Child and Family Services Reviews

Statewide Assessment Instrument

April 2014

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

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Introduction

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

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

The CFSR Process

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

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

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

Integration of the CFSP/APSR and CFSR Statewide Assessment

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

The Statewide Assessment Instrument

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

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

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

Completing the Statewide Assessment

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

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

How the Statewide Assessment Is Used

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

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

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Massachusetts Department of Children and Families

CFSR Review Period

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

Period of AFCARS Data: 2012A – 2014B

Period of NCANDS Data: FY 2013 and 2014

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

Insert other approved data source

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

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

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

State Response:

Special thanks to the following for their contributions:

Virginia A. Peel, Senior Counsel, DCF

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

Joy Cochran, Director of Foster Care Support Services, DCF

Andrea Cosgrove, Director of Program Operations, DCF

Vivian Davidovich, Director Foster Care Review, DCF

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

Andrew Todd Rome, General Counsel, DCF

Liz Skinner-Reilly, Federal Grants Coordinator, DCF

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

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

Section II: Data Profile has been deleted in its entirety.

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

Instructions

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

A. Safety

Safety Outcomes 1 and 2

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

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

State Response:

Children Are First And Foremost, Protected From Abuse And Neglect

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

Research has shown that the safety of children and families is significantly enhanced when families and their broader familial, social and community network are engaged in the efforts to promote safety and mitigate the risk of harm. The Department has incorporated Andrew Turnell's, *Signs of Safety,* to ground efforts in this area; including the use of Safety Mapping. This approach encourages an emphasis on assessing the imminent safety and danger for a child and family, and identifying those factors/actions which may immediately restore safety and ameliorate risk of future harm.

While the Department has a unique and vital role in promoting the safety of children and families, it is not an exclusive role. Schools, community agencies, other service providers and community partners, must each be vigilant to indications that a child or family may be in danger. Further, they all must work collaboratively to address that risk. Only through these collective efforts will the occurrence of maltreatment be effectively reduced.

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

- **Staffing and Budget** – a comprehensive workforce strategy including adequate allocation of frontline, supervisory, and managerial staff to stabilize the caseload; the use of specialized substance abuse, health, mental health and domestic violence staff in each area office; along with credentialing, training, hiring and workforce supports.
- **Technology** – support for the Department's initiative to provide workers with mobile technology, allowing them the ability to have immediate contact with supervisors and

emergency personnel, document visits in real-time and upload photos of children to the Massachusetts SACWIS.

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

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

FY2013
Total CA/N Reports Disposed: 37,867

	#	%
Substantiated	14,071	37.2%
Unsubstantiated	8,161	21.6%
Other	15,635	41.3%
***Children Served in Placement**	**13,609**	

FY2014
Total CA/N Reports Disposed: 47,591

	#	%
Substantiated	22,282	46.8%
Unsubstantiated	13,771	28.9%
Other	11,538	24.2%
***Children Served in Placement**	**14,907**	

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

Significant year-over-year increases are evident when comparing total CA/N reports disposed between FY2013 and FY2014 (25.7% increase). During the same time period a significant increase in substantiation rates was also observed (25.8%). The number of children served in placement increased 9.5%.

Timeliness of Initiating Investigations of Reports of Child Maltreatment

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

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

Highlights of Quality Case Practice

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

Areas for Improvement in Case Practice

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

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

SAFETY OUTCOMES: Maltreatment in Foster Care & Recurrence of Maltreatment

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

Chart S2.

State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination
(using most recent data submitted as of April 16, 2015)

Indicator	12-month period [a]	Data used [b]	RSP [c]	95% interval [d]	National Standard [e]	Performance relative to NS [f]	PIP
Maltreatment in foster care [j]	14AB, FY14	14AB, FY14	34.40	32.12 - 36.84	8.50	Not met	PIP
Recurrence of maltreatment	FY13-14	FY13-14	22.4	21.8 - 23.1	9.1%	Not met	PIP

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

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

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

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

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

- Training that is targeted across the agency for social workers, supervisors and management to support a commonly held framework of best case practice.
- Supporting community connected practice that includes relationship building with District Attorney offices, mandated reporters and police departments.
- Improving ties with the community to reduce repeat maltreatment by preventing crises and supporting earlier responses.
- Sharing information and replicating effective practice about successful engagement through maximized use of regularly scheduled and ad hoc meetings within DCF and with community partners.
- Disseminating learning from critical incidents and investigations regarding best case practices and opportunities for improvement.
- Supporting the critical role of supervisors in setting expectations and promoting quality case practice.
- Expanding communication and collaboration with collaterals to ensure independent verification of family perceptions.
- Communicating DCF's role as a preventive social service agency – not solely the agent of child protection – through community resource building.
- Empowering parents to have a real voice in decision making in family meetings at the outset of their involvement with DCF.
- Establishing a practice approach and implementing structures/tools necessary to proactively support families in addressing factors that contribute to risk of harm, and thereby minimize the need for reactionary and crisis oriented responses.

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

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

arrange for these services and, if children did in fact need to be removed from their home, was it done to ensure their safety.

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

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

Risk Of Harm To Child

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

Highlights of Quality Case Practice

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

Areas for Improvement in Case Practice

- While initial assessments of safety and risk were found to be practice strengths, ongoing assessments of safety and risk were done on a more inconsistent basis; possibly due to the reliance on informal as opposed to formal methodologies.

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

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

Safety And Risk-Related Case Reviews

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

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

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

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

CPS Referrals Received by DCF

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

Chart S3.

Counts of Referrals Received by DCF

	FY2011	FY2012	FY2013	FY2014
Referrals received by CPS	73,294	75,439	75,560	77,974

Screen-in Rates

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

Chart S4.

Rate per 1,000 in Child Population per CB CFSR Round 3 Data Profile

	FY2011	FY2012	FY2013	FY2014
Screen-in rate	43.92	44.06	44.76	55.09

Victimization Rates

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

Chart S5.

Rate per 1,000 in Child Population per CB CFSR Round 3 Data Profile

	FY2011	FY2012	FY2013	FY2014
Victimization rate	9.72	9.31	14.53	22.82

Entry Rates

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

Chart S6.

Rate per 1,000 in Child Population per CB CFSR Round 3 Data Profile

Entry Rate	**11AB**	**11B12A**	**12AB**	**12B13A**	**13AB**	**13B14A**	**14AB**
All Ages	**3.8**	**3.6**	**3.8**	**3.7**	**1.9**	**2.2**	missing
0-3 months	8.9	9.1	8.8	9.2	9.8	10.8	11.9
4-11 months	4.5	4.7	4.7	5.0	5.5	5.3	5.3
1-5 years	23.3	23.3	23.4	23.5	23.8	25.9	26.8
6-10 years	14.3	13.7	14.8	16.0	16.4	16.9	17.3
11-16 years	44.3	44.5	42.9	41.0	38.9	35.5	33.2
17 years	4.8	4.8	5.4	5.3	5.5	5.6	5.5
18 years and older	0.0	0.1	0.0	0.0	0.1	0.1	0.1

B. Permanency

Permanency Outcomes 1 and 2

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

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

State Response:

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

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

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

The Department of Children and Families (DCF or Department) has historically placed the emphasis for permanency on the processes of adoption or guardianship that begin after stabilization and reunification have failed. In the areas of adoption and guardianship, the Department has developed the expertise to effectively expedite those complicated legal and clinical processes. Our more recent focus has been expanded to revitalize our efforts to *stabilize and preserve families, or to reunify families.* This focus requires that the Department, and our partners, include permanency as a central component at all junctures in working with a family. Recent revisions to the Department's Permanency Planning Policy highlight that the responsibility for permanency starts upon initial contact with the family and continues throughout the agency's involvement. It is the role of *all* DCF staff to pursue permanency for families; regardless of the function to which a staff person is assigned.

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

- Permanency is the work of the entire agency.
- Stabilization and reunification are successful permanency outcomes.

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

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

Chart P1.

State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination
(using most recent data submitted as of April 16, 2015)

Indicator	12-month period [a]	Data used [b]	RSP [c]	95% interval [d]	National Standard [e]	Performance relative to NS [f]	PIP
Perm in 12 months (entries)	12AB	12A – 14B	46.0	44.7 - 47.4	40.5%	Met	No PIP
Perm in 12 months (12-23 mos.)	14AB	14A – 14B	34.2	32.2 - 36.3	43.6%	Not met	PIP
Perm in 12 months (24 + mos.)	14AB	14A – 14B	24.2	22.6 - 25.7	30.3%	Not met	PIP
Re-entry to foster care in 12 mos.	12AB	12A – 14B	13.6	12.3 - 15.1	8.3%	Not met	PIP

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

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

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

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

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

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

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

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

Placement Stability

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

Chart P2.

State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination
(using most recent data submitted as of April 16, 2015)

Indicator	12-month period [a]	Data used [b]	RSP [c]	95% interval [d]	National Standard [e]	Performance relative to NS [f]	PIP
Placement stability	14AB	14A – 14B	6.23	6.08 - 6.38	4.12	Not met	PIP

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

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

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

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

Placement with Kin

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

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

Data Source: MA DSSRP210 – Children in Placement

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

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

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

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

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

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

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

C. Well-Being

Well-Being Outcomes 1, 2, and 3

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

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

State Response:

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

Well-being for individuals begins with a strong self-identity, a purpose in life and emotional connections. A family's well-being is reflected in the ability to function as a unit in the home and community with satisfaction/enjoyment. Family well-being is enhanced through the ability to function independently; without the support of an external structured/formal system. Like family well-being, a child's well-being is reflected in the ability to function successfully in home, school and the community with satisfaction/enjoyment. A child's well-being is dependent upon physical health, mental/behavioral, social/emotional and educational needs being met. Every child and family deserves to experience a sense of well-being that includes the opportunity to grow and to develop a sense of mastery in their home, school and community.

The following approaches are the focus of the Department's efforts to improve the well-being of children and families:

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

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

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

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

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

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

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

Highlights of Quality Case Practice

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

Areas for Improvement in Case Practice

- Trend of lack of involvement of ALL key case members. While most key case members are involved in case activities, oftentimes one key case member is not involved.

- Failure to consistently involve children and birth fathers in case planning activities—for in-home cases.
- Although service plans are generally tailored to the needs of the family, plans often inadequately address child-specific tasks.

Caseworker Visits with Child

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

Caseworker Visits with Parents

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

Social Worker Contacts – Jun-2015

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

June 2015

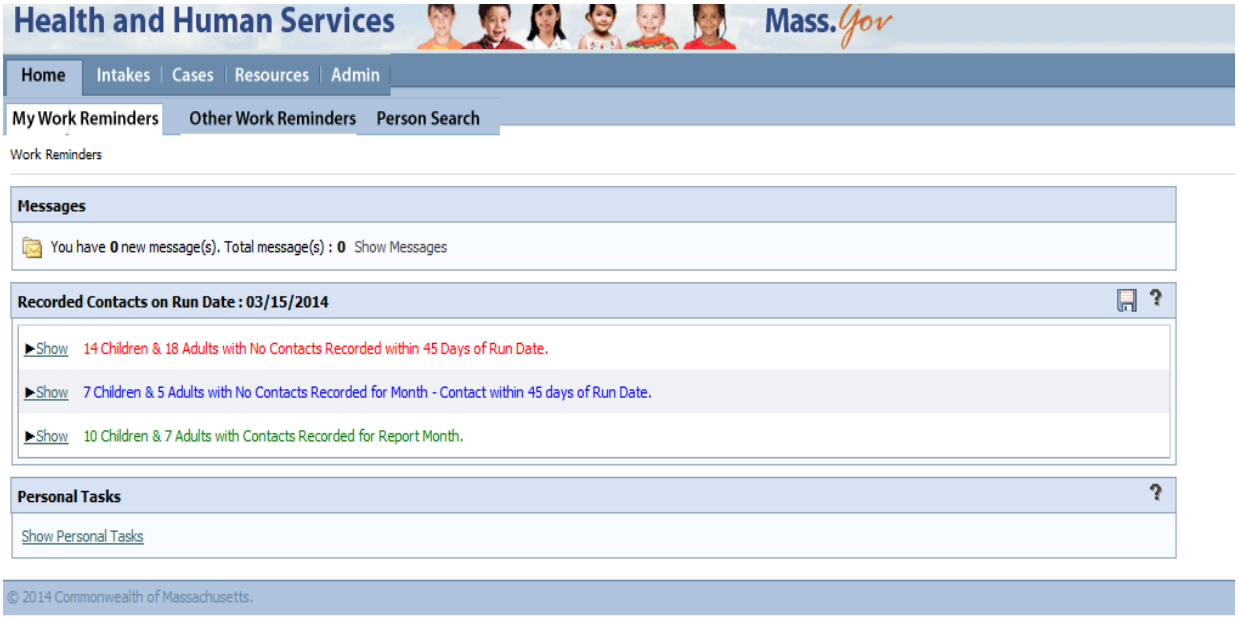
SOCIAL WORKER CONTACT WITH...	Within 30 days	Within 45 days
ADULTS (parents)	55.3%	62.4%
CHILDREN & YOUNG ADULTS	85.0%	91.4%
Young Adults Age 18+	81.2%	88.6%
Children Age 0-17	85.2%	91.6%
Children Age 0-5	87.8%	93.3%
Children Age 6-11	85.1%	91.6%
Children Age 12-17	82.0%	89.3%
PLACED CHILDREN	88.4%	NA

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

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

- Developed and deployed ***Promoting Quality Visits and Contacts with Families: A Field Guide for DCF Staff*** —which includes protocols to assist workers with engaging, assessing safety and risk, observing and documenting contact.

- Enforced expectations for visit documentation within thirty (30) calendar days of contact and implement mandatory real-time time data entry of visits.
    - ACTION STEP: Deployed mobile devices (iPads) to all field staff and supervisors—for real-time documentation and tracking.
    - ACTION STEP: Developed real-time dashboard report on status of visits for social workers, supervisors and managers (screenshot below).



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

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

The Department tracks a number of education related indicators:

- High School Four-Year & Five-Year Cohort Graduation Rates
- Massachusetts Comprehensive Assessment System (MCAS) Passage Rates
- Attendance Rates
- High School Equivalency Testing Program (HSE) Rates (formerly GRE)

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

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

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

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

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

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

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

Massachusetts Comprehensive Assessment System (MCAS) Passage Rates

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

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

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

MCAS tests three (3) broad subject areas:

- English Language Arts (ELA)
- Mathematics
- Science and Technology/Engineering

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

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

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

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

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

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

Initial and Comprehensive Medical Encounters

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

	Jul-2010 through Sep-2012
7-day Rate	50%
30-day Rate	77%
+/- 30-day Rate	90%

Data Source: MassHealth

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

The following action steps were therefore initiated:

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

Pediatric Behavioral Health Medication Initiative

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

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

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

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

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

Section IV: Assessment of Systemic Factors

Instructions

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

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

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

A. Statewide Information System

Item 19: Statewide Information System

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

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

State Response:

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

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

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

I. Required information for children in placement

Status: In foster care or no longer in foster care

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

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

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

Timeliness errors for the AFCARS 2015A submission were

0.39 -- Element 22 – Removal Transaction Date

7.83 -- Element 57 – Foster Care Discharge Transaction Date

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

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

Location: child physical location

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

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

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

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

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

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

Days between Placement and Data Entry of Service Referral

0 to 7

Placement Type	Count	%
Dept FC*	821	85.2%
CFCI**	150	90.9%
Congregate	424	92.6%
Grand Total	**1395**	**87.9%**

8 to 14

Placement Type	Count	%
Dept FC*	71	7.4%
CFCI**	7	4.2%
Congregate	11	2.4%
Grand Total	**89**	**5.6%**

15 to 28

Placement Type	Count	%
Dept FC*	41	4.3%
CFCI**	4	2.4%
Congregate	9	2.0%
Grand Total	**54**	**3.4%**

29+

Placement Type	Count	%
Dept FC*	31	3.2%
CFCI**	4	2.4%
Congregate	14	3.1%
Grand Total	**49**	**3.1%**

Total Count

Placement Type	Total Count
Dept FC*	964
CFCI**	165
Congregate	458
Grand Total	**1587**

Days between Placement and Service Referral Activation

0 to 7

Placement Type	Count	%
Dept FC*	632	65.6%
CFCI**	133	80.6%
Congregate	382	83.4%
Grand Total	**1147**	**72.3%**

8 to 14

Placement Type	Count	%
Dept FC*	194	20.1%
CFCI**	21	12.7%
Congregate	36	7.9%
Grand Total	**251**	**15.8%**

15 to 28

Placement Type	Count	%
Dept FC*	81	8.4%
CFCI**	7	4.2%
Congregate	21	4.6%
Grand Total	**109**	**6.9%**

29+

Placement Type	Count	%
Dept FC*	57	5.9%
CFCI**	4	2.4%
Congregate	19	4.2%
Grand Total	**80**	**5.0%**

Total Count

Placement Type	Total Count
Dept FC*	964
CFCI**	165
Congregate	458
Grand Total	**1587**

Source: DSSRP179 Run 5/4/15

* Departmental Foster Care includes placement with kin and other resources identified by the family.
**Comprehensive Foster Care, formerly known as Intensive Foster Care (IFC). This service purchased from provider agencies

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

FamilyNet captures

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

Race (12/31/2013)

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

[1]Excluding Hispanic/Latino
[2]Hispanic/Latino includes all races, [3] Multi-racial = two or more races
Source: Annual Data Profile 2013

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

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

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

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

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

DCF has the following permanency goals:

1) Stabilization
2) Reunification
3) Adoption
4) Guardianship
5) Alternative Planned Permanent Living Arrangement (APPLA)

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

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

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

II. Other FamilyNet functionality

Service Referrals

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

See *Sect19 – ACCOUNTS RECEIVABLE PROCESS.doc*

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

Family Resource Licensing

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

Active Family Resource Homes on 5/2/2015

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

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

Source: DSSRP 225
*Includes Pre-Adoptive

Foster Care Reviews

FCRs occur every six months for children who have been in placement at least 6 months. FCRs are recorded on FamilyNet and FCR reports can be viewed by any user with access to the case. A batch process automatically creates review records three months prior to the

review due date. Batch extracts and ticklers support the review scheduling and invitation process. DCF field staff must review the proposed invitation list and update FamilyNet as needed to ensure required invitees are invited. Invitation letters are sent through an automated process once an FCR has been scheduled. In addition to the determinations and supporting narratives, FCR records include the names of all persons who were invited and who attended the FCR. A report of the FCR is sent to all attendees through an automated process.

