

Massachusetts  
Department  
of Children  
and Families

# Annual Report FY2020

Descriptive and Outcome Data: FY2016 – FY2020

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MARYLOU SUDDERS  
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LINDA S. SPEARS  
Commissioner

October 1, 2020

On behalf of the Massachusetts Department of Children and Families (DCF), I am pleased to present the DCF Annual Report for State Fiscal Year 2020. It expands on our inaugural FY2019 Annual Report incorporating new, improved and statutorily required data measures and progress metrics. Covering the last five fiscal years, the FY2020 Annual Report is the first comprehensive overview of the system wide reform that took flight in FY2016 and set out to modernize the Commonwealth's child welfare system.

The single most important function of a child welfare agency is child safety, and this purpose lies at the core of every DCF reform. As safety is intertwined with the stability and support of a permanent family, the Department's reforms also encompass strengthening foster care and working with the Juvenile Court to expedite permanency, whether that is returning to a biological parent's care, adoption, or another permanent path.

I cannot stress enough how technology enhances our ability to systematically understand child safety risks and advance our permanency efforts. Since the very beginning of reform, the Department has capitalized on opportunities to use technology to support the work of the agency forward.

Some examples are:

- Tracking substance exposed newborns and child trafficking victims
- Automating the Department's background check process so results could be immediately uploaded into our computer system as opposed to mailed to area offices, expediting approvals of foster homes and the availability of caregiver criminal histories
- Updating the agency's research-based child abuse and neglect risk assessment tools to reflect the latest data
- Automating the Department's federally-mandated Foster Care Review system so that day-to-day operations function more efficiently with the ability to provide data and information to support quality improvement
- Technology upgrades with each new policy to increase data capacity, promote consistency and develop automated work processes

The Department's COVID-19 response instantaneously demanded a greater reliance on data and technology and the reforms enabled us to quickly pivot and produce data specifically to navigate the public health crisis. With frontline staff already equipped with mobile devices, the transition to telework was less strenuous and, most importantly, social workers could immediately begin using their iPads for videoconferencing with children, parents, and foster parents.


The provider organizations that operate our group care programs are also maximizing their operational and technological capabilities to assure our children with the highest level of need are staying safe and healthy. For families receiving in-home services, support and stabilization providers are using both in-person contact and alternative communications to continue serving children and parents who may be struggling under the current circumstances.

This FY2020 Annual Report is intended for a wide audience of child-serving organizations. It mirrors and complements the detailed outcome measures the federal government already uses to assess the Department's performance. On the state level, legislators, for example, may consult the report to determine how services in their communities can be strengthened. Or, it might help behavioral health treatment providers understand the level of need among some of the Commonwealth's most vulnerable children. Importantly, it elucidates DCF's core responsibilities with the intention of providing stakeholders and the public with a better understanding of the agency's complex work and the corresponding data to measure accountability.

I would like to take the opportunity to thank the Office of the Child Advocate and the representatives from DCF, Cambridge Family & Children's Service, Children's League of Massachusetts, the Committee for Public Counsel Services, Harvard Kennedy School, Massachusetts Law Reform Institute, Massachusetts Society for the Prevention of Cruelty to Children, the OCA, and the Joint Committee on Children, Families & Persons with Disabilities who comprise the Data Work Group for their contributions to this report. This report includes new data reflective of feedback to the FY2019 Annual Report and we are looking forward to continuing to work with these partners to assess data to include in future Annual Reports.

Our experiences during this pandemic once again underscore that child welfare is not the work of one organization or agency. I remain grateful for the collaboration and support from legislators, schools, law enforcement, medical and mental health professionals, foster parents, providers, community organizations, and countless others who help DCF keep children safe.

Sincerely,



Linda S. Spears  
Commissioner

## **DEPARTMENT OF CHILDREN AND FAMILIES**

### **Vision**

*All children have the right to grow up in a nurturing home, free from abuse and neglect, with access to food, shelter, clothing, health care, and education.*

### **Mission**

*Strive to protect children from abuse and neglect and, in partnership with families and communities, ensure children are able to grow and thrive in a safe and nurturing environment.*

### **Goals**

*Work toward establishing the safety, permanency and well-being of the Commonwealth's children by stabilizing and preserving families, providing quality temporary alternative care when necessary, safely reunifying families, and, when necessary and appropriate, creating new families through kinship, guardianship, or adoption.*

## Executive Summary

### Department of Children and Families Overview

The Department of Children and Families (DCF) Annual Report for FY2020 is a comprehensive view of children and families receiving child protective services in the Commonwealth and accountability metrics employed by child welfare agencies nationwide. Its pages provide data over the last 5 fiscal years (FY2016 - FY2020), a period that spans the unprecedented system-wide reform initiated by the Baker-Polito administration in 2015.

In FY2016, the Department began implementing the first new policies to guide core child protective services and address outdated and inconsistent practice, high caseloads, and overextended staff, as outlined in a 2014 external audit commissioned by the prior administration. Current Massachusetts DCF Commissioner Linda Spears authored the final report in her former position as Vice President of Policy and Public Affairs at the Child Welfare League of America (CWLA). Upon her appointment as Commissioner by Governor Baker the implementation of the CWLA report recommendations, known as Reform 1.0 were initiated.

Out of necessity, Reform 1.0 focused on stabilizing the agency with hiring, caseload reduction strategies, the development of eight new core policies, significant case practice changes, and implementing a coherent organizational structure. In January 2019, the Department launched the ongoing Reform 2.0 to strengthen foster care and permanency through adoption, guardianship, or establishing lifelong connections with trusted adults.

In the last five years of reform, the Department significantly expanded its data collection capacity to monitor child safety risk and best outcomes for children. Every time a policy is implemented or updated, there is an extensive array of activities needed for implementation that begin with working with the unions representing DCF social workers and staff to establish shared best practices and negotiate workload impacts. Likewise, the Department works with its service providers, foster parents, families, young adults, and others to receive input on reform activities.

Each reform and related policy initiative include a corresponding Information Technology (IT) upgrade to include new data fields that support and reinforce the policy's requirements. Metrics to understand how the policy is functioning must be programmed once IT upgrades are complete. Furthermore, the Department trains field staff to use this data as a management tool.

These improvements enabled the Department to produce the most comprehensive report in its history, the FY2019 Annual Report. Both the inaugural and current reports are the products of over two years of collaboration between DCF, the Office of the Child Advocate, and the Data Work Group, the legislative task force created to review DCF's legislative reporting and produce recommendations for improvement. Members include legislative committee members and staff, providers, and advocates. With the Data Work Group, the Department formulated a quarterly report and an annual report that provides legislators, child-serving organizations, and the public with a clear picture of the Department and the children and young adults DCF serves.

For FY2020, The Department expanded this annual reporting by adding the following data points:

**Child Fatalities:** The death of a child for any reason is a tragedy. Fatalities reported to the Department are not necessarily the result of abuse or neglect by an adult caregiver and include accidents, community violence, inflicted personal injury, medical condition, overdose, suicide, unsafe sleep, and Sudden Unexpected Infant Death (SUID). In FY2020, 73 child/youth fatalities were brought to the attention of the Department, the lowest number in the last five fiscal years. In child welfare, it is common to see variability in numbers from year to year and this data set is one of many DCF looks at when evaluating practice and policy.



**Gender Identity and Sexual Orientation of Children (0-17) in Placement:** The Department’s capacity to collect Gender Identity and Sexual Orientation as structured data elements was introduced with the implementation of the DCF Family Assessment and Action Planning Policy in 2017. As in any family, a child’s readiness to share with their social worker their identity as an LGBTQ person will likely change over time and vary from child to child. Data is one driver in understanding the need for support and services for children who identify as LGBTQ. The Department is working to improve the quality of data by developing a training to teach staff skills to engage children in conversations about Gender Identity and Sexual Orientation. Most important is the ability to understand and respond to the unique challenges LGBTQ children face in their biological families, in care, and in the community. DCF will continue to strengthen training for staff and foster families and work with community partners that can provide specialized supports.

**Exit Reasons for Children (0-17) Who Exited from Care:** Data regarding reasons children exited foster care are more specific than in the FY2019 Annual Report and now includes five data points: Reunification, Adoption, Guardianship, Transfer to Other Agency, Emancipation and Death of Child (all-causes). In FY2019, the data included Reunification, Adoption, and Guardianship with an aggregated value for all other exit types.

**Transition Aged Youth Remaining in Care After Turning 18:** Youth who turn 18 and are in foster care are eligible to receive services from the Department up until age 22. The FY2020 Annual Report now includes data on youth who turned 18 in FY2020 and their decisions to remain in, return to, or leave care during the fiscal year.

**COVID-19:** The onset of COVID-19 created previously unimaginable circumstances for public and private human services agencies, including DCF. Recognizing the gravity of what was to come, the Department immediately repurposed data reporting in March to specifically monitor the pandemic’s impact on the Department’s key child safety metrics and core operations in order to respond appropriately.

## Children, Young Adults and Families Served

Throughout FY2020, DCF served approximately 41,500 families, including 75,400 children and young adults from birth to age 22. In FY2020, 2,715 young adults accessed housing, education, and employment-related services and assistance while enrolled in school or working at least 80 hours per month. White, Hispanic/Latinx, and Black families account for the majority of the children and families involved with the Department. Most families speak English as their primary language followed by Spanish.

## Children and Youth in Foster Care

Data from the Annual Report continues to elucidate and guide the Department’s current Reform 2.0. Findings show continued progress, with sustained progress seen in the Department’s recent reforms, including placement stability and permanency. Notably, over the last three years, there is a significant 42% improvement in placement stability, which is a federal standard that measures *Placement Moves per 1,000 Placement Days* for children in foster care less than 12 months. Coinciding with the onset of the opioid crisis, the number of children needing foster care spiked in 2014 and exacerbated an already existing struggle with placement stability. A combination of departmental reforms contributed to the improvement in placement stability.

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*Placement stability increased 42% for children in foster care.*

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National research shows the most stable and successful foster care placements are children cared for by family. More than three years ago, the Department initiated Family Find, a pilot program dedicating one social worker in each office to focus on locating family members or other caring adults the child already knows. Family Find has expanded from three (3) DCF offices to eleven (11) and, since January 2018, the placement of children in

kinship foster homes immediately following the home removal increased 75% statewide and 160% in the Family Find offices. In FY2020, 57% of all children in departmental foster care were placed with kin.

Increasing the placement of siblings in the same foster home and adding in-home services for foster parents influenced placement stability. Such support equips foster parents to meet children's needs in an effort to prevent multiple foster home moves.

In FY2020, the number of children in foster care continued its five-year decline from a high of 9,655 in FY2016 to a low of 8,414 in FY2020. The Department saw a concurrent five-year downward trend of children removed from home and entering foster care, aligning with the steady decline seen in the number of children re-entering foster care since FY2016.

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*The number of children in foster care declined from 9,655 in FY2016 to 8,414 in FY2020*

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### **Timely Permanency for Children in Foster Care**

Among DCF's chief responsibilities is finding the right permanent home for children, whether that is returning to their biological parents' care or becoming part of a new family. Although 62% of children returned home from foster care during the fiscal year, when reunification is deemed unsafe, the Department establishes a plan to identify a permanent family within a timeframe supportive of the child's best interests and needs.

In FY2020 the Department legalized 850 adoptions, most of which were completed in the first three quarters of the fiscal year. Although curtailed by the closure of the Massachusetts Trial Court in March due to COVID-19, adoptions have increased 31% from FY2016. Other Reform 2.0 permanency initiatives address the Department's performance on a federal measure called *Continuous Time in Placement*, which is the number of months a child consecutively spends in foster care.

Time is of the essence in childhood and if a child cannot safely live with family, the Department must be ready with a solid alternative plan. Although the Annual Report indicates children are staying in care longer than they were five years ago, children who can return home are less likely to return to foster care than they were in FY2016. The decline in reunification within 12 months of entering foster care also requires more context as it speaks to the Department's successful efforts to reunify a large cohort of children awaiting permanency since FY2015-FY2017.

In addition to current practices, two pilot programs continue to move forward with plans for statewide expansion. The Department is piloting a new framework for Initial Placement Review, the meetings held six weeks after a child enters foster care, with structured questions that emphasize permanency goals. For older children, the permanency roundtables pilot program brings together managers, social workers, clinicians, foster parents, group care providers, and other important adults in the child's life to discuss options. Although still in the pilot phase, staff statewide completed Permanency Roundtable training during the fiscal year.

In FY2020, 96.7% of children who entered foster care at age 12 or younger achieved permanency through reunification, adoption, or guardianship. Permanency Roundtables address the unique needs of children who enter the foster care system at age 13 or older. With stronger family, cultural, and community ties older children are currently less likely to exit care to adoption or guardianship. In those cases, the Permanency Roundtable works to identify caring adults already in the child's life who can become a lifelong connection and source of support into adulthood.

## Youth in Transition

Among child welfare agencies nationwide, DCF has one of the most comprehensive support programs for young adults ages 18-23. Youth who turn 18 in foster care can sign a Voluntary Placement Agreement (VPA) to receive support up until age 23.

In FY2020, the Department added a new key metric to increase understanding of how many young adults engage in these services. Seventy-one percent of youth who turned 18 in FY2020 voluntarily remained involved with the Department or resumed involvement within the fiscal year, the highest rate in the last five years. Throughout FY2020, approximately 2,700 young adults accessed housing, education, and employment-related services, also a five-year high. Going forward, the Department is in the process of hiring 9 additional Adolescent Outreach workers so there is one worker assigned to all 29 DCF offices. Adolescent Outreach workers serve as secondary social workers for youth and young adults pursuing post-secondary education.

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*71% of youth who turned 18 in foster care in FY2020 voluntarily remained involved with the Department or resumed involvement within the fiscal year.*

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## Foster Care Review

The Department continues to make progress in Foster Care Review and Fair Hearings, two earlier areas of focus in the systemic reform. Foster Care Review is a federally mandated meeting that includes biological parents, foster parents, and an impartial panel of DCF staff and community volunteers who examine case progress and plan for the child's future, whether that is reunification, adoption, or guardianship.

The reform provided the opportunity to make long-overdue updates to the Foster Care Review Policy. Furthermore, the Department switched from a paper-based to an automated system for scheduling reviews and documenting recommendations. Technology upgrades include immediate access to interpreters by telephone and video conferencing for parties unable to attend in person. Between FY2016 and FY2020 foster care reviews increased 5.5%, from 11,770 to 12,420, despite a significant 12.9% decline in the number children in foster care placements during that time period. The addition of video conferencing to foster care review eliminated travel time constraints and significantly increased participation in FY2020 and into FY2021, among second- and third-party panel members, children age 14 and over, child's attorneys, foster parents, and parents.

## Fair Hearings

The purpose of the fair hearing process is to enable clients dissatisfied with certain actions or inactions by the Department or providers under contract with the Department to receive a just and fair decision from an impartial hearing officer based on the facts and applicable state regulations.

In FY2015, the Fair Hearing Office had a significant backlog built up over a decade, due to increases in volume of fair hearing requests with caseload growth. The Department responded by expanding the office from 13 to 23 paralegals, hearing officers, and supervisors. As demonstrated in the Annual Report, the scheduling of hearings continues to be timely, a trend that continues. When the Commonwealth moved to telework to mitigate the spread of COVID-19, the Fair Hearing Office quickly transitioned to video conference hearings so that hearings continue to take place on schedule.

## **COVID-19**

Child welfare is an essential function of state government and DCF continues to fulfill its child protective responsibilities while taking the necessary precautions to mitigate the spread of COVID-19 and supporting staff in the process.

At the outset of the pandemic, it became immediately clear the nature of the virus would require drastic changes to child welfare operations. The Department pivoted quickly, developing innovative approaches to support children, families, foster parents, and staff while aligning with safety recommendations from the Centers for Disease Control (CDC), the Massachusetts COVID-19 Response Command Center, and the Massachusetts Department of Public Health (DPH).

The Annual Report provides a snapshot of the beginnings of changes forced by this unprecedented public health crisis, as the declaration of the state of emergency in March dovetailed with the start of the fourth quarter of FY2020. The impact on child welfare and other systems intertwined with the Department's operations are apparent across key metrics.

The steep drop in reports of alleged child abuse and neglect (51As) during the height of the pandemic significantly decreased the number of intakes received by the Department in FY2020. At 84,664, intakes were down 12% overall compared to FY2019. At the outset of the pandemic, the Department pivoted to tracking 51As weekly rather than monthly while monitoring reports from specific mandated reporters, including school personnel and childcare providers, who historically account for approximately 80% of reports received. The data shows that the closure of schools accounted for the much of the decline and, once school ended, the number of 51As were comparable to what the Department historically receives during the summer and school vacations. (Appendix B)

Despite the drop in intakes, the rates of reports screened in for response (investigation) and support/substantiated concern decisions increased relative to prior years. At the same time, the Department takes note that data from April 2020 onward demonstrates a gradual uptick in investigations, supported abuse and neglect, and substantiated concern. (Appendix B)

Prior to the pandemic, the Department's average weighted caseload already reached historic lows, after peaking at 22.33:1 in June 2016. The average weighted caseload for FY2019 was 15.30:1, closing in on the negotiated caseload case ratio of 15:00:1. The average weighted caseload for FY2020 was 14.74:1 due in part to the decline in 51As received by the agency. With the decline in caseload, DCF social workers are completing key casework tasks in a timelier manner and providing more individualized attention to children while there are additional pressures on already struggling families and the Department's support is vital.

A more thorough explanation of the lowered caseload must consider the addition of 660 new employees over the last five years, including 300 frontline social workers, 100 managers and supervisors, and 137 social worker technicians. Increased managerial and supervisory oversight is essential to strong clinical decision-making that keeps caseloads at levels where social workers can focus on their core responsibilities: child safety risk assessment, communicating with children, families, and child-serving professionals who can help gauge a child's well-being, and making referrals to community resources such as food banks, counseling centers, early intervention, drug treatment, and parenting classes.

## **Looking Ahead**

COVID-19 put some departmental reforms to an unexpected test, including the results-driven project management agile scrum methodology, designed to address complex challenges efficiently. Unique to child

welfare, this approach launched the departmental reform in 2015 and the formation of the Agency Improvement Leadership Team (AILT) that assigns members to specific, high-priority tasks and meets weekly as a group to discuss progress and challenges. Already practiced in reversing course to meet pressing needs, the AILT quickly mobilized to respond to COVID-19.

The Commonwealth is deeply indebted to its foster parents and kinship foster parents who are selflessly assuring children have a stable home where they feel safe during this most uncertain time. The Department is using existing channels developed under the reform to communicate with foster parents— through the DCF statewide foster parent e-list and frequently posting COVID-19 updates to the foster parent Intranet, Foster MA Connect. Working with the Massachusetts Alliance of Foster Parents (MAFP), critical foster parent supports moved online, including virtual town halls in all five regions, support groups, and trainings that include a new offering to address caring for children in a pandemic.

Having an established medical unit proved crucial in supporting foster parents through the pandemic. The DCF Commissioner and Medical Director immediately set up a direct line of communication with the Massachusetts Department of Public Health (DPH) to seek guidance when needed. The Medical Director and DCF Nurses instituted a protocol for congregate care providers to notify and vet potential and positive COVID-19 cases to minimize the risk of spread. The DCF medical staff are also available to staff and foster parents when questions arise in addition to leading the development of guidance and training on Personal Protective Equipment (PPE) for social workers going out in the field.

In addition to the medical unit, the demands on the Department’s clinical specialty staff noticeably increased, especially in April and May. The Domestic Violence, Substance Abuse, Mental Health, and Housing units saw a noticeable uptick in frontline staff requesting assistance with child safety and risk assessments both in the investigation stage and on the caseload.

These times of uncertainty and increased stress further illuminate that children need stability. Nothing dismisses the responsibility to assure timely permanency for children, whether that’s safely reuniting with their parents or joining a new family. This fall, the Department is moving ahead with implementation of its new Foster Care policy— its first significant overhaul in almost 15 years. Permanency initiatives continue and, with almost 1,800 adoptions legalized in the last two fiscal years, staff will intensify focus on older children and children who are legally free for adoption and not yet matched with an adoptive family.

The pandemic also lays bare the disparities that impact those who especially rely on support from the legal, healthcare, economic, human services, and other systems. As is the case across country, Hispanic/Latinx and Black families are disproportionately represented on the DCF caseload and across key metrics in the FY2020 annual report. In FY2021, the Department is mobilizing specific initiatives to address the disparities in child welfare in Massachusetts while paying close attention to racial equity work in child welfare agencies nationwide. Initially, the Department will look closely at available data and address workforce, policy, and program strategies to promote equitable outcomes for children and families.

At DCF, all days begin and end with the same goals: to keep children safe and stabilized with a permanent family they can depend on to meet their needs and help them thrive. The Department recognizes the magnitude of its responsibilities and that is foremost in every decision staff make, using the best information available to them at the time.

The future of child safety depends on the availability and evolution of data and technology and a trained and supported workforce. The Department remains committed to using what is gleaned from this comprehensive report along with the data produced and used by every DCF office, every day, to identify child safety risks,

inform child and family interventions, and provide staff with the resources they need so that the Commonwealth's most vulnerable children have the chance to reach their greatest potential.

