

## **Massachusetts Child and Family Services Review Round 3 Program Improvement Plan**

**State/Territory: Massachusetts**

**Date Submitted: 4/11/2016**

**Dates Resubmitted: 6/16/2016; 8/13/2016; 10/14/16; 3/20/2017; 3/26/2017; 4/16/2017; 5/22/2017; 6/2/2017**

**Date Approved:**

**PIP Effective Date:**

**End of PIP Implementation Period:**

**End of Non-Overlapping Year:**

**Reporting Schedule and Format: Given that Massachusetts is using a rolling sample frame, PIP progress will be reported on a quarterly basis; once the baseline has been established. Case review results from the most recent two quarters (provided that the minimum number of cases needed for each reported item has been reached) will be utilized to determine if the improvement goal for an item has been reached.**

## Introduction

### Massachusetts Program Improvement Plan

In 2014, the Massachusetts Executive Office of Human Services engaged Child Welfare League of America (CWLA) to conduct a review of the Massachusetts Department of Children and Families (MA DCF). CWLA presented the Commonwealth with a series of recommendations to help enhance the work of this agency. The CWLA report provided a blueprint for the Department to follow on its path to reform, and laid out initiatives for DCF to enact through FY18. In 2015, one of the authors of that report, Ms. Linda Spears assumed the role of Commissioner. As Commissioner, she has continued to assess the strength of the Department's policy, practice, and operations and the CWLA report remains one of the foundations of DCF's reform efforts, including many addressed in our Program Improvement Plan (PIP).

Key areas of progress made to date on various aspects of DCF's work include:

- The CWLA report recommended updating Department policies such as case transfers, children missing from care, and background record checks, among others, and ensuring staff are appropriately trained on the policies:
  - To that end the Department has worked collaboratively with the social worker union, Service Employees International Union (SEIU) Local 509, to draft and negotiate significant policies governing DCF case practice. In FY16, the Department in collaboration with the Union worked to revise the Protective Intake policy and to create a new staff Supervision policy.
  - The new Protective Intake policy substantially updates and clarifies protocols for DCF's screening and investigation of reports of abuse or neglect.
  - The first-ever Supervision Policy is designed to support DCF front-line workers in decision-making and to identify circumstances where cases need to be elevated for higher-level review and/or consultation with specialists.
  - The work on these two policies builds upon the Case Transfer policy, Education policy and Background Record Check changes finalized last year. Together, these policies provide clarity to staff and promote standard and consistent practice across the state—with the ultimate goal of keeping children safe.
  - Ensuring social worker staff are adequately trained and licensed was another key recommendation in the CWLA report and something advanced by DCF's partners in the Legislature as well:
  - With regard to social worker licensing, the Department has hired a social worker licensing coordinator to help track the licensure of our staff and ensure that staff are properly licensed. As of March 3, 2017, 95.5% of the Department's social worker staff who are required to be licensed have achieved licensure. This represents a 17% increase from 18 months ago;

- Strengthening the management capacity of the Department was also a theme of the CWLA report. This included decoupling the area office “pairings” so that each area office has its own Area Director.
- During FY16, the Department restored its “Central Region” headquartered in Worcester to allow for greater oversight and managerial capacity. DCF is also well into the process of hiring 20 clinical manager positions to restore a manager to supervisor ratio of 4:1, which will strengthen clinical management oversight of supervisors and their social worker units.
- The Department also identified the need to add specialty staff to area offices with expertise on the issues of substance abuse, domestic violence, mental health and medical issues. Toward this end, the Department has hired its first Medical Director, and a child psychiatrist consultant. Additionally, the Department is hiring 29 new medical social workers; 18 of which are onboard, and 11 are in the hiring process. DCF is also in the process of hiring five substance-abuse specialists, doubling the number tasked with assisting social workers and connecting families with resources.
- The Department continued its efforts to reduce caseloads for workers with the goal of achieving a weighted caseload standard of 18 to 1.
  - DCF continues to make progress in this area. Between the start of FY16 and FY17, Q2, the Department added 280 social workers.

However, even with this progress, more remains to be done. To address reform with the urgency the children of the Commonwealth deserve, the Department has embarked upon a major improvement initiative we call simply; the Agency Improvement Initiative (AII).

The Agency Improvement Initiative was launched on Friday, September 11, 2015. This initiative utilizes a project management methodology called “Agile Scrum,” which allows for implementation of significant change in rapid succession. These efforts are undertaken by DCF with leadership and support from the Secretary of the Executive Office of Health and Human Services, and the Governor’s office. Through a series of “releases,” of which the seventh is currently underway, the Agency Improvement Initiative’s areas of focus are to:

- provide a management infrastructure to support case oversight and strengthen overall agency operations;
- enhance the agency’s policy, practice, and accountability; and
- strengthen workforce capacity.

At the helm of the Agile Scrum Agency Improvement Initiative process is the Agency Improvement Leadership Team (AILT), representing DCF Central Office, Regional, and Area Office Managers. AILT is charged with working with the Commissioner, the Secretary, and the Governor to realize goals and implement change. Specific topics and goals are assigned to Scrum Teams. Each Team has a specific area of focus, and has both regular team members and “Subject Matter Experts” (SMEs) who work with the team as needed. Teams may include front line and supervisory field representatives, and family members. Each Team meets at least weekly, has daily telephone check-in “scrum calls,” and tracks its progress through the AILT ASANA system.

The Area Improvement Initiative’s **Release 1** ran from 9/21/2015 – 11/25/2015. During those 10 weeks, the Department:

- drafted and negotiated the Protective Intake and Supervision policies noted previously (Historically, the Department has typically spent more than two years developing and negotiating new policies.);
- posted approximately 200 positions including backfills for all staff who departed through the early retirement incentive program as well as additional managers to allow for appropriate clinical oversight of cases;
- restored the Department's Central Region to reduce size and improve oversight of the agency's largest region; and
- planned IT modifications to incorporate new policies into the i-FamilyNet system.

The Agency Improvement Initiative's **Release 2** began on 11/30/15 and ran to 3/18/16. During these 15 weeks, the Department advanced the following critical reforms:

- drafting and negotiating additional policy updates including new Family Assessment and Action Planning, Case Closure, and In-Home Case Work policies;
- training staff and implementing the Department's new Protective Intake and Supervision policies;
  - Trainings on these policies kicked off at the beginning of February (2016). For the Protective Intake policy, 32 sessions were scheduled to train 1,400 staff throughout February. The first phase of training on our new Supervision Policy featured an online component that trained 575 people by March 1st. In-person Supervision training began in May, 2016. Approximately 70% of Managers and Supervisors have completed training, and additional trainings have been scheduled.
- on-boarding the 200 positions posted during Release 1;
- posting additional positions to complete the decoupling of remaining area offices with a paired management team<sup>1</sup>;
- enhancing existing and developing new metrics to inform case practice and management decision making;
- developing social worker retention strategies in partnership with SEIU 509; and
- producing a detailed work plan to enhance the recruitment, retention and training of foster parents that incorporates best practices and accounts for area office needs.

---

<sup>1</sup> By January of 2017, all DCF Area Offices were decoupled.