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

ICPC

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

Legal

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

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

Provider Services

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

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

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

IV-E Eligibility Determinations

The revenue provider for DCF conducts and documents IV-E eligibility reviews in i-FamilyNet. FamilyNet retains a history of all eligibility determinations including those which were rolled-back when information becomes available which might change an eligibility determination. The IV-E eligibility function has dedicated tables in the FamilyNet database, some of which are copies of

the production tables for demographics, court cases, legal status, etc. This allows data to be updated or notes added without altering the source data.

III. Reporting

Data necessary to ensure compliance with DCF policies and document trends are available to DCF staff through on-line queries, batch and warehouse reports. On-line queries are available in FamilyNet and i-FamilyNet and provide information used to assign cases, obtain lists of scheduled activities, view the summary of a court appearance, print case narratives, etc. Batch reports run on a schedule, are less widely available and are distributed to managers and administrative staff. DCF is currently in the process of making batch reports more accessible to administrative and management staff. In July 2014, DCF implemented a user dashboard available to caseworkers and supervisors in i-FamilyNet. This report provides aggregate counts of the consumer children and adults assigned to a caseworker by the length of time since the last recorded in-person contact during the current month. Caseworkers and supervisors can download a list of assigned consumers including the last in-person contact date using their pc or iPad. An on-line query makes the same consumer contact information available to managers.

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

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

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

New reports are constantly under development to support DCF's evolving needs. A report to better track youths who are on-the-run is currently in use even as it is being modified to provide better information to discern the patterns and triggers for run-away episodes as well as possible interventions. Reports have been developed and more are planned to evaluate the efficacy of new Caring Together services under a Title IV-E waiver and for permanency planning, legal and fair hearing functionality as they move to i-FamilyNet. Two reports support the qualitative review of non-placement cases; one lists cases with 3 or more reports of child abuse/neglect within a three month period and the other lists cases which have not had a child in placement or a report of abuse/neglect for at least two years.

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

IV. Data Quality

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

Checkpoints for Data Accuracy

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

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

Activity	Child in Home	Child in Placement
Service/Action Planning (SP/AP): • Frequency: At least every 6 months • Permanency goal is reviewed and updated if required • Demographic data is updated • Placements and visitation plans reviewed • AFCARS edits must be satisfied prior to completion of new/updated SP • The name will change to Action Plan when new policy is implemented.	Applies	Applies
Caseworker Contact Reports: • A dashboard updated daily after the first week of the month indicating which consumers do not have caseworker contacts recorded for the current month • Caseworker Contacts Preview Report (monthly report which lists consumers for whom a contact has not been recorded for the reporting month)	Applies	Applies
Service Referral for Placement or Non-Referral Location: • Each time a new placement is recorded, either by activating a service referral or entering a non-referral location, FamilyNet checks to see if there is a Home Removal Episode and custody record in effect on the start date of the placement.		Applies
Monthly Clinical Reports • Children in Placement (all children with an open HRE) • ASFA Report (children who need a 6 Week Review or Permanency Planning Conference) • Children with a Goal of Adoption/Guardianship • Children with a Finalized Adoption/Guardianship • PACT Report (children for whom supplementary payments are made) • Service Referral Activation Report • Early Intervention (children qualifying for EI referral)		Applies
IV-E Eligibility Determination: • Frequency: Shortly after home removal and every 3 months for children found to be IV-E eligible • What is reviewed and validated? o Demographic data, o court orders, o custody and o placement records		Applies

Activity	Child in Home	Child in Placement
Six Week Placement Review and Permanency Planning Conferences (PPC): • Frequency: o Six Week Placement Review: 6 weeks after start of placement; o 9 months after start of placement or as required by changed circumstances or Foster Care Review recommendation • What's reviewed? o Need for placement o Permanency goal o Progress toward goal o Whether current placement is appropriate o Whether TPR is needed		Applies
Foster Care Reviews (FCRs): • Frequency: Every six months while child is in placement • What's reviewed? o Six weeks prior to review due date: ▪ Need for review (is child still in placement) ▪ Whether required invitees are in FamilyNet with current addresses o At review: ▪ Need for placement ▪ Whether current placement is appropriate ▪ Permanency goal ▪ Progress toward goal ▪ Whether required medical/dental care has been provided		Applies
Quarterly Adoption Reviews: • Frequency: Quarterly for children with a goal of Adoption • What's reviewed? o Appropriateness of goal (if no, the child is referred for a PPC) o Barriers to progress toward goal o Status of termination of parental rights (TPR) ▪ Whether parental relationships are correctly recorded o Whether child is matched to a preadoptive home and whether the fact of a match is recorded o Whether child can be adopted within 24 months of placement		Applies
Monthly Legal Reports: • Permanency Hearing Tickler Reports (supports scheduling Permanency Hearings) • Reasonable Efforts Report (supports data entry of Reasonable Efforts and Contrary to the Welfare court results)		Applies

Activity	Child in Home	Child in Placement
Permanency Hearings: • Frequency: Annual • What's reviewed? o Need for placement o Permanency goal o Progress toward goal o Whether current placement is appropriate o Whether reasonable efforts to reunify have been made or are not required		Applies
AFCARS Validation Data • Frequency: Semi-Annual • Used by IT to identify data and report coding issues		Applies
NCANDS Validation Data • Frequency: Annual • Used by IT to identify data and report coding issues	Applies	Applies
NYTD Validation Data • Frequency: Semi-Annual • Used by IT to identify data and report coding issues	Applies (served population only)	Applies

Activity	Departmental Foster Care	Comprehensive Foster Care
Foster/Pre-adoptive License Homestudy, Annual Reassessments and License Renewals • AFCARS edits for resource demographic information must be satisfied prior to completion	Applies	Applies
Monthly reports: • Active Family Resources • Overdue License Renewals • Unapproved Homes with Active Referrals	 Applies Applies Applies	 Applies Applies
Periodic reports: • Primary Caregiver has marital status of Married and there is no Secondary Caregiver	Applies	Applies

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

Data regarding paid placements is generally very good as payment is predicated upon the placement being accurately recorded. Payments for Departmental Foster Care and invoices for other services are generated by FamilyNet using the same service referral data used to create the placement records. If the service referral information is accurate, the placement information is accurate and vice versa. Invoice and payment data is closely monitored by the central office, regional and area office staff responsible for ensuring that budgeted funds are properly spent. If

a placement and its corresponding service referral are end-dated in arrears, FamilyNet creates a receivable which is also tracked in FamilyNet. See *Sect19 – ACCOUNTS RECEIVABLE PROCESS.doc*

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

A monthly batch report lets the Subsidy unit support the timely activation of adoption subsidies once adoptions are legalized. Documenting diagnosed health conditions and the family structure of foster care providers are areas where data entry needs to improve. Health information for medically fragile children is documented by staff nurses and these children are closely monitored. System edits in FamilyNet and i-FamilyNet ensure demographic information for consumers and family resource providers is data entered at junctures when the information should be known (i.e., at the completion of Comprehensive Assessments, Service Plans and during Family Resource licensing). An ad hoc report is provided to area offices and provider agencies to monitor and support accurate data entry of the marital status of family resource providers. The Permanency Profile Facesheet for the child(ren) being reviewed includes demographic, relationship, health/behavior and education data recorded in FamilyNet so that missing or incorrect information can be updated at the time of the PPC.

See *Permanency_Profile_Facesheet.docx.*

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

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

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

See attached *Data Extract Validation Protocol.doc*.

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

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

Program Strengths & Promising Practices

The State has a highly-automated system which provides access to demographic information from DCF's Family Net and family financial information through the TANF and Medicaid automated systems operated by other State agencies. Overall the automated worksheets provide clear documentation of the eligibility decision, basis for the decision, and period of eligibility. As previously stated, there are areas in which additional documentation would be helpful for reviewers. Court documents clearly explained the contrary to welfare and reasonable efforts findings. The removal court orders were completed timely, usually the next day if an emergency removal occurred after hours. All required judicial findings were obtained in the sample cases reviewed. The State has made improvements in the licensing of foster care placements as all foster homes were fully licensed during the PUR. We also noted the Interstate Compact for the Placement of Children cases in the review sample contained all necessary information to document title IV-E eligibility. This represents a substantial improvement from our prior onsite review where four cases were determined to have ineligible payments due to the lack of documentation that the foster care provider was licensed by the receiving State. Finally, DC has worked with EEC to improve the documentation of criminal background checks for residential facilities. All cases involving a residential placement contained the information necessary to document compliance.

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

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

Attachments:

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

B. Case Review System

Item 20: Written Case Plan

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

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

State Response:

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

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

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

State Fiscal Year 2016 and Beyond

Family Assessment and Action Planning

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

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

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

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

Family Assessment and Action Planning is:

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

Values and Principles

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

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

Outcomes

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

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

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

them. When the Family Assessment and Action Planning involves a ***young adult*** who is sustaining connection or re-engaging with the Department after leaving care or custody at age 18, the young adult is the focus, and other family members are involved only when the young adult agrees.

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

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

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

Permanency Plans

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

Action Plan Scope

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

- the time period of the plan (usually 6 months);
- area(s) of focus based on the findings of the Department's Family Assessment of parental capacity and child safety, permanency and well-being that indicate why continued Department involvement is needed;
- for each priority area of focus, the observable changes that are needed to achieve the jointly identified goals in the Action Plan; and

- for each priority area of focus, the actions/tasks/services/supports for each open consumer and any other identified participant(s) in the Action Plan (e.g., substitute care provider, foster parent, kin collateral, etc.), including the Department.

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

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

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

Multiple Family Assessments/Action Plans for a Family

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

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

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

Services and Supports

The Department provides support and stabilization services as well as placement services either through contracts with private provider agencies or through its own resources. Contracted services and placements managed by the Department are generally initiated through service referrals. In preparation for the Foster Care Review scheduled every 6 months for a child in placement, providers of appropriate services are asked to evaluate progress made by the child or parent(s). The social work supervisor or other designated

Department employee initiates service referrals for Departmental foster homes and requests progress evaluations directly from them. The Department also refers families to non-contracted resources and supports available in their communities. It is not necessary for the Family Assessment and Action Plan to be completed to initiate the provision of services. Referrals should be made as soon as service needs are identified.

Item 21: Periodic Reviews

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

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

State Response:

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

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

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

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

Policy requires that reviews "are scheduled and conducted at times which ensure, to the maximum extent possible, the participation of all invited parties." Participants must receive no less than a 14 day notice of the review. This requires a high level of coordination involving Foster Care Review and Area Office staff. Effort is made to include everyone involved with the family. Policy and regulation mandate that parents, children age 14 and older, foster parents,

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

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

Overview of Case Identification and Foster Care Review Scheduling Process

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

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

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

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

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

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

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

FCR Fair Hearing Statistics

CY2013 – 8 fair hearing requests

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

CY2014 – 10 fair hearings requests

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

FCR Grievance Statistics

CY2013 – 14 grievances

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

CY2014 – 11 grievances

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

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

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

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

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

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

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

Item 22: Permanency Hearings

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

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

State Response:

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

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

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

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

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

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

In October 2010, the Department underwent an administrative reorganization. This reorganization included a decrease in the number of DCF regions from six to four. For the Legal Department, most of the legal managers were either assigned to new regions or assumed responsibility for additional staff and courts. The additional responsibility challenged the managers' ability to closely monitor the timeliness of the permanency hearings. In addition to the time for managers to monitor timely completion of permanency hearings, it is essential to

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

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

have adequate support staff to ensure permanency hearing reports are obtained, filed timely and notice is sent to foster/adoptive parents. Between FY2000 and FY2015 the legal Department decreased its support staff by 30%. Most of the decrease occurred in 2000-2001 and staff have not been replaced. Without sufficient managers or support staff to monitor this process, the Department saw a decrease in the timeliness of the permanency hearings from FFY 13 to FFY 14, both the initial hearings and the subsequent hearings – 56.68% in FFY 13 to 52.10% in FFY 14 for initial permanency hearings, and 54.47% in FFY 13 to 47.31% in FFY 14 for subsequent permanency hearings.

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

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

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

Item 23: Termination of Parental Rights

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

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

State Response:

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

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

1. Child in Department custody placed with kin; neither they nor any other kin is currently interested in adoption/guardianship, and it is in child's best interests to remain with current kin caregiver.
2. Critical services, identified in Service Plan and necessary for child's safe return home within specified timeframe, have not been available.
3. Department has documented compelling reason why TPR action is not in child's best interests, i.e.:
    a. parents are utilizing services productively and eliminating/ameliorating circumstances requiring placement; will enable child to return home within 6 months or less;
    b. for older child, permanency plan other than adoption offers highest possible level of family connection, including physical/emotional/legal permanence;
    c. child requires placement due to emotional/ behavioral/physical needs; parents are involved/determined to be fit, responsible and committed to being child's permanent family; or
    d. any other compelling reason established by Regional Clinical Review Team and approved by Regional Director or their designee.

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

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

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

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

Item 24: Notice of Hearings and Reviews to Caregivers

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

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

State Response:

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

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

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

The Department uses several mechanisms to ensure that foster/pre-adoptive and kinship foster parents are aware of their rights under this requirement and of the dates the cases of children in their care are in court. First foster/pre-adoptive parents are informed during the training they attend before they are licensed as foster parents, i.e. Massachusetts Approach to Partners in Parenting (MAPP) training, of their right to attend and be heard at trials and permanency hearings. It is also included in a resource guide they are provided with. Second, family resource workers and the social workers for the children in the home visit the homes on a regular basis. The workers inform the foster/pre-adoptive families when a child's case has upcoming court dates. Finally the DCF legal department sends a formal notice to the current caregiver for both permanency hearing dates and trial on the merits dates. A template letter is available in FamilyNet to facilitate the requirement. The letter pre-populates with the current caregiver based on placement data in FamilyNet. This helps to ensure that as children's placements change, there is not an additional burden on either the legal or clinical staff to send

the notice to the correct caregiver. The Department worked on and developed a report that would allow the legal offices to print and send notification letters to current caregivers for permanency hearings similar to that used by foster care review notices. The program needs further review and testing before it can be implemented.

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

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

C. Quality Assurance System

Item 25: Quality Assurance System

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

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

State Response:

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

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

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

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

DCF is utilizing the ACYF-CB-IM-12-07 information memorandum on *Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies* to inform the development of its CQI system. The Department's CQI approach will better equip DCF to measure the quality of services provided in Massachusetts by determining the impact

those services have on child and family level outcomes and functioning, and the effectiveness of processes and systems in operation statewide.

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

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

DCF Quality Assurance System – History and Moving Forward

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

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

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

4.0 Strengthen Performance Management and Improvement

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

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

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

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

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

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

Foundational Administrative Structure

CQI Implementation Infrastructure

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

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

CQI Staffing

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

In addition to these Central Office staff, there is a Quality Assurance Supervisor within each regional office. These staff are engaged in a number of CQI activities throughout their respective regions and assist with the quality improvement efforts in each of the area offices.

Staff involved in the design, development and dissemination of management and outcome reporting are also part of the CQI infrastructure.

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

Job Descriptions for the state positions are developed by the Commonwealth's Human Resources Division and minimum entrance requirements are established for each position. All of the existing CQI staff members exceed state requirements for their respective positions in terms of prior experience in assuring quality of services and implementing continuous quality improvement. Through the Commonwealth's hiring process all staff are determined to meet the established minimum entrance requirements (MER). Prior to posting the CQI Specialist positions, specific work duties corresponding to the new role and function and MERs were developed and approved by the appropriate hiring authorities. The five CQI Specialists positions within the CQI Unit are being filled by individuals who met and/or exceeded the established MERs.

All staff, family and community representatives engaged in CQI activities are afforded the opportunity to participate in professional development through conferences organized by federal agencies including ACF and the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as local conferences and training. The Massachusetts Child Welfare Institute (MCWI) also offers a comprehensive array of workshops and in-service training opportunities. The MCWI purchases slots for individual staff at conferences or in-service training relevant to the staff positions. A comprehensive list of professional development opportunities is readily available to staff on the Department's intranet as well as through focused or system-wide email distribution.

A Steering Committee, statewide, regional and area teams have served as continuous quality improvement teams to monitor fidelity to the structures and processes set forth in DCF's casework practice model. These teams meet monthly to monitor data reflecting performance, and regularly review the effectiveness of communication and training, as well as the challenges and progress of the area offices in casework practices. These teams actively determine needed changes to policy or practice that are identified during the reviews and assist in establishing course corrections to support improvement efforts. The Family Advisory Council and the Statewide Advisory Council have been actively engaged in continuous quality improvement activities to assist the Department in monitoring performance and identifying opportunities for improvement.

As noted previously, the Department's commitment to an *Integrated Participatory Continuous Quality Improvement* approach necessitates involvement of staff from all levels of the agency, as well as family and community representatives. Participation of a wide variety of internal and external stakeholders ensures that continuous quality improvement efforts benefit from a variety of perspectives and promotes the accountability the agency is seeking.

CQI Processes

Historically, the Department has utilized fifteen (15) key CQI processes that have been embedded in the management and casework practices of the agency. This integrated approach ensured that continuous quality improvement was not reliant upon specific resources and personnel to engage in CQI activities, but rather those activities were/are an integral part of the agency's day-to-day operation. In addition to the fifteen (15) key processes described below the Department has contracted for case record reviews which are described elsewhere in this document.