## Annual Report Data Summary

This report presents descriptive and outcome data, which is trended over rolling five-year time periods and presented in tabular and graphical formats. Demographic stratification is provided for key variables. Narrative statements define and describe the data elements and observed trends.

- **Cases and Consumers**

At the end of FY2020, 24,473 families were being served by DCF (22,088 clinical cases and 2,385 adoption cases). These cases contained 86,315 children and adults: 41,236 children (0-17), 2,107 young adults (18 & older), and 42,972 adults.<sup>1</sup> (Table 1, p.1; Table 3, p.2)

The 2,107 young adults (18 & older) were served by the Department prior to their 18th birthday. In order to remain open with DCF beyond age 18, these young adults signed a Voluntary Placement Agreement (VPA). A young adult can sign a VPA at age 18 and remain open with the Department up to age 22. Young adults who decline DCF services at age 18 may later request services by signing a VPA prior to turning 23. In FY2020, 702 youth turned 18 years of age while in care. Of these, 71% remained open with the Department. (Table 37a, p.32)

White, Hispanic/Latinx, and Black children and adults account for the majority of consumers served by the Department.<sup>2</sup> English is the primary language and Spanish is the next most prevalent language. (Table 9, p.5)

- **Children in Placement**

The Department strives to safely stabilize families at home and 80% of children (0-17) open with the Department at the end of FY2020, safely remained at home. When this is not possible, children may be placed in out-of-home care (foster care or group care) to safeguard their safety and well-being. At the end of FY2020, DCF had 10,006 children and young adults in out-of-home placement, representing 20% of children open with the Department. Of these, 8,414 (84.1%) were children (0-17) and 1,592 (15.9%) were young adults (18 & older). Between FY2016 and FY2020, children (0-17) in placement decreased by 12.9% (1,241). White (40%), Hispanic/Latinx (32%), and Black (14%) children (0-17) account for the majority of children in the Department's care. (Table 10, p.5; Figure 12, p.6; Table 14, p.7)

A permanency plan is established for children and young adults in the Department's care. This permanency plan seeks to ensure that each child has a nurturing family – preferably one that is permanent – within a timeframe supportive of their needs. At the end of FY2020, 94% of children (0-17) in DCF placement had a permanency plan that met the federal standard for permanency (i.e., family reunification, adoption, guardianship, stabilize intact family, or permanent care with kin). The remaining 6% of children had a permanency plan of APPLA (Another Planned Permanent Living Arrangement) or unspecified (i.e., to be developed). The majority had a permanency plan of family reunification (37%) or adoption (39%). (Table/Figure 15, p.9)

At the end of FY2020, 82.1% of placed children (0-17) were living in family settings: Departmental Foster Care (DFC) or Comprehensive Foster Care (CFC). Recognizing that children experience greater emotional and placement stability when safely placed with relatives, or kin, DCF has prioritized kin placement. Accordingly,

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<sup>1</sup> Total families include all individuals with an active case status on the last day of the fiscal year and who were in a case with a family assessment or an action plan. These selection criteria exclude consumers not in placement who have an active case status that is pending the outcome of an investigation.

<sup>2</sup> Following federal guidelines, DCF reports on the following broad racial/ethnic groupings: Asian, Black, Hispanic/Latinx, Multi-Racial, Native American, Pacific Islander, and White.

57.2% of children (0-17) placed in a DFC foster home were placed with kin. The overall kinship placement rate for children (0-17) in out-of-home placement was 38.1%. (Table/Figure 16; Figures 16a-b, p.12)

Recognizing that placing siblings in the same foster home is generally best for their well-being, DCF keeps siblings together whenever possible. In 78% of cases with a minimum of two siblings placed in a DFC foster home at the end of FY2020, two or more of the siblings were placed together—an increase of 5.2% compared to FY2018. Furthermore, 62% of cases with a minimum of two siblings placed in a DCF foster home had all siblings placed in the same foster home—an increase of 10.6% compared to FY2018. (Table 17; Figures 17a-b, p.14)

The Department tracks several placement related metrics. An understanding of these metrics is dependent upon knowing a key term-of-art: *Home Removal Episode* (HRE), which is the period between the start and end of placement. *Continuous Time in Placement* is defined as the timespan between the start and end of an HRE. At the end of FY2020, 62.4% of children (0-17) had a *Continuous Time in Placement* of two years or less. (Table 18; Figures 18a-b-c, p.14)

*Placement Length-of-Stay* (LOS) measures the period between the start and end of DCF custody in placement. The average LOS for children exiting care in FY2020 was 19.7 months. For children still in care at the end of FY2020, average LOS at that point-in-time was 25.0 months. (Table 19, p.15)

Children in placement may experience one or more moves during an HRE. The Department works to minimize a child's placements through the provision of community-based individual and family supportive services. Placement instability tends to increase the time to permanency (i.e., reunification, adoption, guardianship, and permanent care with kin). Relative to FY2016-FY2019, a larger share of the children entering care in FY2020 experienced placement stability (i.e., no more than two placement settings within the first 12 months of out-of-home care). Placement stability increased to 76.4% in FY2020, a 12.4% improvement over the FY2018 rate (68.0%). (Table/Figure 20, p.15)

The Department tracks a federal measure of *Placement Moves per 1,000 Placement Days* for children (0-17) who were in care at any time during the year. In FY2020, children (0-17) evidenced 5.44 *Placement Moves per 1,000 Placement Days*—a 42.0% improvement relative to FY2018. (Table/Figure 21, p.16)

The Department also tracks the number of first-time entries into out-of-home care as well as re-entries into out-of-home care. In FY2020, 4,831 unique children (0-17) entered out-of-home care. Of these, 3,620 (74.9%) were first-time entries and 690 (14.3%) were re-entries beyond 12 months of their exit from care. Combined, DCF found that 89.2% of the children entering care had not been discharged from care during the prior 12 months. (Table/Figure 22, p.16)

In FY2020, 5,231 children exited from DCF out-of-home placement. When children enter DCF out-of-home care, the Department works to safely achieve permanency through reunification, adoption, and guardianship. Data reveal that 86.1% of children who exited out-of-home care in FY2020 achieved permanency. Of note, children who entered care at age 12 or younger achieved permanency at a significantly higher rate (96.7%) than children who entered out-of-home care at age 13 or older (61.7%). Furthermore, children age 13 or older at the time of their entry into care were less likely to exit to adoption or guardianship. (Tables/Figures 23a-b-c, pp.17-18)

- **Child Maltreatment (i.e., Child Abuse and/or Neglect)**

When DCF receives a report of abuse and/or neglect, called a "51A report," from either a mandated reporter or another concerned citizen, DCF is required to evaluate the allegations and determine the safety of the children. Some families come to the attention of the Department outside the 51A process: Children Requiring Assistance



(CRA) cases referred by the Juvenile Court, cases referred by the Probate and Family Court, babies surrendered under the Safe Haven Act, and voluntary requests for services by a parent or family. These cases are generally referred directly for Family Assessment and Action Planning and do not follow the protective intake protocol.

In FY2020, DCF received 84,664 intakes (i.e., Protective 51As, Safe Haven, Voluntary, and CRA/Court Referral), of which 98.8% (83,630) came to the attention of the Department through the 51A reporting process. A 51A may involve one or more children. Safe Haven, voluntary, CRA, and court referrals accounted for 1.2% (1,034) of all FY2020 intakes. This pattern of intake distribution was reflected throughout the FY2016-FY2020 reporting period and is comparable to the distribution observed in prior years. Of note, the significant 12.6% decrease in FY2020 intakes is directly related to the COVID-19 pandemic. (Table 25; Figures 25a-b, p.21)

Upon receiving a 51A report, the Department must first gather sufficient information to determine whether the allegation meets DCF's criteria for suspected abuse and/or neglect; whether there is immediate danger to the safety of a child; whether DCF involvement is warranted; and, if so, the most appropriate approach to the investigation.

The Department begins its screening process immediately upon receipt of a report. During the screening process, DCF obtains information from the person filing the report and contacts professionals involved with the family, such as doctors or teachers, who may be able to provide information about the child's condition or well-being. DCF may also contact the family if appropriate.

If the report is "screened-in," it is assigned for a Child Protective Services (CPS) Response to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected. "Screened-in" reports may require an immediate emergency response, or a non-emergency response. Some 51A reports may not meet DCF's criteria for suspected abuse and/or neglect and are "screened-out."

If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges.

Of the 83,630 protective intakes (51As) received in FY2020 alleging child maltreatment, 47,290 (57%) were "screened-in" for a Child Protective Service (CPS) response. Of the "screened-out" 51As, 5,146 were referred to the district attorney (e.g., the report did not involve a child or the allegations are not within the Department's mandate concerning child abuse and neglect, and/or alleged perpetrator has been identified and was not a caregiver). It should be noted that "screened-in" 51As may also be referred to the district attorney. (Table 26; Figures 26a-b, p.22)

"Screened-in" 51As are assigned for a CPS Response (51B) to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected. "Reasonable cause to believe" means a collection of facts, knowledge, or observations that tend to support or are consistent with the allegations and, when viewed in light of the surrounding circumstances and the credibility of the persons providing the information, would lead a reasonable person to conclude that a child has been abused or neglected. The response includes an investigation of the validity of the allegation(s) received; a determination of current danger and future risk to the child; and an assessment of the capacity of the parent(s)/caregiver(s) to provide for the safety, permanency and well-being of their child.

Given that an instance of alleged maltreatment may be referred to the Department by several mandated/non-mandated reporters, multiple 51A intakes may be rolled into one protective response. As such, the Department completed 38,525 responses involving one or more children in FY2020. Of these, there were 16,583 (43.0%)

support decisions and 6,148 (16.0%) substantiated concern decisions. The remaining 15,794 (41.0%) were unsupported. (Table/Figure 27; Table/Figure 28, pp.23-24)

A 51A report may contain one or more allegations of abuse and/or neglect and may involve one or more children. In FY2020, the most frequently present allegation types were neglect (75.5%), physical abuse (20.3%), and sexual abuse (9.9%). Substance Exposed Newborn (SEN) and SEN-Neonatal Abstinence Syndrome (SEN-NAS) were alleged in 2.7% of 51A reports. (Table 29a, p.25)

During a 51B response, the Department determines whether there is “reasonable cause to believe” that a child has been a victim of maltreatment. Emergency responses must be completed within five business days. Non-emergency responses must be completed within 15 business days. Each of the abuse and/or neglect allegations within a 51A report is investigated and a decision is made for each allegation type. In FY2020, the most frequently supported allegations were neglect (86.5%), physical abuse (9.9%), SEN/SEN-NAS (6.8%), and sexual abuse (4.1%). (Table 29b, p.25)

There were 24,455 children (unduplicated child count) found to have experienced maltreatment in FY2020. A child may have been a victim of one or more types of maltreatment. Of these unique child victims, 86.9% were victims of neglect, 7.6% were victims of physical abuse, 4.7% were SEN/SEN-NAS newborns, and 3.0% were victims of sexual abuse. (Table 29c, p.25)

- **Performance/Process Outcome Metrics – Safety**

The *Reduction of the Recurrence of Maltreatment* is an important federal measure of the safety and well-being of children and families. As such, the Department monitors recurrence of maltreatment on open and closed cases on a quarterly and annual basis as a component of its performance management and accountability system. This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a supported report of maltreatment.

In FY2020, 89.76% of the children who experienced an occurrence of maltreatment within the first six months of FY2020 did not experience a recurrence of maltreatment within six months of their prior maltreatment. Of note, there were fewer child victims in FY2020 than in each of the four prior years (i.e., FY2016-19). (Table/Figure 30, p.26)

The Department also tracks the number of children who experienced supported maltreatment while residing in an out-of-home placement setting. In FY2020, 98.70% of the children who were in an out-of-home placement at any time during FY2020 did not experience maltreatment by a substitute care provider (e.g., a foster parent or group home caregiver). An additional federal measure is *Victimization Rate per 100,000 Days in Care*. In FY2020, data show that for every 100,000 days of placement, 21.46 maltreatment events were supported for DCF placed children. Maltreatment may occur while the child is visiting with parents, in the community, or in the placement setting. (Tables/Figures 31-31b, p.27)

- **Performance/Process Outcome Metrics – Permanency**

*Rate of Reunification within 12 months* of entering care is a federal measure of time to permanency. The *Rate of Reunification within 12 Months* has decreased since FY2016. The decline in reunification within 12 months of entering foster care corresponds to successful efforts to reunify a large cohort of children awaiting permanency from FY2015-FY2017. DCF is committed to reunifying children when safe to do so. (Table/Figure 32, p. 28)

Re-entry is inversely correlated with reunification. Though time to reunification has increased, the rates of re-entry within 12 months for children who exited to reunification have steadily decreased since FY2016. (Table/Figure 33, p.28)

*Timeliness of Adoption* is another federal measure of permanency tracked by the Department. The rates of adoption within 24 months of an HRE declined between FY2016 and FY2018—with small upticks in FY2019-20. Notwithstanding, the number of children (0-17) with a legalized adoption increased 44.0% in FY2019 compared to FY2016. Though FY2020 evidenced 850 adoptions, the COVID-19 pandemic impacted adoption legalizations in the last quarter of FY2020. (Table/Figure 34, p.30)

Guardianships are also a measure of permanency. Evidencing an increase in recent years, guardianships were also impacted by the COVID-19 pandemic. (Table/Figure 36, p.31)

The Department provides outreach and transition services to young adults when they turn 18 and leave foster care. DCF provided these services to 2,715 unique young adults in FY2019—an 8.8% increase over the prior four-year average. (Table/Figure 37, p.32)

- **Performance/Process Outcome Metrics – Wellbeing**

Access to appropriate and timely medical services is important to child well-being. Data collected from FY2016-20 reflect year-over-year progress toward meeting the agency's requirement that each child entering care should receive an initial medical screening and a comprehensive medical evaluation. Largely credited to the creation of a full-time DCF medical director and the on-boarding of medical social workers in all 29 DCF Area Offices, a significant increase in medical visit compliance has been evidenced. Completion rates in FY2020 have increased by 249.6% compared to FY2016. Timeliness of medical visits has increased by 297.6% over FY2016. (Table/Figure 38, p.33)

The Massachusetts Department of Elementary and Secondary Education (DESE) calculates and reports on graduation rates as part of overall efforts to improve educational outcomes for students in the Commonwealth. Adopting DESE'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 years by the total number in the cohort. This rate provides the percentage of the cohort that graduates in four years or less. While graduation rates are below minimal targets, data reveal that four-year graduation rates for children in DCF custody have improved by 12.9%—from 50.3% in the 2012 school year to 56.8% in the 2019 school year. Recognizing that many students need longer than four years to graduate from high school and that it is important to acknowledge this major accomplishment, the Department (and DESE) calculates a five-year graduation rate. The five-year graduation rate for children in DCF custody in the 2018 school year was 63.6%. (Table/Figure 39, p.34)

- **Child/Youth Fatalities**

DCF Area Offices may receive notification of child/youth deaths through a 51A intake or through other means. Area Offices proceed to collect available facts including DCF history (if any) and notify the DCF Central Office through the Department's *Central Office Incident Notification* (COIN) process. In FY2020, 73 child/youth fatalities were brought to the attention of the Department. Of these: 25 were open in a case or a Response, 18 had a prior history with the Department, and 30 had no history with the Department.

The majority of child/youth deaths that come to the attention of the Department are not determined to be the result of maltreatment. Manner of death include accidental, community violence, inflicted personal injury,

medical condition, overdose, suicide, Sudden Unexpected Infant Death (SUID), and other/undetermined manner of death. (Tables 39a-b, p.35)

- **Operations – Foster Care Review**

Federal law requires that the Department operate a system of Foster Care Review dedicated to engaging key participants in a timely and periodic review of all cases involving children in out-of-home care. The purpose of Foster Care Review is to assess the progress being made to address the reason(s) for the Department’s involvement with the family and to examine and make recommendations regarding efforts to safely achieve permanency for the child.

Pursuant to MGL c. 18B, § 6A, an independent Foster Care Review Unit operates as a distinct unit within the Department and is dedicated to quality oversight of case decisions. Foster Care Review complements the oversight role of the courts in individual cases and contributes aggregate data and information that is needed to support the Department’s Continuous Quality Improvement (CQI) efforts. The Foster Care Review Policy was revised in FY2018-FY2019 and implemented in March of 2019.

The Department reviews all cases involving children in out-of-home placement once every six months. The Foster Care Review Unit conducts a Foster Care Review for families when at least one child under the age of 22 is in placement. A child is in placement when she/he is in Department custody through a court order, a Voluntary Placement Agreement (VPA), or a Child Requiring Assistance (CRA) petition and is living outside the home of her/his parent(s) or guardian(s).

The Foster Care Review is conducted by a three-person panel whose members must not carry responsibility for case management, oversight, or service delivery for the case under review. The panel consists of case reviewer from the Foster Care Review Unit who convenes the meeting, a manager or supervisor from the Area Office who is not assigned to the case under review, and a volunteer case reviewer (a private citizen who has been recruited and trained by Department staff). Volunteer case reviewers are recruited to represent the various socio-economic, racial, and ethnic groups of the community served by the Department.

To promote the inclusion of a variety of perspectives the following parties, when applicable, are included in the Foster Care Review and provided with sufficient notice of the review date:

- Parents/guardians, including a putative or unwed father
- Youth (14 years of age and older) and young adults
- Foster parents and group care providers
- Children, youth, and young adults' attorney(s)
- Parent’s attorney(s)
- Social workers and supervisors assigned to the family
- DCF attorney
- Family resource, adoption, and adolescent outreach social workers, as assigned

- **Operations – Fair Hearings**

In accordance with 110 CMR 10.00-10.36, the Department has established the Fair Hearing Office (also referred to as the Fair Hearing Unit). The purpose of the Fair Hearing Office is to enable consumers or DCF-contracted providers who are dissatisfied with certain actions or inactions by the Department to receive a just and fair decision from an impartial fair hearing officer based on the facts and applicable regulations.

In FY2020, the Department averaged 64 business days for a fair hearing to be scheduled and 68 business days for a hearing to take place once an appeal was filed. Department regulations stipulate that hearings should be scheduled within 65 business days of receipt of the request for hearing. The scheduling of fair hearings continues to occur in a timely manner. (Table 41b, p.39)

- **Operations – Budget, Service Costs, Staffing Trends, and Caseload Workload**

Reversing an 11.9% downward trend in budgetary appropriations during the period of FY2010-12, the DCF enacted budget began increasing in FY2013, and, by FY2020 (\$1,058,279,339), was 43.6% greater than FY2012 (\$737,077,781). The steepest gains have been evidenced in the past five years. These budgetary appropriations have supported significant increases in staffing (10%) and services (6%) between FY2016-20. (Table/Figure 42, p.41; Table 43, p.42; Tables/Figure 44-44a, p.43)

During this time period:

- Significant investments were made including:
  - Foster care rate increase every year (\$10.7M investment over the course of 5 years)
  - 766 Residential School rate increase every year (\$7.2M investment over the course of 5 years)
  - Chapter 257 rate increases (\$11.3M investment over the course of 5 years)
  - Expansion of Support and Stabilization services to include foster parents (\$6.5M investment in FY20)
- There was also significant growth in services such as:
  - Adoption/Guardianship subsidy (\$13.9M over the course of 5 years)
  - Support and Stabilization services (\$16.7M over the course of 5 years)
- These investments were offset by significant reductions in children/youth in out-of-home placements resulting in a net reductions in placement costs of (-\$4.1M over the course of 5 years)

DCF staffing has significantly increased relative to July 2015 staffing levels. Social worker staffing levels have increased by 20% and staffing levels for all other bargaining units have increased by 31%. Recognizing that managerial oversight capacity had been decreasing since 2008, the Department engaged in a purposeful effort to re-establish managerial ratios to support agency operations. Accordingly, by July 2020, managerial staffing levels increased by 65% relative to July 2015. These managerial staffing levels were utilized to re-establish a fifth region (Central Region), decouple Area Offices, and appropriately staff the DCF Central Office. (Tables/Figure 44-44a, p.43)

Caseload is a proxy measure of workload. High caseloads can result in overburdened social workers and potentially underserved families. Increased budgetary appropriations have supported the Department's efforts to reduce staff workload by hiring additional clinical staff, including more than 300 frontline social workers, and increasing the managerial and supervisory oversight essential for identifying cases appropriate for safe closing. The FY2020 12-month average weighted caseload ratio for DCF intake, response, ongoing, and adoption social workers is 14.74:1. This is below the negotiated caseload ratio of no more than 15.00:1 (15 families), and considerably lower than the average caseload ratios for FY2016-18. (Tables/Figure 45-45a, p. 44)



## I. CASE COUNTS

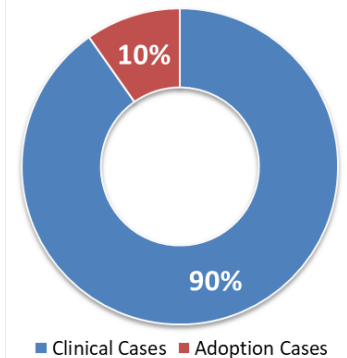
### • Case Counts Fiscal Year End

As summarized in Table/Figure 1 below, at the close of state FY2020 (6/30/2020), DCF had 24,473 open cases. Of these, 90.3% (22,088) were clinical cases and 9.7% (2,385) were adoption cases.