**Release 7** comes to completion at the end of June, 2017. Current AILT Scrum teams, whose names are indicative of the focus of their work, are:

- Caseload Management
- Continuous Quality Improvement
- Family Resource Development
- System Support
- Training & Implementation

Other areas of DCF's work, where meaningful progress has been demonstrated include:

- **Fair Hearings** – Over the past several months the Fair Hearing Office has increased its staff in order to issue decisions in a more timely fashion. Currently the Fair Hearing Office has increased the number of Hearing Officers from 12 to 14 and has hired seven paralegals. In CY 2015, the Office closed a total of 1,670 cases. In the first nine months of CY 2016, the Fair Hearing Office has closed 2,255 cases; already a 35% increase over CY2015.
- **Family Resource** – Focusing in on an 18-month period of backlogged foster homes stuck in the process for approval, the Department employed a strategy that resulted in the resolution of 98% of the targeted 1,242 applications by September, 2016.

The end goal of all these efforts is to achieve significant, lasting, and positive change in the Department. Our children and families deserve no less. Of course, change does not happen overnight. It is going to take time, a lot of hard work, and the support of communities, partners, and stakeholders. We are pleased with the progress made towards achieving this change, and are empowered to build upon these successes and advance our reform efforts in the coming year.

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

The Massachusetts Department of Children and Families views the current PIP as an integral part of this work, and looks forward to making excellent progress during the Improvement period.

## Part One: Goals, Strategies/Interventions, and Key Activities

**Goal 1: MA DCF will develop and implement Principles of Practice that will guide child welfare practice, increase family engagement and the involvement of communities, providers, and other agencies, with the intended outcome that children of the Commonwealth will be safer, will experience improvements in permanency, and that their well-being will be improved.** *(Safety Outcome 1 – item 1; Safety Outcome 2 – items 2 & 3; Permanency Outcome 1 – items 4, 5 & 6; Well-Being Outcome 1 – items 12, 12A, 12B, 13, 14 & 15; Well-Being Outcome 3 – items 17 & 18; Systemic Factor: Case Review System – item 23)*

In 2014, Child Welfare League of America (CWLA) completed a Quality Improvement Review of the Massachusetts Department of Children and Families at the request of the Executive Office of Health and Human Services. A primary lesson from the report was that even as DCF must continue to strengthen its internal capacity, it must also engage the community, families, and other systems in working to improve children’s safety and well-being. CWLA stated, “*We must address the core issues that lead children and families to need DCF’s intervention and services... These are concerns that can be changed only when all individuals, communities, and organizations are ready to examine their roles and take responsibility for their contributions to tragic case outcomes...and when they are willing to work collaboratively to make improvements. Everyone must be ready to advocate for overhaul of the parts of the system that do not protect children adequately, and for providing appropriate levels of services and funding.*”<sup>2</sup>

MA DCF will use the strategies outlined below to increase family engagement and the involvement of communities, providers, and other agencies with the intended outcome that children of the Commonwealth will be safer and that their well-being and permanency will be improved.

**Strategy 1: Complete Principles of Practice Document for MA DCF**, using the Core Principles of the *CWLA National Blueprint for Excellence in Child Welfare*<sup>3</sup> as the essential elements.

The MA DCF Principles of Practice will reflect the agency’s mission/vision, and will provide the foundation for consistent practice within the Department and in its contracted programs. DCF will use the eight Core Principles of the *CWLA National Blueprint* as the framework for development of the MA DCF Principles of Practice. They address: Rights of Children; Shared Responsibility and Leadership; Engagement/Participation; Supports and Services; Quality Improvement; Workforce; Race, Ethnicity, and Culture; and, Funding and Resources.

In 2014 and 2015, DCF convened a case practice model committee to revise the agency’s case practice model. The previous Integrated Case Practice Model (ICPM) had not been implemented consistently, and the committee was tasked with amending the model to address identified deficiencies. DCF’s 2014-15 efforts to revise its case practice model were interrupted to accommodate other work associated with the Agency Improvement Leadership Team. The Principles of

---

<sup>2</sup> CWLA Quality Improvement Review, Child Welfare League of America, May 22, 2014

<sup>3</sup> CWLA National Blueprint for Excellence in Child Welfare, CWLA Press, April, 2013

Practice will provide guidance similar to the practice model, without the negative connotation associated with previous ICPM.

The Principles of Practice development process will build on the work of the 2014-15 case practice model committee and will incorporate recommendations from other states/jurisdictions and national experts in case practice models.

It is anticipated that implementation of DCF Principles of Practice will result in more consistent practice across the state, more consistent and improved engagement of families, improved collaboration with community partners and sister state agencies, and improved collaboration with the courts.

MA DCF will continue to monitor metrics/indicators of child safety, permanency, and well-being. It is anticipated that as Principles of Practice are embraced and implemented with consistency, metrics will demonstrate improvements in child safety, permanency, and well-being.

- **Key Activity 1:** Draft Principles of Practice document.  
The Commissioner will appoint a small workgroup that will draft Principles of Practice.  
**Projected Completion Date:** 07/2017
- **Key Activity 2:** Convene staff for review and discussion of Practice Principles draft document, and solicit feedback.  
**Projected Completion Date:** 08/2017
- **Key Activity 3:** Meet with community advisors and internal and external stakeholders to introduce Principles of Practice document, and solicit feedback.  
**Projected Completion Date:** 09/2017
- **Key Activity 4:** Incorporate feedback from internal and external stakeholders into Principles of Practice final draft.  
**Projected Completion Date:** 11/2017

## **Strategy 2: Embed assessment of safety and risk into daily practice.**

Since 2012, MA DCF has utilized an adapted version of the National Council on Crime & Delinquency, Children's Research Center's (NCCD/CRC) risk assessment. With implementation of DCF's new Family Assessment and Action Planning Policy, the tool will be used more consistently and will be better documented. DCF is exploring the feasibility of adding other NCCD/CRC Structured Decision Making (SDM)<sup>TM</sup> tools.

- **Key Activity 1:** Work with NCCD/CRC to validate MA DCF's current risk assessment tool or develop and validate a new tool.

DCF is currently using a tool adapted from NCCD/CRC's risk assessment tool. DCF is currently engaged in working with CRC to determine whether a retrospective analysis of DCF's administrative data can be used to validate the current risk assessment tool,

or whether it is necessary to reconstruct the tool; with subsequent validation. A leadership team including the Commissioner, Deputy Commissioners, policy, training, and quality improvement staff will work with CRC staff to make that determination.

**Projected Completion Date:** 08/2017

- **Key Activity 2:** Evaluate feasibility of using additional NCCD/CRC tools, such as safety assessment, risk re-assessment, and reunification assessment.  
**Projected Completion Date:** 08/2017
- **Key Activity 3:** Complete Supervisor training of all Supervisors and Managers, and provide post-training support to Supervisors that focuses on increasing critical thinking skills and seeking consultation.

Drawing from a variety of best practices and resources for supervision in child welfare, MA DCF's new Supervision Training teaches and reinforces skills that will help Supervisors and Managers to gather information, filter for relevance and importance, ask questions and seek corroborating information as needed, and improve decision-making. DCF will measure effectiveness via a post-training evaluation, policy fidelity metrics, and a coaching evaluation survey.

**Projected Completion Date:** 09/2017

- **Key Activity 4:** Provide training to all staff in assessing parental capacity and protective factors.

As of 5/2016, fewer than half of the DCF's social workers, supervisors, and managers have participated in DCF's parental capacity and protective factors training. In preparation for roll-out of new Family Assessment and Action Planning Policy, and new In-Home Case Practice Policy all staff will be participate in Clinical Practices training that will include parental capacity and protective factors. As a result of this training, staff will improve their ability to engage families in examining parental capacity and protective factors.

**Projected Completion Date:** 09/2017

- **Key Activity 5:** Implement Family Assessment and Action Planning and Case Closing Policies.