1. ***CQI Steering Committee, Statewide, Regional and Area Teams.*** The roles, functions and activities of these teams are described above. The Steering Committee includes all of Senior Staff – Commissioner, Deputy Commissioners, General Counsel, Assistant Commissioners, Chief Financial Officer and community/family representatives. The Statewide Team includes representation from the Steering Committee, all Regional Directors, Regional Counsels, Facilitators/Quality Assurance Managers and Coaches. The Regional and Area teams include managers, supervisors and social workers.
2. ***Critical Incident Review and Risk Management Committees****.* The Critical Incident Review Committee was first convened in January, 2008 and meets weekly to review critical incidents that have been submitted by the area offices in accordance with the Department's *Critical Incident Reporting Protocol*. These critical incidents may involve fatalities, serious injuries, or other incidents that receive media attention and involve families currently open with the Department, families previously known to the Department, as well as families on which the Department has a newly filed 51A. Critical Incident trend reports are prepared on an annual basis and reviewed by the Steering Committee, Statewide Managers, and the Office of the Child Advocate. When indicated, CQI Round Tables are convened in response to critical incident trends to identify and address practice challenges.
    - The Risk Management Committee meets the first Tuesday of each month. This committee reviews fatality reports prepared by the central office Case Investigation/ Special Investigations Unit. The committee also identifies any casework practice trends that raise concern and identifies strategies to improve casework practice.
3. ***Fatality Reviews.*** All fatalities, regardless of whether the result of abuse or neglect, on any family currently opened or closed within the past six months are reviewed. The Department uses fatality reviews as a continuous quality improvement activity to review casework practice over the course of DCF involvement with the family. These reviews include analysis of all relevant documentation including the case record and interviews with DCF staff and collaterals involved with the family. The review results in a written report that contains a series of observations on effective case practice and opportunities for improvement related

to engagement, progressive understanding, capacity building, and consolidating and sustaining gains. The report is reviewed by the Risk Management Committee, the Deputy Commissioner for Clinical and Program Services and ultimately by the Commissioner. The Commissioner's review culminates in action steps for improvement in casework practice. Once the Commissioner has reviewed the report and finalized any needed directives, the report is sent to the Office of the Child Advocate for review. Action steps from all fatality reviews are logged and tracked.

4. ***Statewide Managers Meeting.*** Each Statewide Managers Meeting generally includes a quality improvement topic that is grounded in a review of data relevant to the topic for that month. Participants in the Statewide Managers meeting include Commissioner, Senior Staff, Regional Directors, Regional Counsels, Regional Clinical Directors and Directors of Areas. These meetings occur on the 4th Thursday of each month. The Commissioner determines the topic for the month and the Assistant Commissioner for Quality Improvement (supported by reporting staff) prepares the analysis of the data for that topic. The participants engage in a dialogue about the performance level indicated by the data and explore strategies for improvement. These discussions may include a panel presentation from area/regional offices that are performing well and achieving positive outcomes for this measure.
5. ***Area Clinical Review Teams.*** Each area office regularly convenes Clinical Review Teams that include the Area Clinical Manager, Area Program Manager, Supervisor and Social Worker involved with a particularly complex case. The Clinical Review Teams are either requested by a manager in response to a critical incident or may be requested by a social worker or supervisor seeking assistance in working with a particularly challenging family. Clinical Review Teams review the clinical formulation, the family's strengths and needs, and the course of casework practice. The outcome of these reviews is a shared consensus on modifications to interventions or services to support more positive outcomes for the family.
6. ***Area Office Topic Driven Dialogues.*** Historically, on a monthly/quarterly basis DCF Senior Staff determine a topic relevant to improving casework practice that will be discussed in area office staff meetings across the state during that month/quarter. A PowerPoint presentation may be prepared that includes management and outcome data relevant to the topic and a series of queries to guide staff discussion. The PowerPoint presentation is reviewed at a Statewide Managers meeting, adapted to incorporate their feedback, and then disseminated to all area offices for presentation at the following month's area office staff meeting. The purpose of these discussions is to identify current practices that support positive outcomes as well as opportunities for improvement and specific strategies to improve practice. After the area office staff meeting, historically, each area office submits the results of their discussion to the Deputy Commissioner for Clinical and Program Services who consolidates the feedback. This statewide feedback is then presented back at a Statewide Managers meeting. This process promotes continuous quality improvement activities by engaging all staff in a discussion about improving practice.
7. ***CQI Round Tables.*** CQI Round Tables are conducted when the Critical Incident Review or Risk Management Committee identifies an emerging concern relative to casework practices. Staff from across the agency are invited to participate in a series of regionally-based Round Tables during which current practices are explored, relevant data are shared and practice

improvement recommendations are generated. Resulting recommendations for practice improvement are consolidated, reviewed with Senior Staff and Statewide Managers, and posted on the DCF Intranet. Recent examples of CQI Round Tables include Fatalities (specifically screening and response practices), Sudden Unexpected Infant Deaths (including Safe Sleeping), and Substance Exposed Newborns.

8. ***Regional Forums.*** In recent years, the Department has conducted six (6) annual Regional Forums. Regional Forums are conducted in each region and structured to include a two hour session with staff, a two hour session with managers, a two hour session with key stakeholders (including local community representatives, legislators, judges, police, school personnel, and providers) and a two hour session with family and youth (including birth families, as well as foster and adoptive parents). The Regional Forums have been utilized to present updates on current Departmental initiatives, as well as to elicit feedback on what is working well, what are opportunities for improvement and strategies for effecting change. Through this process the Department is able to engage a wide range of internal and external stakeholders in a quality improvement process designed to elicit feedback on topics relevant to casework and management practices.
9. ***Review of 3 or More 51As.*** Area Offices conduct a review of cases where more than three (3) 51As have been filed within three (3) months. These clinical and administrative reviews provide an important quality assurance activity as well as an opportunity to make modifications to the services or course of casework to improve outcomes for the family.
10. ***Local Focused CQI Reviews.*** Area and regional offices routinely convene a CQI effort that is topic specific. For example, if a region identifies a variance in practice on screening decisions, they will convene a team of staff from the Area Offices to review a random selection of 51A reports and the screening decisions. The team will then engage in a process of determining what led to the variability in the decisions and determine needed strategies to support greater consistency or fidelity to the practice guidance. Area offices may also convene a CQI team that is topic specific when there is an emerging practice concern or when review of data in management or outcome reports indicates a drop in performance on a particular measure.
11. ***Foster Care Reviews.*** The Department's Foster Care Review Unit (FCRU) also performs a critical quality improvement function. The FCRU's semi-annual reviews of each child in placement focus on whether there is a need for continued placement, whether the child is in the appropriate placement, and whether sufficient progress is being made toward the child and family's goal. Among others, results of the Foster Care Review are shared with the social worker, supervisor, and managers to ensure that they are apprised of the outcome and can make any needed changes in the interventions or service plan for the child and family.
12. ***IV-E Audits.*** These audits provide essential information on the Department's compliance with IV-E requirements and on the quality of casework practices and services.
13. ***Area Boards.*** All twenty-nine (29) area offices have an Area Board comprised of local community and family representatives. The composition and roles/functions of the Area

Boards were set forth in the *Massachusetts Acts of 2008 Chapter 176* legislation. Area Boards are routinely provided with data on current performance on a wide variety of indicators and outcome measures, including CFSR outcomes, and engage in a dialogue about how the area office might improve performance.

14. ***Statewide Advisory Council.*** The Statewide Advisory Council was also legislatively mandated in 2008 and membership, roles/functions were set forth in that legislation. The Statewide Advisory Council meets quarterly with the Commissioner and members of Senior Staff and routinely reviews performance and outcome data, discusses key DCF initiatives, and makes recommendations for improving casework/management practices and addressing gaps in service.
15. ***Family Advisory Council.*** The Family Advisory Council (FAC) has been active for the past decade and provides an important quality assurance function. The FAC regularly reviews casework practice guidance, performance data, and policies to ensure that practices and services meet the needs of families served by DCF. The FAC undertook a CQI effort in 2013 and 2014 to conduct surveys of families served by the Department to better understand their experience and level of satisfaction. The results of these surveys were shared with management staff across the agency. Similar surveys will be repeated annually.

CQI activities conducted by contracted providers are governed by contracts with each agency. Standards and service specifications are included in each contract. As stated earlier within this response section, the Department does not currently have agency regulations or policies that specifically govern internal CQI activities—policy will be developed over the next several months to support the newly established CQI Unit. Nonetheless, the commitment to embedding CQI in all agency activities is reflected in the fact that continuous quality improvement is one of the well-publicized core values of the agency and incorporated into its strategic plan, as well as compliance with a variety of federal and state regulations and requirements. All DCF regulations, policies and practice guidance are available on the DCF Intranet.

The Assistant Commissioner for Continuous Quality Improvement has reviewed a somewhat dated draft of the Department's CQI manual. The CQI Unit staff, along with key internal stakeholders will revise the document during state fiscal year 2016. Once finalized, the DCF CQI manual will be available on the DCF intranet and distributed throughout the Department.

Quality Data Collection

Data collection at DCF is an on-going process, not a set of discrete activities. Case workers are continuously *collecting* data as they document their case events. As this ongoing process of case documentation feeds a plethora of reports, data entry of information that is of high criticality to DCF is monitored by the management staff who utilize the reports. All data/reports are rigorously validated prior to dissemination. Validation includes comparing the data/report to similar data sets, ensuring not only that the records/data elements selected meet the report criteria, but also that all relevant records/data elements are selected. Validation is conducted both at the "coding/data extraction" level and at the "report/synthesis/analysis" level. These are discrete functions conducted by multiple individuals. In addition to data integrity and comparison checks, reports are scrutinized for outliers. Reports often include both summary statistical

information and the underlying detail data elements. This allows for a degree of field-validation of reports.

Report validity/reliability concerns are presented by end-users to the report-owner. The report-owner utilizes this feedback to evaluate the report/dataset and determines if there are issues with either the report/synthesis/analysis, with the underlying data, the data extraction process, or the policy the report is intended to promote/measure. Problems with the data extraction are documented in a central repository (i.e., *Remedy*) and acted upon according to urgency. Informal and formal trainings are provided for data entry issues. Because data entry is a routine part of case work, no distinction is made between *placement* and *non-placement* cases except to the extent that fewer activities pertain to non-placement cases.

Massachusetts has had an AFCARS Review and has an AFCARS Improvement Plan (AIP). Most recoding has been done as requested. There remain several areas requiring further work. Changes are needed to FamilyNet/i-FamilyNet to identify abandoned, Safe Haven children and children adopted by only one parent to ensure accurate data entry of demographic information for these, albeit small populations. There are also a couple of areas where data entry is problematic. These include documentation of disabling conditions and foster parent demographics.

Considerable effort has been expended to create useful data sets for children in placement, reports of abuse/neglect, case openings and closings, open consumers, authorized, projected and paid service referrals, child fatalities and near fatalities, staffing, etc. These are used to provide regular and ad hoc reports to stakeholders as needed.

Through the processes described in the previous section the Department integrates both qualitative and quantitative data on practice issues. By conscientiously engaging both internal and external stakeholders in multiple forums throughout the year, the Department is able to incorporate a variety of perspectives and objective information to provide a comprehensive picture of performance.

Qualitative data are routinely collected and stored in FamilyNet/i-FamilyNet to document Foster Care Reviews, Incident Reports, and Treatment Plan Progress reviews. Qualitative data are also collected as part of fatality, near fatality and critical incident reviews.

Through the automated Performance and Career Enhancement (PACE) system, established for all state agencies, DCF is able to collect information for all staff for every training opportunity they attend. In addition to PACE, the agency also collects information at many of the individual workshops / in-service trainings. The data in PACE can be run for any time period desired back to 2007.

Through the FamilyNet/i-FamilyNet system DCF is able to track all referrals made for services purchased by DCF. In addition, providers are required to enter a treatment plan in i-FamilyNet outlining services provided to clients. The Department is not able to aggregate data from FamilyNet on services received by DCF clients purchased through Medicaid or by other state agencies from which clients may be receiving services. However, this information is noted in individual case records within the body of dictation included in FamilyNet/i-FamilyNet. Individual

case records in FamilyNet/i-FamilyNet are updated regularly through dictation entered by social workers.

Case Record Review Data and Process

DCF has contracted with the Center for Support of Families (CSF) to conduct case record reviews. This agency was selected because of their wealth of public child welfare experience and prior involvement in conducting CFSR reviews. The use of an external, independent agency with expertise in conducting case record reviews, ensures that reviews are objective, and that criteria are applied consistently across the state and not subject to local interpretation. While the Department may elect to utilize non-Departmental reviewers for specific projects, systematic ongoing case review will be the responsibility of the newly established CQI Unit at DCF.

2007 CFSR PIP Case Reviews

During the Department's 2007 CFSR PIP period, the CSF utilized case record review instruments, instructions, and consistent rating criteria approved by PMAG in case record reviews conducted for Massachusetts between 2010 and 2013. The case record review process utilized the CFSR selection criteria and included second-level quality assurance completed on at least 50 percent of cases. The second-level QA was conducted by a senior member of the CSF team. DCF also established a process with CSF to ensure consistency in how ratings were determined across multiple sites and multiple reviewers. This included regular meetings with staff from CSF to ensure that there was a shared understanding of expectations. In addition, DCF staff randomly reviewed specific cases evaluated by CSF to determine whether there was a consistent approach to the reviews. Interviews were not incorporated into these PIP related reviews.

Safety and Risk-Related Case Reviews

Detailed earlier in the Safety Outcomes section of this document, as a correlate to its foster care review system which assesses the safety and quality of care provided to children and youth in out-of-home care, CSF conducted two-hundred (200) safety and risk-related case reviews on children and families in the DCF in-home population. These case reviews provided insight into safety and risk-related practice issues which may be present in DCF's work with children and families. Because the Department is able to supplement its review of outcomes and certain performance indicators through aggregate data reports, this review was designed to explore the "practice behind the numbers" in order to provide insight into which practices are working well and which warrant attention for improvement.

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

- A need for improved use of the Safety and Risk Assessment Tool, including identification of parental protective capacities;

- A need for attention to caseworker visits with children and parents;
- A need for improved engagement of family members;
- A need for timely initiation of CPS responses and face-to-face contacts with children involved in screened-in reports of alleged maltreatment; and
- A need to identify and consider underlying issues within families contributing to maltreatment of children.

The Department's Safety and Risk-Related Review Instrument probes the quality of safety and risk-related activities in each case reviewed for each of the thematic categories identified above. Safety and risk-related reviews were conducted in ten (10) area offices on two-hundred (200) randomly selected in-home cases. While interviews with social workers and case members were not included in this focused review, managers in the ten (10) area offices were given an opportunity to complete an online survey assessing area office strengths and areas needing improvement relative to safety and risk. The Department's leadership team reviewed the report in September of 2014 and incorporated findings into its performance management and accountability system.

In its CQI strategic planning, the Department assessed the benefits of building internal capacity for conducting case reviews; in lieu of, or in combination with contracted case reviewers. The recently established DCF CQI Unit was the end product of that planning. The Department anticipates the development of a comprehensive case review instrument in state fiscal year 2016. Interviews will be incorporated into the agency's case record review system.

Analysis and Dissemination of Quality Data

Significant effort is directed to the analysis of data by the Assistant Commissioner for Quality Improvement, the Office of Management, Planning and Analysis, the Reporting Unit and IT staff. DCF data are regularly reviewed with DCF managers at Statewide Managers meetings, Regional Directors meetings, and at area office staff meetings. DCF data are provided regularly to the state legislature and are posted on the Executive Office of Health and Human Services (EHS) web site. Management and outcome reports are also posted on the DCF intranet. Historically, these data have been shared regularly with the DCF Area Boards and Statewide Advisory Council and have been incorporated into the annual Regional Forums that have included a wide array of external stakeholders.

Trend reports are a routine part of the Department's standardized and ad hoc reporting. All reports are routinely reviewed by the Steering Committee, the Statewide Implementation Team and at Statewide Managers Meetings. The availability of data on the EHS website, the DCF intranet, as well as the multitude of forums at which the Department's data are presented allow multiple opportunities to ensure that internal and external stakeholders are being reached.

Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Processes

Key structures and processes established for the purpose of obtaining feedback from both internal and external stakeholders include:

- Statewide Managers Meetings
- Steering Committee
- Statewide Implementation Team
- Area Office Staff Meetings
- Area Boards
- Regional Forums
- Family Advisory Council
- Youth Advisory Council
- Additional structures and processes for obtaining feedback were outlined in the fifteen CQI processes outlined in the previous section.

Obtaining internal and external feedback is a foundational principle in the Department's CQI processes. The Department has utilized feedback obtained from these structures and processes in making adjustments to its Strategic Plan, as well as specific initiatives (e.g., development of the Integrated Casework Practice Model, Placement Stability, Kin First, Timeliness to Adoption, Promoting Well-being, etc.).

The Department's commitment to utilizing CQI data is reflected clearly in the DCF strategic plans from 2008 and 2012. CQI data and input from both internal and external stakeholders guided the development of the agency strategic plan including establishing agency goals and the priority strategic activities. The Integrated Case Practice Model established in 2008 and implemented in 2009 was founded on results of the CFSR review and the agency's internal CQI processes. The Department's 2012 - 2015 strategic plan incorporates findings of CQI reviews / input.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

The Massachusetts Child Welfare Institute

Purpose

The Massachusetts Child Welfare Institute (MCWI) is the professional development and training division of the Department of Children and Families. The purpose of the MCWI is to improve child welfare practice in the Commonwealth. Through a focus on three interdependent responsibilities, the MCWI promotes a shared understanding of and agreement about the Department's core practice values, commitments and priorities; teaches the knowledge, skills, and tools of facilitative child welfare practice, which makes it more feasible for social workers to help families keep their children safe; and, supports the continuous learning of social workers, supervisors, and managers as they lead agency initiatives and practice innovations.

