has also introduced three new elements that will support both consistency and continuous improvement in practice: 1) A treatment planning system that standardizes provider treatment plans and brings them into the Department's case record system, FamilyNet; 2) A data system that shows all movements of children in placement for each Area Office and for each key provider, greatly strengthening our capacity to monitor both placement stability and movement toward permanency outcomes; and, 3) A standardized assessment tool, CANS, which has subsequently been adopted by the entire Executive Office of Health and Human Services for assessing children's needs and capacities.

It is important to note that while we discuss the implementation of Family Networks as an accomplishment of the Department, it is in fact an achievement of the entire system of care. Leadership in implementation and fundamental organizational "reengineering" often have been the achievements of the provider sector of the system of care as much or more than they have been achievements of the Department.

Strength: Teaming and the Family Engagement Model

For the past three years, the Department has been engaged in the formulation of two major revisions in child welfare practice: Teaming and the Family Engagement Model. In the course of developing these two revisions to practice, the Department has come to understand that the two are mutually reinforcing and that they need to be implemented in tandem to realize their full potential for improving outcomes. Teaming turns out to be the work process that best enables and supports the execution of the Family Engagement Model of child welfare practice.

Teaming is designed as a work process that recognizes that child welfare practice is a clinical practice; in clinical practice, consultation with peers is the all-important activity that supports quality clinical judgments. The isolated clinician is prone to idiosyncratic practice, to errors of unchecked counter transference and other distorted perceptions, and to faulty risk assessment. The historic model of child welfare practice relies on clinical supervision to counter these practice failings, but that hierarchical relationship builds in far too much systematic deference to the judgment of the isolated supervisor to effectively address the risks of solo practice. At the same time, it models a relationship of hierarchy and compliance that then usurps the relationship between social worker and family.

Teaming offers an alternative model of peer consultation in the context of group and individual supervision. Cases are assigned to the five member team of social workers, who organize their work under the guidance of the supervisor. Social workers share their observations of family dynamics, risk calculations are discussed together, and treatment judgments are subjected to multiple perspectives through team deliberation. The teaming model values differences of judgment and opinion as a valuable corrective to the errors inherent in isolated perception and judgment. The model of the solo practitioner under supervision, in contrast, values compliance and suppresses the learning that derives from variation in clinical judgment.

As the Department tested models of teaming, it discovered that teams were hungry for learning on family-centered practice. Where it often proved difficult to convince solo social workers of the value of family-centered practice, much less to successfully implement it, teaming seemed to draw family-centered practice naturally in its wake. The processes of building a team and of group deliberation seemed to nourish family-centered practice naturally. And as the work of teams

advanced, they often engaged the community more directly in their child welfare practice, and aspired to realize the Department's six core values in their work with families and children. The link to the Family Engagement Model seemed obvious and inevitable.

The ninety member design team enlisted through Working with Families Right from the Start realized the close consonance of teaming with their emerging practice model, the Family Engagement Model, in the course of their work. They proposed a practice model that differentiated among families involved with the Department through clinical judgment informed by an actuarial risk assessment tool. This differential response model would draw on the best experience of other states, but would further evolve the model to make it more strength-based and more sensitive to the risks to children and families of color as evidenced in disproportionality and disparate outcomes. Finally, they proposed that it only be implemented in offices that were already practicing teaming, to ensure the full realization of the model's potential.
To ensure that the Family Engagement Model truly incorporates community-connected practice, it promotes the revitalization of Area Boards for our Area Offices, the expansion of Community Connections Coalitions, the outposting of staff to PATCH sites and schools, collaboration with other public and community agencies and increased staff for community resource development work. The model additionally includes improved action planning, utilizing new tools that build on family strengths, maximize family participation, and focus interventions; and new approaches for sustained engagement of youth and families that draw on research-based practices such as motivational interviewing and solution-focused interventions.

Strength: A More Mature Continuous Quality Improvement System
Since the last CFSR, the Department has introduced continuous quality improvement as a core activity in all aspects of the Department's practice. In the first phase of CQI, the Department introduced the uses of data for learning, rather than for accountability and compliance. Engaging staff and community members through analysis of performance data was encouraged, and all Area and Regional Offices established CQI committees, with staff and community members. The approach was purposely relatively informal, to foster comfort with CQI as a valuable aspect of practice.

The Department has now embarked on Phase II of its CQI development. In this phase, the data assembled for analysis is being expanded both in extent and in nature, with qualitative case review data supplementing the quantitative data that characterized Phase I. The CQI analysis is being made more systematic and uniform, and CQI is taking form in the agency as the scaffold for the development of systematic practice improvement strategy in each Area Office. In this way, the Department is moving from one overall statewide practice improvement strategy to the development of twenty-nine area specific practice improvement strategies, which are both derived from and contribute to the statewide strategy. The

Department characterizes this change as moving from an undifferentiated reliance on policy as the primary vehicle of practice improvement to incorporate "situated problem solving" as a major focus of customized improvement strategies.

In pursuit of this goal:

- We have developed a CQI DataBook, which is distributed to all Area Offices on a quarterly basis. In addition to the CFSR outcome indicators related to safety, permanency and well-being, the DataBook provides Area Office managers with detailed information about a wide range of clinical and managerial practices, including the timeliness of investigations, assessments and service plans, the quality of permanency planning, and racial/ethnic disparities in outcomes. The DataBook will be used by managers to establish benchmarks and monitor performance.

- We have developed Quality Service Review Teams in each of our six DSS regions, and are in the process of conducting reviews in six pilot DSS Area Offices. The QSR methodology was developed in partnership with Human Systems and Outcomes, but was modified to meet the specific needs of the Department. In addition to assessing the status of children and families in a random sample of cases, the QSR tests system performance in a variety of practice domains, including family engagement, progressive understanding, treatment planning, care coordination, and service adequacy. Following the reviews, the teams meet to debrief and develop practice themes and ratings. They then present their findings to Area Office staff and other invitees in a "grand rounds" format. To date, 72 reviewers have been trained, including DSS supervisors and managers, and lead agency and provider staff. Three Area Offices have completed a QSR. The next round of training, scheduled for September, 2007, will include parents, youth and other community residents.

- We have scheduled a series of "learning forums" for Central, Regional and Area Office staff, during which we will discuss Area Office performance with regard to everyday practice and child and family outcomes. The CQI DataBook and the QSR reports will be source documents for these forums, as will information gleaned from local CQI team meetings, foster care reviews, and critical incident reports. It is expected that Area managers will develop strategic plans in response to the findings of these learning forums. The forums will also be structured to promote the dissemination of best practices.