	FY2016	FY2017	FY2018	FY2019	FY2020
Clinical Cases	26,488	25,044	25,392	23,784	22,088
Adoption Cases	2,201	2,316	2,421	2,451	2,385
<b>Case Count Fiscal Year End</b>	<b>28,689</b>	<b>27,360</b>	<b>27,813</b>	<b>26,235</b>	<b>24,473</b>

Through clinical assessment, the Department identified open cases appropriate for safe closure resulting in a 14.7% (4,216) decrease between FY2016-20.

FIGURE 1. FY2020



### • Case Openings/Closings/Re-Openings

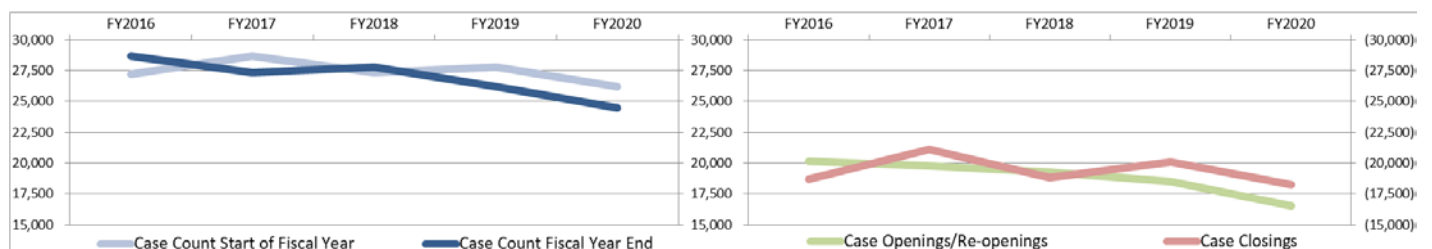
Table/Figure 2 present caseload growth over the past five fiscal years as a function of case openings, closings, and re-openings. DCF cases may remain open for a brief or extended period of time, during which the primary goal is to stabilize the family and mitigate risk of harm to children. During any given year, cases may close and subsequently re-open for either protective or non-protective reasons.

	FY2016	FY2017	FY2018	FY2019	FY2020
<b>Case Count Start of Fiscal Year</b>	<b>27,235</b>	<b>28,689</b>	<b>27,360</b>	<b>27,813</b>	<b>26,235</b>
Case Openings	11,777	11,490	10,850	10,363	9,348
Case Closings	(18,706)	(21,091)	(18,823)	(20,105)	(18,273)
Case Re-Openings	8,383	8,272	8,426	8,164	7,163
<b>Case Count Fiscal Year End</b>	<b>28,689</b>	<b>27,360</b>	<b>27,813</b>	<b>26,235</b>	<b>24,473</b>
Unduplicated Count of Cases Open at Any Time during the Fiscal Year	45,959	46,778	43,743	44,832	41,508

- **Case Count Start of Fiscal Year:** Total count of cases open with DCF at the start of the fiscal year.
- **Case Openings:** Total count of cases that “open for the first time” with DCF at any time during the fiscal year. These are unique case counts.
- **Case Closings:** Total count of DCF cases that “close” at any time during the fiscal year. These may not be unique case counts, as a case may close, re-open, and subsequently close within a fiscal year.
- **Case Re-openings:** A case “re-opening” is defined as a DCF case that closed prior to or during the current fiscal year and subsequently re-opened during the current fiscal year. These may not be unique case counts, as a case may have re-opened multiple times during a given fiscal year.
- **Unduplicated Count of Cases Open at Any Time during the Fiscal Year:** Unique count of cases open for at minimum one day within the fiscal year.

NOTE: Beginning September 2017, case counts are tabulated at a more granular level based on case worker assignment to the case rather than by case number assignment during investigation. As such, the counts in Table 2 for fiscal years prior to 2018 may vary slightly from published counts.

FIGURE 2. Case Count Trends – Openings/Closings/Re-Openings



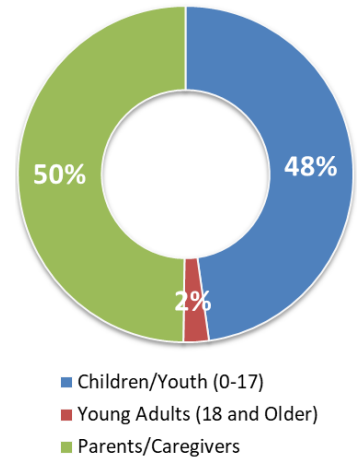
## II. CONSUMER COUNTS

### • Consumer Counts Fiscal Year End

Table/Figure 3 show that at the end of FY2020, DCF had 86,315 open consumers. Consumers with the identified role type of “adult” (i.e., parent/caregiver) accounted for 42,972 of the total open consumers. Consumers with the identified role type of “child” accounted for 43,343 of the total open consumers. Consumers with the role type of “child” range from children aged 0-17 years (95.1%), to “young adults” (4.9%) who voluntarily remain open with DCF from the ages of 18-22 years.

FIGURE 3. FY2020

TABLE 3. Consumer Counts Fiscal Year End	FY2016	FY2017	FY2018	FY2019	FY2020
Consumer Role Type = Adult (i.e., Parents/Caregivers)	50,929	48,156	50,103	46,255	42,972
Consumer Role Type = Child	52,214	49,386	50,070	47,108	43,343
Children 0-17	50,000	47,273	47,980	45,058	41,236
Young Adults 18 & Older	2,214	2,113	2,090	2,050	2,107
<b>Total Consumer Count Fiscal Year End</b>	<b>103,143</b>	<b>97,542</b>	<b>100,173</b>	<b>93,363</b>	<b>86,315</b>



NOTE: Consumer counts are dependent on data entry. Minor fluctuations in point-in-time counts calculated immediately after quarter and several months later are to be expected.

### • Consumer Children, Young Adults, and Adults – Openings/Closings/Re-Openings

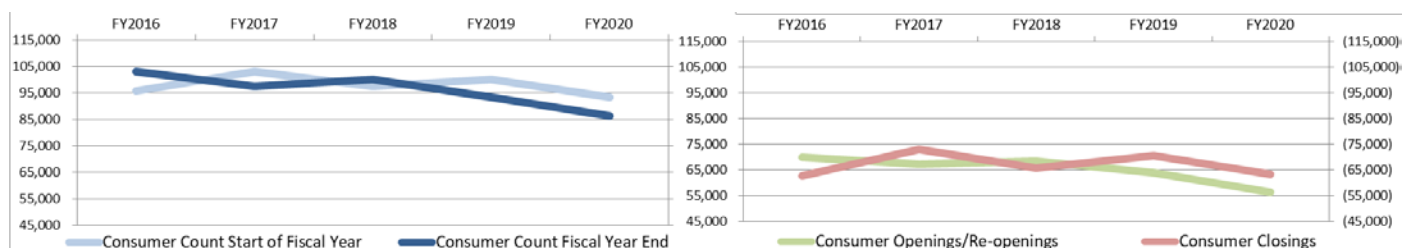
Table/Figure 4 present the consumer growth dynamics over the past five fiscal years as a function of consumer openings, closings, and re-openings.

TABLE 4. Consumer Openings/Closings/Re-openings	FY2016	FY2017	FY2018	FY2019	FY2020
Consumer Count Start of Fiscal Year	95,782	103,143	97,542	100,173	93,363
Consumer Openings	23,507	22,338	21,630	20,290	18,256
Consumer Closings	(62,849)	(73,069)	(65,806)	(70,721)	(63,372)
Consumer Re-Openings	46,703	45,130	46,807	43,621	38,068
<b>Consumer Count Fiscal Year End</b>	<b>103,143</b>	<b>97,542</b>	<b>100,173</b>	<b>93,363</b>	<b>86,315</b>
Unduplicated Count of Consumers Open at Any Time during the Fiscal Year <sup>(1)</sup>	135,926	134,558	133,394	128,239	118,435

<sup>(1)</sup> *Unduplicated Count of Consumers Open at Any Time during the Fiscal Year: Unique count of consumers open for at minimum one day within the year.*

NOTE: FY2016-19 Consumer Openings and Re-Openings were recast in FY2020 to correct a data coding error.

FIGURE 4. Consumer Trends – Openings/Closings/Re-Openings





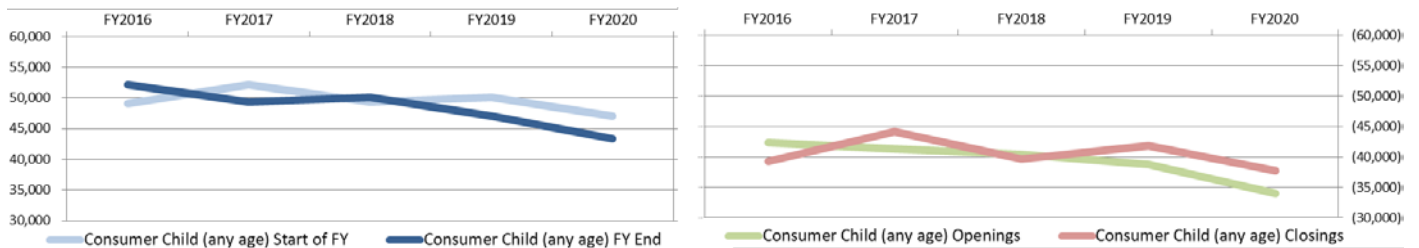
- **Consumer Children (of any age) – Openings/Closings/Re-Openings**

Table/Figure 5 present the consumer child (of any age) growth dynamics over the past five fiscal years as a function of consumer openings, closings, and re-openings.

	FY2016	FY2017	FY2018	FY2019	FY2020
<b>Consumer Child (of any age) Count Start of Fiscal Year</b>	<b>49,160</b>	<b>52,214</b>	<b>49,386</b>	<b>50,070</b>	<b>47,108</b>
Consumer Child (of any age) Openings	15,720	15,143	14,630	13,749	12,544
Consumer Child (of any age) Closings	(39,224)	(44,102)	(39,686)	(41,755)	(37,730)
Consumer Child (of any age) Re-Openings	26,558	26,131	25,740	25,044	21,421
<b>Consumer Children (of any age) Count Fiscal Year End</b>	<b>52,214</b>	<b>49,386</b>	<b>50,070</b>	<b>47,108</b>	<b>43,343</b>
Unduplicated Count of Consumer Child (of any age) Open at Any Time during the Fiscal Year <sup>(1)</sup>	84,997	86,402	83,291	81,984	75,463

<sup>(1)</sup> *Unduplicated Count of Consumer Child (of any age) Open at Any Time during the Fiscal Year: Unique count of consumers open for services (i.e., open in an assessment or in a clinical/adoption case) at minimum one day within the Fiscal Year.*

**FIGURE 5. Consumer Children (of any age) Trends – Openings/Closings/Re-Openings**

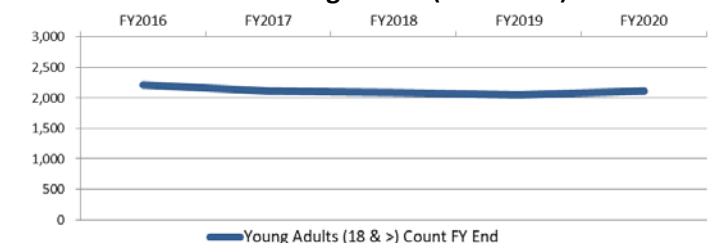


- **Consumer Young Adults (18 &) Counts**

Table/Figure 6 present the consumer young adults (18 & older) growth over the past five fiscal years. Each of these young adults (18 & older) was served by the Department prior to their 18<sup>th</sup> birthday. In order to remain open with the Department beyond age 18, these young adults signed a Voluntary Placement Agreement (VPA). A young adult may sign a VPA at age 18 and remain open with the Department. Young adults who do not sign a VPA at age 18 can later receive services by signing a VPA prior to turning 23-years-old.

	FY2016	FY2017	FY2018	FY2019	FY2020
<b>Consumer Young Adults (18 &amp; older) Count Fiscal Year End</b>	<b>2,214</b>	<b>2,113</b>	<b>2,090</b>	<b>2,050</b>	<b>2,107</b>

**FIGURE 6. Consumer Young Adults (18 & Older) Trends**



• **Consumer Children, Young Adults, and Adults – Demographics-Race/Ethnicity**

Table 7 shows that at the end of FY2020, White (38%), Hispanic/Latinx (34%), and Black (14%) children (0-17) accounted for the vast majority of children served by the Department. A comparable distribution is observed for young adults (18 & older) as well as adult consumers.

**TABLE 7. Race/Ethnicity FY2020<sup>(1)</sup>**

	Children (0-17)		Young Adults (18 & Older)		Adults	
White	15,556	38%	787	37%	19,634	46%
Hispanic/Latinx (of any race)	13,878	34%	678	32%	11,722	27%
Black	5,602	14%	425	20%	6,322	15%
Asian	522	1%	58	3%	644	1%
Native American	54	*	1	*	63	*
Pacific Islander	18	*	-	*	24	*
Multi-Racial (two or more races)	2,499	6%	109	5%	765	2%
Unable to Determine/Declined	1,679	4%	47	2%	2,282	5%
Missing	1,428	3%	2	*	1,516	4%
<b>Total Consumers Fiscal Year End</b>	<b>41,236</b>	<b>100%</b>	<b>2,107</b>	<b>100%</b>	<b>42,972</b>	<b>100%</b>

<sup>(1)</sup> All races exclude children of Hispanic/Latinx origin. \*Less than 1% after rounding.

**FIGURE 7. Consumer Children (0-17) Open with DCF by Race/Ethnicity FY2020**

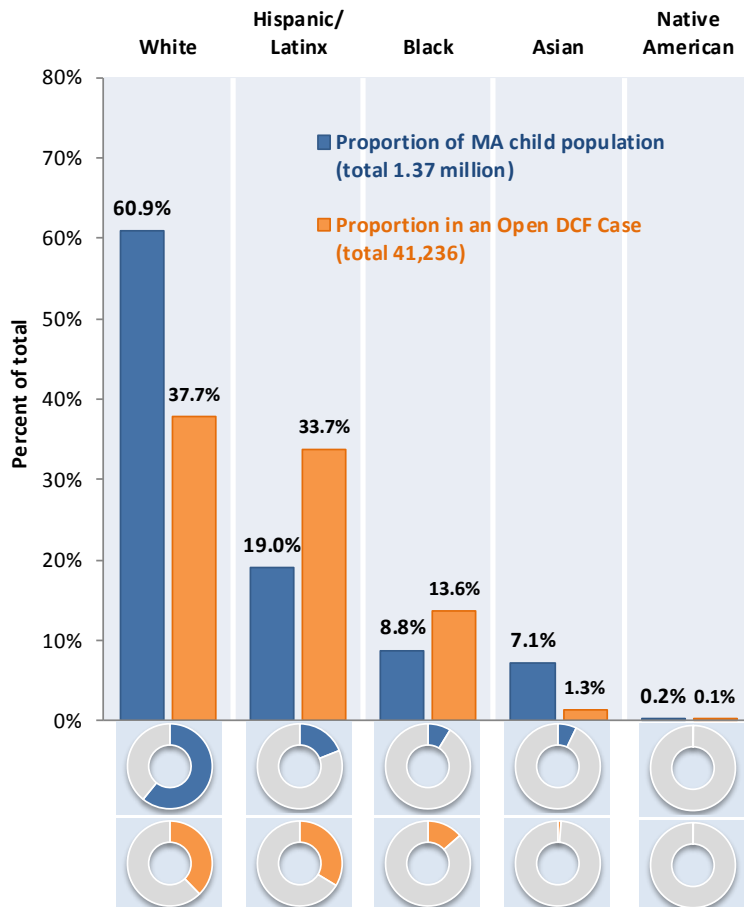


Figure 7 and Table 8 show the proportionality of children open with DCF by race and ethnicity compared to the proportion of the child population in Massachusetts.

The *Rate-of-Disproportionality* (RoD) is an indicator of inequality. RoDs are calculated by dividing the actual DCF open case rate for a given race/ethnicity by the MA population rate for that specific race/ethnicity.

- RoDs > 1.0 indicate overrepresentation.
- RoDs < 1.0 indicate underrepresentation.

*Relative Rate Index* (RRI) compares the rate of White children to the rate for children of color.

**TABLE 8. DCF Served Population**

	RoD	RRI
White	0.6	n/a
Hispanic/Latinx	1.8	2.9x
Black	1.6	2.5x
Asian	0.2	0.3x
Native American	0.7	1.2x

- **Consumer Children, Young Adults, and Adults – Demographics-Primary Language**

Table 9 shows that at the end of FY2020, the vast majority of adults open in a DCF case were primary English (85%) speakers. The next most commonly identified primary language was Spanish (10%).

	Children (0-17)		Young Adults (18 & Older)		Adults	
Spanish	1,978	5%	204	10%	4,114	10%
Khmer (Cambodian)	19	*	1	*	52	*
Portuguese	220	1%	12	1%	528	1%
Haitian Creole	117	*	22	1%	323	1%
Cape Verdean Creole	85	*	5	*	210	*
Vietnamese	22	*	3	*	68	*
Chinese	27	*	5	*	77	*
Lao	3	*	-	-	2	*
American Sign Language	19	*	-	-	34	*
Other	209	1%	61	3%	836	2%
English/Unspecified	38,537	93%	1,794	85%	36,728	85%
<b>Total Consumers Fiscal Year End</b>	<b>41,236</b>	<b>100%</b>	<b>2,107</b>	<b>100%</b>	<b>42,972</b>	<b>100%</b>

\*Less than 1% after rounding. NOTE: Languages other than English may be undercounted.

### III. CONSUMERS IN PLACEMENT

The Department provides services to safely stabilize families (80% of caseload). When that is not possible, children may be placed in out-of-home care (20% of caseload) to safeguard their safety and well-being. Table 10 shows that at the end of FY2020, DCF had 10,006 consumer children/young adults in out-of-home placement. Of these, 8,414 (84.1%) were children (0-17 years of age) and 1,592 (15.9%) were young adults (18 & older).

	FY2016	FY2017	FY2018	FY2019	FY2020
Children (0-17)	9,655	9,597	9,631	8,809	8,414
Young Adults (18 & older)	1,685	1,612	1,514	1,519	1,592
<b>Children/Young Adults In Placement Fiscal Year End</b>	<b>11,340</b>	<b>11,209</b>	<b>11,145</b>	<b>10,328</b>	<b>10,006</b>

- **Age Group Distribution for Children and Young Adults in Placement FY2020**

Table 11 shows that children under the age of six years account for 37.0% of the children (0-17) in placement. For context, young children are the most at-risk for protective concerns.

	Children (0-17)		Young Adults (18 & Older)	
0 – 2 Years Old	1,687	20%	18 – 19 Years Old	801 50%
3 – 5 Years Old	1,427	17%	20 – 21 Years Old	640 40%
6 – 11 Years Old	2,402	29%	22 – 23 Years Old	147 9%
12 – 17 Years Old	2,898	34%	24 and Older	4 *
Unspecified	-	-	-	-
<b>Total in Placement Fiscal Year End</b>	<b>8,414</b>	<b>100%</b>	<b>1,592</b>	<b>100%</b>

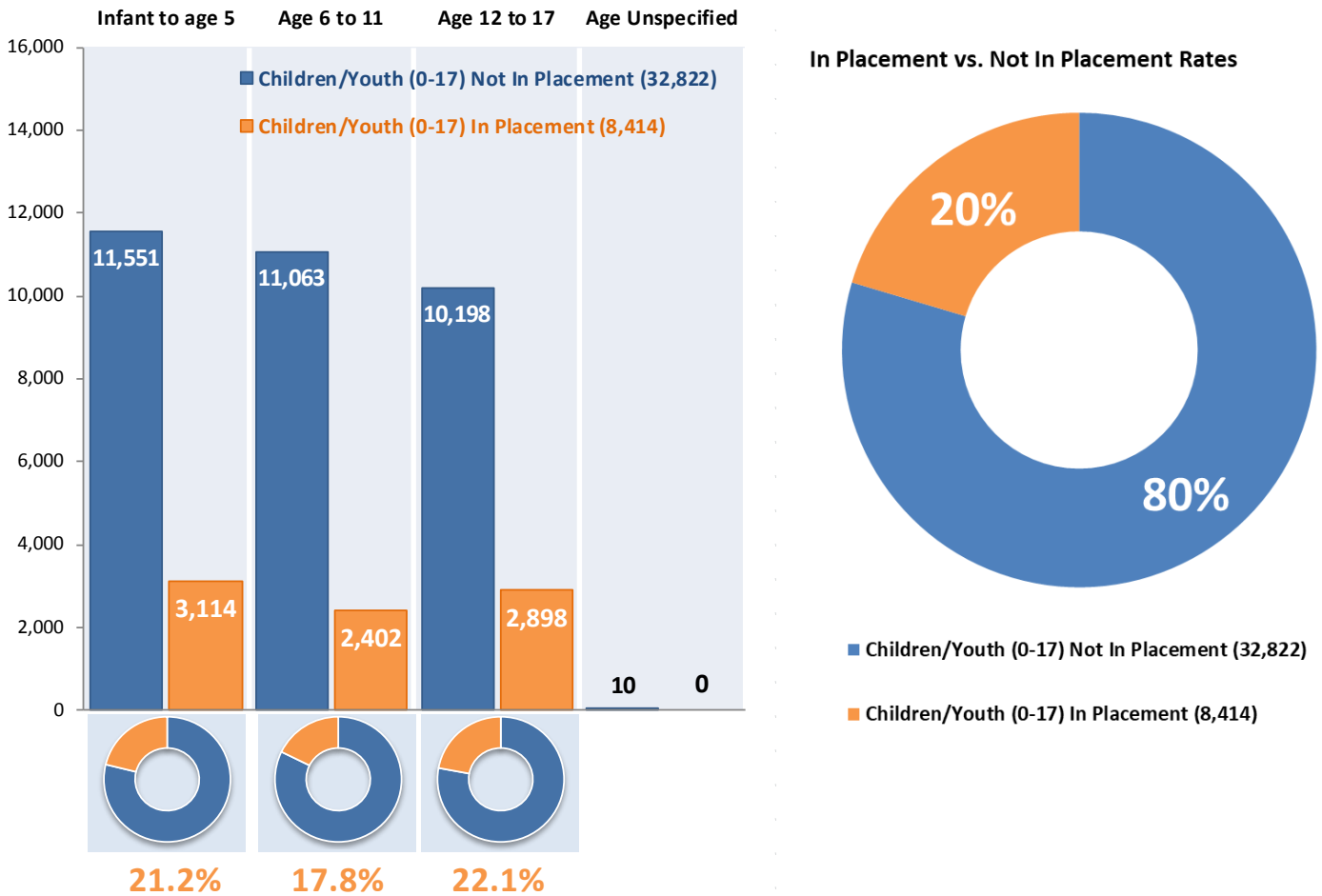
\*Less than 1% after rounding.