Context

The MCWI is focused on a vision of providing high quality, evidence-informed, and relevant training programs that are helpful to the approximately 3,400 DCF social workers, supervisors, and managers across the Commonwealth in their efforts to insure the safety, permanence, and well-being of children and families. The MCWI has a budget of 2.5 million dollars for fiscal year 2016. This represents a significant increase in funding dedicated to professional development and learning programs for DCF staff over prior fiscal years. The MCWI consists of 8 full-time staff members focused on training and professional development programs (Associate Director, 4 Professional Development Managers, 1 Program Coordinators, 1 Administrative Assistant, and a Coordinator of Fellowship Programs) and a number of part-time contracted training specialists. The MCWI also employs a part-time librarian to manage the DCF child welfare library. MCWI training managers oversee the design, development and implementation of agency training programs, coordinate the work of external trainers, conduct a considerable amount of classroom training, and act as Practice Coaches in the field.

Framed by the major themes of the DCF Strategic Plan which are most connected to innovations in training and professional development; the MCWI has advanced and implemented a series of highly regarded programs. With a considered strategy to promote continuous learning and professional identity for child welfare social workers, supervisors and managers at DCF, the MCWI promotes organizational effectiveness by building on our many strengths of training, including:

Profile of DCF MCWI Training Staff:

- MCWI staff are all dedicated, highly experienced and credentialed child welfare practitioners and innovative facilitators of learning opportunities for staff
- During FY 2015, the MCWI hired two additional full-time staff: a Professional Development Manager and a Program Coordinator
- The MCWI has created an approach to curriculum design and training development that is founded on facilitative learning
- The MCWI offers practice coaching to support the transfer of learning from the classroom to the field
- The MCWI contributes to the planning and implementation of policy change initiatives
- Staff training and professional development are essential agency priorities which strengthen effective succession planning and cultivate organizational leadership.
- The MCWI has a clear budget allocation from a dedicated line-item within the DCF appropriation

Desired Outcomes

Broadly framed and organized by the DCF key strategic themes, the MCWI training and professional development programs are focused on the following important outcomes:

- Social workers, supervisors, and managers will leave any learning experience with an increased sense of their capacity, competency, and confidence in child welfare practice.
- Participants will demonstrate child welfare practices that increasingly improve the level of safety, permanency, and well-being for children and families.
- Participants will embrace continuous learning as a key to professional growth, professional identity, and advancement in the agency

Framework for Professional Development

The Department of Children and Families (DCF), through its Child Welfare Institute (MCWI), developed an innovative methodology for engaging staff in training and learning forums. The MCWI created this approach to help staff demonstrate practice skills that are reflective of the agency's core values, priorities and key concepts of safety organized child welfare practices. This approach to training is founded upon the concepts and tools of interactive facilitation. An essential principle of this training approach is that child welfare social work is a defined, unique and distinct profession within the field of social work. As a profession, child welfare social workers embrace a clear set of values which describe why their work is important and necessary. They also share common principles about how the work gets done in an effective manner. Further, the profession of child welfare social work requires that staff have a grasp of core competencies and specific knowledge and skills needed to help families keep their children safe. Finally, the profession of child welfare social work utilizes unique tools to facilitate the engagement, assessment and planning processes with vulnerable children and families.

Understanding that the purpose of training for DCF staff is to prepare social workers, supervisors and managers with the practices and skills needed to engage with families, the MCWI uses a learner-centered program design. A learner-centered approach appreciates the experience and knowledge that participants bring into the classroom and utilizes facilitated dialogues to create a deeper understanding of the principles, better relationships, and greater relevancy of the material. Ultimately, this approach helps participants leave feeling more confident using new skills and tools in practice. Learner-centered principles are directly aligned with a basic tenet of adult learning - that learning is an individual's process of incorporating new ideas and actions into their existing knowledge base or skill set.

A learner-centered approach significantly changes the nature of the relationship between the trainer and the participant. The role of the trainer transforms from "the expert with the answers" to "the facilitator asking questions" which represents a shift in thinking and new skills to capitalize on the power of questions to promote relationships in a shared learning experience. This is the fundamental principle of the Facilitated Learning Model. In order for the MCWI to successfully prepare staff for the demands of child welfare work, the facilitator must master a range of facilitation skills and have knowledge of the content needed to effectively lead a series of learning dialogues. Facilitators are challenged to demonstrate these advanced skills in order to help social workers, supervisors, and managers:

- understand the purpose of practice tools and have confidence in using practice tools effectively
- know how to access supervisory, management, and area office support in decision making
- have a commitment to the shared values and purpose of DCF interventions
- be able to reflect on their own practice skills and the impact that they have on families
- build collaboration among all of the key stakeholders needed to help families keep their children safe

This framework is a shift from the Department's traditional delivery of content based, expert driven training and appreciates that effective child welfare practice is less reliant on "what content a social worker knows" and more on "how well a social worker can facilitate change". This distinction informs the emergent curriculum design of the MCWI professional development programs, in particular the New Social Worker Professional Development Program and the Supervisor Professional Development Program.

Scope of DCF Training and Professional Development Activities

The MCWI has responsibility for providing training and professional growth opportunities for all of the approximately 3,500 staff. The learning programs available to staff through the MCWI are varied and include:

- New Social Worker Professional Development Program
- Supervisor Professional Development Program
- Investigations/Hotline Training
- New Area Program Manager Training'
- In-Service Training
- Field Based Practice Coaching
- MSW Fellowship Program
- Post-Masters Clinical Certificate Programs
- Professional Certificate Programs
- Licensing Test Preparation
- Professional Conferences
- Policy Implementation and Training

The Executive Office of Health and Human Services implemented the statewide web-based Learning Management System called PACE. This system is utilized by state agencies to create agency level training catalogues, online registration, employee training transcripts, and to generate reports to help agencies evaluate their training programs. The PACE system allows the MCWI to track employee participation, geographic accessibility, training facilities, class

sizes, trainer information, and scheduling of events. The PACE system includes a user interface to encourage employees to build their own training transcripts and professional portfolios. Furthermore, the PACE system allows the MCWI to track the attendance of individual employees in required training programs, such as new worker training, investigations training and supervisor training.

Although the PACE system is a considerable resource for the MCWI, the reporting functions do not allow for user defined queries or customizable reports. This is a considerable challenge for the MCWI as we utilize this learning management system. Although the content and approach used for all Initial Staff training is informed by contemporary evidence of successful social work practice, the DCF practice model, and adult learning theory, to frame the classroom experiences, the MCWI relies on “participant reaction”, the most rudimentary level of training evaluation, to assess the success of our current training programs.

Training evaluation efforts are often approached using the 4-level Kirkpatrick Model. The first level on this scale is “reaction”. This level simply measures how participants felt about the training. It is a survey or questionnaire that asks participants about their perceptions of the training experience. Level 1-evaluation methods are an important step in quality improvement as it helps describe how well received the training or trainer was by the participants. It also helps you improve the training for future trainees, including identifying important areas or topics that are missing from the training. The MCWI utilizes Level 1 evaluation methods almost exclusively in our ongoing evaluation of our training programs. MCWI trainers and managers utilize the feedback from participants gathered through a simple form to plan for edits and updates to the training outline for future workshops. The MCWI does not routinely gather hard data or utilize a formal evaluation tool to assess the experience of participants in the classroom and the impact that the learning has on their practice. Nor do we have the capacity to assess the transfer of knowledge from classroom learning to assess the overall impact on consumer outcomes.

The PACE system does not serve a specific function in assessing the perception or reactions of participants to the actual training program. The primary mechanism for assessing the training program run by the MCWI is paper evaluation forms completed by trainees at the completion of the training event. These written evaluations are compiled to understand the themes of feedback speaking to what was effective and helpful in the learning process and what could be upgraded in the future. The MCWI managers and trainers reflect upon the information contained in these evaluations when revising or creating new training programs.

To enhance and expand the utility of the PACE program, MCWI managers have conducted a series of capacity building workshops at the area office level to encourage staff to more effectively utilize the PACE system. These learning demonstrations were specifically designed to help local administers to routinely create training events and courses in PACE when they hold area level trainings and workshops. The desired outcomes of this initiative was to better capture and track the full scope of training happening throughout the agency and give participants the chance to record the number of hours that they actually spend in training. The impact of this initiative has been a very significant increase in the training activities documented in PACE. In

FY 2014, there were 854 distinct training events entered into PACE. In FY 2015, this number rose to 1900 training events with a total of just over 22,000 enrolled participants.

The PACE system poses certain challenges and limitations, indeed. There is no imminent plan to upgrade the PACE system which will continue to challenge the MCWI's access to real-time and meaningful training data. The accessible date reports through PACE show the following summary of training participation for the following programs in Fiscal Year 2016:

- New Supervisor Professional Development Program included 104 individuals in two separate training groups
- New Area Program Manager training had 18 participants
- Investigations Training series had 180 participants in three separate training groups
- Professional Conference slots: 235 individuals were registered to attend conferences in fiscal year 2015.
- In-Service Training: Although cumbersome to calculate in the PACE system, the MCWI estimates that 2150 slots were filled by DCF staff for professional development and advanced practice workshops.

New Worker Professional Development Program: Initial Staff Training

- New Social Worker Professional Development Program trained 410 individuals divided by monthly training groups for 12 months in FY2015. All 410 new staff completed this program in order to be qualified for case management responsibilities.
- Over the past ten years, the department has continued to expand, diversify, and revise training and professional development programs for staff. This has included a complete revision of the New Worker Professional Development Program, the evolution of the Supervisor Professional Development Program, and the creation of a Facilitative Child Welfare Supervisor Practice Model. These examples are but a small sample of the many progressive and meaningful learning programs lead by the MCWI. All of the programs designed and implemented by the MCWI are informed through a close connection to the field and direct participation from staff at all levels of the agency. The MCWI relies consistently upon practice committees, field advisory groups, focus groups, and the feedback received from each training event to upgrade the learning experience for all participants.

Summary of MCWI Training and Professional Development Activities

The MCWI offers a range of training opportunities for DCF staff. (Please refer to the ACF Title IV-E State Training Plan for a detailed list and explanation of the training and professional development programs offered to DCF staff.) The following table summarizes the primary MCWI initial staff training program and identifies the steps necessary to connect the curriculum and content of these topics to the major strategic areas and priorities for organizational effectives and practice improvement:

Initial staff training

Training Program	Current Program Objectives and Highlights	Program Goals and Objectives	Resources and Supports Needed for FY2016
New Social Worker Professional Development	The NWPDP consists of 15 days of in-class training for the first month and 4 On-the-Job training days. New workers also attended 4 In-service workshops during first 6 months. The NWPDP curriculum engages participants to help them: • understand the purpose of practice tools and can use tools to strengthen their initial involvement with families, • commit to the shared values of effective child welfare practice and case processes to improve interventions with families, • demonstrate that they are willing and able to reflect on their own practice skills and the impact that they have on families, • Have an increased level of collaboration among all of the key stakeholders who are committed to continuous learning and professional development in the Department of Children and Families.	• The NWPDP will serve as a national model for training new social workers • MCWI will work to integrate the content of NWPDP with trauma informed practices defined by the DCF trauma grant • The MCWI will continue to refine the training schedule to include necessary content • The NW PDP curriculum and approach to training will be documented • In-Service training for NW PDP will be developed further to align with the content and methods of the first month • MCWI will develop case scenarios to represent the key practices of the ICPM • The MCWI will facilitate stronger and consistent connections to the field to support OJT • The MCWI will include field staff directly in the training as co-facilitators • The MCWI will include family representatives intentionally in key training segments	The MCWI plans to develop an effective Worker Assessment Tool to better understand the learning needs and existing knowledge base of newly hired staff. The MCWI will clarify the purpose and mission of the Field Advisory Committee to specifically focus on On The Job Training It is the MCWI's intention to include more field staff and family partners directly as co-trainers in learning programs. MCWI will need support in the implementation of a Training of Trainers for field staff and Family Partners, and leadership to encourage field staff to play an active role in training as facilitators and content experts.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

The Massachusetts Child Welfare Institute

On-going Staff Training:

- In-Service Training: Although cumbersome to calculate in the PACE system, the MCWI estimates that 2150 slots were filled by DCF staff for professional development and advanced practice workshops.
- For the past 14 years, the MCWI has supported DCF staff efforts to become licensed social workers. As of August 17, 2015, 81% of DCF social workers held a license. This is a significant increase from the prior year when 60% of social workers were licensed. Staff are supported in their effort to obtain a license through attending a Test Preparation workshop created by the NASW Mass Chapter.

- Training programs offered by the MCWI have continually evolved to include a variety of professional development opportunities for staff, including: MSW fellowships, professional certificate programs, clinical practice in-service training, child welfare conferences, and orientation training for newly hired staff

The MCWI offers extensive professional education opportunities for staff including MSW Fellowships and professional certificates as an essential component of On-going staff training. Although tracking of participation in these programs occurs outside of the PACE system, the data presented below is considered to be accurate:

- MSW Fellowship Program, in its tenth year, has included over 150 DCF staff from the schools of social work at Salem State University, Bridgewater State University, Westfield State University, Springfield College, and Simmons College.
- Each year, up to 24 DCF staff are awarded Fellowships. The Fellowships support continues through the completion of the MSW program.
- Simmons College School of Social Work Post Master's Clinical Certificate in Trauma has produced over 220 DCF staff as graduates. This is a graduate level program with course assignments required for granting of a certificate.
- Suffolk University Certificate in Public Human Services Leadership and Management graduated 16 DCF staff in November 2014. Many of these staff have since been promoted into higher level leadership positions within DCF. This is a graduate level program with course assignments required for granting of a certificate.
- Wheelock College Certificate in Child Development produced three DCF graduates in FY 2015 with three new candidates scheduled to begin the year-long program in September 2015. This is a graduate level program with course assignments required for granting of a certificate.
- Springfield College Post-Masters Certificate Program in Advanced Practice with Children and Adolescents graduated 60 DCF staff. This is a graduate level program with course assignments required for granting of a certificate.
- Bridgewater Post-Master's Addictions Certificate has produced 3 DCF graduates last year and there are 16 scheduled to begin the program in October 2015. This is a graduate level program with course assignments required for granting of a certificate.
- The Commonwealth offers tuition remission benefits to all employees who are attending degree programs at state colleges and universities.
- Through the DCF tuition support program, eligible staff members can receive a tuition reimbursement of up to $1,000 per year to assist with the costs of their graduate level education when they attend a private college or university

The department has continued to expand, diversify, and revise training and professional development programs for staff. This has included the expansion of on-going staff training

options, the evolution of the Supervisor Professional Development Program, and the creation of a Facilitative Child Welfare Supervisor Practice Model. These examples are but a small sample of the many progressive and meaningful learning programs lead by the MCWI. All of the programs designed and implemented by the MCWI are informed through a close connection to the field and direct participation from staff at all levels of the agency. The MCWI relies consistently upon practice committees, field advisory groups, focus groups, and the feedback received from each training event to upgrade the learning experience for all participants.

The many successful programs initiated by the MCWI to support on-going staff learning have been accomplished with significant challenges. The key barriers faced by the MCWI in the provision of high quality and varied training programs involve the interconnected reality of limited funding and a small number of full-time training staff. Further challenges impacting the quality and effectiveness of agency training include:

- The MCWI operates one dedicated training facility at the DCF Central Office in Boston. Having a training center in Boston does not promote ease of access statewide or cost effectiveness in the training program.
- The MCWI training space in Central Office will only accommodate small class sizes due to the physical space and configuration of the room.
- Without a dedicated and large enough training space in a geographically central location of the state, the MCWI must pay for hotel and conference space for the majority of training events. This poses budgetary challenges for the MCWI.
- Training and professional development programs could be better institutionalized into the agency's operations with a dedicated and identifiable statewide training facility.
- New legislative requirements for staff licensing and minimum yearly training hours will substantially increase the expectations on the MCWI to provide training opportunities, track participation of staff, and create reporting functions for agency accountability and quality improvement. The legislative mandates regarding staff credentials and training standards are a real motivation to advance the agency's culture of learning.
- The DCF practice coaching model has considerable promise in facilitating lasting practice change across the agency and subsequent improved outcomes for children and families. This coaching program is challenged by the key factors of the small number of coaches available to support all of the area and regional offices and the reliance on external providers to fill the existing part-time positions. The agency is challenged to implement a fiscally sustainable, internal coaching program that builds the capacity of staff in safety organized practices.
- The Practice Coaching model allows field staff access to support and guidance as they try out innovative practices and tools. It is a challenge to appreciate the full extent of the impact of coaching without data to describe the frequency, breadth, and type of coaching that is taking place in a given area office.

- The MCWI runs competency based training programs for newly hired social workers, investigators and supervisors. The expectation at the completion of these training programs is that participants have the increased knowledge and skills to use specialized child welfare tools in their practice. It has been a challenge for the department's training system to test the competency level of staff upon their completion of a given training program.
- The MCWI makes considerable efforts to inform all staff of upcoming training opportunities. It is a challenge for staff to participate in training programs when they feel overwhelmed by the demands of their daily work and feel that they do not have supervisory and management encouragement to focus on their professional growth.
- The department is challenged by the use of the current PACE Learning Management System. The PACE system is intended as an on-line resource for all staff to both maintain their own personal training portfolio and to register for MCWI training events. Users find it difficult and not intuitive to navigate the system which can dissuade them from signing up for training and attending. The PACE application is challenging for MCWI staff and trainers trying to set-up training events and to generate aggregate information about routine training activities. Although there were efforts over the past fiscal year to implement a more modern and user-friendly learning management system by the Commonwealth, this initiative has been stopped due to a lack of funding by the legislature.
- At the end of FY 2015, the MCWI lost three key staff members to the Early Retirement Incentive Program. The MCWI Director, Fiscal Coordinator and PACE Administrator all took advantage of this benefit. These positions are not going to be immediately filled. The significant gaps in work responsibilities are being filled by remaining MCWI staff.