MA DCF developed the Family Assessment and Action Planning (FAAP) Policy in 2015, but postponed implementation until 2017 in order to provide staff with the maximum opportunity to develop required foundation skills (including addressing family substance abuse, domestic violence and mental health issues), train staff concerning the accompanying changes in information technology, and onboard staff to decrease social workers' caseloads before roll-out of FAAP. Implementation of the FAAP and Case Closing Policies will include improved assessment of children's safety and risk, as well as improved documentation of safety and risk factors in i-FamilyNet.

**Projected Completion Date:** 07/2017



- **Key Activity 6: Implement In-Home Case Practice Policy.**

MA DCF delayed finalization of the In-Home Case Practice Policy until 2017 in order to provide staff with the maximum opportunity to develop required foundation skills (including addressing family substance abuse, domestic violence and mental health issues), train staff concerning the accompanying changes in information technology, and onboard staff to decrease social workers' caseloads before roll-out. Implementation of the In-Home Case Practice Policy will include improved assessment of children's safety and risk, as well as improved documentation of safety and risk factors in i-FamilyNet.

**Projected Completion Date:** 11/2017

**Strategy 3: Improve timeliness and appropriateness of medical services for children in the care and custody of the Department.**

In 2016, Dr. Linda Sagor joined DCF as its first ever Medical Director. Among her highest priorities is improvement of medical services to children in placement. Specifically, Dr. Sagor intends to address: lack of medical information in DCF case records, duplication of care and insufficient care, and poor communication between MA DCF and health care providers.

Metrics will include: increased compliance with policy re: screening visit within 7 days; Compliance with policy re: comprehensive visit within 30 days; increased documentation of immunizations, medications, allergies, diagnoses/conditions.

- **Key Activity 1:** Complete hiring, on-boarding and training of medical social workers, one for each Area Office, who will be the champions for health issues — medical, dental, developmental, and psychiatric — at the local level. As of January 2017, there are medical **social** workers in eighteen Area Offices; it is anticipated that each Area Office will have a medical SW in place by the end of state FY2017.

**Projected Completion Date:** 07/2017

- **Key Activity 2:** Medical social workers will work with area office colleagues to ensure that all children entering foster care receive screening and comprehensive visits according to DCF policy. DSSRP221 will be utilized to track improvement in documentation and adherence to medical screening/comprehensive medical visit policy. Medical Social workers will work with area office colleagues to ensure that all relevant medical information (visits, allergies, diagnoses/conditions, medications, immunizations) is entered into i-FamilyNet (SACWIS). Improved documentation will be tracked by comparing i-FamilyNet documentation with MassHealth medical and pharmacy claims/encounter data.

**Projected Completion Date:** 06/2018

- **Key Activity 3:** Medical social workers will facilitate follow-up care and care coordination after screening/comprehensive visits. Care coordination is defined as: The organization of patient care between two or more participants (e.g., foster parent and pediatrician's office, older youth in foster care and hospital radiology site, foster parent and subspecialist appointment) involved in a patient's care to facilitate the appropriate delivery of health care services. Care coordination will be assessed through observed improvement in documentation and timeliness of follow-up care as tracked in i-FamilyNet.

**Projected Completion Date:** 06/2018

#### Strategy 4: Improve services and treatment for children and families affected by substance misuse.

- **Key Activity 1:** Update current guidance and develop new guidance to support DCF's clinical practice related to parental and youth substance misuse.

MA DCF's specialists in mental health and substance abuse will work with the policy unit and medical staff to revise and augment written guidance for staff concerning working with families affected by substance misuse. The process for development of policy guidance includes draft development, opportunity for review and comment by field staff, and draft revision. Written guidance is posted on MA DCF's Intranet and available as a resource to all staff. Written guidance on substance misuse will provide staff with information they need to improve understanding of substance use and misuse, addiction, and treatment options for youth and adults. The Department's Family Assessment and Action Planning policy and its accompanying i-FamilyNet structured data fields will serve as a means for tracking improvement in: (1) the identification of the presence of substance use and misuse, and (2) the documentation of associated tasks, services, and/or supports.

**Projected Completion Date:** 12/2017

- **Key Activity 2:** Collaborate with Department of Public Health Bureau of Substance Abuse Services and the Treatment Continuum to improve information sharing between the systems, provide cross-systems training, and address treatment access needs for youth and adults involved in child welfare needing substance abuse treatment services.

**Projected Completion Date:** 09/2017

- **Key Activity 3:** Review evaluation data to assess the effectiveness of services for the targeted population of five year Family Recovery Project Southeast Grant, an ACYF Children's Bureau grant, which is in the last year and a half of federal funding. (This provides intensive evidence-based trauma-informed and collaborative services focused on stabilizing families who are in out-of-home placement or who are at imminent risk of removal from the home because of parental substance use.)

**Projected Completion Date:** 09/2017

- **Key Activity 4:** Increase number of DCF staff trained in:

Medication Assisted Treatment and Substance Exposed Newborns – This training reviews the efficacy of MAT and its implications related to pregnancy and child welfare. This training also addresses the current opioid crisis in Massachusetts. To date, 735 staff have been trained.

Trauma and Substance Misuse - Implications for Child Welfare Practice – This training explores the co-occurring issues of trauma and substance misuse and how these issues impact parenting and child safety and development. To date, 434 staff have been trained.

Marijuana-Implications for Child Welfare – This training explores risks associated with parental use of marijuana and practice guidance to assess risk and danger to children. To date, 612 staff have been trained.

Safety Planning in Response to Parental Substance Misuse – Statewide training for DCF staff will be provided to enhance understanding of the safety planning process to mitigate risk to children when there are concerns related to parental substance misuse.

As of 6/2016, fewer than 1/3 of current social workers and supervisors had participated in training identified above. These training topics are especially timely, given that the number of Substance Exposed Newborns is increasing, medical marijuana use has been legalized in Massachusetts and the first dispensaries have opened, and the opioid crisis continues to take a toll on the Massachusetts population in general and the child welfare caseload specifically. Participation in these trainings will increase DCF staff knowledge and skills and will better equip them to respond appropriately to substance misuse. Training participation numbers are tracked in PACE.

**Projected Completion Date:** 10/2017

#### **Strategy 5: Reduce barriers to permanency and stability for children in placement through DCF and contracted providers.**

- **Key Activity 1:** Examine data from 6-week placement reviews and foster care reviews to identify roadblocks to timely termination of parental rights (TPR) that are within the control of DCF.  
**Projected Completion Date:** 10/2017
- **Key Activity 2:** Explore steps that can be taken by the Department to reduce caseloads of legal staff, to improve the availability of attorneys to file timely TPRs and track court responsiveness.  
**Projected Completion Date:** 11/2017
- **Key Activity 3:** Improve documentation of compelling reasons for delay/postponement in filing TPRs. When TPRs are not being filed according to applicable timeframes, the case record will include documentation of discussion of permanency options and decisions, and compelling reasons why TPR is not being filed, and timeframes for review and reconsideration.  
**Projected Completion Date:** 12/2017
- **Key Activity 4:** Increase training and support for foster and adoptive parents to reduce the number of disruptions in foster care and adoptive placements. DCF will work with Massachusetts Alliance for Families (MAFF) (see Goal 2, Strategies 2 and 3) to improve services provided to foster and adoptive parents.  
**Projected Completion Date:** 03/2018
- **Key Activity 5:** Collaborate with MA Court Improvement Program (CIP) to increase stability and permanency for Massachusetts children. Commissioner Spears met with MA CIP leaders in September 2016. Collaborative work will focus on increasing kinship placements for children who cannot remain safely in their homes, increasing family finding activity for children in care, and cross-training for court personnel and DCF staff in both kinship and family finding issues.  
**Projected Completion Date:** 03/2018

**Goal 2: Increase permanency and stability of child placements through strengthening family resource programs and services.**

*(Permanency Outcome 1 – item 4; Permanency Outcome 2 – items 7, 8, 9, 10 & 11; Well-Being Outcome 1 – item 12C; Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention – item 35)*

DCF intends to adopt an integrated recruitment and support system, which connects its approach to recruitment, response, training, development, and support of foster, adoptive, and kinship families. This integrated approach will be based on shared data to inform the planning and implementation of each part of the process and will have well-established feedback loops so that each of the activities – recruitment, preparation and training, licensing, and support – is shaped by lessons learned from all parts of the work. This effort will occur in concert with DCF’s development of its CQI model and program, and will integrate both currently available data and data eventually available as the CQI program expands and grows. (See Goal 3.)