- **Children (0-17) in Placement as a Rate of Total Children Served FY2020**

Figure 12 shows that 20% (8,414/41,236) of children (0-17) in an open case were placed out-of-home.

- For children (0-5) in a DCF open case, 21.2% (3,114/14,665) were in an out-of-home placement.
- For children (6-11) in a DCF open case, 17.8% (2,402/13,465) were in an out-of-home placement.
- For youth (12-17) in a DCF open case, 22.1% (2,898/13,096) were in an out-of-home placement.

**FIGURE 12. Consumer Children (0-17) in Placement as a Percent of Total Children Served**



- **Children and Young Adults in Placement FY2020 – Demographics-Birth Sex**

Table 13 shows that children (0-17) in placement are fairly evenly distributed within the demographic of birth sex.

**TABLE 13. Birth Sex FY2020**

	Children (0-17)		Young Adults (18 & Older)	
Female	4,165	50%	864	54%
Male	4,246	50%	726	46%
Intersex	3	*	2	*
Missing (not recorded)	-	-	-	-
<b>Total in Placement Fiscal Year End</b>	<b>8,414</b>	<b>100%</b>	<b>1,592</b>	<b>100%</b>

\*Less than 1% after rounding.

- **Children and Youth (0-17) in Placement FY2020 – Gender Identity**

Table 13a presents the documented Gender Identity of children (0-17) in placement at the end of FY2020.

**TABLE 13a. Gender Identity of Children/Youth in Placement FY2020**

Androgynous	0.1%
Female	47.6%
Gender Nonconforming	0.3%
Genderqueer	0.1%
Male	49.9%
Questioning	0.6%
Transgender (Female to Male)	0.7%
Transgender (Male to Female)	0.3%
Other	0.6%
<b>Total Child/Youth (0-17) in Placement</b>	<b>8,414</b>

*Gender Identity is an individual’s internal view of their gender, one’s innermost sense of being male, female, both or neither. Gender Expression is the manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.*

Note: The capacity to collect Gender Identity as a structured data element was introduced in 2017 with the implementation of the DCF Family Assessment and Action Planning Policy. The Department is working to improve the quality of data collection.

- **Children and Youth (0-17) in Placement FY2020 – Sexual Orientation**

Table 13b presents the documented Sexual Orientation of children (0-17) in placement at the end of FY2020.

**TABLE 13b. Sexual Orientation of Children/Youth in Placement FY2020**

Asexual	1.3%
Bisexual	2.4%
Gay/Homosexual	1.3%
Heterosexual	85.3%
Lesbian/Homosexual	0.3%
Pansexual/Omnisexual	0.5%
Queer	-
Questioning	1.5%
Other	7.4%
<b>Total Child/Youth (0-17) in Placement</b>	<b>8,414</b>

*Sexual Orientation describes patterns of sexual, romantic, and emotional attraction—and one’s sense of identity based on those attractions.*

Note: The capacity to collect Sexual Orientation as a structured data element was introduced with the implementation of the DCF Family Assessment and Action Planning Policy in 2017. The Department is working to improve the quality of data collection.

• **Children and Young Adults in Placement FY2019 – Demographics-Race/Ethnicity**

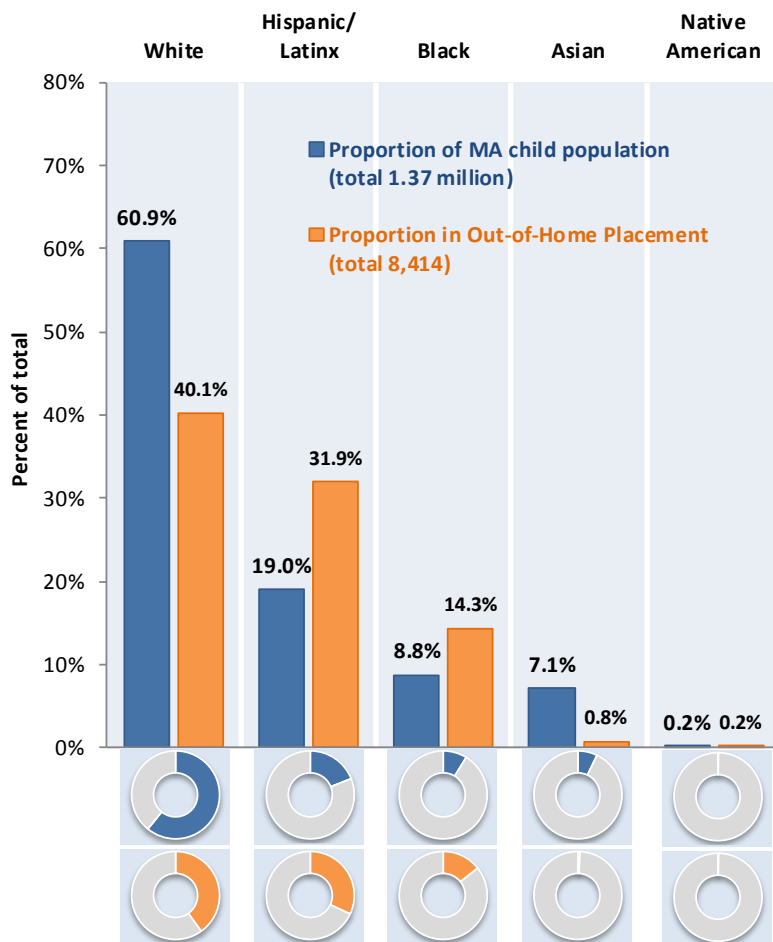
Table 14 shows that at the end of FY2020, White (40%), Hispanic/Latinx (32%), and Black (14%) children (0-17) accounted for the majority of children served by the Department. A similar distribution is also observed for young adults (18 & older).

**TABLE 14. Race/Ethnicity of Children and Young Adults in Placement FY2020<sup>(1)</sup>**

	Children (0-17)		Young Adults (18 & Older)	
	Count	Percentage	Count	Percentage
White	3,377	40%	607	38%
Hispanic/Latinx (of any race)	2,688	32%	504	32%
Black	1,205	14%	327	21%
Asian	66	1%	45	3%
Native American	20	*	-	-
Pacific Islander	2	*	-	-
Multi-Racial (two or more races)	752	9%	77	5%
Unable to Determine/Declined	303	4%	32	2%
Missing	1	*	-	-
<b>Total in Placement Fiscal Year End</b>	<b>8,414</b>	<b>100%</b>	<b>1,592</b>	<b>100%</b>

<sup>(1)</sup> All races exclude children of Hispanic/Latinx origin. \*Less than 1% after rounding.

**FIGURE 14. Consumer Children (0-17) in Out-of-Home Placement by Race/Ethnicity FY2020**



**TABLE 14a. Out-of-Home Placement**

	RoD	RRI
White	0.7	n/a
Hispanic/Latinx	1.7	2.6x
Black	1.6	2.5x
Asian	0.1	0.2x
Native American	1.3	2.0x

Refer to page 4 for a definition of RoD and RRI.

• **Permanency Plan Distribution for Children (0-17) in Placement**

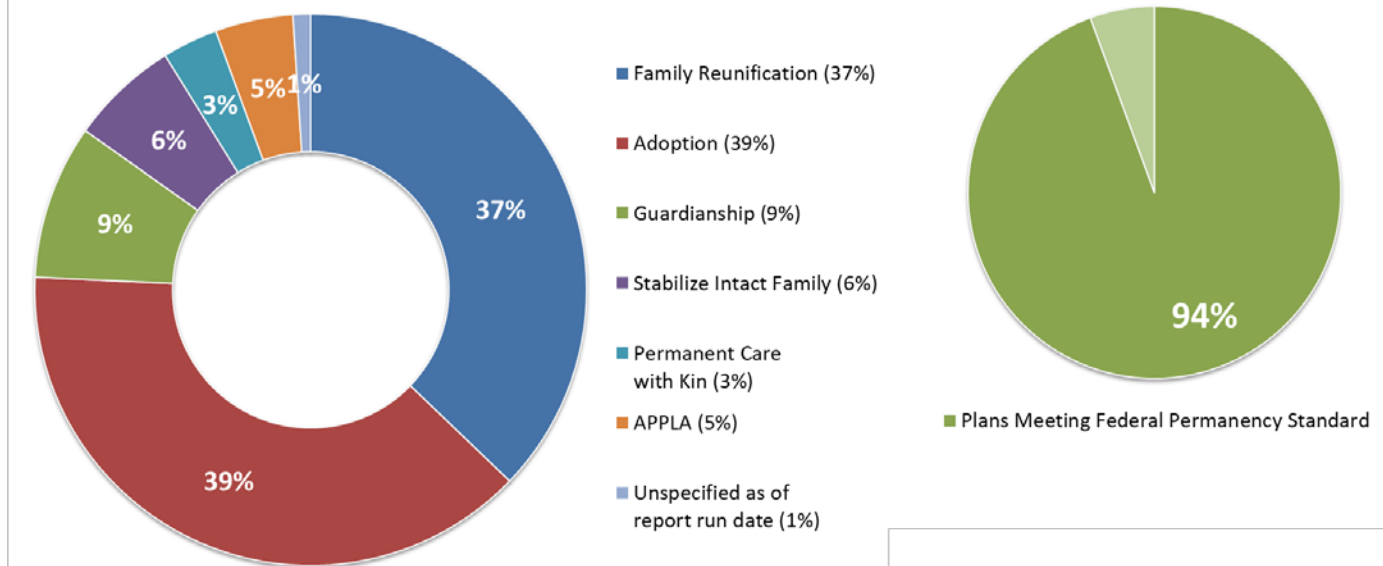
Table/Figure 15 show that 94% (7,943) of children (0-17) who were in placement at the end of FY2020 had a permanency plan goal that met the federal standard for permanency (i.e., excludes APPLA<sup>(1)</sup> and unspecified).

**TABLE 15. Permanency Plan: Children (0-17)**

	FY2016		FY2017		FY2018		FY2019		FY2020	
Family Reunification	4,127	43%	4,040	42%	3,660	38%	2,961	34%	3,128	37%
Adoption	3,173	33%	3,145	33%	3,262	34%	3,365	38%	3,244	39%
Guardianship	825	9%	732	8%	967	10%	786	9%	761	9%
Stabilize Intact Family	431	4%	823	9%	808	8%	775	9%	536	6%
Permanent Care with Kin	333	3%	277	3%	237	2%	260	3%	274	3%
APPLA	483	5%	348	4%	465	5%	425	5%	384	5%
Unspecified as of report run date	283	3%	232	2%	232	2%	237	3%	87	1%
<b>Children in Placement Fiscal Year End</b>	<b>9,655</b>	<b>100%</b>	<b>9,597</b>	<b>100%</b>	<b>9,631</b>	<b>100%</b>	<b>8,809</b>	<b>100%</b>	<b>8,414</b>	<b>100%</b>

<sup>(1)</sup> **APPLA:** Another Planned Permanent Living Arrangement— The child welfare agency (DCF) maintains care and custody of the youth and arranges a living situation in which the youth is expected to remain until adulthood. APPLA is a permanency option considered only when other options such as reunification, relative placement, adoption, or legal guardianship have been ruled out.

**FIGURE 15. Permanency Plan for Children (0-17) FY2020**



- **Racial/Ethnic Distribution by Permanency Plan for Children (0-17) in Placement FY2020**

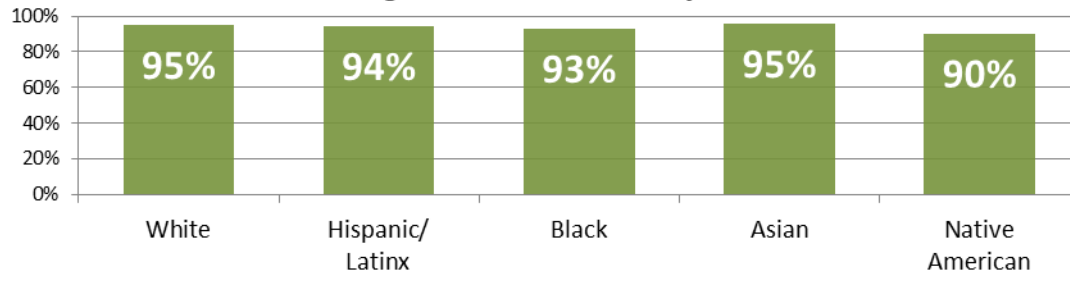
Table/Figure 15a show the racial/ethnic distribution by permanency plan for children in placement at the end of FY2020.

**TABLE 15a. Permanency Plan Race/Ethnicity FY2020**

	White		Hispanic /Latinx		Black		Asian		Native American	
Family Reunification	1,211	36%	1,026	38%	483	40%	33	50%	6	30%
Adoption	1,322	39%	1,025	38%	415	34%	13	20%	11	55%
Guardianship	334	10%	205	8%	105	9%	5	8%	1	5%
Stabilize Intact Family	213	6%	185	7%	78	6%	5	8%	-	-
Permanent Care with Kin	118	3%	88	3%	36	3%	7	11%	-	-
APPLA	144	4%	135	5%	73	6%	3	5%	2	10%
Unspecified as of report run date	35	1%	24	1%	15	1%	-	-	-	-
<b>Children in Placement Fiscal Year End</b>	<b>3,377</b>	<b>100%</b>	<b>2,688</b>	<b>100%</b>	<b>1,205</b>	<b>100%</b>	<b>66</b>	<b>100%</b>	<b>20</b>	<b>100%</b>

<sup>(1)</sup> All races exclude children of Hispanic/Latinx origin. \*Less than 1% after rounding.

**FIGURE 15a. Plans Meeting Federal Permanency Standard**





## Permanency Plan Distribution for Young Adults (18 & older) in Placement

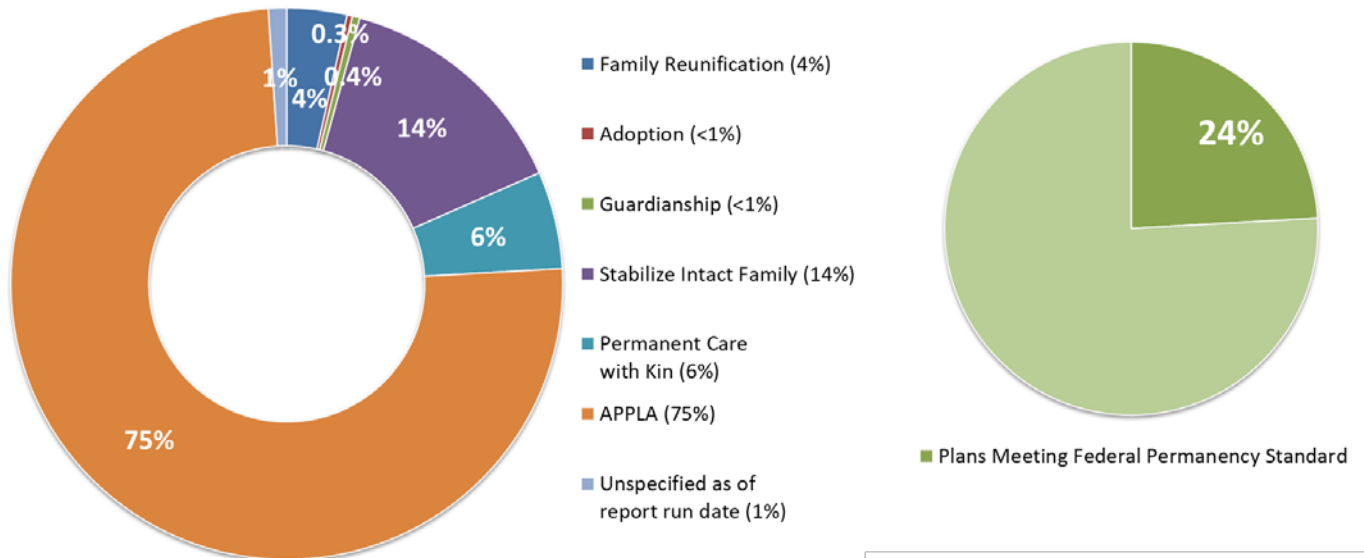
Table 15b shows that 24% (384) of young adults (18 & older) who were in placement at the end of FY2020 had a permanency plan goal that met the federal standard for permanency (i.e., excludes APPLA and unspecified).

**TABLE 15b. Permanency Plan for Young Adults (18 & Older)**

	FY2016		FY2017		FY2018		FY2019		FY2020	
Family Reunification	41	2%	56	3%	71	5%	59	4%	56	4%
Adoption	7	*	6	*	3	*	8	*	5	*
Guardianship	16	1%	10	1%	9	1%	7	*	7	*
Stabilize Intact Family	36	2%	212	13%	297	20%	292	19%	225	14%
Permanent Care with Kin	91	5%	71	4%	57	4%	58	4%	91	6%
APPLA	1,422	84%	1,201	75%	1,050	69%	1,052	69%	1,191	75%
Unspecified as of report run date	72	4%	56	4%	27	2%	43	3%	17	1%
<b>Young Adults (18 &amp; &gt;) in Placement Fiscal Year End</b>	<b>1,685</b>	<b>100%</b>	<b>1,612</b>	<b>100%</b>	<b>1,514</b>	<b>100%</b>	<b>1,519</b>	<b>100%</b>	<b>1,592</b>	<b>100%</b>

\*Less than 1% after rounding.

**FIGURE 15b. Permanency Plan for Young Adults (18 & >) FY2020**



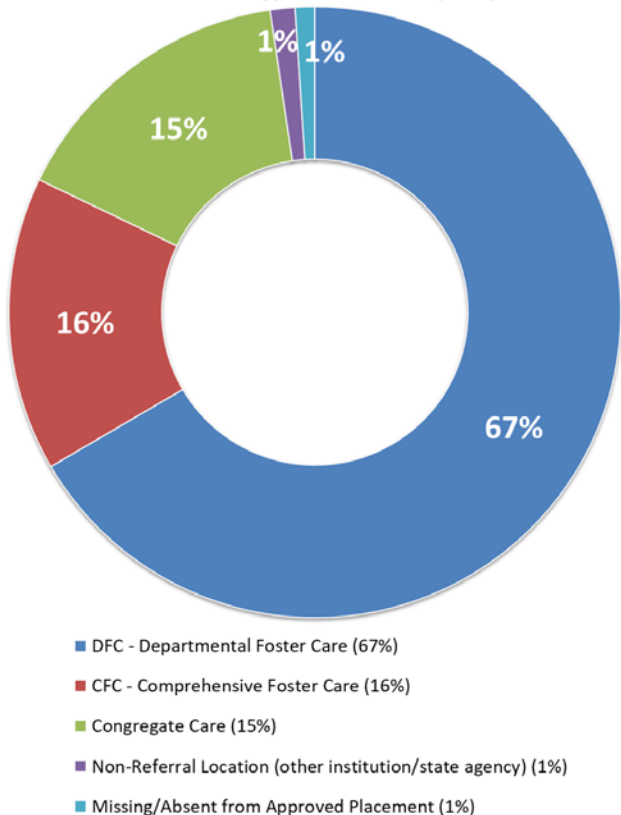
• **Children and Young Adults by Placement Type FY2020**

Table/Figure 16 reveal that at the end of FY2020, 82.1% of placed children (0-17) were living in family-type settings: Departmental Foster Care (DFC) or Comprehensive Foster Care (CFC). Recognizing that children experience greater emotional and placement stability when safely placed with kin (i.e., kinship and child specific foster parents), DCF has prioritized kin placement. Accordingly, Figure 16a shows that 57.2% of children (0-17) placed in DFC foster homes were placed with kin. The overall kinship placement rate (Figure 16b) for all children (0-17) in out-of-home placement (of any type) was 38.1%.