Summary of MCWI Training and Professional Development Activities

The MCWI offers a range of training opportunities for DCF staff. (Please refer to the ACF Title IV-E State Training Plan for a detailed list and explanation of the training and professional development programs offered to DCF staff.) The following table summarizes the primary MCWI ongoing staff training programs and identifies the steps necessary to connect the curriculum and content of these topics to the major strategic areas and priorities for organizational effectives and practice improvement:

On-Going Staff Training

Training Program	Current Program Objectives and Highlights	Program Goals and Objectives	Resources and Supports Needed for FY2016
Supervisor Professional Development	Currently, the Sup PDP is a series of facilitated regional based Learning Circles. There are 9 active learning circles involving approximately 95 Supervisors. The Learning Circles encourage supervisors to: • Share in a reflective process of improving social work practice • Learn and develop the skills of facilitative supervision • Discuss what actions they can take to promote agency innovations such as STS. • Improve their clinical skills through appreciation of trauma informed, safety organized practice. • Consider supervisory practices that influence the larger agency goals regarding placement stability and repeat maltreatment	The MCWI strives to further develop the Sup PDP through: • Promoting the DCF Facilitative Supervisor Practice Model • Expanding the level of participation by supervisors in the program • Building the capacity of supervisors to facilitate learning circles • Developing in-service training to advance supervisor's skills in trauma informed practice • Using the Sup PDP to engage supervisors as practice leaders in innovative approaches to engaging families and children.	• Continued support and increased clear commitment from managers for supervisors to attend learning circles
ICPM Coaching	There are currently 6 ICPM coaches facilitating practice innovations at DCF. Each coach works closely with a set of area offices through a variety of methods, including: • Facilitation to build collaboration in direct practice decision making, • ICPM implementation teams • Formal training on IA and STS • Management consultation	In the coming years, the MCWI strives to institutionalize coaching in DCF practice. The strategy for coaching is currently being considered. The primary focus for coaching in the upcoming fiscal years is to build the capacity of staff to facilitate the practices of the ICPM	The MCWI will continue to define the role and scope of the coaches' work in the supporting practice advancements in the field. The institutionalization of coaching at DCF represents a continued commitment of resources and leadership.

Training Program	Current Program Objectives and Highlights	Program Goals and Objectives	Resources and Supports Needed for FY2016
MSW Fellowship Program	Through partnerships with the schools of social work at Salem State University, Bridgewater State University, Springfield College, Westfield State University, and Simmons College, participating DCF social workers are advancing their education and practice skills and leadership opportunities.	In the future, the MCWI will involve Fellows more as practice leaders to support the agency initiatives and learning culture. Fellows will play a more defined role in the NWPDP, as mentors and will promote the professionalization of social work at DCF.	
Investigations and Hotline Training Series	The current 7-day training series represents an evolution of content and curriculum to better reflect the ICPM. In addition, the MCWI supports a regular conference to bring together Hotline workers to share best practices and challenges.	Future development of the program will be guided by the emerging practices of the ICPM and include a more clear emphasis on trauma and the specific practice skills of safety organized child welfare work.	Work will continue to align each day of training for investigators with the key practices of the ICPM and the vision of the Permanency Planning Policy.
Topic based Training	The MCWI offers topic-based training programs and workshops for all staff. The MCWI has a partnership with CPI and the Bridge Training Series to offer a range of highly regarded trainings that are relevant to DCF staff.	In the next three years, the MCWI will develop child welfare specific in-service training that capitalized on the clinical expertise of DCF staff as contributors to the content and delivery.	As the MCWI develops the In-service catalogue for FY 2016, we need staff at all levels to contribute their ideas and expertise to the content and material. Increased emphasis by leaders at all levels of DCF on training as a key aspect of quality improvement. The MCWI will need to continue to build networks and connections to the field to include front line staff in the development and facilitation of in-service training

Training Program	Current Program Objectives and Highlights	Program Goals and Objectives	Resources and Supports Needed for FY2016
Simmons College School of Social Work Post Master's Clinical Certificate in Trauma	This intensive training program engages DCF staff in a deeper understanding and appreciation of trauma as a factor in parent/child relationships.		
BU Certificate in Non-Profit Management and Leadership	Program support effective management, leadership, and organizational improvement. Program supports succession planning.		
Wheelock College Post Master's Certificate in Early Childhood Mental Health	Early Childhood Grad Certificate for Social Workers and Other Mental Health Professionals Wheelock College's innovative Graduate Certificate in Early Childhood Mental Health—structured so it can be completed in as little as one year—enables master's level social workers and other mental health professionals to develop expertise in early childhood development, psycho-social risk and resilience, and in providing mental health services to young children (age 0-6 years) and their families and consultation to early care and education providers.		
Springfield College Post Master's Certificate in Advanced Practice with Children and Adolescents	This program imparts the latest knowledge of clinical practice and increases skill sets. The program is designed for social workers, nurses, mental health professionals, school counselors, and others who have earned a master's degree. The 90 CEU curriculum includes contemporary practice, theories, and intervention techniques.		
Bridgewater Post Master's Certificate in Addictions	DCF offers staff the opportunity to attend the Bridgewater State University School of Social Work post-Master's certificate program. This series of classes focuses on addictions with special emphasis on substances and additional segments on gambling, internet and food. The certificate program will offer 30 Continuing Education Credits for Social Work.		

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Foster and Adoptive Parent Training

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

In addition to requiring that all Unrestricted, Licensed Foster Homes for the Department complete MAPP, the Department as of July 1, 2006, began requiring all contracted intensive foster care agencies (IFC) to use the MAPP curriculum, as well as requiring the agencies to follow the DCF Family Resource Policy and regulations to support licensure of their foster homes. All homes are required to be trained (unrestricted, child-specific, and kinship). In the summer of 2003, in response to an increase in kinship/child-specific foster and pre-adoptive families, the Department developed the Kinship and Child Specific Training and Resource Guide in English and Spanish. This guide provides the pre-service training component for the Department's Kinship and Child Specific foster and pre-adoptive homes.

To assure consistent, on-going in-service training of all foster/pre-adoptive families, the Department has engaged with MSPCC/Kidsnet in developing our post-approval curriculum and

provide an array of support services to Departmental Foster/pre-adoptive homes including a Helpline, information, support from an experienced foster parent, and respite. MPSCC is contracted to provide post-approval foster/adoptive/kinship training at a minimum four hours per month per DCF Area Office, track attendance at trainings, develop curriculum, and identify and document training needs for foster/pre-adoptive families.

Staff of State Licensed or Approved Facilities Training

Congregate care facilities contracting with the Department of Children and Families to serve children under its care and custody are contractually obligated to ensure that the following performance specifications are maintained:

4.01(A) Staff Supervision and Training:

4.21(A)(1) Staff Proficiencies: A Contractor ensures that all service staff are trained and demonstrate proficiency regarding applicable contract requirements particular to their duties and responsibilities, as well as organizational policies and procedures.

4.21(A)(2) Oversight of Clinical Service: A Contractor ensures all clinical services delivered by the Contractor are overseen by an independently licensed clinician.

4.21(A)(3) On-Going Training: A Contractor will ensure staff have sufficient training to effectively work with youth and families. Ongoing staff training includes, but is not limited to:

- Family-driven youth-guided treatment;
- The Building Bridges initiative and principles;
- Role of Family Partner
- Strength-based assessment and care;
- Requirements of Rehab. Option (applicable to Continuum, Group Home, Follow Along, and Residential Schools);
- Medication Administration Program (MAP)
- Mandated Reporting of suspected abuse and neglect (DPPC, DCF, and Elder Affairs);
- Roles, responsibilities and establishing and maintaining professional boundaries;
- Positive youth growth and development;
- Working with families of adopted youth;
- Health, wellness and sexual decision making;
- Behavior support skills and interventions;
- Restraint prevention;
- Serious emotional disturbance in youth;
- Crisis prevention and intervention;

- Trauma-informed care;
- Learning disabilities and other neurological impairments and implications for clinical and milieu interventions;
- Medical conditions of youth served;
- Cultural responsiveness;
- The effects of out-of-home placement on youth and families;
- Substance use/abuse (signs, techniques to support recovery, resources);
- Domestic violence;
- Working with Gay, Lesbian, Bisexual, Transgender, & Questioning youth;
- PAYA (working with youth 14 and older); and
- Staff safety training.

4.21(A)(4) Staff Training in Restraint Prevention. If a Contractor uses restraint or seclusion, it has must have a restraint prevention program based on a well-recognized and validated model of staff training and include annual training, evaluation and validation of staff competency. The Contractor must monitor restraint competencies of staff and provide regular refresher training and immediate remedial training for staff who fail to perform de-escalation and restraint techniques proficiently. The Contractor will adhere to a staff retraining plan that ensures that there are no lapses in annual de-escalation and restraint re-certification.

4.21(A)(5) Training Records. A record of all staff training is maintained. The record, at a minimum, captures topic, date and staff participation.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Massachusetts was rated as being in substantial conformity with the Service Array systemic factor in the 2007 CFSR. A number of the Department of Children and Families' (DCF or Department) Policies guide its service array, accessibility and individualization including: Assessment, Service Planning and Referral; Permanency Planning; Placement Prevention and Placement; and Service Delivery for Intact Families Policies.

DCF is a state administered agency and as such its services are accessible to all children and families who become involved with the Department. The DCF Treatment Planning Process is web-based and completely transparent. Information on service resources is available to DCF Area Office staff and Lead Agencies from all service providers facilitating fuller and more efficient use of services and lessening delays in accessing services.

Starting in 2005 and continuing to 2014, the Department has continued to develop and implement services that support children and families; assess needs and strengths; and address service needs in a way that maximizes the capacity of children to remain at home or when this is not possible, addresses permanency issues. These services include:

- Family Networks
  - Lead Agency Services
  - Support and Stabilization Services
  - Congregate Care (replaced by Caring Together Residential Services in 2013)
- Comprehensive Foster Care (this service replaced the Family Networks Intensive Foster Care services)
- Caring Together
- Family Partners

- Family Resource Centers

Family Networks:

In 2005-2006 the Department established its Family Networks system. Family Networks is an integrated system of both DCF (then called DSS) -purchased services (support and stabilization services, intensive foster care, and congregate care) and non-purchased supports. Family Networks was designed to fully engage providers in enhancing the capacity of parents to safely care for their children and in fostering and protecting children's permanent connections to family, kin, and other significant adults. By establishing Area Lead Agencies, Family Networks includes an enhanced management system.

On July 1, 2005, the Department established contracts for 29 Area Based Lead Agencies. Area Lead Agencies work in partnership with each of the 29 Area Offices and their communities to support and enhance the performance of the area office in achieving positive permanent outcomes for children and their families. The Area Lead Agency serves as the hub for coordinating purchased services and non-paid community supports and provides service coordination.

In 2006, the Department established contracts for Network Services (support and stabilization services, intensive foster care, and congregate care), developing Provider agencies of network services charged with identifying and breaking down the structural barriers that had historically made the flow into, through, and out of the service system towards permanency ineffective, choppy and inefficient. By integrating these services, we were better able to support families in caring for and safely nurturing their children at home; reduce cycles of repeat involvement with DCF; maximize community connections and reduce isolation; minimize the need for and the time spent in out-of-home placement; reduce the number of unproductive moves that occur during placement; reduce the length of time a child spends in a non-permanent placement; and support youth transitioning to young adulthood in a manner that maximizes their potential.

Integral to the functioning of Family Networks are Family Team Meetings, which are charged with developing a service plan that meets the unique and individualized needs and strengths of the family. Area Lead Agencies convene these family teams, which are attended by family members, their natural supports, the DCF social worker, and others who play a key role in the family's life. The team develops a plan that integrates the specific Network services needed to help the family achieve the goals established in the DCF service plan. The Child and Adolescent Needs and Strengths (CANS) assessment tool is used to identify child and family needs and strengths and to support team communication and decision-making for cases in which residential services are being considered.

One of the initial key goals for Family Networks was to shift the Department's reliance on residential campus-based programs to community-based placements and in-home services. In the first nineteen months of Family Networks implementation, (7/1/06 through 1/31/09) the Department decreased its use of residential schools by 24% and its use of group homes by 8%, while increasing its use of community based services by 17%.

Caring Together:

While the Department was pleased with the successes of Family Networks, as the time approached for the required renewal of these services, DCF wanted to take the opportunity of the re-procurement process to continue to drive the system even further toward an integrated service delivery system that is youth guided, family driven, responsive to needs, provides successful transitions and outcomes, and is community focused. The first step in this process was the development and implementation of a re-designed residential (congregate care) service system, called Caring Together. The Caring Together Request for Response (RFR), released in August of 2012, represents a partnership between DCF, the Executive Office of Health and Human Services (EHS) and the Department of Mental Health (DMH). The involvement of youth and families in all phases of the design and implementation of Caring Together, including focus groups, design teams, program evaluation teams, the Provider Advisory Committee, and the Evaluation workgroup, has been tremendously helpful in ensuring that services were designed to be, and remain, responsive to the needs of youth and families.

The vision statement of the Caring Together RFR states that families are the center of the design, development and delivery of services and supports they need. The system is designed so that Massachusetts children and families will have timely access to an integrated network of out of home and in home treatment services and supports that reflects their voice, is responsive to their needs, and strengthens their ability to live successfully in their local communities. As the Commonwealth transforms residential levels of service for children, there is recognition that our efforts are establishing an important framework and foundation for ensuring an integrated Child Welfare and Behavioral Health System of Care for strengthening families.

The following principles guided the development of Caring Together:

- Services are youth guided and family driven, responsive to needs, and utilize evidence informed practices.
- Services are trauma informed and employ positive behavioral supports and interventions to assist children with problematic behaviors.
- Families will experience “No Wrong Doorway” into residential services regardless of agency affiliation.
- Children and families will have access to the right level of service at the right time for the right duration.
- Services will be integrated in a manner that provides continuity of treatment and therapeutic relationships.
- Treatment success is measured by the extent to which improvements are sustained following discharge from this level of service.
- Reimbursement methodologies will support innovation and improved outcomes.
- Performance measures are developed through a consensus building process with providers and families.
- Agency processes and structures will maximize administrative efficiencies.

The primary goal in this service procurement is to achieve better and more sustainable positive outcomes for children and families who come to the attention of either DCF or DMH. This requires full family engagement during the course of the residential service in all aspects of a

child's care and treatment unless there are safety concerns that require alternative planning. The objective is to prepare families, including foster, kinship or adoptive families, to manage their children successfully at home and promote their capacity to sustain their child's and the family's well-being. The secondary goals of Caring Together are:

1. Maximize the Commonwealths' fiscal resources by eliminating redundancy in administration and management;
2. Promote innovation and creativity among service providers;
3. Transform the residential treatment system from a primarily placement oriented service to one that is primarily community treatment oriented;
4. Increase family and youth satisfaction with these services; and
5. Improve family well-being as measured by increased caregiver/parental capacity and increased child functioning.

Caring Together integrates congregate care treatment and home or community based treatment under a single service model. This method of purchasing provides several important benefits. First, it allows providers to serve children and families on a continuous basis regardless of where the child is living. If a child meets the criteria for a residential level of service, it does not preclude providing that intensity of service in the child's home. It also allows for eligible programs to be primarily a community based model with placement as an adjunct service, or to primarily be an out of home treatment model with services that follow the child back into the community. For some families it will be possible for children to remain at home or have a very brief episode of out of home placement. When youth do need to receive services out of the home, Caring Together requires that providers work collaboratively with DCF toward permanency goals. In addition, Caring Together includes an increased emphasis on providing successful transitions. In response to requests from parents (during focus groups) to increase family supports while children are receiving residential services and after children are returned home, services were developed that allow the clinicians who work with the families at the residential service to begin working with the family in the family's home preparatory to discharge and to continue this work after the child has left the residential program. The Department believes that these transitional services will positively impact long term outcomes for families.

A related but separately purchased service that the Department is currently developing in partnership with EHS and DMH, and in collaboration with the MassHealth (Medicaid), is Family Partners. This service pairs individuals with lived experience within the state's mental health or child welfare systems, who will help families to better understand and navigate these systems. Family Partners will also assist professionals within Caring Together in better understanding the experience of parents, and in improving parental involvement. Within Massachusetts, Parent Partners have been used successfully within the Child Behavioral Health Initiative (CBHI). The Caring Together Parent Partner service has been designed in collaboration with the CBHI model.

Within Caring Together, four regionally based Caring Together Clinical Support (CTCS) teams have been established in order to ensure that the services within Caring Together are of high quality, meet the needs of DCF's children and families, and can be accessed uniformly across the state as needed.

Title IV-E Demonstration Waiver:

Massachusetts was approved for a Title IV-E Demonstration Waiver in Federal Fiscal Year 2012, with which DCF has started to invest federal reimbursements into the new Caring Together residential services system developed in collaboration with the DMH and EHS. The waiver demonstration project was implemented statewide on January 1, 2014, and broadly targets children of all ages in state custody who are in residential placement and can return to a family setting, are preparing for independence, or who are at risk of residential placement with four new services: Follow Along, Stepping Out, Continuum, and Family Partners.

Follow Along services will provide intensive home-based family intervention and support to children, youth, young adults, and families, both while they are being prepared to return to home/community from congregate care settings and after this return has taken place. Stepping Out services will support youth who have transitioned to living independently after receiving Pre-Independent Living and Independent Living Group Home services. Continuum services will be provided to children and youth at risk for residential placement where the family is identified as able to care for the child at home, or work toward return home, with intensive supports. Family Partners will be offered on a voluntary basis to families. Family partners will have lived experience with the child welfare and/or child behavioral systems themselves and will support families during the residential experience and stay with the families during a youth's transition back to the home or community, when requested.