**Strategy 1: Increase initiatives for recruitment of foster, adoptive, & kinship caregivers.** DCF intends to develop a comprehensive approach for building and supporting a pool of families based on the needs of children. Current anecdotal reports and data indicate that there is an insufficient number of resources available, at the same time that there are family resources that are not used. DCF will explore and evaluate the current pool of resources, examine the needs of children (cultural, linguistic, health, educational, geographic, and spiritual) and will develop new approaches to recruitment of resources to meet those specific needs.

- **Key Activity 1:** Assess demographics of children currently needing foster, adoptive, and/or kinship resources to determine preferred demographics of resource families to be recruited. The identified gap between the demographic profile of this cohort of children and the existing resource families will inform targeted recruitment efforts.  
**Projected Completion Date:** 08/2017
- **Key Activity 2:** Improve data collection for family resources to inform recruitment efforts. DCF will identify current data elements available for family resources (including foster care, adoption and kinship), identify desired demographic and other data elements, and work with IT personnel to integrate these elements into future i-FamilyNet builds and releases. As a result, DCF will be better able to pinpoint the demographic characteristics that can guide targeted recruitment efforts for family resources.  
**Projected Completion Date:** 04/2018
- **Key Activity 3:** Develop and implement an interim plan for increasing recruitment and retention of foster, kinship and adoptive family resources. This plan will address the hiring, on-boarding, and training of 15 new family resource recruiters, and will incorporate TA provided by NRCDR.  
**Projected Completion Date:** 10/2017
- **Key Activity 4:** Create a cohesive and comprehensive approach to recruitment of foster, adoptive, and kinship caregivers, incorporating technical assistance provided to DCF through the National Resource Center for Diligent Recruitment (NRCDR) award. Track applicants’ stated motivation at key points in the inquiry, application, and initial training process to determine why families enter or exit during this initial stage. The approach will address statewide, regional, and local practices for reaching out to

and engaging prospective resources. The recruitment plan will be reviewed semi-annually, and will be adjusted periodically, as informed by the changing demographics of children in need of placement.

**Projected Completion Date:** 10/2017

- **Key Activity 4:** Develop a MAPP training calendar detailing dates, locations, and language capacity of each MAPP group statewide for 9/2016 through 7/2017, with goal of facilitating timely entrance to MAPP training for applicants who are ready. The result will be lowered attrition rate between initial contact and beginning MAPP training.

**Projected Completion Date:** 08/2017

- **Key Activity 5:** Incorporate use of evidence-informed and current best practices into recruitment planning and implementation. DCF's Agency Improvement Leadership Teams (AILT) and the Assistant Commissioner for Foster Care, Adoption, and Adolescent Services will continue consulting with the NRCDR to identify the best practices and evidence-based strategies they recommend for Massachusetts' diligent recruitment.

**Projected Completion Date:** 10/2017

- **Key Activity 6:** Increase awareness and engagement of DCF staff at all levels in local and regional recruitment activities. AILT teams are in the process of gathering information from family resource staff concerning their current activities, needs, and recommendations for improvement of recruitment activities. DCF will track the number of staff involved in recruitment activities, and will assess the extent to which there is correlation between increased staff involvement and increased applications by prospective family resources.

**Projected Completion Date:** 10/2017

- **Key Activity 7:** Increase the number of children for whom kin connections are identified during assessment by 5% statewide. DCF's new Family Assessment and Action Planning Policy (FAAP), scheduled for roll-out in early 2017, will increase emphasis on gathering information – including kin connections – during assessment. Roll-out of FAAP will coincide with implementation of an upgrade to MA SACWIS (i-FamilyNet 5.0). The system will have increased capacity for tracking family members and other kin connections.

**Projected Completion Date:** 06/2018

## **Strategy 2: Increase retention of approved resource families.**

- **Key Activity 1:** Create a cohesive and comprehensive approach to retention of foster and kinship caregivers that assesses current barriers to retention, and incorporates resources from the National Resource Center for Diligent Recruitment and best practices in the field of resource retention. DCF will track resource families' stated motivation at key points in licensing, ongoing training, and re-licensing to determine why families stay or exit during these stages. The approach will address statewide, regional, and local practices for retaining foster and kinship resources including, but not limited to, training content, support by DCF staff, participation in formal and informal support activities, and agency recognition.

**Projected Completion Date:** 10/2017

- **Key Activity 2:** Review and update, as needed, training content for foster and adoptive families, including both pre-service and in-service trainings. Compare current DCF training for resource families with nationally recognized curricula. Effectiveness of updated training will be assessed through a post-training survey that measures training satisfaction, and self-assessment of increased knowledge and skills.

**Projected Completion Date:** 12/2017

**Strategy 3: Strengthen statewide foster parent association.** The Massachusetts Alliance for Families (MAFF) is an affiliate of the National Foster Parent Association, and is designed to be an essential source of support and connection for resource families in partnership with DCF staff. DCF recently posted a RFR for this important program, which is contracted through a contacted vendor. The contract was renewed with the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) and DCF is engaged in discussions regarding increasing visibility of MAFF and the quality of services to Massachusetts's resource families.

- **Key Activity 1:** DCF will work with MSPCC to engage members of the statewide MAFF in a review and assessment of the current strengths and challenges of the Alliance through focus groups and member surveys.

**Projected Completion Date:** 08/2017

- **Key Activity 2:** Engage MAFF in implementation of Goal 1, sharing responsibility for the safety, well-being, and permanency of the children of Massachusetts. DCF expects that such engagement will lead to increased permanency for children and decreased recidivism for children in care.

**Projected Completion Date:** 12/2017

- **Key Activity 3:** Assist MAFF in increasing its membership of foster, adoptive, and kinship families. DCF will contact all current and new resource families to inform them about MAFF and invite them to join.

**Projected Completion Date:** 08/2017

- **Key Activity 4:** DCF will work with MAFF to survey DCF kinship caregivers to determine how MAFF can better meet their unique needs. The number of kinship caregivers has been increasing steadily and now comprises approximately half of DCF resource families. There is growing recognition that kinship families do not consistently receive the kind of education, support, and supervision that would best assist them in meeting the needs of children in their care. Survey results will provide valuable information about how MAFF can better meet these needs.

**Projected Completion Date:** 11/2017

**Strategy 4: Draft revision to DCF family resource policy.** DCF's family resource policy was first promulgated in 2006 (FR revised 7/2008; BRC revised 2/2015). It is often identified as in need of revision to be reflective of current best practices in the field and to be consistent with other DCF policies. The AILT work continues to emphasize placement practices and data. The Department anticipates that revised policy will lead to greater consistency in family resource practice, more effective

communication between family resource staff and intake and ongoing units, improved support of resource families, and increased placement stability for children.