- We have developed two new web-based applications that will promote performance monitoring; one will allow DSS and provider staff to track the treatment progress of all children receiving services through Family

Networks, our newly-procured service system; the other will allow staff to closely monitor the stability of children in placement, including lateral moves, “step-ups” to and “stepdowns” from more intensive service levels.

- We have developed and pilot tested a training module for supervisors that will enhance their capacity to focus on outcomes as well as practice. Entitled “Reflective Supervision and Quality Improvement”, the seminar examines DSS performance in relation to CFSR outcomes, and provides tools for data “drill down” and performance analysis in the CQI cycle. The training reinforces the critical role of the supervisor in outcomes management and performance improvement, while also recognizing differences in learning styles, and the ways in which organizational culture can enhance or serve as a barrier to learning.

Strength: A Strategy for Reducing Disproportionality and Disparate Outcomes

For the past three years, the Department has been actively supporting the expansion and empowerment of its organization of staff of color, the Commissioner’s Advisory Committee on Racial, Ethnic and Linguistic Minority Affairs (RELMA). What was previously a small but persistent statewide committee of some 15-20 active members has undertaken to transform and strengthen itself through the creation of twenty-nine Area Office RELMA chapters. These chapters each have one representative and an alternate on a statewide RELMA Board.

These twenty-nine RELMA chapters constitute the engine of the Department’s commitment to reduce and eventually eliminate the disproportionate representation of children of color in the Commonwealth’s child welfare system. The RELMA chapters will each work with their respective Area Office management team to develop a strategy for the reduction of disproportionality in their Office. The development of these strategies will occur concurrently with the implementation of the “learning forums” as the venue for the adoption of Area Office practice improvement strategies, and will be the sole mandatory topic in every Area Office strategic plan. By coupling the development of a disproportionality strategy with the rollout of the CQI learning forums, each local RELMA chapter can receive training in using CQI to diagnose disproportionality, and in developing and negotiating a disproportionality strategy with their local management team and office staff. The learning forum then becomes a locus for assuring the successful adoption of a disproportionality strategy by each Area Office, and the successful integration of the local RELMA chapter into Area Office operations.

Strength: A Strategic Focus on Adolescents in Out-Of-Home Care

In order for the Department to ensure that all children arrive at adulthood with a family or the closest approximation to a family that the Department can support a young person to achieve, the Department needs to develop its capacities to

support permanency for adolescents. In pursuit of that goal, the Department has sponsored:

- A statewide Breakthrough Series on Adolescent Permanency, involving the participation of all 29 DSS area offices, resulting in hundreds of small tests of change (PDSA's), aimed at increasing permanency for adolescents. A collaborative learning environment was supported through three widely attended conferences, bi-monthly conference calls, an extranet site and a monthly newsletter. Promising practices resulting from the Breakthrough Series included strategies and methods for:
  (1) using mediation to support intact families;
  (2) encouraging youth over age 18 to remain in care and receive support from the Department;
  (3) engaging youth in mentoring, planning and policy development; and
  (4) identifying potential kinship resources

- Adolescents are now attending permanency hearings in various areas across the state, as a result of a pilot project first begun in our Lynn Office. During the hearings, youth are empowered to tell their stories, state their placement preferences, and identify supports needed to achieve their goals. The success of this initiative will lead to the adoption of this practice statewide within the year, thanks to the close working relationship between the Department, the courts and the Committee for Public Counsel Services.

- We are now training supervisors in permanency planning for older youth through a three year grant from the Administration for Children and Families. The training, which is provided through a contract with the Center for Adoption Research at the University of Massachusetts Medical Center, promotes life skills development and lifelong connections for adolescents as a core supervisory practice. By year three (2009) all 400 of our supervisors will be trained in permanency methods.

Strength: Professional Development

Three years ago, the Department developed the Child Welfare Institute by entering into a partnership with the Salem State College School of Social Work and the University of Massachusetts Medical School. At the same time, the Department's professional development budget was increased from $400,000 to $3 million. Since that time, we have utilized the resources of these institutions of higher education, as well as those of many other consultants, trainers and training organizations to advance the competencies of our staff at all levels.

Through the Child Welfare Institute, we have improved and increased our professional development offerings to our professional partners in child welfare: our foster and adoptive parents.

We have developed an expanded pre-service training program for our newly hired social workers, as well as a rigorous new certification program for our supervisory staff. We have also offered an advanced training program for selected “practice leaders” in family-centered approaches and trauma treatment, and a comprehensive leadership development program for both managers and line staff. Support for MSW education continues to be a priority for us; we are now providing full tuition fellowships for 45 staff, and partial tuition reimbursement for numerous others. A variety of workshops, seminars and conferences on child welfare-related topics are routinely available to staff; each year over one-third of our staff avail themselves of these resources.

We have also modified and expanded our award-winning pre-service training program for prospective foster parents, and we are in the process of developing both an e-learning program to better meet the training needs of our current foster parents.

We are also developing a Provider Center within the Institute, where we will offer workshops and seminars in management, leadership and the latest in evidence-based practices and programs. During the past two years, we have offered a Provider Leadership Program and an Advanced Provider Leadership Program provided under the direction of William Kahn, Ph.D., Professor in the BU School of Management. Twenty three (23) provider agencies have participated in this nine month program.

Strength: CHINS reform

Five years ago, the Department declared that the reform of the Commonwealth’s CHINS statute was one of its primary goals. After an unsuccessful effort to lead an effort to enlist other agencies and branches of government in the revision of the state’s statute, the Department happily relinquished the leadership of the effort to the Legislature itself. Over the course of the past year, the leadership of the Legislature’s Joint Committee on Children, Families and Disabled Persons has organized a broadly participatory process to comprehensively reconceive and redraft the Commonwealth’s CHINS statute. The Department has been an integral part of this effort. This fall, the Committee’s leadership expects to introduce a proposed new statute for consideration by the Legislature and the Commonwealth’s citizens.