Caring Together (CT) uses flexible Title IV-E funding through the waiver to support the new programs offered in conjunction with DMH. Follow Along and Stepping Out services were implemented beginning July 1, 2013, and have been offered to DCF clients since that date, while Continuum services began later in 2014. Family Partners are being rolled out utilizing a focused pilot process in 2015, along with a consolidated management and governance approach in collaboration with DMH, to make improvements in permanency, well-being, safety, and child abuse and neglect recurrence rates within those families who participate. The new programs are a comprehensive transformation of the current DCF congregate care system using the principles and values laid out by Building Bridges, a national initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA) to create "systems of care" between families, youth, communities, and residential treatment providers.

While still in the data collection stage, both the broader Caring Together population and the subset enrolled in the IV-E Demonstration Waiver will be tracked and evaluated using a comprehensive set of process and outcome measures. These include but are not limited to the following:

- *Satisfaction* – consumer children/youth/parents, provider/foster parent/DCF staff, etc.
- *Follow Along utilization* – children served counts; days of service
- *Stepping Out utilization* – children served counts; days of service
- *Continuum utilization* – children served counts; days of service
- *Congregate Care utilization* – children served; days of service; length of stay
- *Family Partners utilization* – # and % of children served; # and % of families served
- *Restraints* - % of children in congregate care restrained; restraints/1k enrollment days
- *CANS* – pre/post comparisons
- *Placement Stability*

- *Child Risk Behaviors* – # and % of children with ≥1 critical incidents; average # of critical incidents per child; # and % of children with one or more incidents of self-injurious behavior (self-harm); # and % of children with one or more unauthorized leave incidents
- *Safety* – repeat maltreatment and maltreatment in foster care
- *Permanency* – # and % of children returned home or to a permanent placement
- *Reentry* – # and % of children re-entering Caring Together

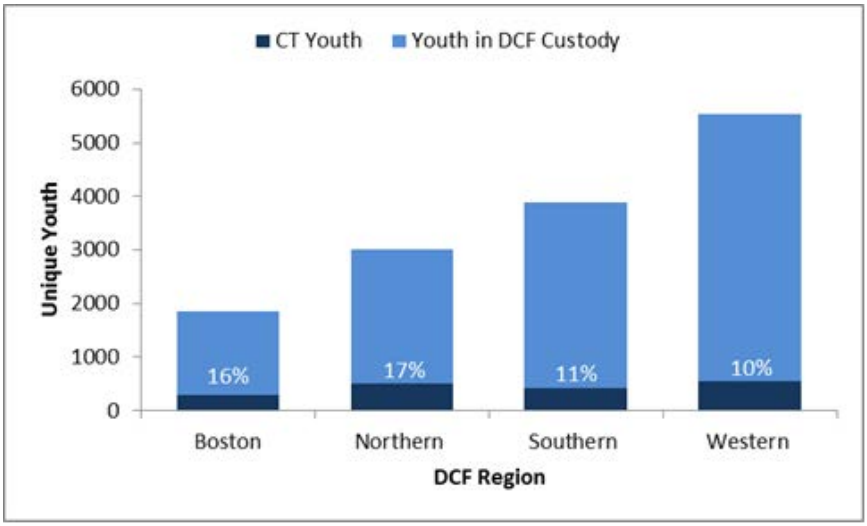
Significant IV-E Demonstration Waiver Evaluation Findings:

The evaluation team has held focus groups with DCF staff, providers, and parents/caregivers. Overall, the focus groups have identified many strengths in the progress of Caring Together services. DCF staff and providers have demonstrated a commitment to the principles of this procurement and report better collaboration between DCF and DMH. Providers also report that they appreciate the opportunity to join forums to provide feedback.

These focus groups have also identified areas for improvement such as the need for further clarification of the role of the CTCS teams and improved alignment and coordination across levels of care. Providers are also feeling the need for more flexible options for the placement of latency youth and addressing issues such as the new Medication Administration Protocol. There also needs to be a continued focus on parental involvement in youth's treatment plans and incorporating cultural and linguistic needs of families in service delivery.

During the period January 2015 through June 2015, 1,818 youth in the waiver received CT services, out of 14,623 youth in DCF custody. Consistent with CY 2014, waiver youth receiving CT services comprised 12% of all youth in DCF custody, and this varied by regional office (Figure I.1). The Boston Regional office served 1,852 youth in the period January 2015 through June 2015; of those, 297 youth (16%) received CT services. The Northern Regional office served 3,017 youth, of which 508 (17%) received CT services. The Southern Regional office served 3,877 youth, 430 (11%) in CT services. The Western Regional office served 5,536 youth, of which 541 (10%) received CT services.

Figure I.1. Number and percentage of youth in Caring Together compared with all youth in DCF custody, by region from January-June, 2015.



Level of Service (LOS) Tool:

The LOS tool is currently being piloted in four DCF area offices. Caring Together leadership has developed the Caring Together LOS tool with help from DCF and DMH staff. The tool will promote a standard referral review process for assisting area offices in determining which Caring Together service is the most appropriate clinical fit for a given youth. CTCS staff will support DCF and DMH areas in a phased process for rolling out the LOS tool and review process.

CTCS Provider Record Reviews/Network Management:

DCF and DMH implemented a joint quality assurance process related to Caring Together services in 2014. Annual CTCS Provider Record Reviews were completed for all Caring Together providers between January and June 2015. During the 2014 round of reviews, CTCS teams found a compliance rate of 40-50 percent related to clinical formulations, services following treatment plans, and daily documentation of plan goals. As a result of technical assistance from the CTCS teams, the compliance rate increased and now exceeds 70 percent. During the 2015 round of reviews, the CTCS teams provided further technical assistance and encouragement to providers related to model fidelity. DCF is encouraged that providers appear to be adapting to the standards.

Additional baselines established during the most recent reporting period include frequency of family and youth engagement and strengths-based treatment planning. As an indicator of engagement, DCF has found that 64 percent of provider treatment plans are signed by family members and 69 percent are signed by the youth. DCF also found that 81 percent of provider treatment plans indicated strengths as a part of planning. As with the overall compliance rate above, these figures indicate a baseline from which DCF hopes to improve in the months ahead.

A Network Management Survey, addressing the key goals of Caring Together which cannot be addressed through Provider Record Reviews, was distributed to the providers in May, with a reporting deadline of July 15, 2015. The survey is intended to (a) monitor quality assurance relative to Caring Together contractual requirements outlined in the Caring Together Joint Standards, and (b) gather data as required by IV-E reporting regulations. This evaluation data will be analyzed in aggregate and by provider and will be conducted annually. The Department will use the aggregate data to assess strengths and areas for improvement in the Caring Together system as a whole. In addition, CTCS teams will examine each provider's data to inform ongoing quality improvement efforts and the promotion of promising practices.

Family Resource Centers:

Building upon a successful pilot, the Department is currently soliciting bids for a larger compliment of Family Resource Centers across each of the counties in Massachusetts. Family Resource Centers are community-based, culturally-competent programs that provide evidence-based parent education programs, youth and parent support groups, early childhood services,

information and referral, educational support, cultural events, and other opportunities for families whose children range in age from birth to age 18. Families access Family Resource Centers on a voluntary basis, and therefore need not be involved with DCF in order to avail themselves of this community-based service.

Comprehensive Foster Care:

The foster care services included in this procurement incorporate a clinical treatment model that utilizes specially trained foster parents who partner with contractor agency clinical staff and Department staff to develop and implement individualized treatment plans. These foster care services are trauma sensitive and rely on a structured system of care that utilizes evidence and strength-based treatment interventions to promote the child's/youth's safety, healing, well-being and development of healthy and sustained lifelong relationships. These programs have the capacity, skills, and commitment to work with children, youth and families on the full range of permanency plans: reunification, adoption, guardianship, permanent care with kin, or an alternative permanent planned living arrangement. Success is linked to the achievement of each child's permanency plan, while maintaining safety and well-being.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

The Department of Children and Families' (DCF or Department) entire purchased services array can be individualized to the needs of a specific child and family. The use of Family Team meetings allows for a family driven process in which individualized needs and strengths are identified, and the resulting treatment plan focuses on these identified needs while enhancing strengths. The DCF Treatment Planning Process focuses on treatment Domains, Goals and Activities, all of which can be tailored or customized. A primary responsibility of the Departments' Lead Agencies is to ensure that services are individually tailored to a child and family's needs. To be able to accomplish this task, Lead Agencies are contracted to work with their respective area offices to develop an overall array of services that will effectively service the collective and individual needs of that office's children and families.

Caring Together residential services include a wide range of programming, allowing the service to be matched to the child and family's needs. In addition, Caring Together services can be supplemented with Add-On services when it is determined that the needs of a child and/or family require additional staffing or services. Family Networks Support and Stabilization services are flexible, rooted in the community, and have the capacity to be shaped in a manner that will address the specific needs of each family. The service array includes a number of services with varying staffing, intensity levels, and interventions, allowing this service to be customized to individual needs. Comprehensive Foster Care (CFC) services also include a wide range of models which can be accessed depending on need.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

> Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

The Massachusetts Department of Children and Families (DCF) was found in substantial conformity on the Agency Responsiveness to the Community systemic factor during CFSR rounds 1 and 2. DCF continues to take affirmative steps to engage both the public and private sectors as well as to ensure representation of DCF consumers (both parents and youth), providers, staff and partners in the planning, development and implementation of systemic reforms. The Department employs a broad array of strategies to ensure that stakeholders are engaged in consultation with the state to implement the provisions of the CFSP. Stakeholders include representatives from the State's federally-recognized tribes, former consumers, foster and adoptive parents, service providers and state agency partners.

Consumer Engagement in Consultation

In 2004, the Department launched the Family Involvement Initiative by hiring a full-time Family Representative as part of the Family Support Team. The purpose of the Family Representative is to promote partnership between DCF and community members on behalf of families and to facilitate the inclusion of parents in the planning, delivery and monitoring of DCF practice and contracted services. The Family Representative has recruited over 200 community representatives to work with the Department on policy, practice and to provide feedback on the quality of services. Of these community representatives, between 18 and 24 sit on the Commissioner's Family Advisory Committee (FAC). One significant indicator of how successful this program has been is that a family representative and several community representatives sit on DCF Senior Staff, Statewide Managers, and a number of intra-agency and interagency planning groups at area, regional, and statewide levels.

The Director of Family Engagement is also available for on-going technical assistance to the area offices as well as the community representatives. A yearly retreat is organized for the Family Advisory Committee to look at the work that was done in the last two years and prioritize the work that needs to be accomplished. The Family Advisory Committee is committed to working in their communities and at the area office level, concentrating on the following:

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

As part of the Department of Children and Families' continued commitment to assessing the impact of its work and including family perspective, beginning in 2013, the Department developed a multi-year process for gathering and incorporating DCF parent and family feedback into DCF policy and practice. This effort includes an annual survey of parents and guardians with recent experience with DCF.

In 2014, the Legislature tasked the Office of the Child Advocate (OCA) with conducting a DCF client survey. Given the methodological implications of conducting two separate surveys close in time to one another, the OCA elected to partner with DCF with its parent and guardian survey. Building upon the 2013 Parent and Guardian Satisfaction Survey, the 2014 survey consisted of -- 14 Likert scaled questions (i.e., strongly agree, agree, disagree, strongly disagree), 5 yes-no, and 5 open-ended questions (4 of the survey questions were developed by the OCA).

The confidential survey included questions in the following areas:

- initial engagement with the family
- DCF’s communication and work style with the family
- efforts to build family capacity and focus on family strengths
- opportunities to engage children
- promotion of family partnerships in service planning
- respect for family’s individuality and culture
- access and availability of community services
- case closure

From November 5, 2014, to March 17, 2015, twelve Community Representatives from the DCF Family Advisory Committee—parents with prior DCF experience—began conducting the survey by telephone, in English, Portuguese and Spanish. Prior to survey administration, DCF provided a survey 'script' to the community representatives as well as training on survey techniques in efforts to standardize administration protocols and reduce bias and measurement error. Cases with an identified primary language of Portuguese or Spanish were assigned to community representatives proficient in these languages; the remaining families were divided among the community representatives in a randomized fashion.

The survey population consisted of 6,168 parents and guardians whose DCF cases were closed within the eight month period ending August 31, 2014. The community representatives

attempted to reach everyone in the survey population at least once and at most three times: in all, they were able to reach 1,722 parents and guardians and receive verbal consent from 1,157; reaching an effective response rate of 67%.

DCF anticipates conducting the Parent and Guardian Survey on an annual basis in order to ensure regular and consistent attention to including the family voice, experience and perspective in efforts to change the way DCF works with families. Future phases may also include surveys of foster parents, DCF alumni and DCF providers. Findings are/will be utilized to influence policy development and practice guidance.

2014 Parent and Guardian Survey

Excerpt of Key Findings

- 80% reported satisfaction with the communication they had with DCF.
- 87% reported being treated with dignity and respect by DCF.
- 84% reported that their DCF worker understood their families' strengths.
- 83% reported that their DCF worker understood their families' needs.
- 80% reported that their DCF worker helped them to find ways to address their families' needs.
- 90% reported that their DCF worker respected their cultural traditions.
- 84% reported that their DCF worker encouraged them to participate in making decisions about their families.
- 84% reported that their DCF worker explained what to expect during their involvement with the Department.
- 85% reported that their DCF worker paid attention to their children's needs and wants.
- 85% reported that their DCF worker met with them and their family as often as they felt was needed.
- 88% indicated that DCF worked with them to develop their DCF Service Plan.
    - 84% indicated that the tasks on their DCF Service Plan helped their families.
- 81% reported that their families had the supports they needed at the time their DCF case was closed.
- 75% reported that, overall, DCF helped their families.

Opportunities for consumer engagement include:

Family Advisory Committee (FAC) to the Commissioner – As noted above, 23 parents meet quarterly with the Commissioner to advise on policy, practice and program development. The FAC produced a new guide for parents involved with DSS, a family involvement brochure, and consumer feedback cards for use in area office waiting areas. The FAC reviews service delivery models at various stages of design, and is taking up the issue of foster care placements and how to make transitions smoother for children entering care or moving from one foster home to another.

Youth Advisory Committee - The Department's Youth Advisory Board has been active for more than 14 years. Presently, there are 32 members of the Regional Youth Advisory Boards who are committed to promoting change for future foster youth through their voice, advocacy, and action. They provide recommendations to the Department on services, policy and practice. Additionally they want to ensure that foster youth are known for their strengths, achievements, and goals and not labeled as likely failures. The Regional Youth Advisory Boards generally meet monthly, providing a forum for youth in out-of-home placement to voice their concerns and offer suggestions to the agency on issues facing youth in care. Delegates from each Regional Board sit on the Central Office Advisory Board; they are statewide representatives for their peers' interests, concerns, and questions. The agenda topics for each meeting are jointly developed by the Board members based upon their own ideas/concerns or those of the youth they represent and by DCF administration – often seeking youth input on policy, programming, etc. See the 2016 APSR Report/Chafee section for greater details regarding the activities of the Youth Advisory Committee.

Ombudsman's Office – Family Liaison Program - The DCF Office of the Ombudsman is charged with responding to consumer inquiries about case practice and working toward resolution of problems and complex situations. Working with the Family Advisory Committee, this office created the **Family Liaison Program** to increase problem-solving resources for DCF staff and families.

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

The Family Liaisons:

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

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

The following chart outlines categories in which liaisons were involved:

Fatherhood	Special Needs	Substance Abuse	Grandparents	Family	TOTALS
17	17	7	1	6	48
35.4%	35.4%	14.6%	2.1%	12.5%	

Community Representatives on Service Proposal Review Teams – A cadre of parents and other interested community members have been recruited, largely from the Community Connections

coalitions, and trained to sit on proposal review teams to assist DCF to select the most qualified service providers.

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

Fatherhood Engagement - DCF has become a nationally recognized leader in its work to engage fathers. The research is absolutely clear: when fathers are engaged in a safe and consistent way, children and families benefit in the short- and long-term. Internally, the Department is working with more and more fathers every day and providing them with the support and resources they need to build stronger relationships with their children.

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

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

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

The Family Nurturing Center (FNC) in Boston and Enlace De Familias in Holyoke (Enlace) have been longstanding leaders in local fatherhood programming. The Family Nurturing Center, in

partnership with organizations like Enlace, is also providing training on facilitation of fatherhood groups statewide. Since 2013, 90-100 group facilitators are estimated to have received training sponsored by DCF and supported with PSSF grant funds.

Statewide Events: In partnership with multiple state agencies and communities, the Department has hosted annual Fatherhood Summits; a gathering of leadership from state agencies. The Fatherhood Summit promotes commitment and action in order to expand services for fathers and to coordinate cross agency work to help low income fathers with multiple challenges. The 2014 Fatherhood Summit brought together 150 participants, mostly from upper level managerial ranks. It has brought about increased collaboration across agencies to provide services for fathers, to make sure fathers have access to services they are entitled to as parents, and to share training resources.

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

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

State Engagement and Consultation with Stakeholders:

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

One example is the work done by DMH and for the joint residential procurement "Caring Together". This procurement has generated creative engagement on the part of providers across the Commonwealth to ensure that services are delivered in a child's home and community whenever possible. Caring Together is built upon the nationally recognized Building Bridges to Evidence Based Practice and eliminates silos between residential care and community services.

In addition, DCF's Family Resource Centers are an effective model to increase the capacity of communities to more effectively respond to the needs of families at risk. DCF is moving towards the implementation of a Family Resource Center model that fully integrates a number of family support innovations and state and federal funding stream.