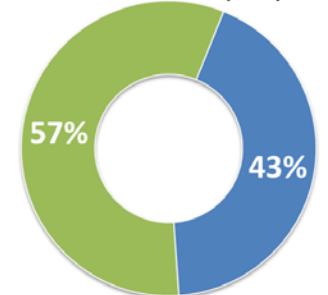
Placement Type	Children (0-17)		Young Adults (18 & Older)	
	Count	%	Count	%
Departmental Foster Care (DFC) – Kinship	2,593	31%	71	4%
Departmental Foster Care (DFC) – Child Specific	610	7%	66	4%
Departmental Foster Care (DFC) – Unrestricted	1,880	22%	73	5%
Departmental Foster Care (DFC) – Pre-adoptive	515	6%	1	*
Departmental Foster Care (DFC) – Independent Living	3	*	737	46%
Comprehensive Foster Care (CFC) – Contracted	1,310	16%	157	10%
Congregate Care – Group Home	653	8%	345	22%
Congregate Care – Continuum	16	*	1	*
Congregate Care – Residential School	428	5%	91	6%
Congregate Care – STARR (short-term residential)	201	2%	4	*
Congregate Care – Teen Parenting	8	*	15	1%
Non-Referral Location (e.g., hospital, other state agency)	110	1%	18	1%
Missing/Absent from Approved Placement	87	1%	13	1%
<b>Total in Placement Fiscal Year End</b>	<b>8,414</b>	<b>100%</b>	<b>1,592</b>	<b>100%</b>

\*Less than 1% after rounding.

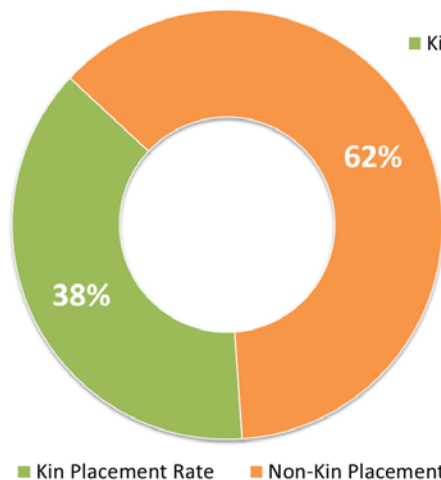
**FIGURE 16. Placement Type for Children (0-17)**



**FIGURE 16a. Kin Placement as a % of DFC for Children (0-17)**



**FIGURE 16b. Kin Placement as a % of ALL Placed Children (0-17)**



• **Children (0-17) Five-year Distribution by Placement Type**

Table 16c shows that the utilization of Departmental and Comprehensive Foster Care placement compared to Congregate Care has been relatively stable within the past five years.

**TABLE 16c. Placement Type 5-Year**

	FY2016		FY2017		FY2018		FY2019		FY2020	
Departmental Foster Care (DFC) – Kinship	2,885	30%	2,891	30%	2,801	29%	2,565	29%	2,593	31%
Departmental Foster Care (DFC) – Child Specific	562	6%	626	7%	668	7%	633	7%	610	7%
Departmental Foster Care (DFC) – Unrestricted	2,201	23%	2,184	23%	2,277	24%	1,995	23%	1,880	22%
Departmental Foster Care (DFC) – Pre-adoptive	487	5%	524	5%	481	5%	503	6%	515	6%
Departmental Foster Care (DFC) – Indep. Living	4	*	4	*	5	*	3	*	3	*
Comprehensive Foster Care (CFC) – Contracted	1,461	15%	1,415	15%	1,465	15%	1,369	16%	1,310	16%
Congregate Care – Group Home	812	8%	816	9%	817	8%	703	8%	653	8%
Congregate Care – Continuum	23	*	24	*	14	*	14	*	16	*
Congregate Care – Residential School	433	4%	464	5%	450	5%	440	5%	428	5%
Congregate Care – STARR (short-term residential)	439	5%	380	4%	380	4%	330	4%	201	2%
Congregate Care – Teen Parenting	21	*	16	*	17	*	11	*	8	*
Non-Referral Location (e.g., hospital, state agency)	167	2%	140	1%	139	1%	139	2%	110	1%
Missing/Absent from Approved Placement	160	2%	113	1%	117	1%	104	1%	87	1%
<b>Total in Placement Fiscal Year End</b>	<b>9,655</b>	<b>100%</b>	<b>9,597</b>	<b>100%</b>	<b>9,631</b>	<b>100%</b>	<b>8,809</b>	<b>100%</b>	<b>8,414</b>	<b>100%</b>

\*Less than 1% after rounding.

• **Children (0-17) Racial/Ethnic Distribution by Placement Type FY2020**

Table 16d presents the racial/ethnic distribution for children (0-17) by placement type at end of FY2020.

**TABLE 16d. Placement Type Race/Ethnicity FY2020**

	White		Hispanic /Latinx		Black		Asian		Native American	
Departmental Foster Care (DFC) – Kinship	1,164	34%	735	27%	331	27%	25	38%	2	10%
Departmental Foster Care (DFC) – Child Specific	241	7%	221	8%	66	5%	2	3%	-	-
Departmental Foster Care (DFC) – Unrestricted	727	22%	605	23%	270	22%	15	23%	3	15%
Departmental Foster Care (DFC) – Pre-adoptive	219	6%	160	6%	72	6%	1	2%	5	25%
Departmental Foster Care (DFC) – Indep. Living	-	-	2	*	-	-	-	-	-	-
Comprehensive Foster Care (CFC) – Contracted	441	13%	482	18%	206	17%	7	11%	4	20%
Congregate Care – Group Home	261	8%	190	7%	112	9%	7	11%	1	5%
Congregate Care – Continuum	6	-	5	*	2	*	1	2%	-	-
Congregate Care – Residential School	169	5%	138	5%	74	6%	6	9%	1	5%
Congregate Care – STARR (short-term residential)	89	3%	63	2%	31	3%	-	-	3	15%
Congregate Care – Teen Parenting	3	-	4	*	1	*	-	-	-	-
Non-Referral Location (e.g., hospital, state agency)	36	1%	45	2%	22	2%	1	2%	-	-
Missing/Absent from Approved Placement	21	1%	38	1%	18	1%	1	2%	1	5%
<b>Total in Placement Fiscal Year End</b>	<b>3,377</b>	<b>100%</b>	<b>2,688</b>	<b>100%</b>	<b>1,205</b>	<b>100%</b>	<b>66</b>	<b>100%</b>	<b>20</b>	<b>100%</b>

**FIGURE 16d. Kin Placement as a Percent of All Placed Children (0-17)**

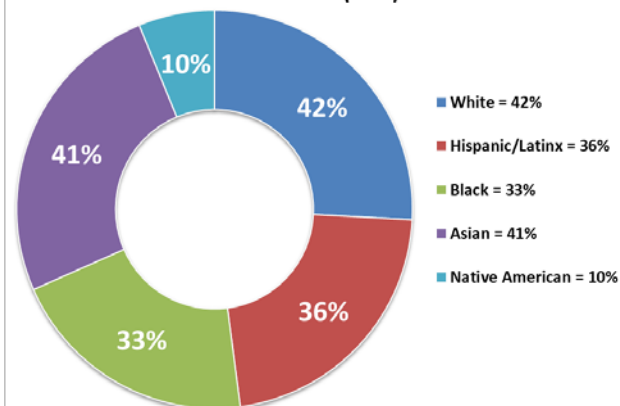


Figure 16d presents kin placement by race/ethnicity.

• **Sibling Placements**

Recognizing that co-location of siblings is generally best for child well-being, DCF keeps siblings together whenever possible. Table 17 and Figures 17a-b show that the sibling placement rate increased by 5.2% between FY2018 and FY2020.

**TABLE 17. Sibling Placement Rates**

	FY2016	FY2017	FY2018	FY2019	FY2020
Cases with 2 or More Siblings in DFC Placement (denominator)	1,350	1,383	1,381	1,256	1,232
Cases with 2 or More Siblings in Same DFC Home (numerator)	1,031	1,054	1,024	964	961
<b>2 or more Sibling Placement Rate Fiscal Year End</b>	<b>76%</b>	<b>76%</b>	<b>74%</b>	<b>77%</b>	<b>78%</b>
Cases with all Siblings in Same DFC Home (numerator)	836	824	772	760	762
<b>ALL DFC Placed Sibling Placement Rate Fiscal Year End</b>	<b>62%</b>	<b>60%</b>	<b>56%</b>	<b>61%</b>	<b>62%</b>

FIGURE 17a. 2+ Sibling Rate

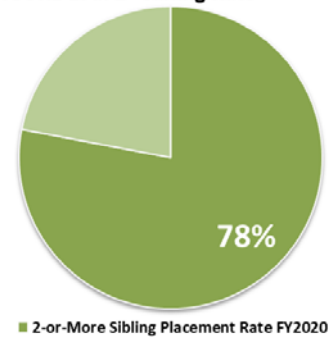
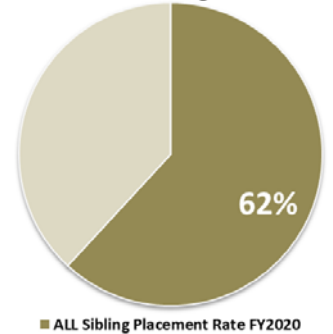


FIGURE 17b. All Sibling Rate



• **Continuous Time in Placement**

The period between the start and end of DCF placement custody is known as a *Home Removal Episode (HRE)*. *Continuous Time in Placement* is a federal measure defined as the timespan between the start and end of an HRE. Table 18 and Figures 18a-b-c reveal that at the end of FY2020, 62.4% of children (0-17) had a continuous time in out-of-home placement of two years or less.

**TABLE 18. Continuous Time in Placement**

	FY2016	FY2017	FY2018	FY2019	FY2020
0.5 years or less	2,497	2,352	2,367	2,088	1,643
> 0.5 years to 1 year	1,916	1,695	1,638	1,434	1,553
> 1 year to 2 years	2,329	2,404	2,343	2,131	2,051
> 2 years to 4 years	2,103	2,250	2,269	2,081	2,042
> 4 years	810	896	1,014	1,075	1,125
<b>Total Children (0-17) in Placement Fiscal Year End</b>	<b>9,655</b>	<b>9,597</b>	<b>9,631</b>	<b>8,809</b>	<b>8,414</b>

FIGURE 18b. FY2020

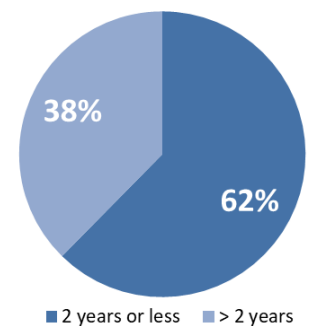


FIGURE 18c. FY2016-20

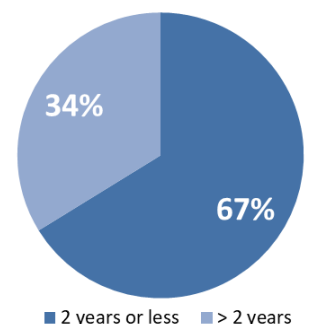
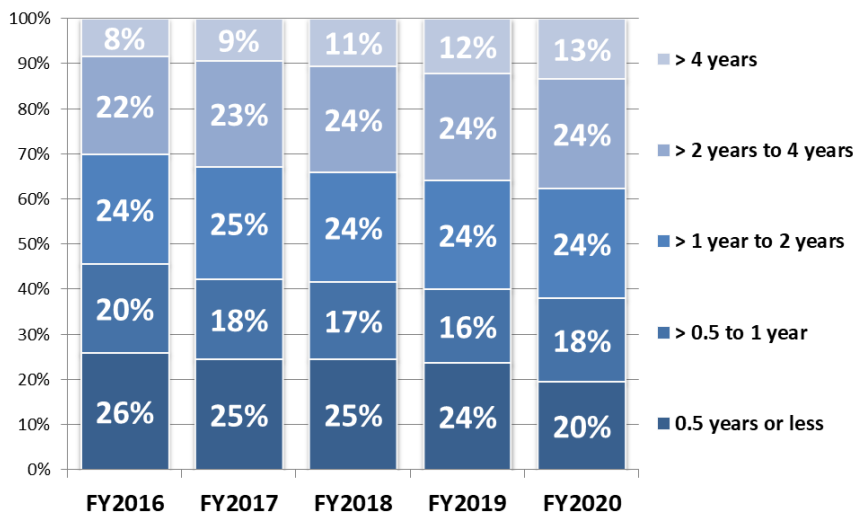


FIGURE 18a. Continuous Time in Placement for Consumer Children (0-17)



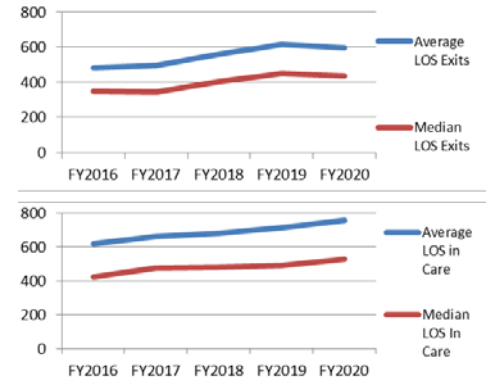
- **Placement Length-of-Stay**

Table/Figure 19 present the annual average/median *Placement Length-of-Stay* (LOS) in days for children who exited care (closed HRE) as well as for children who were in out-of-home care (open HRE) on the last day of the fiscal year.

**TABLE 19. Placement Length-of-Stay**<sup>(1)</sup> FY2016 FY2017 FY2018 FY2019 FY2020

	FY2016	FY2017	FY2018	FY2019	FY2020
Average LOS Days for Children Exiting Care by FY End	483.2	495.4	561.9	614.3	599.3
Average LOS in Months	15.9	16.3	18.5	20.2	19.7
Median LOS Days for Children Exiting Care by FY End	349	344	404	450	435
Median LOS in Months	11.5	11.3	13.3	14.8	14.3
<hr/>					
Average LOS Days for Children in Care at FY End	620.4	660.6	682.2	715.7	760.1
Average LOS in Months	20.4	21.7	22.4	23.5	25.0
Median LOS Days for Children in Care at FY End	422	476	480	493	531
Median LOS in Months	13.9	15.6	15.8	16.2	17.5

<sup>(1)</sup> Length-of-stay values exclude youth who turned 18 on or before their discharge from care and those who turned 18 before the end of the fiscal year and remained in care.



#### IV. PLACEMENT STABILITY

Children in placement may experience one or more moves during an HRE. Placement instability is generally disruptive to a child’s emotional, social, and academic well-being. Placement instability also tends to increase the time to permanency (i.e., reunification, adoption, guardianship, and permanent care with kin).

- **Placement Stability for Children (0-17) in Placement for Less than 12 Months**

Table/Figure 20 show that, of all the children (0-17) served in a placement setting during FY2020 who were in placement for at least 8 days but less than 12 months, 76.4%, had two or fewer placement settings.

**TABLE 20. Placement Stability for Children (0-17) in Placement Less Than 12 months**

	FY2016	FY2017	FY2018	FY2019	FY2020
Children in Placement < 12 Months (denominator)	7,299	6,957	6,523	5,947	5,422
Children with 2 or Fewer Placements (numerator)	5,164	4,786	4,436	4,248	4,145
<b>CFSR2 Measure 4.1: Of all children who were served in placement during the 12-month period ending with the Fiscal Year, and who were in placement for at least 8 days but less than 12 months, what percent had two or fewer placement settings?</b>	<b>70.7%</b>	<b>68.8%</b>	<b>68.0%</b>	<b>71.4%</b>	<b>76.4%</b>

*National median: 83.3%, 75th percentile: 86.0% (higher score is preferable)*

**FIGURE 20. Children (0-17) in Placement Less Than 12 Months and % with Two or Fewer Placement Settings**



- **Placement Moves per 1,000 Placement Days for Children (0-17) In Care for Less than 12 Months**

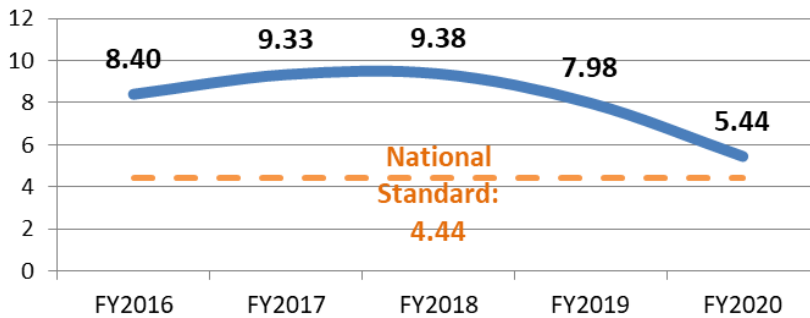
Table/Figure 21 show the number and rate per 1,000 placement days for children (0-17) who entered care during the specified fiscal year. Of note, placement stability improved by 42.0% in FY2020, relative to FY2018.

**TABLE 21. Placement Moves per 1,000 Placement Days**

	FY2016	FY2017	FY2018	FY2019	FY2020
Total Number of Placement Days (denominator)	984,348	869,853	835,178	773,794	776,249
Total Number of Placement Moves (numerator)	8,269	8,120	7,831	6,175	4,225
<b>CFSR3 Placement Stability: Of all children (0-17) who enter foster care in a 12-month period, what is the rate of placement moves per 1,000 days of foster care?</b>	<b>8.40</b>	<b>9.33</b>	<b>9.38</b>	<b>7.98</b>	<b>5.44</b>

*National Standard: 4.44 (lower score is preferable)*

**FIGURE 21: Placement Moves per 1K Placement Days**



**V. PLACEMENT ENTRIES/RE-ENTRIES INTO CARE FOR CHILDREN (0-17)**

As found in Table/Figure 22, 4,831 unique children (0-17) entered out-of-home care during FY2020. Of these, 3,620 (74.9%) were new entries who had never been in DCF out-of-home care prior to FY2020. The remaining 1,211 unique children had prior HREs, of which:

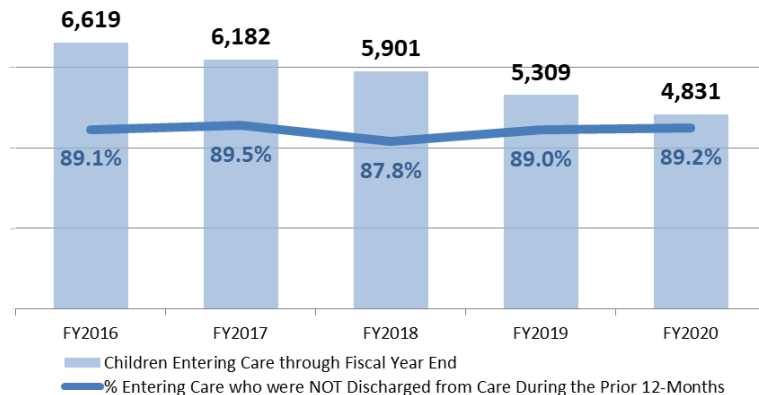
- More than half, 690 (57.0%) re-entered care more than 12 months after their most recent HRE
- Less than half, 521 (43.0%) re-entered care within 12 months of their most recent HRE

**TABLE 22. Children (0-17) Entering Care**

	FY2016	FY2017	FY2018	FY2019	FY2020
<b>Children Entering Care through Fiscal Year End (denominator)</b>	<b>6,619</b>	<b>6,182</b>	<b>5,901</b>	<b>5,309</b>	<b>4,831</b>
First Time Entry into Care (numerator)	5,113	4,744	4,421	4,003	3,620
Re-Entry in More than 12 Months (numerator)	786	791	762	724	690
Re-Entry Within 12 Months	720	647	718	582	521
<b>% of Children Entering Care who were NOT Discharged from Care During the Prior 12 Months.<sup>(1)</sup></b>	<b>89.1%</b>	<b>89.5%</b>	<b>87.8%</b>	<b>89.0%</b>	<b>89.2%</b>

<sup>(1)</sup> Higher score is preferable.

**FIGURE 22. Children Entering Care and % NOT Discharged from Care during Prior 12 Months**



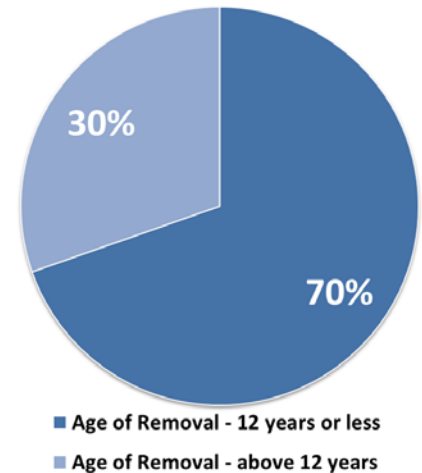
## VI. PLACEMENT EXITS

### • Exits from Care for Children (0-17)

Table/Figure 23 show that there were 5,231 exits from out-of-home placement. Of these 5,231 exits, 69.6% (3,643) were children who entered out-of-home care at 12 years of age or younger.