Strength: Transparency and Participation

The Department has involved parents, youth and community partners/residents in all key aspects of agency operations. Various committees, advisory groups and panels, comprised of parents, youth and community residents provide input into the strategic direction of the agency. For example, more than fifty family members and community members participated in the initial design of our Family

Engagement Model. Over two dozen parents meet quarterly with our Commissioner to advise him on matters pertaining to policy and program development; similarly, we have a Parent Panel providing input into the design of our core training for new employees. When we issued a request for proposals (RFP) for the reprocurement of our Family Networks system of social services, we trained parents and other community members to be part of our proposal review teams. In our Community Connections Coalitions, we have engaged parents to ensure that DSS practices are in line with family-centered and strength-based approaches. We are in the process of recruiting community representatives to sit on CQI Teams in our pilot sites, and to conduct parent satisfaction surveys. Our Youth Advisory Committee meets regularly with our Assistant Commissioner for Foster, Adoptive and Adolescent Services, to help shape youth permanency programming and policy. A number of advisory groups (e.g., the Practice Committee, the Provider Advisory Committee) have contributed to the development of the Family Networks model and continue to troubleshoot its operation. It is important to note that we are completely open with external stakeholders with regard to the performance of our agency: we now distribute our CQI DataBook to all members of our CQI teams, to staff at the Executive Office of Human Services, to various Legislative oversight committees, and to our Provider Advisory Committee, so that these groups may be familiar with the strengths and challenges of our work with children and families.

Areas in Need of Improvement

We need to:

- Reduce variation in Area Office practice: absent a well-defined practice model, Area Office work with children and families is bounded by local norms, standards and priorities. The result is striking difference in key areas of practice and outcomes. When Area Offices are grouped by quartiles on CFSR indicators, for example, it is immediately clear that Areas do not achieve consistency across the outcomes of safety, permanency and well-being. We expect, however, that our newly developed Family Engagement Model, with its emphasis on structured decision making, will lead toward greater standardization of practice.
- Achieve a greater balance of “relationship and results”: DSS is moving away from an industrial model of child welfare practice, with its emphasis on blame and compliance, towards a professional practice model, with its focus on learning and continuous improvement. Over the past five years, the agency has made remarkable progress in developing rapport, trust and open dialogue across all levels of the organization. It is time now to leverage our relational capacities to further build the learning organization; one that uses information in a systematic way to improve performance
- Develop the strategic planning capacity of our Area and Regional management staff: few managers in our Areas and Regions have had formal management training, and they need support in developing related

skills (e.g., ensuring accountability for results, determining goals, milestones and outcomes, making results-focused decisions). In a recent survey of 160 DSS managers, 40% of the respondents indicated that they needed help in developing competencies related to strategic thinking, performance management, and other management skills. We intend to use the results of the survey to plan a management training program within the Child Welfare Institute.

- Most of all, we need to move to implement our plan for practice improvement, through the implementation of a revised model of child welfare practice: Family Networks, CQI, Teaming and the Family Engagement Model, expanded professional development through the Child Welfare Institute, CHINS reform, strategies for advancing adolescent permanency, and strategies to reduce disproportionality and disparate outcomes. If we can implement all of these across the Department's twenty-nine Area Offices in the next five years, we are confident that we will then be able to consistently and substantially improve safety, permanency and well-being outcomes for all children involved in the child welfare system.

The CFSR indicators that the Department will continue to focus performance improvement efforts on the following indicators: Reduce Maltreatment Recurrence; Improve Placement Stability; Improve Reunification Timeliness; and Improve Adoption Timeliness. The structural, practice, and policy initiatives summarized throughout the self-assessment will promote continued ongoing improvement in each of these areas.

SECTION VI

RECOMMENDED SITES FOR THE CFSR REVIEW

Section: VI

RECOMMENDED SITES FOR THE CFSR REVIEW

South Central Area Office: Rationale

The South Central Area Office catchment area includes a number of semi-rural and suburban towns, many of which were former mill towns. There is increasing residential development in the area due to the proximity of a major highway (Route 495), the availability of large tracts of land, and a nearby commuter rail line. Whitinsville, where the DSS Area Office is located, is located in a small town of approximately 7,000 residents. The remaining towns in the area have populations ranging from 5000 to 30,000, and are overwhelming (90-95%) white in terms of race and ethnicity. The median household income for the area approximates the statewide average, and the unemployment rate (6%) is only slightly above the statewide average.

Among the notable aspects of the South Central Area office are these:

- A pilot site for “finding Families”, developing location strategies to find extended family members for children who have lost their family ties;
- A member of Worcester Communities of Care, an early intervention wraparound model, using flexible funding to serve children between the ages of 6 and 15 with serious emotional disturbance and their families;
- A partner in the Southbridge Community Connections Coalition, an association of organizations and neighborhood residents mobilized to provide comprehensive family supports;
- A diversion program with the Dudley District Court to better meet the needs of children identified as a “Child in Need of Services (CHINS);
- A program to promote “Family Access and Reunification; and
- A Family engagement Leadership Team, helping to develop the new DSS practice model.

The CFSR Data Profile indicates that the South Central Area Office currently ranks third among area offices statewide in reunifying children in less than 12 months, placing them close (74%) to the national 75th percentile. On the other hand, a significant percentage of children in the South central area experience repeat maltreatment (14%, more than double the national standard of 5.4%).

Lawrence Area Office: Rationale

The Lawrence Area Office is challenged by many family and community stressors, including:

- Extreme poverty: Lawrence is the 24th poorest city in the United States;
- High unemployment;
- Immigration issues: Many first generation families experiencing acculturation stress and fear of government systems, lack of health insurance;
- An underperforming school system;
- Long wait lists for social services.
-

The office has a diverse staff: 50% are bilingual

The office has many innovative programs and strong community relationships. For example, the office:

- Serves as a pilot site for "Connecting Families" a program sponsored by the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) aimed at diverting at-risk families from the Child Welfare System;
- Is in the process of building a patch program to access the services of faith-based organizations and neighborhood organizations on behalf of families;
- Has developed an active foster care recruitment program in the Spanish-speaking community (90% of the area office caseload is Latino);
- Is using family group conferencing to build kinship support;
- Has developed a program with the Essex County Juvenile Court to involve youth in permanency hearings.

The CFSR Data Profile indicates that 82% of the children in care in the Lawrence Area Office reunifying within 12 months, which exceeds both the statewide average of 70% and the National 75th percentage (75.2%). The median length of stay for these children is 5.9 months which is lower than the statewide median (6.6 months) and the National median (6.5 months).