- **Key Activity 1:** Review current DCF policy and procedure to identify needed changes.  
**Projected Completion Date:** 08/2017
- **Key Activity 2:** DCF will review best practices in other states, and national standards for placement. States that have performed well on CF SR measures will be among the jurisdictions whose practices will be reviewed. In addition, DCF will review new standards for public agencies developed by Council on Accreditation and CWLA Standards for Excellence.  
**Projected Completion Date:** 11/2017
- **Key Activity 3:** DCF will convene focus groups for family resource staff, foster parents, adoptive parents, kinship families, and community stakeholders. The Assistant Commissioner for Foster Care, Adoption, and Adolescent Services and the AILT family resource team will develop focus group questions and will convene the groups, to be facilitated by members of the team. The draft family resource policy will be informed by the results of these focus groups.  
**Projected Completion Date:** 01/2018

**Goal 3: Develop a robust CQI program.** (*Safety Outcome 1 – item 1; Safety Outcome 2 – items 2 & 3; Well-Being Outcome 1 – items 12, 13, 14 & 15; Well-Being Outcome 2 – item 16; Systemic Factor: Quality Assurance System – item 25; Systemic Factor: Training – item 26; Systemic Factor – Service Array and Resource Development – item 29*)

The ACYF-CB-IM-12-07 information memorandum on *Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies* will inform the development of DCF's CQI system. The Department's CQI approach will better equip DCF to measure the quality of services provided in Massachusetts by determining the impact those services have on child and family level outcomes and functioning, and the effectiveness of processes and systems in operation statewide. A robust CQI program will function statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

**Strategy 1: Build the CQI Model.** The Council on Accreditation's (COA) public agency standards for Performance and Quality Improvement (PQI) will serve as a guiding reference. The Department's agency-wide CQI program will promote efficient and effective service delivery and the achievement of strategic and program goals.

- **Key Activity 1:** Develop a clearly articulated *mission* for CQI—which defines its purpose within the Department.  
**Projected Completion Date:** 07/2017
- **Key Activity 2:** Develop a clearly articulated *vision* for CQI—which sets out its direction within the Department.  
**Projected Completion Date:** 07/2017
- **Key Activity 3:** Develop a clearly articulated *set of values* for CQI—which establishes the parameters for its accomplishments.  
**Projected Completion Date:** 07/2017
- **Key Activity 4:** Establish a foundational administrative structure—to ensure that the CQI system is functioning effectively and consistently, and adhering to the process established by agency leadership. This foundational administrative structure will include, the Department's executive team. The foundational administrative structure will promote a culture that values service quality and ongoing efforts by the full agency, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients.  
**Projected Completion Date:** 09/2017
- **Key Activity 5:** Establish a comprehensive CQI plan—functioning agency-wide which:
  - Includes standards to evaluate the quality of services—inclusive of safety, permanency, and well-being;
  - Identifies strengths and needs of the service delivery system—at all levels;
  - Provides relevant reports—driven by comprehensive quality data collection, systematic/representative case record review, analysis of quantitative/qualitative data, and dissemination of findings utilizing multidirectional feedback loops; and



- Evaluates implemented program improvement measures.
- **Key Activity 5a:** Establish a CQI management structure which will hold the *accountability* for ensuring that the processes and practices of the agency are efficient, effective and result in positive outcomes for children and families. This structure will include the following:
  - Commissioner;
  - Central Office Executive and Senior staff;
  - Regional Office leadership;
  - Area Office leadership; and
  - DCF CQI Steering Committee.

**Projected Completion Date:** 08/2017
- **Key Activity 5b:** Establish an agency-wide CQI team structure which promotes learning and critical thinking, and embeds a quality improvement perspective/lens for all staff across all levels of the agency. The following CQI teams will be established:
  - Central Office CQI Team(s);
  - Regional Office CQI Team(s) – minimally one team per regional office; and
  - Area Office CQI Team(s) – minimally one team per area office.

**Projected Completion Date:** 09/2017
- **Key Activity 5c:** Train CQI teams on the agency CQI model/process/content and use of data.  

**Projected Completion Date:** 09/2017

**Strategy 2: Develop a case practice review system (structure and mechanisms) to gather qualitative and quantitative information.** This case practice review system incorporates an ongoing case review component that includes reading case files and evaluating case practice for children served by the Department and interviewing parties involved in the cases.

- **Key Activity 1:** Develop and implement a communication strategy for promoting agency-wide understanding regarding the process, purpose, importance, and use of the case practice review system; particularly as it relates to successfully meeting/exceeding the PIP goals.  

**Projected Completion Date:** 07/2017
- **Key Activity 2:** Establish a CQI Unit within the agency which supports an ongoing case practice review system agency-wide. A fully staffed CQI Unit will consist of a Director, and minimally one CQI Specialist in each of the agency’s five regional offices.  

**Projected Completion Date:** 07/2017
- **Key Activity 3:** Develop and utilize a quality data collection system framework for gathering both quantitative and qualitative data—utilizing SACWIS data extracts and a DCF case review instrument which includes interviews specific to each case.

Found to be a strength and in substantial conformity with the systemic factor of Statewide Information System, the Department's SACWIS system will serve as the primary source for gathering quantitative data on both process and outcomes, as well as to identify representative cases for case review.

**Projected Completion Date:** 08/2017

- **Key Activity 4:** Establish a systematic methodology and instrument (CFSR Onsite Review Instrument (OSRI) plus DCF-specific data elements) for reviewing cases on a representative sampling universe of children who are/were recently in foster care and children who are/were served in their own homes. The case review methodology and instrument will support data collection on the following PIP items—including but not limited to the assessment of training/implementation/case practice:
  - **Goal 1, Strategy 2, Key Activity 1:** Adherence/effectiveness of DCF Risk Assessment Tool.
  - **Goal 1, Strategy 2, Key Activity 3:** Adherence/effectiveness of the Supervision Policy.
  - **Goal 1, Strategy 2, Key Activity 4:** Ability of staff to engage families in examining parental capacity and protective factors.
  - **Goal 1, Strategy 2, Key Activity 5:** Adherence/effectiveness of the Family Assessment and Action Planning Policy.
  - **Goal 1, Strategy 2, Key Activity 6:** Adherence/effectiveness of the In-Home Case Practice Policy.
  - **Goal 2, Strategy 1, Key Activity 5:** Assess impact of increasing identification of kin connections during assessment.
  
- **Key Activity 4a:** Establish (in consultation with the ACF/CB) and implement a case practice review system that will measure safety, permanency, and well-being outcomes in support of the PIP, as well as on an ongoing basis. This system will utilize the CFSR OSRI and Online Monitoring System (OMS) for data collection and reporting.

**Projected Completion Date:** 07/2017
  
- **Key Activity 4b:** Establish and implement a case practice review system that will assess fidelity to the Department's new and ongoing policies. Key learnings will be utilized to refine new policy, identify and shape training needs, direct practice improvement efforts, and recognize and spread best practice.

**Projected Completion Date:** 07/2017
  
- **Key Activity 5:** Develop a written user manual and standardized instructions for completing case review instruments and for implementing the case review process.

**Projected Completion Date:** 07/2017
  
- **Key Activity 6:** Establish and implement a uniform and consistent training process for staff case reviewers (i.e., CQI Specialists)—focusing on reducing bias and increasing interrater reliability.

**Projected Completion Date:** 07/2017
  
- **Key Activity 7:** Develop a process for conducting ad hoc / focused reviews targeting specific domains when analysis and other data warrant such reviews.