	FY2016	FY2017	FY2018	FY2019	FY2020
Age of Removal – 12-years or less	3,727	4,016	4,053	4,121	3,643
Age of Removal – above 12-years	1,915	1,906	1,757	1,715	1,588
<b>ALL Exits from Care</b>	<b>5,642</b>	<b>5,922</b>	<b>5,810</b>	<b>5,836</b>	<b>5,231</b>

FIGURE 23. Age of Removal - FY2020 Exits



### • Exit Reasons for Children (0-17) that Exited from Care

When children enter DCF out-of-home care, concerted efforts are made to safely achieve permanency through reunification, adoption, and guardianship. Tables/Figures 23a-b reveal that 86.1% of children that exited out-of-home care in FY2020 achieved permanency.

TABLE 23a. Care Exit Reasons:

Age of Removal - ALL	FY2016	FY2017	FY2018	FY2019	FY2020
Reunification – permanency	66.9%	65.9%	62.4%	60.1%	61.9%
Adoption – permanency	11.5%	11.0%	13.4%	16.0%	16.2%
Guardianship – permanency	6.4%	8.4%	10.1%	10.2%	8.0%
Transfer to Other Agency	.1%	.2%	.2%	.1%	.1%
Emancipation	14.9%	14.4%	13.8%	13.5%	13.6%
Death of Child – all causes	.1%	.1%	.1%	.1%	.1%
<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

FIGURE 23a. Exits by Permanency Type

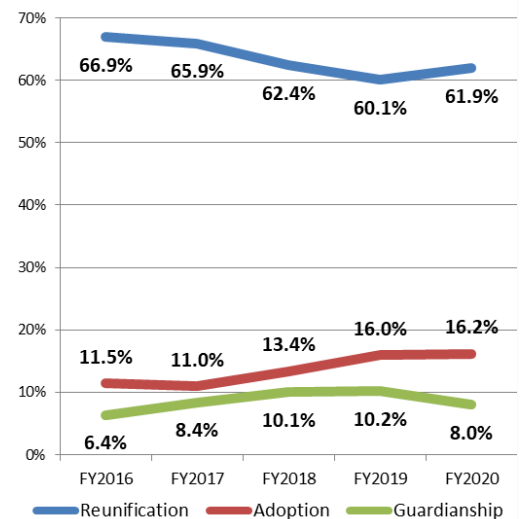


FIGURE 23b. Exits to Permanency

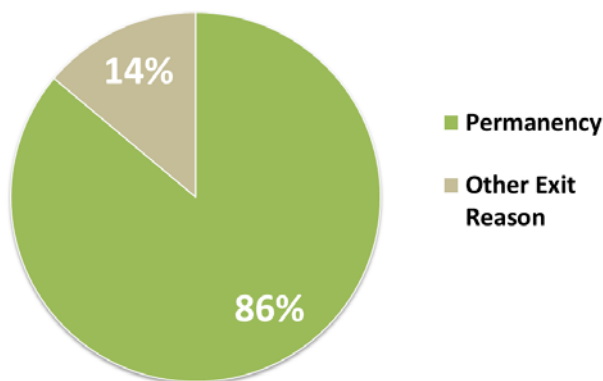


TABLE 23b. Care Exit Reasons:

Age of Removal	FY2016		FY2017		FY2018		FY2019		FY2020	
	12 or Less	Above 12	12 or Less	Above 12	12 or Less	Above 12	12 or Less	Above 12	12 or Less	Above 12
Reunification	70.1%	60.6%	69.4%	58.4%	64.0%	58.9%	61.5%	56.9%	63.5%	58.2%
Adoption	17.3%	0.2%	16.2%	0.2%	19.1%	0.4%	22.6%	0.2%	23.2%	0.3%
Guardianship	8.6%	2.0%	11.0%	2.8%	13.4%	2.4%	13.0%	3.5%	10.0%	3.2%
ALL OTHER EXIT REASONS	4.0%	37.2%	3.4%	38.6%	3.5%	38.3%	2.9%	39.4%	3.3%	38.3%



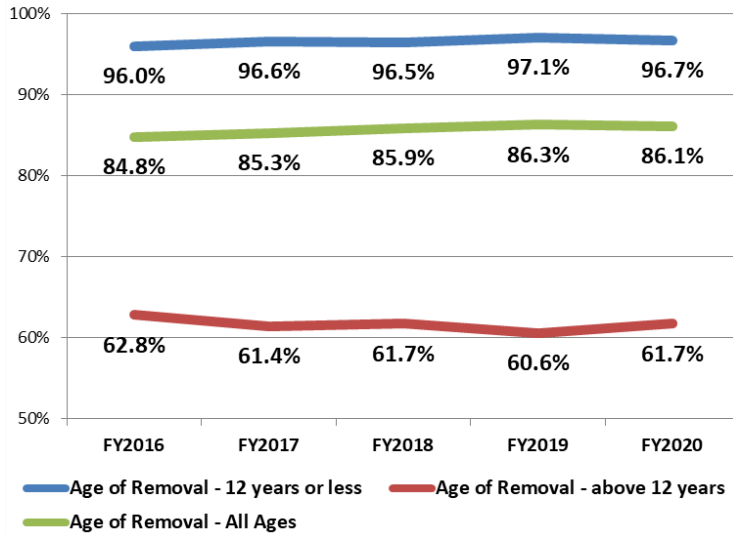
- Exit Reasons for Children (0-17) Who Exited from Care by Age of Removal

**TABLE 23c. Exits to Permanency:**

Reunification/Adoption/Guardianship	FY2016	FY2017	FY2018	FY2019	FY2020
Age of Removal –12 years or less	96.0%	96.6%	96.5%	97.1%	96.7%
Age of Removal – above 12 years	62.8%	61.4%	61.7%	60.6%	61.7%
<b>Age of Removal – All Ages</b>	<b>84.8%</b>	<b>85.3%</b>	<b>85.9%</b>	<b>86.3%</b>	<b>86.1%</b>

Higher score is preferable.

**FIGURE 23c. Permanency by Age of Removal**



While 86.1% of children (0-17) that exited out-of-home care in FY2020 exited to permanency, Table/Figure 23c show that children who entered care at age 12 years or less achieved permanency at a higher rate (96.7%) than children who entered out-of-home care at age 13 or older (61.7%). Further, Table 23b (p.17) reveals that children age 13 or older at the time of entry into care were less likely to exit to adoption or guardianship, than children entering care at age 12 years or less.

- Exits from Care by Race/Ethnicity

Table 24 compares placement exits from care and reunification by race/ethnicity.

**TABLE 24. Exits from Care by Race/Ethnicity – Rate-of-Disproportionality FY2020<sup>(1)</sup>**

	Children (0-17) in Placement Start of FY2020		Children (0-17) Exiting in FY2020		RoD	Children (0-17) Reunified	
White	3,582	41%	2,152	41%	1.0	1,259	59%
Hispanic/Latinx (of any race)	2,692	31%	1,684	32%	1.1	1,117	66%
Black	1,273	14%	735	14%	1.0	476	65%
Asian	70	0.8%	57	1%	1.4	41	72%
Native American	23	0.3%	7	0.1%	0.5	3	43%
Pacific Islander	-	-	-	-	-	-	-
Multi-Racial (two or more races)	827	9%	424	8%	0.9	220	52%
Unable to Determine/Declined	340	4%	171	3%	0.8	120	70%
Missing	2	*	1	*	-	1	100%
<b>Total Fiscal Year End</b>	<b>8,809</b>	<b>100%</b>	<b>5,231</b>	<b>100%</b>		<b>3,237</b>	<b>62%</b>

<sup>(1)</sup> All races exclude children of Hispanic/Latinx origin.

\*Less than 0.1% after rounding.



## VII. CHILD MALTREATMENT

DCF is committed to protecting children. The Department looks into allegations of abuse and neglect reported by professionals and the public. When a case is opened, DCF connects families with services in the community and works with them to make sure children can grow and thrive in a safe, stable home.

When DCF receives a report of abuse and/or neglect, called a 51A report, from either a mandated reporter or another concerned citizen, DCF is required to evaluate the allegations and determine the safety of the children. Some families come to the attention of the Department outside the 51A process: Children Requiring Assistance (CRA) cases referred by the Juvenile Court, cases referred by the Probate and Family Court, babies surrendered under the Safe Haven Act, and voluntary requests for services by a parent/family. These cases are generally referred directly for Family Assessment and Action Planning and do not follow the protective intake protocol.

### **Defining Terms**

#### ***Child Abuse***

This definition is not dependent upon location. Abuse can occur while the child is in an out-of-home or in-home setting.

- The non-accidental commission of any act by a caregiver which causes or creates a substantial risk of physical or emotional injury or sexual abuse of a child.
- The victimization of a child through sexual exploitation or human trafficking, regardless if the person responsible is a caregiver.

#### ***Child Neglect***

Failure by a caregiver, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability, and growth or other essential care, including malnutrition or failure to thrive; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition.

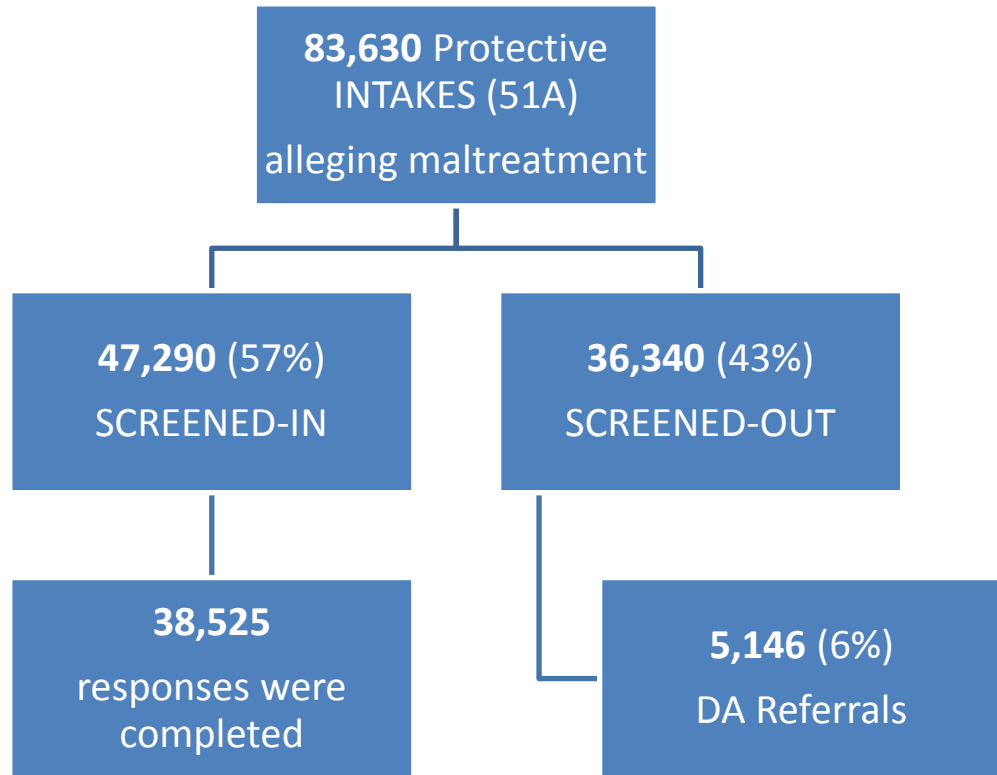
#### ***Caregiver***

- A child's parent, stepparent, guardian, or any household member entrusted with the responsibility for a child's health or welfare
- Any other person entrusted with responsibility for a child's welfare, whether in the child's home, a relative's home, a school setting, a childcare setting (including babysitting), a foster home, a group care facility, or any other comparable setting. As such "caregiver" includes, but is not limited to:
  - School teachers
  - Babysitters
  - School bus drivers
  - Camp counselors

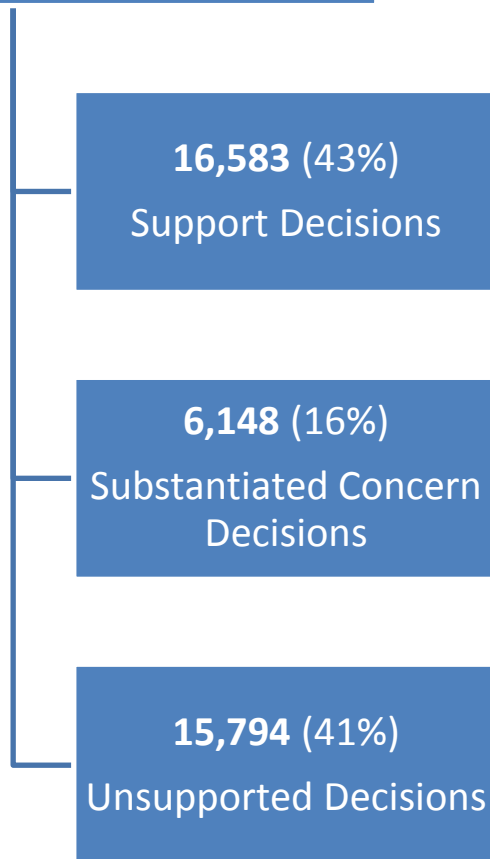
The "caregiver" definition should be construed broadly and inclusively to encompass any person who at the time in question is entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is him/herself a child such as a babysitter under age 18.

- Protective Intake (51A) Statistics at a Glance FY2020

Protective Intakes



Response Determinations



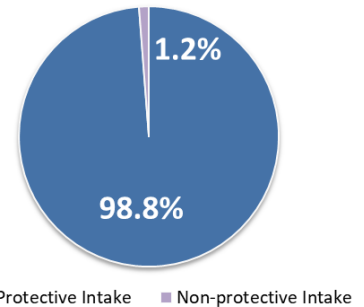
- **Intake Distribution**

Table 25 and Figures 25a-b present the DCF intake distribution for protective and non-protective intakes. Protective intakes decreased during the COVID-19 pandemic. In FY2020, DCF received 84,664 intakes, of which 98.8% (83,630) came to the attention of the Department through the 51A report process. Safe Haven, voluntary, Child Requiring Assistance (CRA) petitions, and court referrals accounted for 1.2% (1,034) of all FY2020 intakes.

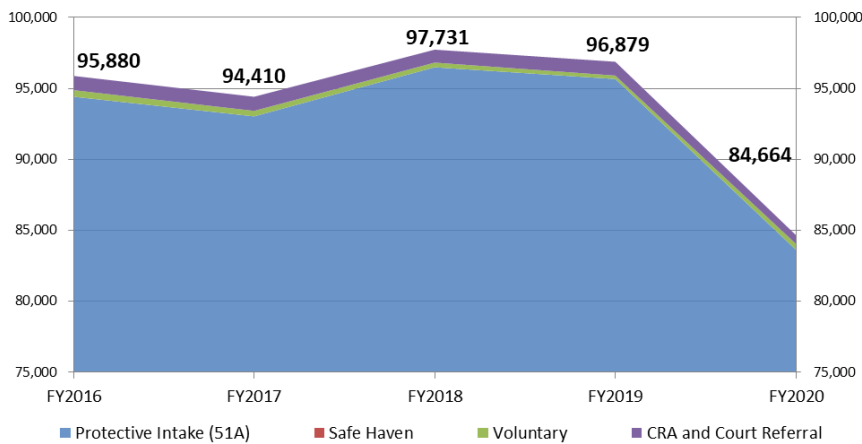
**TABLE 25. Intake Distribution**

	FY2016	FY2017	FY2018	FY2019	FY2020
Protective Intakes (51As)	94,412	93,029	96,487	95,661	83,630
Safe Haven	3	2	2	-	2
Voluntary	461	384	329	244	417
CRA and Court Referral	1,004	995	913	974	615
<b>Intake Distribution FY End</b>	<b>95,880</b>	<b>94,410</b>	<b>97,731</b>	<b>96,879</b>	<b>84,664</b>

**FIGURE 25a. FY2020 Intake Distribution**



**FIGURE 25b. Intake Distribution**



- **Protective Intakes (51A reports)**

Upon receiving a report of abuse and/or neglect (51A), the Department must first gather sufficient information to determine whether the allegation meets DCF’s criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted and how best to target the Department’s initial response.

The Department begins its screening process immediately upon receipt of a report. During the screening process DCF obtains information from the person filing the report and also contacts professionals involved with the family, such as doctors or teachers who may be able to provide information about the child’s condition. DCF may also contact the family if appropriate.

If the report is “screened-in,” it is assigned for a Child Protective Services (CPS) Response to determine whether there is “reasonable cause to believe” that a child has been abused and/or neglected. “Screened-in” reports may require an immediate five-day emergency response, or a non-emergency response. Some 51A reports may not meet DCF’s criteria for suspected abuse and/or neglect and are “screened-out.”

If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or

neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges. A “screened-out” report may also be referred to the district attorney (e.g., the report did not involve a child or the allegations are not within the Department’s mandate concerning child abuse and neglect, and/or alleged perpetrator has been identified and was not a caregiver).

**Timeframes for completing a 51A Screening:**

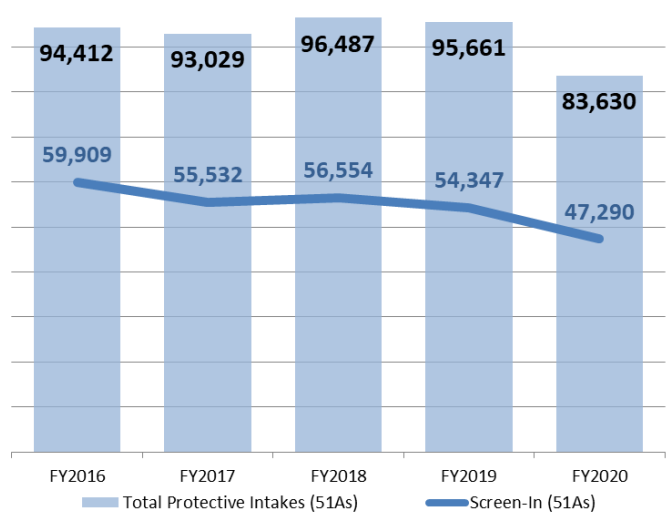
- **Screening:** Begins immediately for all reports.
  - Screening for an emergency response is to be completed within two hours
  - Screening for a non-emergency response is to be completed within one business day, but may be extended for one additional business day in limited circumstances

• **Protective Intakes (51As) – Screening and District Attorney (DA) Referral Rates**

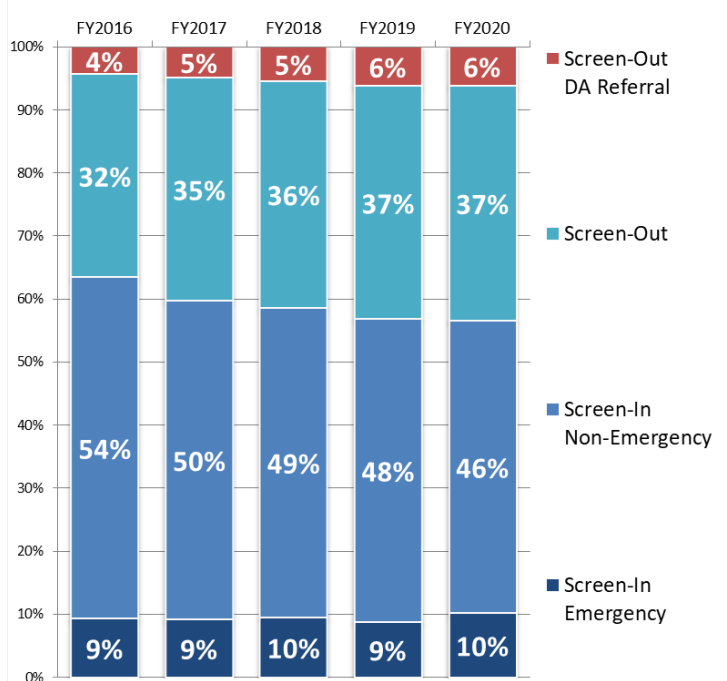
Corresponding to a decrease in reporting by mandated reporters (e.g., school personnel) during the COVID-19 pandemic, Table 26 and Figures 26a-b reflect a 12.6% (12,031) decrease in protective intakes in FY2020 relative to FY2019.

	FY2016	FY2017	FY2018	FY2019	FY2020
Screen-In Emergency	8,759	8,560	9,168	8,399	8,502
Screen-in Non-Emergency	51,150	46,972	47,386	45,948	38,788
Screen-Out	30,378	32,964	34,688	35,315	31,194
Screen-Out DA Referral	4,125	4,533	5,245	5,999	5,146
<b>Protective Intakes (51As) Fiscal Year End</b>	<b>94,412</b>	<b>93,029</b>	<b>96,487</b>	<b>95,661</b>	<b>83,630</b>

**FIGURE 26a. Screened-In 51a Intakes**



**FIGURE 26b. Screening and DA Referral Rates**



- **Protective Responses (51Bs)**

“Screened-in” 51A reports are assigned for a Child Protective Services (CPS) Response (51B) to determine whether there is “reasonable cause to believe” that a child has been abused and/or neglected. “Reasonable cause to believe” means a collection of facts, knowledge, or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of the persons providing the information, would lead a reasonable person to conclude that a child has been abused or neglected. The response includes an investigation of the validity of the allegation(s) received; a determination of current danger and future risk to the child; and an assessment of the capacity of the parent(s)/caregiver(s) to provide for the safety, permanency and well-being of their child.