On the other hand, the Lawrence Office had a higher percentage of children who were victims of repeat maltreatment within a six month period (17%) placing the office higher than the statewide average (12%) and the CFSR standard (5.4%). Moreover, the office is struggling to complete timely adoptions; only 35% of the children were adopted within 12 months of becoming legally free, compared with a statewide average of 54% and a National median of 46%

SECTION VII

Massachusetts Safety and Permanency Data

Deleted: (Separate File)¶

Massachusetts Child and Family Services Review Data Profile: March 19, 2007

CHILD SAFETY PROFILE	Fiscal Year 2004ab						Fiscal Year 2005ab						12-Month Period Ending 03/31/2006					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	38,940		81,219		66,951		38,669		79,909		65,968		38,976		80,535		66,032	
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	21,878	56.2	36,201	44.6	32,404	48.4	21,725	56.2	35,887	44.9	32,035	48.6	22,055	56.6	36,281	45.0	32,279	48.9
Unsubstantiated	17,062	43.8	28,248	34.8	22,204	33.2	16,944	43.8	27,687	34.6	21,879	33.2	16,921	43.4	27,900	34.6	21,792	33.0
Other			16,770	20.6	12,343	18.4			16,335	20.4	12,054	18.3			16,354	20.3	11,961	18.1
III. Child Cases Opened for Services[4]			31,712	87.6	28,202	87.0			31,615	88.1	28,096	87.7			31,886	87.9	28,239	87.5
IV. Children Entering Care Based on CA/N Report[5]			5,246	14.5	4,411	13.6			5,147	14.3	4,292	13.4			5,337	14.7	4,404	13.6
V. Child Fatalities[6]																		
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence[7] [Standard: 94.6% or more)					15,625 of 17,484	89.4					15,161 of 16,957	89.4					14,897 of 16,724	89.1
VII. Absence of Child Abuse and/or Neglect in Foster Care[8] (12 months) [standard 99.68% or more]					18,692 18,906	98.87					18,359 of 18,595	98.73					18,012 of 18,246	98.72

The Permanency Data for the 12-month period ending March 31, 2006 was based on the annual file created on 3/1/2007. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 15.

Massachusetts Child and Family Services Review Data Profile: March 19, 2007

Additional Safety Measures For Information Only (no standards are associated with these):

	Fiscal Year 2004ab						Fiscal Year 2005ab						12-Month Period Ending 03/31/2006					
	Hours				**Unique Childn.[2]**	**%**	**Hours**				**Unique Childn.[2]**	**%**	**Hours**				**Unique Childn.[2]**	**%**
VIII. Median Time to Investigation in Hours (Child File)[9]	Less than 24 hours						Less than 24 hours						Less than 24 hours					
IX . Mean Time to Investigation in Hours (Child File)[10]	19.0						18.7						19.2					
X. Mean Time to Investigation in Hours (Agency File)[11]													n/a					
XI. Children Maltreated by Parents While in Foster Care.[12]					502 of 18,906	2.66					491 of 18,674	2.63					464 of 18,323	2.64

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

	Fiscal Year 2004ab						Fiscal Year 2005ab						12-Month Period Ending 03/31/2006					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
XII. Recurrence of Maltreatment[13] [Standard: 6.1% or less)					1,859 of 17,484	10.6					1,796 of 16,957	10.6					1,827 of 16,724	10.9
XIII. Incidence of Child Abuse and/or Neglect in Foster Care[14] (9 months) [standard 0.57% or less]					145 of 17,444	0.83					169 of 16,963	1.00					166 of 16,739	0.99

The Permanency Data for the 12-month period ending March 31, 2006 was based on the annual file created on 3/1/2007. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 15.

NCANDS data completeness information for the CFSR			
Description of Data Tests	**Fiscal Year 2004ab**	**Fiscal Year 2005ab**	**12-Month Period Ending 03/31/2006**
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	10.34	10.58	10.84
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]	100	100	100
Percent of perpetrators with relationship to victim reported [File must have at least 75%]	99.39	98.89	98.90
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	100	100	100
Average time to investigation in the Agency file [PART measure]	Not reported	Not reported	n/a
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]	100	100	100

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.

2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.

3. For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with Safety Outcome #1.

8. The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent of facility staff member. This data element is used to determine the State's substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

Massachusetts Child and Family Services Review Data Profile: March 19, 2007

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year[1]	12,307		12,323		12,012	
Admissions during year	6,599		6,272		6,234	
Discharges during year	6,201		6,336		6,122	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	381	12.3% of the discharges	409	6.5% of the discharges	331	5.4% of the discharges
Children in care on last day of year	12,705		12,259		12,124	
Net change during year	398		-64		112	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	480	3.8	463	3.8	419	3.5
Foster Family Homes (Relative)	2,088	16.4	2,027	16.5	2,085	17.2
Foster Family Homes (Non-Relative)	5,265	41.4	5,006	40.8	5,083	41.9
Group Homes	1,180	9.3	1,107	9.0	1,148	9.5
Institutions	1,479	11.6	1,364	11.1	1,381	11.4
Supervised Independent Living	630	5.0	687	5.6	727	6.0
Runaway	309	2.4	229	1.9	231	1.9
Trial Home Visit	1,147	9.0	1,319	10.8	1,040	8.6
Missing Placement Information	127	1.0	57	0.5	10	0.1
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	5,294	41.7	5,042	41.1	4,909	40.5
Live with Other Relatives	0	0.0	0	0.0	0	0.0
Adoption	2,806	22.1	2,657	21.7	2,602	21.5
Long Term Foster Care	1,895	14.9	1,851	15.1	1,761	14.5
Emancipation	1,961	15.4	2,030	16.6	2,174	17.9
Guardianship	555	4.4	498	4.1	517	4.3
Case Plan Goal Not Established	173	1.4	100	0.8	97	0.8
Missing Goal Information	21	0.2	81	0.7	64	0.5