**Projected Completion Date:** 07/2017

- **Key Activity 8:** Develop and implement a consistent mechanism for gathering, organizing, and tracking information from the case review process for information not otherwise captured in the OSRI.  
**Projected Completion Date:** 09/2017
- **Key Activity 9:** Establish and implement process for analyzing data from both quantitative and qualitative data sources.  
**Projected Completion Date:** 07/2017
- **Key Activity 10:** Develop mechanism for distributing key findings and information from quantitative and qualitative data sources to:
  - Families, children, youth, and young adults receiving services;
  - Providers;
  - Stakeholders;
  - Legislators;
  - The Office of the Child Advocate; and
  - The General Public.**Projected Completion Date:** 12/2017

**Strategy 3: Improve training for DCF staff provided by Massachusetts Child Welfare Institute (CWI).**

- **Key Activity 1:** Review and assess current pre-service and on-going training provided by CWI, with the goal of improving skill-building, increasing depth of practice, building fidelity to policies, reinforcing agency emphasis on quality improvement, and promoting DCF as a learning organization. As a result, identify the changes needed in training to increase DCF staff's understanding of the basic skills and knowledge required by their positions. The process will include engaging subject matter experts and obtaining input from field operations (i.e., DCF regional and area offices).  
**Projected Completion Date:** 12/2017
- **Key Activity 2:** Review and revise DCF new worker preservice training curriculum.  
**Projected Completion Date:** 12/2017
  - **Key Activity 2a:** Implement revised preservice training curriculum and process.  
**Projected Completion Date:** 03/2018
  - **Key Activity 2b:** Develop and implement a mechanism for evaluating the effectiveness of initial training—results will be utilized to refine curriculum and training strategies. A formal feedback process will be instituted that will include field operations (i.e., area office supervisors) and the MA Child Welfare Institute (i.e., DCF training unit). This formal feedback process will measure transfer of learning around key practice elements.  
**Projected Completion Date:** 12/2017

- **Key Activity 3:** Create a cross-functional working group to review existing On-the-Job Training (OJT), determine best practices, and develop a framework for development and implementation agency-wide. The OJT strategy will describe the roles and responsibilities of the MA Child Welfare Institute, the new worker trainees, and the local area offices.  
**Projected Completion Date:** 12/2017
  - **Key Activity 3a:** Implement revised OJT strategy and process.  
**Projected Completion Date:** 03/2018
- **Key Activity 4:** Develop a staff statewide training system that provides staff with the skills and knowledge needed to carry out their duties.  
**Projected Completion Date:** 03/2018
- **Key Activity 5:** Develop and implement a mechanism for evaluating the effectiveness of ongoing training. Identify metrics and process for evaluating and improving staff training.  
**Projected Completion Date:** 03/2018
- **Key Activity 6:** Develop and implement a mechanism for tracking the 30-hour requirement for ongoing training for social workers.  
**Projected Completion Date:** 12/2017

## Part Two: Measurement Plan

### Case Review Items

Case Review Item	Baseline	Improvement Goal
<p>Safety Outcome 1</p> <p>Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment</p>	<p>To be set in Jan-2018 based on 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed rated strength on Item 1.</p> <p>(CFSR had 28 applicable cases) – 43% were rated as a Strength.</p>	<p>To be determined in Jan-2018 based on the 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 1 (goal may be considered achieved in any 6-month period, advancing by quarters, during the PIP or non-overlapping year, based on CB evaluation).</p> <p>The first opportunity to achieve the improvement goal will be the Jan-2018 through Jun-2018 case review data set.</p>
<p>Safety Outcome 2</p> <p>Item 2. Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care</p>	<p>To be set in Jan-2018 based on 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed rated strength on Item 2.</p> <p>(CFSR had 29 applicable cases) – 62% were rated as a Strength.</p>	<p>To be determined in Jan-2018 based on the 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 2 (goal may be considered achieved in any 6-month period, advancing by quarters, during the PIP or non-overlapping year, based on CB evaluation).</p> <p>The first opportunity to achieve the improvement goal will be the Jan-2018 through Jun-2018 case review data set.</p>
<p>Safety Outcome 2</p> <p>Item 3. Risk and Safety Assessment and Management</p>	<p>To be set in Jan-2018 based on 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed rated strength on Item 3.</p> <p>(CFSR had 65 applicable cases) – 66% were rated as a Strength.</p>	<p>To be determined in Jan-2018 based on the 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 3 (goal may be considered achieved in any 6-month period, advancing by quarters, during the PIP or non-overlapping year, based on CB evaluation).</p> <p>The first opportunity to achieve the improvement goal will be the Jan-2018 through Jun-2018 case review data set.</p>

### **Data Source and Approach to Measurement:**

Massachusetts will review seventy (70) randomly selected cases every 6 month period using the Children's Bureau's CFSR On-Site Review Instrument (OSRI) utilizing the CB's Online Monitoring System (OMS), until the improvement goals are met for each item or until the end of the PIP implementation and non-overlapping period. July to December 2017, will serve as the baseline data. Forty-two (42, 60%) of the cases will be Out-Of-Home (OOH) cases and 28 (40%) will be In-Home (IH) cases. Massachusetts DCF has five regional offices. Boston Region accounts for 14.2% of the statewide caseload, and includes Suffolk County; the largest metropolitan area of the state. Cases will be stratified for Boston (14% - 10 cases), and the remainder (86% - 60 cases) will be randomly selected from the remaining four regions (i.e., Central MA, Northern, Southern, and Western Regions). The period under review (PUR) will be at least seven months, beginning with the first day of the sample period and ending the week of the review. While the OSRI will be completed in its entirety for all reviewed cases, reporting of individual items will stop when the improvement goal for that item has been reached, or at the end of non-overlapping period following the 2-year PIP implementation period, whichever occurs first.

All cases will have an initial review by a member of the Continuous Quality Improvement (CQI) Unit. CQI Unit members have experience and specialized training in conducting case reviews. A second level review will also be completed of every case by the Director of the CQI Unit and/or trained designee. The CQI Unit is assigned out of the DCF Central Office and is under the senior leadership of the Assistant Commissioner for Continuous Quality Improvement. In order to eliminate bias, CQI Unit members will not review cases where they had direct or supervisory involvement. Randomly selected cases with identified conflicts will be assigned/reassigned to CQI Unit members with no prior history with the case.

The case review will include a review of the FamilyNet/i-FamilyNet record (i.e., SACWIS), review of the paper record as needed, and interviews of case participants as further detailed below.

Case samples will be produced quarterly, on or after the 15th of the month prior to the review quarter, by the MA EHS-DCF Reporting Unit. Target children eligible for Out-Of-Home (OOH) review are those children who have been in OOH care for at least 24 hours during the six month sample period. In-Home (IH) cases eligible for review are those cases open for at least 45 days during the six month sample period. The first eligible cases, based on the review schedule below, will be selected from the sample lists. Massachusetts will utilize a spreadsheet to track elimination and eligibility rationales. The following are valid reasons for case elimination during the sample selection process:

- in-home case open and active for fewer than 45 consecutive days during the PUR,
- in-home case in which any child in the family was in foster care during the PUR,
- out-of-home case in which the target child was in out-of-home care for less than 24 hours during the PUR,
- out-of-home case in which the target child was on a trial home visit (placement at home) during the entire PUR,
- a case in which the target child reached the age of 18 before the PUR,
- a case in which the target child is in the care and responsibility of another State and Massachusetts is providing supervision through an ICPC agreement,
- a case that has already been selected for review and is still open for the same case open episode,
- a case in which the child was placed for the entire PUR in a locked juvenile facility or other placement that does not meet the federal definition of foster care, and
- a case assigned to a DCF Social Worker who already has 3 cases selected for review for baseline measurement (for the baseline cases) or improvement measurement (for the improvement cases).