DCF has been an active partner in addressing the prescribing practices related to psychotropic medication for children in foster care. In 2009, the Office of the Child Advocate in collaboration with other state agencies began to explore the efficacy and effectiveness of the process in place in Massachusetts for authorizing consent of antipsychotic medications for children in DCF custody. In January, 2012, the Commissioner of DCF and the Child Advocate convened an interagency group to develop a plan for monitoring psychotropic medication for children in foster care. This interagency group includes representatives from DCF, OCA, DMH and several divisions within MassHealth. The group identified four potentially problematic prescribing practices to be addressed.

Consultation with Tribes

As of April 2, 2015, DCF served 106,856 open consumers. Those with Native American/Alaskan Native heritage numbered 828 which is less than 1% of the total open consumer population.

Families usually self-identify their race and ethnicity during the initial or comprehensive assessment phase of a family's work with the Department. This is usually the stage in the case when the DCF social worker becomes aware of a family's ancestry. The social worker is required to notify the MA ICWA Coordinator when custody of a child with Native American/Alaskan Native heritage is awarded to DCF. Over the past several years, DCF has encouraged staff to ask families about their Native American/Alaskan Native heritage as soon as DCF becomes involved, rather than at the time of seeking custody. Various trainings provided to DCF encourage staff to ask the question about family ancestry throughout the life of the case as extended family members may embark on a history of the family tree after the initial question is asked or, the family may feel more comfortable talking about their heritage as their relationship with their social worker deepens.

Notices are sent to federally recognized tribes across the United States by the ICWA Coordinator. The notices are sent prior to or whenever DCF gains legal custody of a child whose family informs DCF of their Native American/Alaskan Native status. Copies of all responses from the tribes are forwarded to the DCF social worker, DCF attorney and to the Regional ICWA Liaison. These notices and subsequent responses are filed in the legal section of the family case record. The tribal affiliation for each consumer is documented in the demographic screen in FamilyNet/i-FamilyNet.

Coordination and collaboration with MA Tribes

Wampanoag Tribe of Gay Head (Aquinnah) – WTGH(A)
The Tribal contact is Bonnie Chalifoux, Human Services Director. Collaboration during this past year focused on trainings for court personnel (through the Court Improvement Plan – CIP). These trainings included the courts of Worcester and Boston. In addition to the planning meetings and trainings through the CIP, meetings with the DCF Liaisons and WTGH(A) took place in May and October 2014. These meetings reviewed our goals for the year and

recommendations for next steps that will lead to greater compliance with the ICW Act and each 5-year plan.

The WTGH(A) terminated its Intergovernmental Agreement (IA) with Massachusetts effective 2/5/13. DCF has communicated to the Tribe its continued desire to begin the IA process.

DCF and Ms. Chalifoux discussed future collaboration around the Tribe's 5-year plan. There is a great opportunity for the Tribe and the Department to educate each other, share lessons learned and collaborate around many issues. ICWA cases are managed in collaboration with the applicable Tribe ICWA staff to ensure that Tribe input into case planning is an integral part of any plan for service provision and goal setting. The prioritized issues to note are compliance with ICWA, appropriate services related to permanency and independent living. While these goals are set forth with WTGH(A), there are currently 2 pending ICWA family cases. Close work with the Mashpee Wampanoag Tribe (MWT) and their 26 open cases serves as a solid foundation for future work with WTGH(A).

Mashpee Wampanoag Tribe (MWT)
The Tribal contact is Catherine Hendricks, the ICWA Director. Collaboration during this past year also focused on trainings for court personnel through the CIP.

The Tribe's 5-year plan has stressed the importance of addressing many social service needs of their membership. The MWT is looking to increase their foster parent recruitment efforts, wraparound services for children/youth, prevention of domestic violence, provide designated slots for parents who foster ICWA children in their parenting classes and offer increased support and training to Grandparents Raising Grandchildren. Given the common needs of the families DCF and the Tribe work with, DCF has offered assistance with their 5 year plan projects related to child welfare.

MA DCF was notified on October 23, 2014 that the MWT Intergovernmental Agreement (IA) has been approved by the Tribal Council. Attorneys from DCF and the Tribe have entered into initial discussions while DCF hopes to receive permission from the Tribe to provide copies of the proposed IA to key DCF and EHS staff for feedback. Additional discussions relative to the clinical considerations in the proposed IA will occur in this next year.

Wampanoag Tribe of Gay Head (Aquinnah) – WTGH(A) & Mashpee Wampanoag Tribe (MWT)
DCF, in partnership with Justice Resource Institute's My Life My Choice Program and the Suffolk County Child Advocacy Center's Support to End Exploitation Now Program, were awarded a Grant in September 2014 from the Administration for Children and Families to address the Commercial Sexual Exploitation of Children (CSEC) within DCF. This 5 year Grant is addressing the identification of and response to CSEC at DCF. The grant work will also provide guidance and support to DCF policies and practices along with a robust data collection system. The MWT and WTGH(A) committed through letters of support to participate in future county CSEC training and the implementation of the safe harbor provisions in the Massachusetts human trafficking law. Both Tribes have been invited to participate in the quarterly meetings of the grant Leadership Advisory Board. DCF and its grant partners will continue to stress the value of the Tribes' participation in this important effort to address CSEC.

The Tribes will be invited to all CSEC trainings offered to DCF/community staff. It is anticipated that the training will be offered in their geographic area in October 2015.

DCF collaborates with the Tribes in terms of Massachusetts Approach to Partnerships in Parenting (MAPP) trainings. The need for Tribal foster homes has been a focal point for DCF and the Tribes for years.

The ICWA trainings over the past five years have resulted in greater awareness by DCF staff who are now asking families about Native American/Alaskan Native heritage. The direct result of this work is that the ICWA volume is at an all-time high. DCF has recently coordinated monthly conference calls to be held with the ICWA Directors of each tribe. More frequent communication among ICWA leaders in Massachusetts is a natural outgrowth of the increased demands on all parties.

Sharing the APSR with each Massachusetts Tribe
DCF and the two Wampanoag Tribes met in 2014 to discuss their 5-year plans. Collaboration among all parties continues to deepen while addressing challenges. The APSR reports from each party spoke to common goals related to the strengthening of families through community services and informal supports. Upon finalization of the DCF APSR, a copy will be shared with both Tribes.

Notification of Indian Parents and Tribes
DCF received 125 ICWA inquiries during state fiscal year 2015. 181 inquiries are active as genealogy information is pending. 11 families representing 17 children were found eligible for membership with the Mashpee Wampanoag Tribe. The Tribe intervened in every family case.

Tribe reports 26 open ICWA cases.
DCF is diligent about its process to uncover genealogy necessary for an ICWA notice. When social workers are having difficulty documenting a child's ancestry information, the DCF attorney enlists the assistance of the attorney representing the appropriate parent. DCF also utilizes an Accurint search for missing family tree information. This is a data base that can search public records for information such as names, dates of birth, addresses, and phone numbers when demographic information is loaded into it.

Special Placement Preferences
The Mashpee Wampanoag Tribe continues to recruit tribal members to become foster parents specifically to take tribal children if the need arises. DCF works hard to notify the Tribe upon placement of children who 'may' be eligible for membership so that ICWA placement preferences are met.

Active Efforts to prevent breakup of the Indian Family (past, present and future)

Over the past five years, DCF has made notable strides in its commitment towards Active Efforts. With the new ICWA Guidelines, DCF is in the process of updating its ICWA FAQ. This document will be distributed to all DCF staff and will underscore the importance (with specific examples) of active efforts.

Use of Tribal Courts in child welfare matters, Tribal rights to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe
To date Massachusetts continues to have jurisdiction of tribal children in DCF custody.

Regional Forums

Since 2007, the Department has annually conducted Regional Forums for the purpose of providing updates on key activities, as well as eliciting feedback on implementation efforts that may be currently underway and planned initiatives for the coming year. A forum is held in each region at a convenient community location and the structure has remained generally the same each year. There are four two-hour sessions throughout the day for 1) DCF staff, 2) DCF managers, 3) key stakeholders (including community representatives, providers, courts, schools, etc.) and 4) a session specifically for families and youth. Each year, the Department has been able to engage over 300 participants in each of the Regional Forums and they have served as an important strategy for eliciting feedback from staff, community representatives and other key stakeholders. These forums have served as an important source of information to monitor the implementation of the Integrated Casework Practice Module. Through the forums, the Department received valuable suggestions that have guided implementation efforts and highlighted areas where adjustments were needed in structure, process or clinical approaches. The Department also utilizes the forums as a time to present updates on strategic plan progress and make adjustments based on input from these key stakeholder groups.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

> Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

DCF is a key contributor in the state's Court Improvement Plan (CIP). The DCF General Counsel represents the Department by participating in the CIP steering committee. Additionally, the Deputy General Counsel and Regional Counsel attend and collaborate with the courts in the CIP's Training Committee and Permanency Committee. CIP continues to support initiatives in Massachusetts including National Adoption Day celebrations in Massachusetts, the hiring of Permanency Youth Coordinators as well as training programs for lawyers who represent children or parents; this included 4 ICWA trainings between the Southern Region, Worcester and Boston. Both Court representatives, CIP colleagues and the Department recently attended the CFSR training session held in Boston in preparation for the upcoming Round 3 Child and Family Services Reviews.

Under a large scale reorganization of the state's Executive Office of Health and Human Services, DCF works in a much more collaborative manner with a number of the state's federally assisted programs serving the same population, including the Department of Mental Health (DMH), Department of Public Health (DPH), MassHealth (Medicaid) and the Department of Early Education and Care (EEC).

DCF staff work closely with the Board and staff of the Massachusetts Children Trust Fund (CTF) to address issues related to child abuse prevention in Massachusetts. The CTF leads statewide efforts to prevent child abuse and neglect by supporting parents and strengthening families. As an umbrella organization, CTF funds, evaluates, and promotes the work of over 100 agencies that serve parents.

The Department has initiated a creative placement program designed to meet the unique needs of medically-needy children in foster care. The Special Kids-Special Care Program was developed in Partnership with the Division of Medical Assistance (utilizing Medicaid funding) to meet the needs of children with special health care needs.

DCF has been collaborating with the state Department of Housing and Community Development for the last few years to manage the Family Unification Program (FUP) vouchers for housing for transition age youth and the newer program, the Youth Transitioning to Success (YTTSP). (Fuller descriptions can be found under the housing section.) To date we have served or are presently serving 75 young adults with FUP housing vouchers and 20 young adults in the YTTSP.

Massachusetts was approved for a Title IV-E Demonstration Waiver in Federal Fiscal Year 2012, with which DCF has started to invest federal reimbursements into the new Caring Together residential services system developed in collaboration with the DMH and the Executive Office of Health and Human Services (EHS). The waiver demonstration project was implemented statewide on January 1, 2014, and broadly targets children of all ages in state custody who are in residential placement and can return to a family setting, are preparing for independence, or who are at risk of residential placement with four new services: Follow Along, Stepping Out, Continuum, and Family Partners.

The Department of Children and Families was selected to receive a grant from the Administration for Children and Families, Children's Bureau, to build capacity to provide trauma informed casework practices and trauma specific evidence based treatments (EBT). DCF has partnered with LUK, Inc., Justice Resource Institute Trauma Center, Boston Medical Center's Child Witness to Violence Program and UMass Medical Center to provide basic and advanced training for DCF staff and to provide training to selected mental health providers. This five year grant also provides an opportunity to provide training for DCF resource parents (kin, foster and adoptive) on the impact of trauma on child development and behavior. Through our collaborative partnership and the training and resource development made possible by this grant the Department is able to substantially build capacity across child serving systems to provide more trauma informed care.

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

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

Collaboration on children 0-5 years of age – DCF has been collaborating with the EEC on the implementation of the Early Learning Challenge grant – Race to the Top. Activities include implementation of the DCF/EEC Memorandum of Understanding, strengthening referral processes for supportive child care and providing additional training for DCF staff on early childhood development. Additionally, DCF has collaborated with DPH on the development of a public education campaign on safe sleeping, summer safety and Shaken Baby Syndrome.

DCF Adolescent Services staff have continued to work collaboratively with staff at the Board of Higher Education, the state universities, the 2- year public colleges as well as the staff of the campuses of the University of Massachusetts.

A related but separately purchased service that the Department is currently developing in partnership with EHS and DMH, and in collaboration with the MassHealth, is Family Partners. This service pairs individuals with lived experience within the state's mental health or child welfare systems, who will help families to better understand and navigate these systems.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

> Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

MA DCF Background Record Check Policy, Policy # 86-014, Effective: 5/1/1986, Revision Date: 2/3/2015

MA DCF Permanency Planning Policy, Policy # 2013-01, Effective: 07/01/2013

The MA DCF Family Resource Policy, Policy #2006-01, effective: 02/06/2006, was implemented by the Department of Children and Families (DCF or Department) in February of 2006. The policy requires a multi-step process that the Department uses to assure the quality of its foster/pre-adoptive family resources and incorporates standards to ensure that children placed with foster/pre-adoptive families and in foster/pre-adoptive homes are provided quality services that protect their safety and health. The standards establish basic requirements regarding eligibility to apply as a foster/pre-adoptive parent; the physical characteristics of the home itself; and standards for the licensing of the family resource for placement of children by the Department.

The policy includes clearly defined practice guidelines to be followed by staff to identify, address and monitor safety and health issues and concerns on an ongoing basis in order to protect children in foster/pre-adoptive care. The "Enhanced Safety Assessment Guidelines" and "Waivers for Placements of Children in Homes with Presumptively Disqualifying Dog Breeds and Other Potentially Dangerous Pets/Animals" support the Department's efforts in this regard.

Massachusetts requires that all children in the custody of the Department be placed in licensed homes. Relative (Kinship) and Child-Specific homes are licensed through the same process as are Unrestricted (Unrelated) Foster and Pre-Adoptive homes.

DCF monitors the status of all inquirers, applicants, and approved homes using the Active Family Resources Report (DSSRP225) which is distributed monthly to central, regional, and area office staff. This report is extracted from the i-FamilyNet system and includes the following data elements: Regional Office, Area Office, Unit, Assigned Family Resource Social Worker, Primary Caregiver Name, Resource Name, Race of Primary Caregiver, Ethnicity of Primary Caregiver, Address, Resource Type, Type Start Date, Resource Status, Status Start Date, Event Type, Event Date, Event Status, Background Record Check (BRC) date, Household Outcome, Final Disposition, # of children in the home through placement, # of children living in

the home, # of children in the home total, # of children in the home in the last 30, 60, and 90 days. The number of data fields displayed and reported in the DSSRP 225 report supports multiple uses of the information to inform tracking and decision making through the episode of a foster/pre-adoptive family's interaction with DCF and care of a foster child/ren.

The steps in process for licensure of foster/pre-adoptive homes are: inquiry on the part of the prospective foster/pre-adoptive parent/s, initial eligibility screening through evaluation of eligibility standards (including eligibility to apply, physical standards for the home, and enhanced safety assessment), completion of Application A and B, pre-service training, comprehensive license study including assurance that all licensing standards are met, and approval. Homes are licensed following successful completion of this process.

In certain circumstances a child can be placed with a relative in an emergency situation prior to full approval. These placements are covered by a variance granted by the Department of Early Education and Childcare (EEC), the agency responsible licensing DCF as a placement agency. Requirements to allow placement with a relative prior to completion of the licensing process include compliance with all initial eligibility standards including BRC requirements, physical standards, and enhanced safety assessment requirements for the home. The relative home must meet preliminary standards for the child to be placed. A full license study must be completed within 40 days. If a relative is not approved during the full licensed study, the child is removed. This activity is monitored for statewide consistency with the practice expectations in the Family Resource Policy by edits in the i-FamilyNet system which assure successful completion prior to placement activation; supervision and management requirements; and monthly reporting, specifically, Unapproved Homes with Active Placements report (DSSRP 171). This report is generated monthly and distributed to central, regional, and area office managers and family resource managers and supervisors.

The Massachusetts Approach to Partnership in Parenting (MAPP) is the mandatory pre-service education program for people interested in fostering or adopting children in the custody of the Department. All prospective foster or adoptive parents are expected through MAPP to learn about DCF and the needs of children living in foster or adoptive families. The MAPP education program provides prospective foster parents with information and skill-building to effectively prepare them to parent children who need care. MAPP is designed to ensure foster parents have realistic expectations of the rewards and challenges of parenting a child through foster care or adoption. Continuous learning opportunities support foster parents' ongoing needs as they tackle the challenges and reap the rewards of watching children and families grow and develop.

In addition to requiring that all foster families licensed by the Department complete MAPP, since July 1,2006 all contracted intensive foster care agencies must use the MAPP curriculum and follow the DCF Family Resource Policy and regulations to support licensure of their foster homes. All homes are required to be trained (unrestricted, child-specific, and kinship). In the summer of 2003, in response to an increase in kinship/child-specific foster and pre-adoptive families, the Department developed the Kinship and Child Specific Training and Resource Guide in English and Spanish. This guide provides the pre-service training component for the Department's kinship and child specific foster and pre-adoptive homes.

Foster/Pre-adoptive homes are provided placement support and monitoring through monthly home visits by the assigned Family Resource Social Worker during the first six months of placement and bi-monthly thereafter (this home visit requirement will be changed to monthly in the next revision of the Family Resource Policy). Children placed in foster care have a social worker who is also required to visit the child monthly.

To assure consistent, on-going in-service training of all foster/pre-adoptive families, the Department has partnered with the Massachusetts Society for the Prevention of Cruelty to Children MSPCC/KidsNet in developing a post-approval curriculum and to provide an array of support services to Departmental foster/pre-adoptive homes including a Helpline, information, support from an experienced foster parent, and respite. MSPCC is contracted to provide post-approval foster/adoptive/kinship training, track attendance at trainings, develop curriculum, and identify and document training needs for foster/pre-adoptive families.

The Department's strengths have been demonstrated in our ability to establish strong working relationships and mutually supportive partnerships with contracted providers, families, national resource centers and neighboring states.