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	3,498	27.5	2,887	23.6	2,965	24.5
Two	2,753	21.7	2,554	20.8	2,601	21.5
Three	1,707	13.4	1,598	13.0	1,582	13.0
Four	1,225	9.6	1,173	9.6	1,110	9.2
Five	866	6.8	872	7.1	811	6.7
Six or more	2,647	20.8	3,172	25.9	3,050	25.2
Missing placement settings	9	0.1	3	0.0	5	0.0
V. Number of Removal Episodes						
One	9,271	73.0	8,999	73.4	8,789	72.5
Two	2,630	20.7	2,489	20.3	2,522	20.8
Three	614	4.8	602	4.9	631	5.2
Four	140	1.1	128	1.0	140	1.2
Five	34	0.3	29	0.2	29	0.2
Six or more	16	0.1	12	0.1	13	0.1
Missing removal episodes	0	0.0	0	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	4,336	51.0	4,030	50.7	3,916	49.9
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	18.4		18.5		18.3	
VIII. Length of Time to Achieve Perm. Goal	**# of Children Discharged**	**Median Months to Discharge**	**# of Children Discharged**	**Median Months to Discharge**	**# of Children Discharged**	**Median Months to Discharge**
Reunification	4,023	7.6	4,066	7.8	3,913	8.3
Adoption	797	36.5	895	37.0	874	34.8
Guardianship	556	24.0	507	24.3	470	23.4
Other	809	37.2	868	39.4	865	37.1
Missing Discharge Reason (footnote 3, page 16)	0	--	0	--	0	--
Total discharges (excluding those w/ problematic dates)	6,185	12.7	6,336	13.4	6,122	14.0
Dates are problematic (footnote 4, page 16)	16	N/A	0	N/A	0	N/A

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Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2004ab	**Federal FY 2005ab**	**12-Month Period Ending 03/31/2006**
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 113.6	State Score = 116.9	State Score = 118.4
National Ranking of State Composite Scores (see footnote A on page 12 for details)	24 of 47	28 of 47	29 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]	71.8%	70.8%	70.4%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure[B])**]	Median = 6.1 months	Median = 6.3 months	Median = 6.5 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th Percentile = 48.4%**]	46.3%	45.8%	49.4%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)**]	17.3%	16.1%	15.7%

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	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 76.8	State Score = 75.0	State Score = 78.3
National Ranking of State Composite Scores (see footnote A on page 12 for details)	11 of 47	9 of 47	13 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]	19.3%	23.6%	25.5%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]	Median = 36.5 months	Median = 37.0 months	Median = 34.8 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]	13.0%	14.7%	15.0%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]	5.6%	6.7%	5.7%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: **Legally free children adopted in less than 12 months:** Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]	51.3%	44.7%	45.2%

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	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 117.1	State Score = 118.7	State Score = 116.6
National Ranking of State Composite Scores (see footnote A on page 12 for details)	27 of 51	32 of 51	27 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). **[national median 25.0%, 75th Percentile = 29.1%]**	22.6%	24.6%	23.7%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) **[national median 96.8%, 75th Percentile = 98.0%]**	99.4%	97.7%	98.1%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? **[national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]**	47.0%	44.2%	46.4%

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	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates **no components** but three individual measures (below)	State Score = 84.4	State Score = 77.6	State Score = 77.4
National Ranking of State Composite Scores (see footnote A on page 12 for details)	13 of 51	8 of 51	8 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? **[national median = 83.3%, 75th Percentile = 86.0%]**	78.6%	73.4%	74.1%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? **[national median = 59.9%, 75th Percentile = 65.4%]**	52.6%	48.6%	48.6%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? **[national median = 33.9%, 75th Percentile = 41.8%]**	27.1%	24.3%	22.5%

Special Footnotes for Composite Measures:

A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.

B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

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PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	2,481	76.3	2,441	76.6	2,306	75.9
II. Most Recent Placement Types						
Pre-Adoptive Homes	40	1.6	34	1.4	46	2.0
Foster Family Homes (Relative)	405	16.3	442	18.1	444	19.3
Foster Family Homes (Non-Relative)	826	33.3	713	29.2	831	36.0
Group Homes	147	5.9	136	5.6	141	6.1
Institutions	155	6.2	136	5.6	124	5.4
Supervised Independent Living	17	0.7	15	0.6	13	0.6
Runaway	53	2.1	52	2.1	34	1.5
Trial Home Visit	787	31.7	843	34.5	664	28.8
Missing Placement Information	51	2.1	70	2.9	9	0.4
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	2,015	81.2	1,981	81.2	1,825	79.1
Live with Other Relatives	0	0.0	0	0.0	0	0.0
Adoption	213	8.6	203	8.3	246	10.7
Long-Term Foster Care	38	1.5	30	1.2	25	1.1
Emancipation	78	3.1	70	2.9	85	3.7
Guardianship	50	2.0	57	2.3	65	2.8
Case Plan Goal Not Established	82	3.3	11	0.5	0	0.0
Missing Goal Information	5	0.2	89	3.6	60	2.6
IV. Number of Placement Settings in Current Episode						
One	1,137	45.8	1,117	45.8	966	41.9
Two	708	28.5	624	25.6	691	30.0
Three	310	12.5	322	13.2	311	13.5
Four	131	5.3	158	6.5	163	7.1
Five	78	3.1	89	3.6	68	2.9
Six or more	91	3.7	130	5.3	105	4.6
Missing placement settings	26	1.0	1	0.0	2	0.1

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PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	954	94.6	927	94.7	856	95.4
Adoption	2	0.2	0	0.0	1	0.1
Guardianship	24	2.4	19	1.9	19	2.1
Other	28	2.8	33	3.4	21	2.3
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	0	0.0
	Number of Months		**Number of Months**		**Number of Months**	
VI. Median Length of Stay in Foster Care	12.2		7.4		not yet determinable	

ACFARS Data Completeness and Quality Information (2% or more is a warning sign):

	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	N	**As a % of Exits Reported**	**N**	**As a % of Exits Reported**	**N**	**As a % of Exits Reported**
File contains children who appear to have been in care less than 24 hours	16	0.3 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	21	0.3 %	90	1.4 %	0	0.0 %
Missing discharge reasons	0	0.0 %	0	0.0 %	0	0.0 %
	N	**As a % of adoption exits**	**N**	**As a % of adoption exits**	**N**	**As a % of adoption exits**
File submitted lacks data on Termination of Parental Rights for finalized adoptions	56	7.0 %	30	3.4 %	1	0.1 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	15	1.8% fewer in the foster care file.	63	7.0% fewer in the adoption file.	N/A	There is no rolling year adoption file.
	N	**Percent of cases in file**	**N**	**Percent of cases in file**	**N**	**Percent of cases in file**
File submitted lacks count of number of placement settings in episode for each child	9	0.1 %	3	0.0 %	5	0.0 %

The Permanency Data for the 12-month period ending March 31, 2006 was based on the annual file created on 3/1/2007. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 15.