A case may also be eliminated at any point during the case review if an interview is not able to be conducted with at least one of the following: parent/legal guardian, relative placement during the PUR, or school aged target child. Cases will not be eliminated if one or more of these interviews occur, or if the case circumstances do not allow for any of these interviews. The Department will consult with the Children's Bureau related to any child interviews with school

aged children in which the Department believes there is reason to not interview the child, and any case that does not include a parent/guardian. Case elimination decisions related to interview availability will be made on a case by case basis in consultation with the Children's Bureau.

Concerted efforts will be made to interview the following people as part of the case review:

- school aged target children; if developmentally capable of participating,
- parents/legal guardians who are applicable to at least one item being reviewed,
- all foster parents who cared for the child during the PUR, and
- the DCF Social Worker, or unit Supervisor; if the DCF Social Worker is no longer employed with the agency.

Parents whose rights have been terminated (TPR) may still need to be interviewed. The parent-related questions are NA in cases in which the TPR was before the PUR, therefore no interview of the parent would be required. Interview of a parent whose rights have been terminated would only occur in cases where the parental rights were terminated during the PUR or the parent remains involved in the child's life. In these cases, the DCF Social Worker will provide input about whether the parent should be interviewed. The decision of whether to interview these parents will be made on a case-by-case basis in consultation with the Children's Bureau.

Concerted efforts to conduct the above interviews include:

- two phone calls at different times of the day and week to all known or possible phone numbers,
- discussion with the assigned DCF Social Worker, unit Supervisor, and/or Area Program Manager (APM) regarding other possible means to make contact with the parent or legal guardian and follow-up on any such information, and
- efforts to encourage the parent/legal guardian to participate in the interview if the parent/legal guardian initially refuses to do so (e.g., elaboration of the purpose and importance of the information to be shared, or offering the use of e-mail to answer the reviewer's questions).

Interviews are conducted in-person whenever possible. If in-person interviews cannot be conducted due to refusal on the part of school aged children/youth, parents/legal guardians, and/or former foster parents; approval for telephonic and/or email communication may be sought from the Children's Bureau. Decisions to permit review of a case without an interview with a child of school-age, the parent/legal guardian, and/or a former foster parent will be made in consultation with the Children's Bureau.

## Case Review Schedule

Review Quarter	PUR Start Date (End date is the date the case is reviewed)	Number of Cases			Rolling Quarter Sample Periods <i>Add 45 days for in-home services sample periods.</i>	
		Boston Region	All Other Regions	6 Month Total	OOH case = Target child in OOH care for at least 24 hours during:	IH case = No child removed during PUR & case is Active for at least 45 days during:
Baseline Quarter 1 07/01/2017 to 09/30/2017	07/01/2016 to Date of Review	[3] OOH [2] IH = 5 cases	[18] OOH [12] IH = 30 cases	[21] OOH [14] IH = 35 cases	07/01/2016 to 12/31/2016	
Baseline Quarter 2 10/01/2017 to 12/31/2017	10/01/2016 to Date of Review	[3] OOH [2] IH = 5 cases	[18] OOH [12] IH = 30 cases	[21] OOH [14] IH = 35 cases	10/01/2016 to 03/31/2017	
<b>6 Month Totals</b>		[6] OOH [4] IH = 10 cases	[36] OOH [24] IH = 60 cases	[42] OOH [28] IH = 70 cases	-	
Review Quarter 1 01/01/2018 to 03/31/2018	01/01/2017 to Date of Review	[3] OOH [2] IH = 5 cases	[18] OOH [12] IH = 30 cases	[21] OOH [14] IH = 35 cases	01/01/2017 to 06/30/2017	
Review Quarter 2 04/01/2018 to 06/30/2018	04/01/2017 to Date of Review	[3] OOH [2] IH = 5 cases	[18] OOH [12] IH = 30 cases	[21] OOH [14] IH = 35 cases	04/01/2017 to 09/30/2017	
<b>6 Month Totals</b>		[6] OOH [4] IH = 10 cases	[36] OOH [24] IH = 60 cases	[42] OOH [28] IH = 70 cases	-	
Review Quarter 3 07/01/2018 to 09/30/2018	07/01/2017 to Date of Review	[3] OOH [2] IH = 5 cases	[18] OOH [12] IH = 30 cases	[21] OOH [14] IH = 35 cases	07/01/2017 to 12/31/2017	
Review Quarter 4 10/01/2018 to 12/31/2018	10/01/2017 to Date of Review	[3] OOH [2] IH = 5 cases	[18] OOH [12] IH = 30 cases	[21] OOH [14] IH = 35 cases	10/01/2017 to 03/31/2018	
<b>6 Month Totals</b>		[6] OOH [4] IH = 10 cases	[36] OOH [24] IH = 60 cases	[42] OOH [28] IH = 70 cases	-	
Review Quarter 5 01/01/2019 to 03/31/2019	01/01/2018 to Date of Review	[3] OOH [2] IH = 5 cases	[18] OOH [12] IH = 30 cases	[21] OOH [14] IH = 35 cases	01/01/2018 to 06/30/2018	
Review Quarter 6 04/01/2019 to 06/30/2019	04/01/2018 to Date of Review	[3] OOH [2] IH = 5 cases	[18] OOH [12] IH = 30 cases	[21] OOH [14] IH = 35 cases	04/01/2018 to 09/30/2018	
<b>6 Month Totals</b>		[6] OOH [4] IH = 10 cases	[36] OOH [24] IH = 60 cases	[42] OOH [28] IH = 70 cases	-	
Review Quarter 7 07/01/2019 to 09/30/2019	07/01/2018 to Date of Review	[3] OOH [2] IH = 5 cases	[18] OOH [12] IH = 30 cases	[21] OOH [14] IH = 35 cases	07/01/2018 to 12/31/2018	
Review Quarter 8 10/01/2019 to 12/31/2019	10/01/2018 to Date of Review	[3] OOH [2] IH = 5 cases	[18] OOH [12] IH = 30 cases	[21] OOH [14] IH = 35 cases	10/01/2018 to 03/31/2019	
<b>6 Month Totals</b>		[6] OOH [4] IH = 10 cases	[36] OOH [24] IH = 60 cases	[42] OOH [28] IH = 70 cases	-	
Schedule will be replicated each 6 months through the end of the non-overlapping evaluation period.						



Case Review Item	Baseline	Improvement Goal
<p>Permanency Outcome 1</p> <p>Item 4. Stability of Foster Care Placement</p>	<p>To be set in Jan-2018 based on 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed rated strength on Item 4.</p> <p>(CFSR had 40 applicable cases) – 80% were rated as a Strength.</p>	<p>To be determined in Jan-2018 based on the 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 4 (goal may be considered achieved in any 6-month period, advancing by quarters, during the PIP or non-overlapping year, based on CB evaluation).</p> <p>The first opportunity to achieve the improvement goal will be the Jan-2018 through Jun-2018 case review data set.</p>
<p>Permanency Outcome 1</p> <p>Item 5. Permanency Goal for Child</p>	<p>To be set in Jan-2018 based on 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed rated strength on Item 5.</p> <p>(CFSR had 40 applicable cases) – 55% were rated as a Strength.</p>	<p>To be determined in Jan-2018 based on the 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 5 (goal may be considered achieved in any 6-month period, advancing by quarters, during the PIP or non-overlapping year, based on CB evaluation).</p> <p>The first opportunity to achieve the improvement goal will be the Jan-2018 through Jun-2018 case review data set.</p>
<p>Permanency Outcome 1</p> <p>Item 6. Achieving Reunification, Guardianship, Adoption, or Other Planned Permanency Living Arrangement</p>	<p>To be set in Jan-2018 based on 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed rated strength on Item 6.</p> <p>(CFSR had 40 applicable cases) – 50% were rated as a Strength.</p>	<p>To be determined in Jan-2018 based on the 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 6 (goal may be considered achieved in any 6-month period, advancing by quarters, during the PIP or non-overlapping year, based on CB evaluation).</p> <p>The first opportunity to achieve the improvement goal will be the Jan-2018 through Jun-2018 case review data set.</p>