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

Homes are required to undergo a formal review on an annual basis and to be relicensed every 2 years from the initial approval date. i-FamilyNet assists family resource staff with completing these requirements in a timely manner by issuing work reminders 90 days prior to the event due date and are visible to the social worker assigned to the foster home and to their supervisor and manager. The Department issues a monthly report, Overdue License Renewals and Annual Reassessments (DSSRP242), to further aid in timely relicensing and reassessment.

The DCF structure in place to support consistent practice statewide in compliance with family resource policy and regulation includes the Central Office Foster Care Support Services Unit staffed with a full-time Director, a full-time Director of Recruitment, two Foster Care Managers, each assuming responsibility for routine monitoring of family resource policy compliance for two regions respectively and three Recruitment Supervisors. There are Contracted Foster Care Coordinators and a Family Resource Specialist who assure compliance and provide quality assurance for the contracted agencies. The foster care managers also provide technical assistance and support to field staff on improvements to family resource practice. There are routine meetings between central office, regional, and area family resource staff where the compliance reports are reviewed and discussed and family resource experts can share effective practices. Foster care and adoption staff from central office meet regularly with regional and area staff to review reports and the family resource reports are sorted and distributed to the family resource field staff and managers on a monthly basis. Central office family resource staff have trained regional and area staff to effectively utilize the reports and continue to meet regularly to review recommendations regarding enhancements to i-FamilyNet and compliance

reports. Central, regional and area staff utilize the family resource reports to assure compliance with safety and health standards.

Key internal stakeholders including central office foster care support staff and two on-going foster care advisory committees, the Family Resource Information Committee comprised of representatives from each regional office and the Family Resource Advisory Committee comprised of family resource supervisors representing their area and region, are attentive to identifying and prioritizing recommended improvements to the family resource functionality in FamilyNet/i-FamilyNet. FamilyNet/i-FamilyNet data and reports are used for documenting compliance. The Regional Clinical Directors assist the field with quality improvement and oversight of clinical practice. Each region also has a Quality Assurance Supervisor whose role includes specific supports and oversight to assure quality and consistent practice throughout the region regarding foster family homes. The Central Office Foster Care and Adoption Support Services unit works with regional and area office staff to assure the completion of family resource tasks in a timely and consistent manner.

In terms of statewide data regarding the recruitment, licensing, and retention of foster/pre-adoptive families, DCF provides central office foster care staff, regional office staff, supervisors, clinical managers, legal managers and family resource licensing staff with many aids and opportunities to verify the accuracy of data contained in FamilyNet. Although DCF has not had a dedicated case review unit for some years, it has worked hard to promote a culture of data accuracy by making pertinent detailed data available in all reports and on windows throughout the FamilyNet/i-FamilyNet application. Routine family resource events and administrative reports provide opportunities throughout the year for the staff most familiar with a foster/pre-adoptive home to review the data recorded in i-FamilyNet, and to identify and correct inaccurate data. These events and reports for family resource/foster care/pre-adoptive care include, but are not limited to the following checkpoints: DSSRP 225, Active Foster Homes monthly report; DSSRP 171, Unapproved Homes with Active Placements monthly report; DSSRP 242, Overdue Annual Re-assessments and License Renewals monthly report; desktop work reminders through the i-FamilyNet application, and quarterly and annual data reports.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

> Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

In accordance with MA DCF Background Record Check Policy, Policy # 86-014, Effective: 5/1/1986, Revision Date: 2/3/2015, the Department of Children and Families (DCF) conducts Background Record Checks (BRCs), which include the child welfare history found in "FamilyNet" or "i-FamilyNet" and comparable systems of other states, Criminal Offender Record Information (CORI) found in records maintained by the Office of the Commissioner of Probation (OCP) and comparable systems of other states as well as the Federal Bureau of Investigation (FBI), and Sex Offender Registry Information (SORI) found in records maintained by the Sex Offender Registry Board on all applicants seeking licensure as foster and pre-adoptive parents, and their respective household members age 15 and older. Beginning July 1, 2014, DCF began conducting fingerprint-based checks for all applicants for kinship/child specific, foster and pre-adoptive parent licensure and all licensed foster/pre-adoptive parents at the next license renewal. BRC requests are submitted through the FamilyNet application and the results of a completed BRCs are entered into FamilyNet for each household member 15 and older.

The FamilyNet system has built-in safeguards to prevent the approval of a foster or adoptive home until a BRC is completed and results entered into FamilyNet. Placements can only be activated once a home is approved. DCF conducts BRCs annually during either re-evaluation or relicensing for all approved foster and adoptive resources and their household members age 15 and up. The BRC Policy effective 2/3/2015 further clarified the roles of individuals connected with foster/pre-adoptive homes who must have a BRC check completed. These roles are defined as:

HOUSEHOLD MEMBER

Any individual, regardless of age, who resides in the home, who moves into the home with the intent to make it their residence, or who is temporarily visiting for more than 30 calendar days. Children/young adults in DCF care or custody are not considered household members of the foster/pre-adoptive home for the purpose of the fingerprinting requirements.

FREQUENT VISITOR

Any individual, regardless of age, who spends substantial time in the home. This may include, but is not limited to, a non-custodial parent who visits the home; relatives, significant others,

and/or other individuals who spend overnights in the home; and an individual who routinely baby-sits in the home and/or otherwise assumes some degree of caretaking responsibility, in the home, for **any** child in that home.

In accordance with DCF policy, regulation, and practice the utmost attention is given to the safety of foster homes. This is demonstrated throughout the application, training and license study process, disposition (approval/denial), on-going support and supervision including the annual reassessment or relicensing process. All applicants and their household members age of 15 years and older are required to have a BRC. This check includes criminal charges and identifies any household member previously included as a consumer in a case open with the Department.

All criminal and DCF histories are coded in categories by the DCF BRC unit. Family resource social work staff assigned to the applicants' homes are notified of these results. If a finding exists, the worker and their supervisor determine whether to make a BRC Approval request (e.g. apply for a waiver of the requirement). DCF policy is very prescriptive regarding what level of review is needed to make a decision about the BRC Approval Request. In certain cases foster families may submit their own BRC Approval requests.

The BRC Approval request/review forms are currently an off-line process. This process of review includes consideration of specific factors for approval to determine whether the BRC finding has a substantial effect on the prospective or current foster/pre-adoptive parent's ability to assume and carry out the responsibilities of a foster/pre-adoptive parent in a manner that maintains the rights of the child/ren who may be placed with them to safety, well-being and permanence and is in each child's best interests. The final decision, or disposition, of this review/approval process is recorded in i-FamilyNet/i-FamilyNet requires that a disposition be entered before a foster/pre-adoptive home can be approved or reapproved. Edits regarding approval of foster/pre-adoptive homes were built into the i-FamilyNet system to assure compliance with DCF policy and regulations. These edits enforce the approval hierarchy required by policy.

The Department tracks BRC information using reports and reviews. The monthly Active Foster Homes report (DSSR225) includes information sufficient to see the status and outcome of the most recent BRC.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

The Massachusetts Department of Children and Families (DCF) is committed to recruiting foster and adoptive parents that reflect the ethnic and racial diversity of children in its care and custody. The ultimate goal is for every child leaving placement to live in a permanent family which is safe and nurturing. Massachusetts has created a strong foundation on which to build an effective recruitment program which reaches into the communities it serves. Local DCF offices are especially active in recruitment efforts at the grass roots level in order to identify resources which allow children to maintain vital connections to their communities, including kin, schools, and other significant relationships.

Massachusetts regards proactive recruitment as a fundamental tool for achieving permanency—a process which begins before a child enters care. Effective recruitment efforts must provide key information to potential foster families about what fostering entails. This includes understanding the needs and dynamics of children entering foster care and the responsibilities that come with this commitment.

The overall Massachusetts strategy is to build capacity for early and continued exploration of kin and others with existing or prior relationships and to find families willing to commit to some form of permanency, including adoption, if reunification cannot be achieved. By beginning this process before placement is needed, the goal is to identify a nurturing family who will become the child's new home if needed and which includes an extended community of support.

Types of Foster/Pre-Adoptive Family Resources: (Policy#2006-01)

- Kinship Family: Kinship Care is the full time nurturing and protection of children in a licensed family setting by relatives or those adults to whom a child and the child's parents and family members ascribe a "family relationship." Kinship families are persons either by blood, marriage or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or a significant other adult to whom the child and parent(s) ascribe the role of family based on cultural and affectional ties or individual family values. It is believed that placement with a kinship family reinforces the child's racial, ethnic, linguistic, cultural and religious heritage and strengthens and promotes continuity of familial relationships.
- Child Specific Family: A non-kinship individual(s) is identified and licensed as a placement for a particular child. (e.g., school teacher comes forward; child recommends a friend's parents).

- Unrestricted Family: An individual(s) who has been licensed by the Department as a partnership resource to provide foster/pre-adoptive care for a child usually not previously known to the individual(s).

DCF gives first consideration to placement with a relative or member of a child's extended family. As reported in the 3rd Quarter of FY 2014 report, 44% of children in departmental foster care were placed in kinship foster homes. On 12/31/2014 DCF had 1870 approved kinship foster homes. The total number of approved foster homes under the direct supervision of DCF as of 12/31/2014 was 5524.

Recruitment campaigns are developed and implemented to recruit foster and adoptive families for the children DCF has in its care and custody. Campaigns are varied and can be targeted to a specific group of children or for general recruitment. Recruitment activities include, but are not limited to, participation in community and neighborhood events, development of recruitment materials, statewide media campaigns, adoption parties, radio and television ads, displays, and special events. Media campaigns utilize radio, television, community newspapers, and banner advertising on social media outlets. During state fiscal year 2015 DCF ran three separate campaigns. The most recent campaign extended over a 6-month period, January to June 2015.

Partnering with community resources and those with expertise in public communication has helped DCF create new informational brochures. Current brochures have been updated and posted on the DCF web page. Brochures which provide information on foster care, adoption and kinship care are designed to be welcoming to all who wish to consider providing a home for a child from the community or for a member of their extended family.

Posters, flyers and brochures are developed, updated and distributed to area offices for use in recruitment events. They are also provided to school systems, doctor's offices, libraries, and other locations where a family might go for services. Foster care posters use the slogan "Foster Parents Matter," and adoption posters, "At any given time in Massachusetts 600 children in foster care are waiting for an Adoptive Family."

An example of targeted group recruitment efforts involved adolescents, 12-17 years old, who represent DCF's largest age group in placement. DCF conducted two statewide media campaigns in June and September, 2014. These campaigns focused on youth in need of foster placements and on older youth in need of part-time placement as they complete higher education. Posters specific to fostering a teen were created and distributed for statewide use.

The public is made aware of the Department's need for adoptive families through local community events and activities, and partnerships with the Massachusetts Adoption Resource Exchange (MARE) and Jordan's Furniture. The following public/private partnerships and activities form the core of DCF adoption recruitment efforts:

- MARE, the contracted provider for registering legally free Massachusetts' children for adoption as well as for recruiting foster homes for the children statewide, lists information about each of these children in its Adoption Manual and on its website.
- MARE is also the Rapid Response vendor for Adopt USKids in Massachusetts and for posting information on all legally freed children onto the Adopt USKids web site.

- DCF and MARE and their corporate partner (Jordan's Furniture) host the Heart Gallery at Jordan's Massachusetts stores in rotation. The Heart Gallery is a heartwarming pictorial and narrative display of children awaiting adoption.
- DCF hosts Adoption Coalition meetings with private adoption agencies in regions across the state to discuss issues related to recruitment for children awaiting adoption.
- The Department sponsors small and large adoption matching parties across the state. Prospective adoptive parents and children awaiting adoption along with their social workers are invited to these parties, which are themed events, during which fun activities are scheduled to allow for low stress social interactions between the children and families.

Adoption recruitment events, held annually include:

- Walk/Run for Adoption, MARE, (May 2015)
- Adoption/Foster Care Information Weekend, (June 2015)
- Summer Adoption Mixer, Assumption College, bi-annual event (August 2014)
- Adoption Option, (September 2015)
- National Adoption Day, (November 2015)
- Adoption Parties, across the state

In April and May, 2015, DCF provided Massachusetts Approach to Partnership in Parenting, Trainers of Trainers (MAPP TOT) training to staff to ensure area offices have an adequate number of staff trained and ready to provide training to foster and adoptive parent applicants. Referred to as a Rolling MAPP, MAPP groups can be organized to run on a continuous basis. This allows applicants to start training as soon as they have passed initial eligibility standards. Several offices are conducting MAPP groups in this format; other offices have opted to stay with a ten-week session held several times a year.

The Department maintains a full time Foster Care and Adoption Recruitment Unit that is part of the Foster Care, Adoption and Adolescent Services Division. DCF has two recruitment supervisor positions who assist the area offices with their recruitment plans and activities. These supervisors are responsible for coordinating statewide recruitment events, receiving calls through the 1-800 recruitment line; supervising the Foster Care Recruitment Ambassadors who are located at each of the 29 area offices. A third recruitment supervisor position is being added and will greatly enhance work with the local area offices.

Data used to support recruitment:

- DCF uses the Active Family Resources report (DSSRP225) to identify the race and ethnicity of foster/pre-adoptive parents. On a quarterly basis this information is compared to the Children in Placement report (DSSRP210) which includes the age, race, and ethnicity of children in placement. We continue to work with staff to increase the accuracy and completeness of this information. Central office staff use this data to hold discussions with area office staff to prioritize area-specific needs for placement-matching purposes and tie these to local and statewide recruitment efforts.
- DCF creates maps using the addresses of foster homes and the home addresses of children in placement to graphically display the geographical areas of most significant need. Maps are created at statewide, region and area levels.

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

By increasing the use of current and emergent technology we enhance our local reach and respond in a customer friendly and professional manner. When fiscally able we conduct statewide media recruitment campaigns. Each time a campaign is released conventional as well as newer advertising methods are utilized to spread our messaging. Our plan is to continue the utilization of professionally developed advertising campaigns to ensure a consistent message is provided to the public.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.
>
> Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

Although rated an area of strength in the prior CFSRs, the Department of Children and Families (DCF) has taken numerous steps to further strengthen its work in recruiting and licensing pre-adoptive resources. DCF continues to foster a strong relationship with the Massachusetts Adoption Resource Exchange (MARE) and, through MARE, to access nationwide pre-adoptive resources though Adopt USKids.

Interstate Compact for the Placement of Children (ICPC)

In accordance with *Regulation* 110 CMR 7.502, the Compact Administrator for Massachusetts is the Deputy Commissioner for Field Operations; her/his designee (referred to as "Compact Administrator/designee"), the Interstate Compact Unit Director, is responsible for all day-to-day administrative responsibilities and duties of the ICPC Unit.

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

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

All ICPC referrals, whether Massachusetts is the Sending or Receiving state are entered into i-FamilyNet. Area office staff record ICPC requests for children in DCF care or custody and ICPC Unit staff record all private agency ICPC requests and all requests where Massachusetts

is the receiving state. ICPC data is periodically queried by a DCF analyst and presented to the Director of the ICPC Unit for careful review and comparison with written documentation.

Tracking Timeliness of ICPC Referrals

For Calendar Year 2013: MA DCF ICPC unit had a total of 812 referrals.

Initial Report	Receiving	Sending	Grand Total
1 - Parent Home Study	73	116	189
2 - Relative Home Study	94	49	143
3 - Public Adoption Home Study	39	100	139
4 - Private Adoption Home Study		1	1
5 - Foster Home Study	110	229	339
5 - Foster Home Study - Private Agency	1		1
Grand Total	317	495	812

MA ICPC Calendar Year 2013: Days to Complete

Days to Complete	MA Receiving State	Completion Rate	MA Sending State	Completion Rate
0-30	23	**19.3%**	39	**26.5%**
31-60	24		92	
more than 60	139	57.0%	200	40.4%
(blank)	58	23.8%	164	33.1%
Grand Total	244		495	

NOTE: MA as receiving state excludes Parent Home Studies initial reports

For Calendar Year 2014: MA DCF ICPC unit had a total of 913 referrals.

Initial Report	Receiving	Sending	Grand Total
1 - Parent Home Study	65	179	244
2 - Relative Home Study	77	66	143
3 - Public Adoption Home Study	33	130	163
4 - Private Adoption Home Study	2	2	4
5 - Foster Home Study	99	259	358
5 - Foster Home Study - Private Agency		1	1
Grand Total	276	637	913

MA ICPC Calendar Year 2014: Days to Complete

Days to Complete	MA Receiving State	Completion Rate	MA Sending State	Completion Rate
0-30	31	**23.2%**	79	**26.4%**
31-60	18		89	
more than 60	127	60.2%	297	46.6%
(blank)	35	16.6%	172	27.0%
Grand Total	211		637	

NOTE: MA as receiving state excludes Parent Home Studies initial reports

Comparing CY2014 (23.2%) to CY2013 (19.3%), Massachusetts demonstrated a 20.2% improvement in timeliness of home studies completed in its role as a receiving state. Nonetheless, the data reveal that the majority of these home studies are being completed in greater than 60 days. In an effort to facilitate the completion of home studies, DCF contracts with private adoption agencies to complete home studies. Digging into potential root causes for delay has revealed the following:

- Resources not completing necessary paperwork in a timely manner.
- BRC delays related to the resource's inability to obtain timely FBI finger prints.
- MA ICPC Unit delays in forwarding home study requests to the appropriate Adoption Contract unit or to the local area office for processing.

These pinch points are being analyzed to identify actionable steps for maximizing efficiencies. Barriers which specifically affect the state's ability to ensure the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children include:

- IV-E ineligibility makes it difficult to provide medical coverage in another state.
- Children must be legally freed before an adoption home study can be requested.
- Most states do not license pre-adoptive homes. As such, the resource has to be licensed as a foster home prior to the request for an adoption home study.