**At the conclusion of the CPS Response, a determination is made as to whether the report is:**

- **Unsupported** – There is not “reasonable cause to believe” that the child was abused and/or neglected or that the child’s safety or well-being was compromised.
- **Supported** – There is “reasonable cause to believe” the child was abused and/or neglected; the actions or inactions by the parent(s)/caregiver(s) place the child in danger or pose substantial risk to the child’s safety or well-being; or the person was responsible for the child being a victim of sexual exploitation or human trafficking.
- **Substantiated Concern** – There is “reasonable cause to believe” that the child was neglected and the actions or inactions by the parent(s)/ caregiver(s) create the potential for abuse and/or neglect, but there is no immediate danger to the child’s safety or well-being. DCF also determines whether Department intervention is needed to safeguard the safety and well-being of the children in the home. If DCF involvement continues, a Family Assessment and Action Plan is developed with the family.

**Timeframes for completing a CPS Response:**

- **Emergency response** – Must begin within two hours and be completed within five business days of the report.
- **Non-emergency response** – Must begin within two business days and be completed within 15 business days of the report.

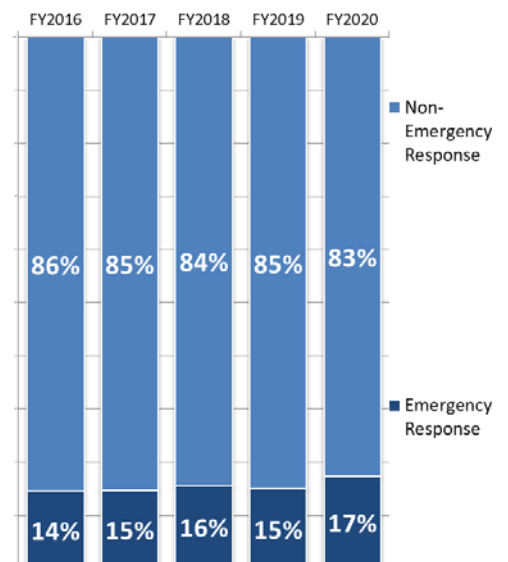
- **Protective Responses (51Bs) – Emergency/Non-Emergency**

Table/Figure 27 show response type for 51A reports.

	FY2016	FY2017	FY2018	FY2019	FY2020
Emergency Response	6,866	6,761	7,165	6,570	6,652
Non-Emergency Response <sup>(1)</sup>	40,999	39,665	38,859	37,711	31,873
<b>Protective Responses FY End</b>	<b>47,865</b>	<b>46,426</b>	<b>46,024</b>	<b>44,281</b>	<b>38,525</b>

<sup>(1)</sup> Non-Emergency Responses include Initial Assessments for F2016 (5,894).

**FIGURE 27. Response Type**



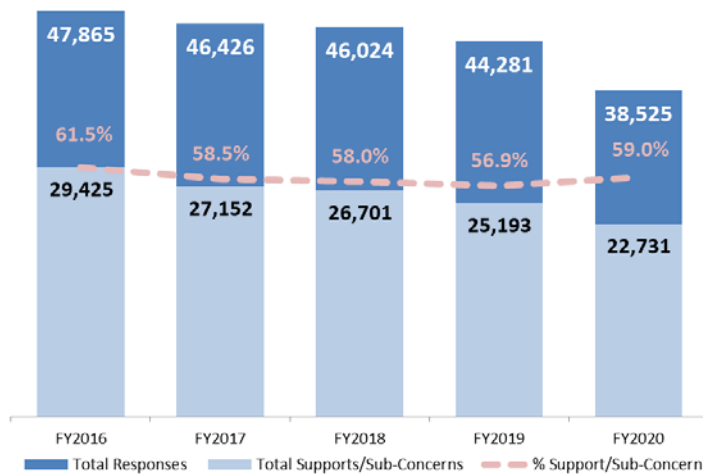
- **Protective Responses (51Bs) – Determinations**

Table/Figure 28 show a 58.8% average combined support/substantiated-concern rate over the five-year time span of FY2016-20.

**TABLE 28. Protective Responses Support/Concern Counts**

	FY2016		FY2017		FY2018		FY2019		FY2020	
Investigation – Support Decision	24,272	57.8%	18,889	40.7%	18,573	40.4%	17,952	40.5%	16,583	43.0%
Investigation – Substantiated Concern	2,336	5.6%	8,263	17.8%	8,128	17.7%	7,241	16.4%	6,148	16.0%
Initial Assessment – Concern Finding	2,817	47.8%	-	-	-	-	-	-	-	-
<b>Total Supported/Substantiated-Concern</b>	<b>29,425</b>	<b>61.5%</b>	<b>27,152</b>	<b>58.5%</b>	<b>26,701</b>	<b>58.0%</b>	<b>25,193</b>	<b>56.9%</b>	<b>22,731</b>	<b>59.0%</b>

**FIGURE 28. Response Determinations**



- **Protective Responses (51Bs) – Timeliness of Responses**

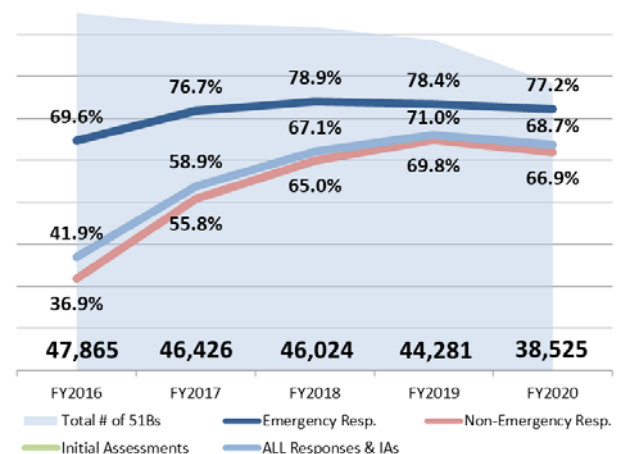
Table/Figure 29 reveal a 63.9% improvement in timeliness of responses between FY2016 (41.9%) and FY2020 (68.7%).

**TABLE 29. Timeliness of Responses**

	FY2016	FY2017	FY2018	FY2019	FY2020
Emergency Response	69.6%	76.7%	78.9%	78.4%	77.2%
Non-Emergency Response	36.9%	55.8%	65.0%	69.8%	66.9%
Initial Assessments	39.6%	-	-	-	-
<b>Timeliness of ALL Responses</b>	<b>41.9%</b>	<b>58.9%</b>	<b>67.1%</b>	<b>71.0%</b>	<b>68.7%</b>

*Higher score is preferable.*

**FIGURE 29. Timeliness of Response**



- **Protective Intakes (51As), Responses (51Bs), and Child Victims – Allegations**

**TABLE 29a. Count of Approved Intakes (51As) and Allegations** FY2020 %

	FY2020	%
Neglect	63,101	75.5%
Physical Abuse	16,978	20.3%
Sexual Abuse	8,280	9.9%
Human Trafficking-Labor	11	*
Human Trafficking-Sexually Exploited Child	1,164	1.4%
Neglect-Death	72	0.1%
Neglect-Substance Exposed Newborn (SEN)	2,162	2.6%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	78	0.1%
Physical Abuse-Death	8	*
Invalid Allegation	834	1.0%
<b>Total 51A Reports<sup>(1)</sup></b>	<b>83,630</b>	<b>100%</b>

As evidenced in Table 29a, 75.5% of the 83,630 reports of child maltreatment included an allegation of neglect. Physical abuse was evident in 20.3% of reports, sexual abuse in 9.9%, and SEN/SEN-NAS in 2.7%.

<sup>(1)</sup> An Intake (51A) may include one-or-more allegations.

\*Less than 0.1% after rounding.

**TABLE 29b. Count of Supported Responses (51Bs) and Allegations** FY2020 %

	FY2020	%
Neglect	14,345	86.5%
Physical Abuse	1,638	9.9%
Sexual Abuse	688	4.1%
Human Trafficking-Labor	-	-
Human Trafficking-Sexually Exploited Child	309	1.9%
Neglect-Death	16	0.1%
Neglect-Substance Exposed Newborn (SEN)	1,057	6.4%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	64	0.4%
Physical Abuse-Death	2	*
Invalid Allegation	-	-
<b>Total Supported 51B Responses<sup>(2)</sup></b>	<b>16,583</b>	<b>100%</b>

Table 29b reveals that 86.5% of the 16,583 supported responses included a finding of neglect. Physical abuse was evident in 9.9% of the supported responses, SEN/SEN-NAS in 6.8%, and sexual abuse in 4.1%.

<sup>(2)</sup> A response (51B) may include one-or-more supported allegations.

\*Less than 0.1% after rounding.

**TABLE 29c. Unduplicated Child Victims by Allegation<sup>(3)</sup>** FY2020 %

	FY2020	%
Neglect	21,250	86.9%
Physical Abuse	1,852	7.6%
Sexual Abuse	744	3.0%
Human Trafficking-Labor	-	-
Human Trafficking-Sexually Exploited Child	292	1.2%
Neglect-Death	17	0.1%
Neglect-Substance Exposed Newborn (SEN)	1,075	4.4%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	64	0.3%
Physical Abuse-Death	3	*
Invalid Allegation	-	-
<b>Unduplicated Child Victims<sup>(4)</sup></b>	<b>24,455</b>	<b>100%</b>

Table 29c evidences that 86.9% of 24,455 unique children found to have experienced maltreatment, were victims of neglect. Physical abuse was evidenced for 7.6% of the child victims, SEN/SEN-NAS for 4.7%, and sexual abuse for 3.0%.

<sup>(3)</sup> A child victim may have one or more supported allegations. \*Less than 0.1% after rounding.

<sup>(4)</sup> A child victim may have one or more supported allegations within a specific allegation type.

These counts are unduplicated (i.e., a child with 2 or more supported NEGLECT allegations is only counted once in this table).

## VIII. PERFORMANCE AND OUTCOME METRICS

- **Safety Outcome 1 - Recurrence of Maltreatment – CFSR-2**

The *Reduction of the Recurrence of Maltreatment* (i.e., abuse and/or neglect) is an important federal measure of the Department’s success in promoting the safety of children and families. As such, the Department routinely monitors recurrence of maltreatment on open and closed cases on a quarterly and annual basis as a component of its performance management and accountability system. This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a supported report of maltreatment.

**Safety Outcome 1 – Recurrence of maltreatment** tracks a cohort of children (0-17) with an occurrence of substantiated maltreatment within the first six months of a 12-month reporting period and identifies those children (0-17) who experience a subsequent substantiated recurrence of maltreatment within six months of the prior maltreatment event.

**Denominator:** The number of children with at least one substantiated or indicated maltreatment report in a six-month period.

**Numerator:** Of the children in the denominator, the number who had another substantiated or indicated maltreatment report within six months of their initial report. For **absence of recurrence of maltreatment**, the numerator is the number of children who did not have another substantiated or indicated maltreatment report within six months of their initial report.

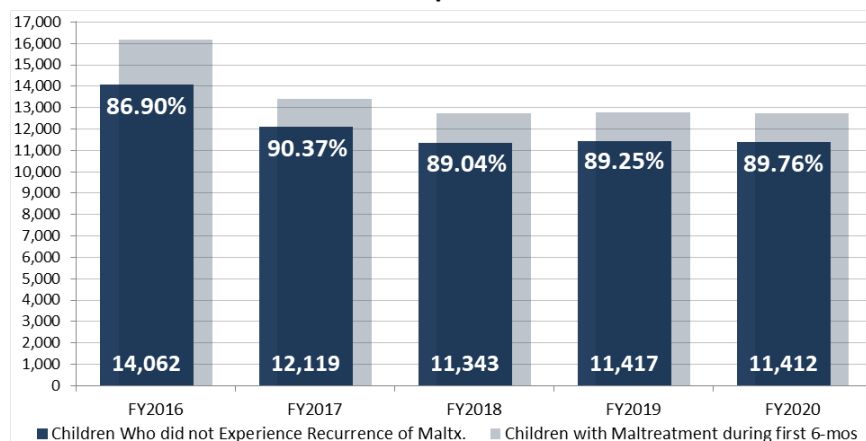
This federal CFSR-2 safety outcome measure includes children who are in an open DCF case as well as those not in open cases.

Table/Figure 30 reveal that in FY2020, 89.76% (11,412/12,714) of the children who experienced an occurrence of maltreatment within the first six months of FY2020 did not experience a recurrence of maltreatment within the next six months (i.e., through the end of FY2020). **NOTE: Measure below is presented as the absence of recurrence of maltreatment.**

	FY2016	FY2017	FY2018	FY2019	FY2020
Children with Maltreatment during First 6 months (denominator)	16,181	13,411	12,739	12,792	12,714
Children Who did not Experience Recurrence within 6 months (numerator)	14,062	12,119	11,343	11,417	11,412
Children with Recurrence within 6 months	2,119	1,292	1,396	1,375	1,302
<b>% of Children Who did not Experience Recurrence of Maltreatment</b>	<b>86.90%</b>	<b>90.37%</b>	<b>89.04%</b>	<b>89.25%</b>	<b>89.76%</b>

*Measure 1.1 – National median: 93.3%, 75th percentile: 94.6% (higher score is preferable)*

**FIGURE 30. Children Who did not Experience Recurrence of Maltreatment**





• **Safety Outcome 2 – Maltreatment in Foster Care – CFSR-2 & CFSR-3**

This federal measure follows a cohort of children/youth (0-17) in the custody of the Department who resided in an out-of-home placement setting at any time during a specified 12-month period (denominator = unduplicated count of children in the cohort). The numerator consists of those children in the denominator who do not experience substantiated maltreatment (i.e., abuse and/or neglect) by a substitute care provider (e.g., foster parent or group home staff) during the 12-month period. Both numerator and denominator consist of unique child counts (i.e., children who experience multiple maltreatment events during the 12-month period are counted once in the denominator and once in the numerator).

**Safety Outcome 2 – Maltreatment in foster care:** Of all children in foster care during a 12-month period, what percentage were the subject of substantiated/indicated maltreatment by a foster parent/facility staff?

- **Denominator:** Number of children in foster care (i.e., out-of-home) at any time during a 12-month period.
- **Numerator:** Of the children in the denominator, the number with a substantiated/indicated maltreatment by a foster parent or facility staff within the 12-month period. For **absence of maltreatment in foster Care** the numerator is the number without a substantiated/indicated maltreatment within the 12-month period.

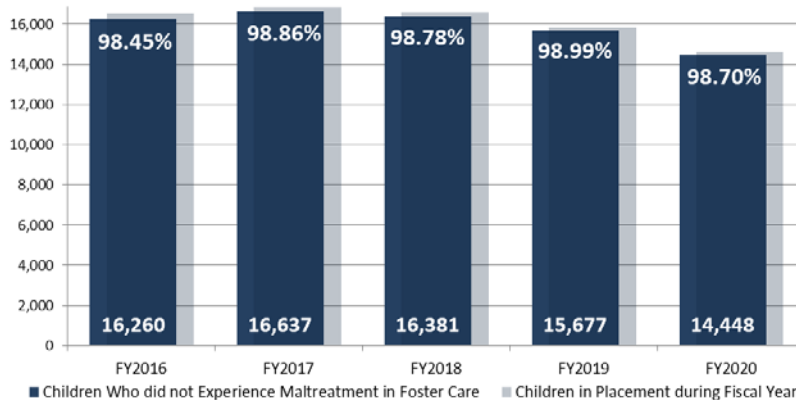
This Federal CFSR-2 safety outcome measure includes only those children/youth who are in the custody and care (out-of-home placement) of the Department at the time of their maltreatment.

Table/Figure 31 reveal that 98.70% (14,448/14,639) of the children who were in an out-of-home placement at any time during FY2020 did not experience maltreatment by a substitute care provider.

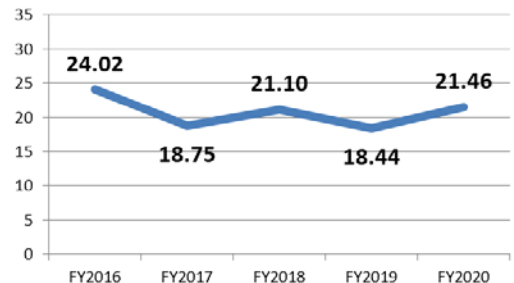
	FY2016	FY2017	FY2018	FY2019	FY2020
Children in Placement During Fiscal Year (denominator)	16,516	16,828	16,583	15,837	14,639
Children Who did not Experience Maltreatment in Foster Care (numerator)	16,260	16,637	16,381	15,677	14,448
Children with Maltreatment in Foster Care	256	191	202	160	191
<b>% of Children Who did not Experience Maltreatment in Foster Care</b>	<b>98.45%</b>	<b>98.86%</b>	<b>98.78%</b>	<b>98.99%</b>	<b>98.70%</b>

*Measure 1.1 – National median: 99.5%, 75th percentile: 99.7% (higher score is preferable)*

**FIGURE 31. Children Who did not Experience Maltreatment in FC**



**FIGURE 31b. Victimization per 100,000 Days in Care**



**TABLE 31b. Victimization\* Rate per 100K Days in Care – CFSR3**

	FY2016	FY2017	FY2018	FY2019	FY2020
Total # of Placement Days (denominator)	3,808,651	3,910,124	3,895,105	3,747,483	3,416,037
Total # of Victimitations (numerator)	915	733	822	691	733
<b>Victimization* per 100,000 Days in Care</b>	<b>24.02</b>	<b>18.75</b>	<b>21.10</b>	<b>18.44</b>	<b>21.46</b>

Table/Figure 31b present an FY2020 victim rate of 21.46 per 100,000 days of DCF care.

\*Victimization may have been perpetrated by someone other than the resource provider (e.g., parent or other member of the community).

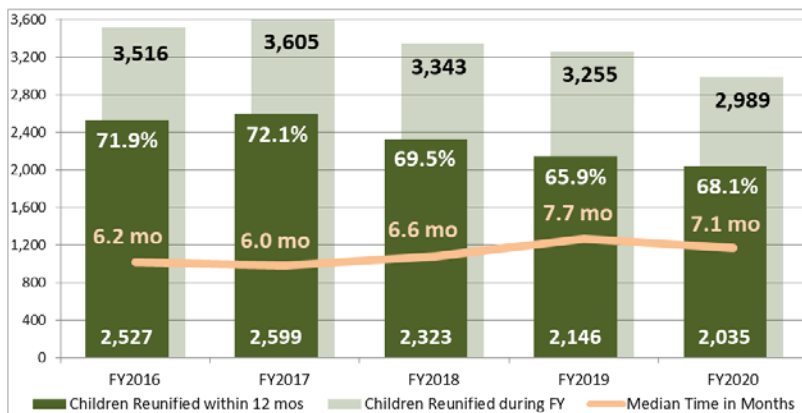
- **Permanency Outcome – Reunification in 12 Months – CFSR-2**

Table/Figure 32 show that 68.1% of the children/youth who reunified in FY2020, reunified within 12 months of entering care. Median time to reunification was 7.1 months.

	FY2016	FY2017	FY2018	FY2019	FY2020
*Children Reunified During the Fiscal Year (denominator)	3,516	3,605	3,343	3,255	2,989
Children Reunified within 12 months (numerator)	2,527	2,599	2,323	2,146	2,035
<b>Measure 1.1: Of all children discharged from foster care to reunification in the 12-month period ending with the fiscal year, and who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the time of the latest removal from home?</b>	<b>71.9%</b>	<b>72.1%</b>	<b>69.5%</b>	<b>65.9%</b>	<b>68.1%</b>
<b>Measure 1.2: Median Time to Reunification in Months</b>	<b>6.2 mos.</b>	<b>6.0 mos.</b>	<b>6.6 mos.</b>	<b>7.7 mos.</b>	<b>7.1 mos.</b>

*Measure 1.1 – National median: 69.9%, 75th percentile: 75.2% (higher score is preferable) \*By definition, this is a subset of Table 24 reunifications.  
Measure 1.2 – National median: 6.5 months, 25th percentile: 5.4 months (lower score is preferable)*

**FIGURE 32. Children Reunified in 12 Months**



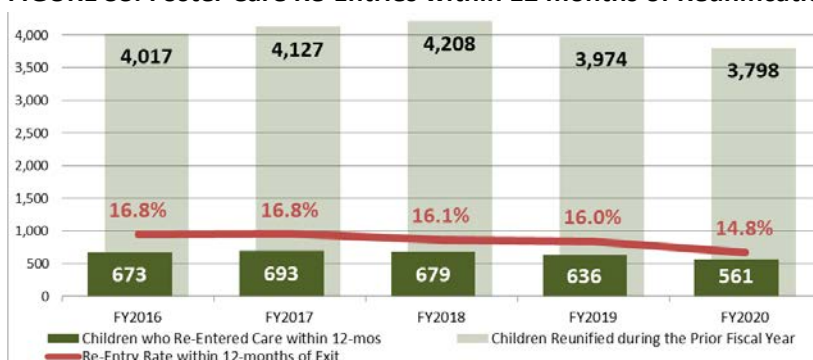
- **Permanency Outcome – Re-Entries – CFSR-2**

Reflecting continuous improvement, Table/Figure 33 show that the rates of re-entry into out-of-home care within 12 months for children who exited to reunification has steadily decreased since FY2016.