Case Review Item	Baseline	Improvement Goal
<p>Well-Being Outcome 1</p> <p>Item 12. Needs and Services of Child, Parents, and Foster Parents</p>	<p>To be set in Jan-2018 based on 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed rated strength on Item 12.</p> <p>(CFSR had 65 applicable cases) – 38% were rated as a Strength.</p>	<p>To be determined in Jan-2018 based on the 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 12 (goal may be considered achieved in any 6-month period, advancing by quarters, during the PIP or non-overlapping year, based on CB evaluation).</p> <p>The first opportunity to achieve the improvement goal will be the Jan-2018 through Jun-2018 case review data set.</p>
<p>Well-Being Outcome 1</p> <p>Item 13. Child and Family Involvement in Case Planning</p>	<p>To be set in Jan-2018 based on 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed rated strength on Item 13.</p> <p>(CFSR had 62 applicable cases) – 58% were rated as a Strength.</p>	<p>To be determined in Jan-2018 based on the 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 13 (goal may be considered achieved in any 6-month period, advancing by quarters, during the PIP or non-overlapping year, based on CB evaluation).</p> <p>The first opportunity to achieve the improvement goal will be the Jan-2018 through Jun-2018 case review data set.</p>
<p>Well-Being Outcome 1</p> <p>Item 14. Caseworker Visits With Child</p>	<p>To be set in Jan-2018 based on 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed rated strength on Item 14.</p> <p>(CFSR had 65 applicable cases) – 74% were rated as a Strength.</p>	<p>To be determined in Jan-2018 based on the 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 14 (goal may be considered achieved in any 6-month period, advancing by quarters, during the PIP or non-overlapping year, based on CB evaluation).</p> <p>The first opportunity to achieve the improvement goal will be the Jan-2018 through Jun-2018 case review data set.</p>

Case Review Item	Baseline	Improvement Goal
<p>Well-Being Outcome 1</p> <p>Item 15. Caseworker Visits with Parents</p>	<p>To be set in Jan-2018 based on 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed rated strength on Item 15.</p> <p>(CFSR had 54 applicable cases) – 44% were rated as a Strength.</p>	<p>To be determined in Jan-2018 based on the 65 cases reviewed during Jul to Dec-2017.</p> <p>X% of the applicable cases reviewed will be rated strength on Item 15 (goal may be considered achieved in any 6-month period, advancing by quarters, during the PIP or non-overlapping year, based on CB evaluation).</p> <p>The first opportunity to achieve the improvement goal will be the Jan-2018 through Jun-2018 case review data set.</p>
<p><b>Data Source and Approach to Measurement:</b></p> <p>Same as Safety items.</p>		

## Systemic Factor Items

Systemic Factor Item	Baseline	Improvement Goal
Item 23. Termination of Parental Rights	N/A	N/A
<b>Data Source and Approach to Measurement:</b> The state's performance will be measured by the completion of the key activities listed under PIP Goal 1, Strategy 5. This strategy relates to the reduction of barriers to permanency and stability for children in placement.		

Systemic Factor Item	Baseline	Improvement Goal
Item 25. Quality Assurance System	N/A	N/A
<b>Data Source and Approach to Measurement:</b> The state's performance will be measured by the completion of the key activities listed under PIP Goal 3, Strategies 1 and 2. These strategies relate to the development of a robust CQI system; including a CQI model and case practice review system to gather qualitative and quantitative information.		

Systemic Factor Item	Baseline	Improvement Goal
Item 26. Initial Staff Training	N/A	N/A
<b>Data Source and Approach to Measurement:</b> The state's performance will be measured by the completion of the key activities listed under PIP Goal 3, Strategy 3. This strategy relates to activities for improving training to DCF staff provided by the Massachusetts Child Welfare Institute (CWI).		

Systemic Factor Item	Baseline	Improvement Goal
Item 29. Array of Services	N/A	N/A
<b>Data Source and Approach to Measurement:</b> The state's performance will be measured by the completion of the key activities listed under PIP Goal 3, Strategy 2. These strategies related to activities for improving array and individualization of services		

Systemic Factor Item	Baseline	Improvement Goal
Item 35. Diligent Recruitment of Foster and Adoptive Homes	N/A	N/A
<b>Data Source and Approach to Measurement:</b> The state's performance will be measured by the completion of the key activities listed under PIP Goal 2, Strategy 1. These strategies relate to increasing initiatives for recruitment of foster, adoptive, and kinship caregivers.		

## Program Improvement Plan Targets

Massachusetts Program Improvement Plan (PIP) Goals for Case Review Items Rated an Area Needing Improvement and requiring measurement based on CFSR TB#9

Massachusetts will be using a prospective baseline from reviews conducted from approximately 07/01/2017 through 12/31/2017.

CFSR Items Requiring Measurement	Z value for 80% Confidence Level <sup>1</sup>	Minimum Number of Applicable Cases <sup>2</sup>	Applicable Cases to Establish Baseline <sup>3</sup>	PIP Baseline <sup>4</sup>	Baseline Sampling Error <sup>5</sup>	PIP Goal <sup>6</sup>	PIP Goal Adjusted <sup>7</sup>
Item 1	1.28	28	TBD	TBD	TBD	TBD	TBD
Item 2	1.28	29	TBD	TBD	TBD	TBD	TBD
Item 3	1.28	65	TBD	TBD	TBD	TBD	TBD
Item 4	1.28	40	TBD	TBD	TBD	TBD	TBD
Item 5	1.28	40	TBD	TBD	TBD	TBD	TBD
Item 6	1.28	40	TBD	TBD	TBD	TBD	TBD
Item 12	1.28	65	TBD	TBD	TBD	TBD	TBD
Item 13	1.28	62	TBD	TBD	TBD	TBD	TBD
Item 14	1.28	65	TBD	TBD	TBD	TBD	TBD
Item 15	1.28	54	TBD	TBD	TBD	TBD	TBD

### Explanatory Notes:

- Z-values - represent the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.
- Minimum Number of Applicable Cases - Represents the minimum number of applicable cases required to establish the baseline based on the state's CFSR final report.
- Applicable Cases to Establish Baseline - Identifies the number of applicable cases used to establish the baseline, which determines the minimum number of case reviews required to determine PIP goals are met. A two percent (2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline – To be determined.
- PIP Baseline - Percentage of applicable cases reviewed rated a strength for the specified CFSR item from the final summary of baseline cases rated as strength – To be determined.
- Baseline Sampling Error - Represents the margin of error that arises in a data collection process as a result of using a sample rather than entire universe of cases – To be determined.
- PIP Goal - Calculated by adding the sampling error to the baseline percentage– To be determined.
- Adjusted PIP Goal - Identifies the adjusted improvement goal that accounts for the period of overlap between the baseline period and the PIP implementation period. The adjustment is calculated using an adjustment factor that reduces the sampling error up to one half based on the number of months of overlap, up to 12 months. – To be determined.