Massachusetts Child and Family Services Review Data Profile: March 19, 2007

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) **[Standard: 76.2% or more]**	2,760	68.4	2,717	66.8	2,561	65.4
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) **[Standard: 32.0% or more]**	154	19.3	211	23.6	223	25.5
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) **[Standard: 86.7% or more]**	6,149	79.5	5,627	75.4	5,637	75.7
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) **[Standard: 8.6% or less]**	747	11.3 (76.6% new entry)	701	11.2 (76.3% new entry)	712	11.4 (75.2% new entry)

The Permanency Data for the 12-month period ending March 31, 2006 was based on the annual file created on 3/1/2007. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 15.

Massachusetts Child and Family Services Review Data Profile: March 19, 2007

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY 04, FY 05 , and 06 counts of children in care at the start of the year exclude 207 , 199 , and 204 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell “Dates are Problematic”.

[4]The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

APPENDIX A
STAKEHOLDER INVOLVEMENT

Included in this Appendix on Key Stakeholder Involvement are 3 sections. The first is a list of key stakeholders who were consulted regarding and /or had the opportunity to comment on the development of the Massachusetts Statewide Assessment. In addition, a description of the process for stakeholder involvement in both the Family Networks and Family Engagement initiatives has been included.

Carol Lev, Program and Policy Development Coordinator
Supreme Judicial Court

Jim Morton, Project Manager
Mass. Juvenile Court

Ilene Mitchell
Mass Probate and Family Court

Michael Disda, Deputy Chief Counsel
Committee for Public Counsel Services

Joan Mikula, Asst. Commissioner
Department of Mental Health

Suzanne Fields, Director
Child & Family Services
Mass Behavioral Health Partnership

Suzin Bartley, Executive Director
Children's Trust Fund

Carla Jentz, Executive Director
Mass Administrators of Special Ed

Anne Reale, Commissioner
Office of Early Education and Care

Susan Wayne
Justice Resource Center

Joseph Leavey, President
Communities for People

Milton J. Little Jr., President
United Way of Mass Bay

Cheryl Haddad, President
Mass. Alliance for Families

Virginia Weisz, Tufts University
Department of Child Development

Carl McCarthy
Community Connections
Department of Social Services

Ed Malloy, President
Local 509 SEIU

Michael Botticelli, Asst. Commissioner
Department of Public Health

Lydia McCoy
Foster Youth Representative

Sharon Cruz,
Parent Representative

Bonnie Chalifoux
Human Services Director
Wampanoag Tribe of Aquinnah

Lisa Lambert, Asst. Director
Parent Advisory League

Geline Williams, Executive Director
Mass DA's Association

Patricia Walsh, Deputy Comm.

Office of the Commissioner of Probation

Robert Turillo, Asst. Commissioner
Department of Youth Services

Melissa Tarjick
Foster Parent Recruitment Ambassador
Pittsfield Area Office

Timothy Henry
Foster Parent Recruitment Ambassador
Greenfield Area Office

Hector Santiago
Foster Parent Recruitment Ambassador
Holyoke Area Office

John Bright
Foster Parent Recruitment Ambassador
Robert Van Wart Area Office

Dalein Rivera
Foster Parent Recruitment Ambassador
Springfield Area Office

Norman Doherty, Sr.
Foster Parent Recruitment Ambassador
North Central Area Office

Michelle Reid
Foster Parent Recruitment Ambassador
South Central Area Office

Joan Murphy
Foster Parent Recruitment Ambassador
Worcester East Area Office

Debra Tambeau,
Foster Parent Recruitment Ambassador
Worcester West Area Office

Jerri Gilbert
Foster Parent Recruitment Ambassador
Lowell Area Office

Ildelisa Ortiz
Foster Parent Recruitment Ambassador

Lawrence Area Office

Cheryl Lampert
Foster Parent Recruitment Ambassador

Geraldine Cahill
Foster Parent Recruitment Ambassador
Cape Ann Area Office

Donna Marie Bruley
Foster Parent Recruitment Ambassador
Lynn Area Office

Maria Gattuso
Foster Parent Recruitment Ambassador
Malden Area Office

Megan Hall
Foster Parent Recruitment Ambassador
Framingham Area Office

Patricia Hazelton,
Foster Parent Recruitment Ambassador
Cambridge Area Office

Jody Briggs
Foster Parent Recruitment Ambassador
Arlington Area Office

Karen Fitzpatrick
Foster Parent Recruitment Ambassador
Coastal Area Office

Brenda Silva
Foster Parent Recruitment Ambassador
Attleboro Area Office

Latasha Stinson
Foster Parent Recruitment Ambassador
Brockton Area Office

M. Angie Lombardi
Foster Parent Recruitment Ambassador
Fall River Area Office

Cheryl Lima
Foster Parent Recruitment Ambassador

New Bedford Area Office

Karen Holzman
Foster Parent Recruitment Ambassador
Deborah Watt
Foster Parent Recruitment Ambassador
Plymouth Area Office

Marie Jackson
Foster Parent Recruitment Ambassador
Hyde Park Area Office

Arden O'Donnell
Foster Parent Recruitment Ambassador
Dimock Street Area Office

Ann O. Wilis,
Foster Parent Recruitment Ambassador
Park Street Area Office

John Kermelewicz
Foster Parent Recruitment Ambassador
Harbor Area Office

Jeffrey Aho, Executive Director
The Brick House
Community Resource Center

Mark Frey, Executive Director
Community Connections of Brockton

Suzanne Billings
Fitchburg Community Connections

Ms. Margo Deane
The Framingham Coalition Community
Connections Action Team

Christine Johnson-Staub
The Cape Cod Neighborhood Support
Coalition

Harold Magoon, Coordinator
Lawrence/Methuen Community Coalition

Sheila McMahon,
Community Connections Coordinator
Chelsea Community Connections

Veronica Holmes, Coalition Director
The Lowell Alliance for Families and
Neighborhoods

Carol Smith, Interim Executive Director
Dorchester CARES

Pamela Bingham-Freeman, Program
Director
Lynn Community Connections Coalition

Betty Medina-Lichtenstein, Director
Enlace de Familias de Holyoke

Pam Cruz, Executive Director
New Bedford Community Connections
Coalition

Al Bashevkin, Coordinator
Northern Berkshire Community Coalition

Cindy Stovall, Coordinator
Springfield Family Support Coalition

Rebecca Bialecki, Coordinator
North Quabbin Community Coalition

Margaret Noce, Coordinator
Tree of Life/Arbol de Vida
The Jamaica Plain Coalition

Anne Buechs, Coalition Director
South Boston FANS
(Families Advocating Neighborhood
Strength)

Jenny Rulison, Coordinator
United Neighbors of Fall River

Lynne Simonds, Director
Southbridge Community Connections

Ms. Anne Bureau, Program Director
Worcester Community Connections Coalition

Debbie U. Oppermann, Exec. Dir.
Southwick Family Support Coalition

Dumas Fils Lafontant
Lower Roxbury Coalition

Sunnie Melvin
DSS Youth Advisory Board

Krystle Nichols
DSS Youth Advisory Board

Joanette Zephir
DSS Youth Advisory Board

Nicole Duncanson
DSS Youth Advisory Board

Brian Mathey
DSS Youth Advisory Board

Abigale White
DSS Youth Advisory Board

Autmn Turney
DSS Youth Advisory Board
Adrien Moses
DSS Youth Advisory Board

Sarah Herlihy
DSS Youth Advisory Board

Latisha McBrier
DSS Youth Advisory Board

Shaynyse Lane
DSS Youth Advisory Board

Gretchen Coates
DSS Youth Advisory Board

Lois Barry , CEO
LUK, Inc.

Bill Coughlin, COO
Community Resources for Justice, Inc.

Borja Alvarez de Toledo, Clinical Director
The Guidance Center, Inc.

Paul Cataldo, CEO,
The Mentor Network, Inc.

Linda Cavaioli, CEO
YWCA Worcester

Charles Conroy, CEO
Perkins School

Peter Collins, CEO
Harbor Schools and Family Services

Timothy Callahan, CEO
Brandon School

Kathleen Hardie, CEO
Charter

Jacqueline Harris, Executive Director
Supportive Care

David Hirshberg, CEO
Germaine Lawrence School

William Lyttle, CEO
The Key Program

Edward Kelley, CEO
Robert F. Kennedy Action Corps

Sandra McCroom, CEO
Roxbury Youth Works

Carolyn Mower Burns, CEO
Berkshire Children and Families

Steve McCafferty, CEO,
Children's Study Home

Paul Youd, Clinical Director
Greater Boston Family Services

Andy Pond, President
Justice Resource Institute

Richard Small, CEO
Walker School

Cheryl Vines
The Family Center

Judy Vreeland, CEO
The Learning Center for the Deaf

Jack Weldon, CEO
St. Vincent's Home

Clare O'Donoghue
DSS Parent Advisory Committee

Noelia Gonzalez
DSS Parent Advisory Committee

Ann Puzzenghera
DSS Parent Advisory Committee

John Laing
DSS Parent Advisory Committee

Celeste Scerra
DSS Parent Advisory Committee

Tracy Radisic
DSS Parent Advisory Committee

Gwen Healey
DSS Parent Advisory Committee

Janet Connors
DSS Parent Advisory Committee

Pauline V. Riding
DSS Parent Advisory Committee

Keith Anthony Williams Sr.
DSS Parent Advisory Committee

Jacqueline Holmes
DSS Parent Advisory Committee

Michael Pacheco
DSS Parent Advisory Committee

Lori Fortin
DSS Parent Advisory Committee

Susan Ivey
Mark Ivey
DSS Parent Advisory Committee

Veola Green
DSS Parent Advisory Committee

II. Family Networks: Stakeholder Input

- **Procurement Review Workgroup (September 02 to March 03)**
  - 12 provider agency executive directors, 11 DSS managers, and 5 family advocacy group representatives.
  - Made initial recommendations for designing, managing, and purchasing an integrated service system that uses POS funds to greatest effect in achieving positive outcomes for children and their families.
  - Final Report with Recommendations distributed via the DSS website.

- **Re-engineering Residential Services Workgroup (August 03 to January 04)**
  - 29 provider agency executive, clinical, and financial directors, 5 DSS managers, and representative from Parents for Residential Reform.
  - Identified clinical, managerial, and network changes required in order to better connect residential services to community.
  - Included daylong conference with three leaders of innovative programs from Santa Clara, CA; Wraparound Milwaukee; and New Jersey's Partnership for Kids.
  - Final Report with Recommendations presented at provider meeting with Commissioner Spence in March 04 and distributed via the DSS website.

- **Recommendations Group (RG) (February 04 to April 04)**
  - 16 DSS reps, 6 provider reps, and 3 family representatives.
  - Recommend decision-making roles and responsibilities for lead agencies.
  - Preceded by six internal DSS Regional Forums to identify goals, issues, and ideas for shared decision-making.
  - The RG was advised by a 30 member Provider Advisory Council, a 10 member Family Advisory Council, and a 25 member DSS Advisory Council.
  - Final Report with Recommendations distributed via the DSS website.

- **Provider Advisory Council (PAC) (August 06 to present)**
  - 20 representatives of provider community, who share information obtained at PAC meetings with their colleagues and to bring their colleagues questions to future PAC meetings
  - Forum for updates by all PAC participants on Family Networks implementation

- Opportunity for all PAC participants to discuss best practices and practice challenges of implementation

- **Family Networks Implementation Study Advisory Team (begins June 07)**
  - 17 DSS, provider, and family representatives
  - Advises research team on the design of the preliminary phase and actual implementation study
  - Guides the study framework, research strategies, methods, measures, data collection schedule, participants, etc. with technical expertise provided by the researchers and consultants
  - Develop strategies for overcoming study challenges, recommend analytic strategies and alternatives, and assist in interpreting findings
  - Recommend stakeholder groups to receive feedback, along with a timeframe for providing feedback

III. Family Engagement Model of Working With Families Right From the Start

- February 2003, DSS initiated the **Intake and Assessment Policy Project** to determine whether policy and practice: 1) reflected the DSS Core Practice Values and Mission; and 2) reflected current state and federal mandates. An agency-wide work group arranged for focus groups and surveys to obtain information from an estimated 250 individuals.
  - Four DSS staff focus groups were held that included social workers, supervisors and managers.
  - Three focus groups of parents who had received or were receiving services were held, including a group of Latino parents and one African-American and Caribbean-American fathers group.
  - Other focus group elicited information from foster and adoptive parents, community leaders, adolescents who have been in care, and professional representatives, many of whom were mandated reporters.
  - Additionally, two written survey instruments resulted in information from over 100 people, including specialists in mental health, substance abuse, residential planning, adolescent services and outreach, family support, family-based services, collaborative assessment, education, criminal records, medical services, adoption, Case and Special Investigations, foster care, DSS attorneys, information technology, and the Ombudsman's Office, Fair Hearing Unit, and Training Unit.

  An April 2004 report of that project confirmed the need for changes in Department staff interactions with families. For example, participants indicated that intake must be more sensitive to parents' feelings of shame

and of being invaded during investigations; that problem-solving and services should be available to families more quickly; that families should be treated without prejudice, as people who are struggling with certain challenges yet striving to be a functioning healthy unit; and that family strengths should be emphasized.

- ***Working With Families Right From the Start:*** A major practice and policy initiative that grew out of the project was charged with designing a practice model that embodies a family-centered and strengths-based approach to DSS's delivery of child welfare services, focusing primarily on the first interaction with families. The project became known as *Working With Families Right From the Start (WWFRFS)*, a title which contained the multiple goals of working with families; working with families right; and working with families right from the start. In the first phase of the initiative, 89 individuals comprised the Design Team, which began its work by creating the Shared Vision for DSS in 2010:
    - Seven broadly representative working groups were convened, each including DSS social workers, supervisors, area program managers, area directors, regional office staff, central office staff, parents and community partners.
    - Approximately 40% of the project team represented DSS area offices, 40% were parents, youth, and community partners, and 20% were DSS regional and central office staff.
    - Each group was challenged to examine best practices in a defined area and to make recommendations for the practice model. Individual groups focused on:
        - Engagement and Responsiveness with Families (14 members)
        - Safety Practice and Policy from a Family-Centered Perspective (14 members)
        - Child and Family Well-Being (12 members)
        - Planning Services for Achieving Permanency—Long Term Success and Case Closure (12 members)
        - Community Accountability for Children and Families (11 members)
        - Building a System to Support Practice Change (13 members)
        - Measuring Our Success (13 members)

      Group members met at least one full day each month from October 2004 through June 2005 to conduct research, gather information, engage in group discussion and study, and explore the DSS Core Values by using them to identify the principles that should guide family centered practice. By the end of Phase 1, a document entitled, "A Proposed Practice Model for With Families Right from

the Start," was produced that incorporated the following Essential Features of the Family Engagement Model:

- A balance of safety, well-being and permanence
- Honest, respectful, and mutual relationships (of staff with each other, staff with families, and Department with communities and community providers)
- Responsiveness to the needs of families and communities, congruent with their culture(s)
- Respectful interactions
- Shared responsibility for child safety, well-being and permanence among families, providers, and Department staff
- Expertise available to staff and families to meet specific needs
- Consistency of approach, response, and actions of staff with families
- Evidence-based practice (using what we know works)

  - Project members undertook a statewide **Listening and Learning Tour** from October 2005 to March 2006 to present the concept model and elicit feedback from additional DSS staff, parents, and community partners.
    - 52 briefings were held that reached almost 2000 individuals.
    - 40% of participants completed feedback forms which were then analyzed and presented to the Design Team to inform their work in the next phase.

- **WWFRFS Phase 2:** The practice model was further developed in WWFRFS Phase 2 by a 67-person Design Team, some of whom participated in Phase 1 and some of whom joined the group at the beginning of the more detailed design work. In this phase:
  - approximately 40% of the project team represented DSS area offices;
  - 30% were parents, youth, and community partners;
  - 30% were DSS regional and central office staff.

  Work groups were formed to focus on four specific components of the model:
  - Engagement (19 members),
  - Assessment (19 members),
  - Planning (14 members), and
  - Community Partnerships (15 members).

  Groups met for at least one full day each month from January through September 2006, this time to develop further design specificity based on continuing research and a series of technical assistance sessions with practitioners and researchers from other states. The group produced an Overview of the Design for a New DSS Family Engagement Model which further articulates these elements of the model:

- **Community connected practice**, through partnerships forged by strong Area Director leadership and active Area Boards and Community Coalitions associated with every Area Office, linkages with state and community agency counterparts, outposting of staff and Patch sites, staffing for community resource development work and coordinated management of formal and informal community resource information.
- Expanded use of **"teaming"**—a specific work process in which a unit of social workers collaborates to address families' needs (in contrast to the traditional one-on-one caseload model) that has been shown to be effective, result in better decision-making and reduce worker isolation.
- **Unified entry** and strengthened **initial engagement** for linking each reported, referred or requesting family to appropriate resources within the community or DSS in a timely manner.
- **Alternative pathways for those entering DSS** that provide for safer children and strengthened families by responding differentially, as indicated by the child's assessed needs for safety, well-being and permanency, via one of the following pathways:
    - **Community Response:** For linking those families who do not need services through DSS to appropriate community resources.
    - **Protective Response:** For situations in which a report of concern indicates that a child has been or is at risk of being seriously harmed.
    - **Support and Stabilization Response:** For referrals to DSS, voluntary requests for DSS services and most situations involving a report of concern.
- **Improved practices for assessing safety and risk** that involve the family in a joint process of understanding the combined capacities of the community, individual and family to maintain child safety and that results in sound decisions based on research and clinical judgment.
- A new approach to **assessing the family's ability to achieve safety, well-being and permanency** for the child that gathers only that information necessary for the purpose at hand, while providing for continual updating to meet changing needs especially when a child enters DSS care or custody.
- Improved **action planning**—the process by which tasks and resources, building on family strengths, are identified are mobilized and described in a written plan, developed with the family, to address the child's needs for safety, well-being and permanency.
- Approaches to **sustained engagement, including work with DSS-involved youth over age 18**, who need extended support to become self-sustaining adults with life-long family connections.

At the beginning of Phase 2, an **Advisory Board** was created to provide support for the work of the Design Team and to be ambassadors for the model to other systems. The 29-person Advisory Board consisted of a mixed group of DSS staff, parent partners, local and statewide service providers, and representatives of other state agencies. It met twice as a group and once in an expanded meeting with Phases 1 and 2 team members and others to explore the final draft detailed design of the "family engagement model."

Phase 3 of the "family engagement model" project is scheduled to begin in summer 2007. A Steering Committee of about 25 high level DSS staff and partners will oversee and coordinate the project. A Design and Implementation Team, consisting of a core group of community, family and youth partners and DSS staff from various roles statewide, will meet about monthly to integrate the work of time-limited groups focused on specific necessary tasks.

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