	FY2016	FY2017	FY2018	FY2019	FY2020
Children Reunified During the Prior Fiscal Year (denominator)	4,017	4,127	4,208	3,974	3,798
Children Who Re-Entered Foster Care within 12 months (numerator)	673	693	679	636	561
<b>Measure 1.4: Of all children who were discharged from foster care to reunification in the 12-month period prior to the 12-month period ending with the selected fiscal year, what percent re-entered foster care in less than 12 months from the date of discharge?</b>	<b>16.8%</b>	<b>16.8%</b>	<b>16.1%</b>	<b>16.0%</b>	<b>14.8%</b>

*Measure 1.4 – National median: 15.0%, 25th percentile: 9.9% (lower score is preferable)*

**FIGURE 33. Foster Care Re-Entries within 12 months of Reunifications**



- **Permanency Outcome – Exits to Permanency by Race/Ethnicity**

Table 33a shows exits from care by race/ethnicity.

	Children (0-17) in Placement Start of FY2020		Children (0-17) Exiting to Permanency in FY2020		RoD
White	3,582	41%	1,873	42%	1.0
Hispanic/Latinx (of any race)	2,692	31%	1,444	32%	1.0
Black	1,273	14%	598	13%	0.9
Asian	70	.8%	48	1%	1.3
Native American	23	.3%	6	.1%	0.5
Pacific Islander	-	-	-	-	-
Multi-Racial (two or more races)	827	9%	379	8%	0.9
Unable to Determine/Declined	340	4%	155	3%	0.9
Missing	2	.02%	1	.02%	1.0
<b>Total Fiscal Year End</b>	<b>8,809</b>	<b>100%</b>	<b>4,504</b>	<b>100%</b>	

<sup>(1)</sup> All races exclude children of Hispanic/Latinx origin.

- **Reunification by Race/Ethnicity – Rate-of-Disproportionality**

Table 33b presents reunification by race/ethnicity, with RoD and RRI.

	Children with Goal of Reunification Start of FY2020		Children Reunified in FY2020		RoD	RRI
White	1,181	40%	1,259	39%	1.0	n/a
Hispanic/Latinx (of any race)	921	31%	1,117	35%	1.1	1.1x
Black	483	16%	476	15%	0.9	0.9x
Asian	34	1%	41	1%	1.1	1.1x
Native American	2	.1%	3	.1%	1.4	1.4x
Pacific Islander	-	-	-	-	-	-
Multi-Racial (two or more races)	205	7%	220	7%	1.0	1.0x
Unable to Determine/Declined	135	5%	120	4%	0.8	n/a
Missing	-	-	1	-	-	-
<b>Total Fiscal Year End</b>	<b>2,961</b>	<b>100%</b>	<b>3,237</b>	<b>100%</b>		

<sup>(1)</sup> ALL races exclude children of Hispanic/Latinx origin.

- **Permanency Outcome – Adoptions – CFSR-2**

Table/Figure 34 show that the rates of adoption within 24 months of HRE increased between FY2018 and FY2020. Notwithstanding the COVID-19 pandemic-related suspension of adoption legalizations between March 16 and May 4, 2020, 850 adoptions were legalized in FY2020. The Department is moving larger cohorts of children toward the permanency goal of adoption.

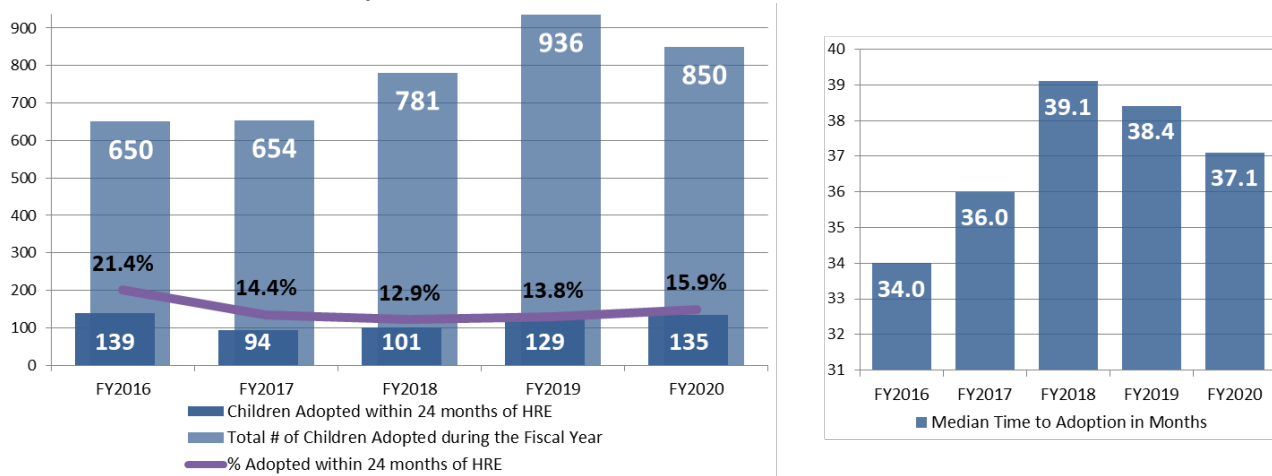
**TABLE 34. Timeliness of Adoptions – CFSR2**

	FY2016	FY2017	FY2018	FY2019	FY2020
Total # of Children (0-17) Adopted during the Fiscal Year (denominator)	650	654	781	936	850
Children (0-17) Adopted within 24 Months of Home Removal (numerator)	139	94	101	129	135
<b>Measure 2.1: Of all children who were discharged from foster care to a finalized adoption during the 12-month period ending with the selected Fiscal Year, what percent were discharged in less than 24 months from the date of the latest removal from home?</b>	<b>21.4%</b>	<b>14.4%</b>	<b>12.9%</b>	<b>13.8%</b>	<b>15.9%</b>
<b>Measure 2.2: Median Time to Adoption in Months</b>	<b>34.0 mos.</b>	<b>36.0 mos.</b>	<b>39.1 mos.</b>	<b>38.4 mos.</b>	<b>37.1 mos.</b>

*Measure 2.1 – National median: 26.8%, 75th percentile: 33.6% (higher score is preferable)*

*Measure 2.2 – National median: 32.4 months, 25th percentile: 27.3 months (lower score is preferable)*

**FIGURE 34. Timeliness of Adoptions**



- **Adoptions by Race/Ethnicity – Rate-of-Disproportionality**

Table 35 presents adoptions by race/ethnicity, with RoD and RRI.

**TABLE 35. Adoptions by Race/Ethnicity – Rate-of-Disproportionality FY2020<sup>(1)</sup>**

	Children with Goal of Adoption Start of FY2020		Children Adopted in FY2020		RoD	RRI
White	1,420	41%	426	50%	1.2	n/a
Hispanic/Latinx (of any race)	1022	30%	217	26%	0.9	0.7x
Black	441	13%	68	8%	0.6	0.5x
Asian	10	.3%	5	.6%	2.0	1.7x
Native American	13	.4%	1	.1%	0.3	0.3x
Pacific Islander	-	-	-	-	-	-
Multi-Racial (two or more races)	415	12%	107	13%	1.0	0.9x
Unable to Determine/Declined	130	4%	26	3%	0.8	n/a
Missing	-	-	-	-	-	-
<b>Total Fiscal Year End</b>	<b>3,451</b>	<b>100%</b>	<b>850</b>	<b>100%</b>		

<sup>(1)</sup> ALL races exclude children of Hispanic/Latinx origin.

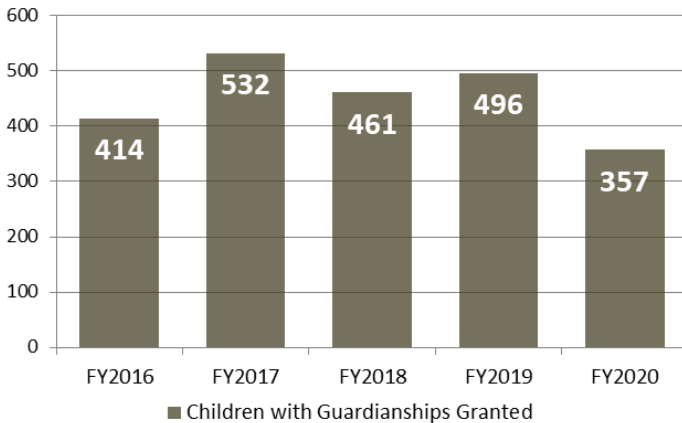
- **Permanency Outcome – Guardianships Granted**

As reflected in Table/Figure 36, 357 guardianships were legalized in FY2020.

**TABLE 36. Guardianships**

	FY2016	FY2017	FY2018	FY2019	FY2020
Children with Guardianships Granted	414	532	461	496	357

**FIGURE 36. Guardianships Granted**



- **Guardianships Granted by Race/Ethnicity – Rate-of-Disproportionality**

Table 36a presents guardianships granted by race/ethnicity, with RoD and RRI.

**TABLE 36a. Guardianships Granted by Race/Ethnicity – RoD FY2020<sup>(1)</sup>**

	Children with Goal of Guardianship Start of FY2020		Children Granted Guardianships in FY2020		RoD	RRI
White	326	41%	167	47%	1.1	n/a
Hispanic/Latinx (of any race)	225	28%	81	23%	0.8	0.7x
Black	107	13%	51	14%	1.1	0.9x
Asian	7	.9%	2	.6%	0.6	0.6x
Native American	4	.5%	2	.6%	1.1	1.0x
Pacific Islander	-	-	-	-	-	-
Multi-Racial (two or more races)	99	12%	45	13%	1.0	0.9x
Unable to Determine/Declined	33	4%	9	3%	0.6	n/a
Missing	-	-	-	-	-	-
<b>Total Fiscal Year End</b>	<b>801</b>	<b>100%</b>	<b>357</b>	<b>100%</b>		

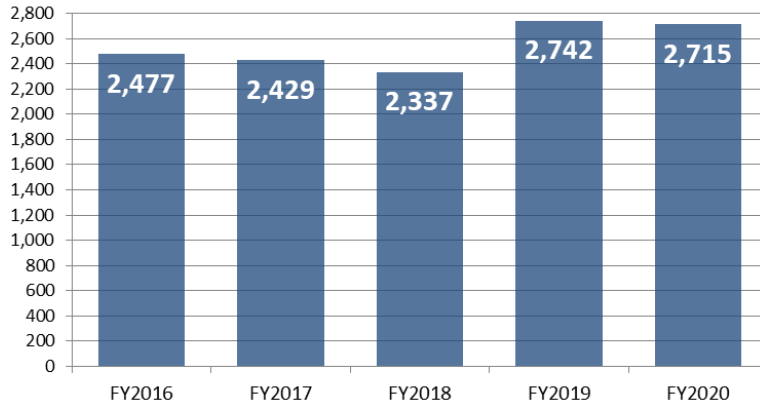
<sup>(1)</sup> All races exclude children of Hispanic/Latinx origin.

• **Permanency Outcome – Young Adult (18-22) Outreach/Transition Services**

DCF provides outreach/transition services to young adults transitioning out of care. Table/Figure 37 show that DCF provided outreach/transition services to 2,715 unique young adults in FY2020.

<b>TABLE 37. Young Adult (18-22) Outreach/Transition Services</b>	<b>FY2016</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>
Young Adults (18-22) Provided Outreach/Transition Services	2,477	2,429	2,337	2,742	2,715

**FIGURE 37. Young Adult Outreach/Transition Svcs.**



**Outreach/Transition Services include:**

- DCF Placement
- Follow Along-Residential/Group Home
- Stepping Out – Group Home and IL
- Independent Living services
- State College Preparation
- Teen Parenting services
- Support and Stabilization services

• **Permanency Outcome – Transition Aged Youth Remaining in Care After Turning 18**

Table 37a shows that in FY2020, 71% of transition aged youth voluntarily remained in care at age 18 or returned to care within the fiscal year.

**TABLE 37a. Transition Aged Youth Remaining In Care After Turning 18**

	<b>FY2016</b>		<b>FY2017</b>		<b>FY2018</b>		<b>FY2019</b>		<b>FY2020</b>	
<b>Youth Who Turned 18 in Fiscal Year (denominator)</b>	<b>907</b>		<b>880</b>		<b>801</b>		<b>884</b>		<b>702</b>	
Youth Who Turned 18 and Remained/Returned to Care in FY	616	68%	559	64%	521	65%	546	62%	499	71%
Youth Who Turned 18 and Left Care in FY	291	32%	321	36%	280	35%	338	38%	203	29%
Youth Who Turned 18 and Left Care in FY, Who Returned to Care in a Subsequent FY	10	3%	20	6%	8	3%	12	4%	<i>aging</i>	

- **Well-being – Medical (7 & 30 day) Rates & Timeliness**

Table/Figure 38 reflect year-over-year progress toward meeting the agency’s policy requirement that each child entering care should receive an initial screening and a comprehensive medical evaluation. FY2020 medical visits were impacted by the COVID-19 pandemic.

**TABLE 38. Medical Visits (7 & 30 day)**

	FY2016	FY2017	FY2018	FY2019	FY2020
<b>Total Medical Visits Due</b> (denominator)	<b>12,905</b>	<b>11,636</b>	<b>11,280</b>	<b>10,109</b>	<b>9,303</b>
Total Medical Visits Completed (numerator)	2,973	5,964	8,879	8,360	7,479
Medical Visits Completed Timely (numerator)	1,615	3,395	5,090	4,967	4,619
<b>% of ALL Medical Visits Completed</b>	<b>23.0%</b>	<b>51.3%</b>	<b>78.7%</b>	<b>82.7%</b>	<b>80.4%</b>
<b>% Medical Visits Completed Timely</b>	<b>12.5%</b>	<b>29.2%</b>	<b>45.1%</b>	<b>49.1%</b>	<b>49.7%</b>

Higher score is preferable.

**FIGURE 38. Medical Visits Completed & Timeliness**

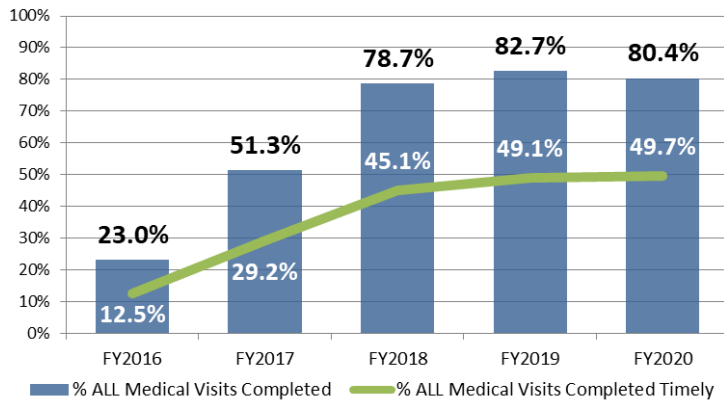


Figure 38 reveals an increase in medical visit compliance between FY2016-20.

- Completion rates have increased by 249.6%
- Timeliness of medical visits has increased by 297.6%

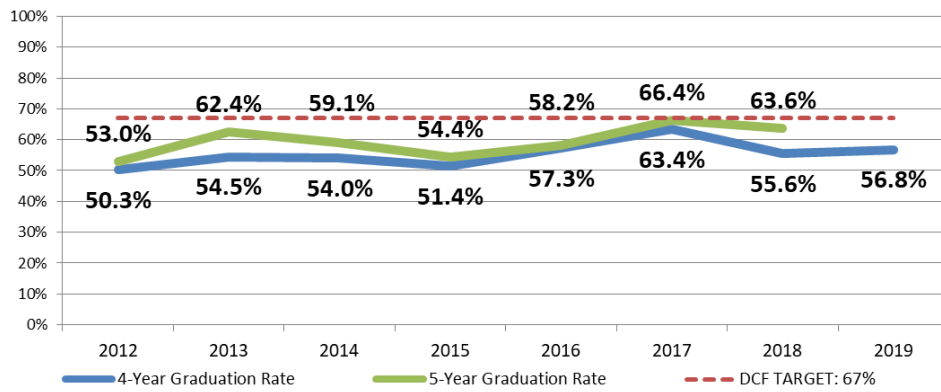
**Note:** Creation of a full-time DCF Medical Director and hiring Medical Social Workers for all 29 DCF Area Offices have contributed to this trend.

- **Well-being – Education-Graduation Rates**

Massachusetts Department of Elementary and Secondary Education (DESE) calculates and reports on graduation rates as part of overall efforts to improve educational outcomes for students in the Commonwealth. Adopting DESE’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 years by the total number in the cohort. This rate provides the percentage of the cohort that graduates in four years or less. Recognizing that many students need longer than four years to graduate from high school, and that it is important to recognize this major accomplishment regardless of the time to graduation, the Department (and DESE) calculates a five-year graduation rate.

TABLE 39. Graduation Rates	DCF Minimum									
	Target	2012	2013	2014	2015	2016	2017	2018	2019	
Four-Year Graduation Rate	≥ 67.0%	50.3%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%	56.8%	
Five-Year Graduation Rate	<i>not established</i>	53.0%	62.4%	59.1%	54.4%	58.2%	66.4%	63.6%	<i>aging</i>	

**FIGURE 39. Graduation Rates – Four & Five Year**





## IX. CHILD/YOUTH FATALITIES

### • Child/Youth Fatalities by Family History with DCF

DCF Area Offices may receive notification of child/youth deaths through a 51A intake or through other means. Area Offices proceed to collect available facts including DCF history (if any) and notify the DCF Central Office. Table 39a presents DCF history for child/youth fatalities reported to DCF. In FY2020, 73 child/youth fatalities were brought to the attention of the Department. Of these: 25 were open in a case or a Response, 18 had a prior history with the Department, and 30 had no history with the Department.

	FY2016	FY2017	FY2018	FY2019	FY2020
Open Case at Time of Fatality <sup>1</sup>	35	28	34	25	24
Open in a Response at Time of Fatality				6	1
Case Closed within 6 Months of Fatality	3	9	4	3	2
Case Closed more than 6 Months Prior to Fatality	20	15	18	9	8
Previous 51A or Response				4	8
No Previous DCF History at Time of Incident Leading to Fatality	21	42	51	54	30
<b>Total Child/Youth (0-17) Fatalities</b>	<b>79</b>	<b>94</b>	<b>107</b>	<b>101</b>	<b>73</b>

<sup>1</sup>Open Case at Time of Fatality includes: Care and Protection, CRA, and Voluntary Cases.

### • Child/Youth Fatalities by Manner of Death

The majority of child/youth deaths that come to the attention of the Department are not determined to be the result of maltreatment. Table 39b presents the manner of death for child/youth fatalities reported to DCF.

	FY2016	FY2017	FY2018	FY2019	FY2020
Accidental – includes MV accidents, drownings, falls, fires, etc.	11	22	19	21	15
Community Violence	5	2	2	4	1
Inflicted Physical Injury	2	2	6	1	4
Medical – chronic or acute medical condition	24	18	22	21	13
Overdose		1	3	5	3
Suicide	2	8	10	7	5
Sudden Unexpected Infant Death (SUID) – includes unsafe sleep	16	17	22	29	17
Other – includes undetermined/pending medical examiner finding	19	24	23	13	15
<b>Total Child/Youth (0-17) Fatalities</b>	<b>79</b>	<b>94</b>	<b>107</b>	<b>101</b>	<b>73</b>

NOTE: Manner of death may or may not be based on the medical examiner's (ME) determination. Absent a clear determination by the ME, the manner of death is ascertained by a review of the conditions at the time of death.

## X. OPERATIONS

### Foster Care Review

Federal law requires that the Department operate a system of Foster Care Review dedicated to engaging key participants in a timely and periodic review of all cases involving children, youth, and young adults in out-of-home care. The purpose of Foster Care Review is to assess the progress being made to address the reason(s) for the Department's involvement with the family and to examine and make recommendations regarding efforts to safely achieve permanency for the child, youth or young adult.

- **Foster Care Review Data**

Table 40 shows that 12,420 Foster Care Reviews were conducted in FY2020, which represents a 5.5% (650) increase over FY2016.

**TABLE 40. Foster Care Review**

	FY2016	FY2017	FY2018	FY2019	FY2020
Children in the Care of the Department or its Agents During the Previous Fiscal Year	18,253	16,057	15,507	15,164	13,934
Children in the Department's Care for More Than 6 months	13,584	14,051	13,742	13,441	12,455
Foster Care Reviews Conducted	11,770	14,478	14,093	13,547	12,420
Children Returned to Their Parents or Guardian	3,776	3,901	3,628	3,508	3,237
Children for Whom Guardians, Other Than DCF or its Agent, Were Appointed	414	532	461	496	357
Children Legally Freed for Adoption	829	922	955	1,293	1,283
Children Adopted	650	654	781	936	850

## Fair Hearings

The purpose of the Fair Hearing Office is to enable consumers or contracted DCF providers, who are dissatisfied with certain actions or inactions by the Department, to receive a just and fair decision from an impartial fair hearing officer based on the facts and applicable regulations.

This section expands on the requirements of line item 4800-0015 of Chapter 47 of the Acts of 2018 by providing data on all of FY2020 rather than a portion of the fiscal year, which requires:

...provided further, that the department shall report to the house and senate committees on ways and means and the joint committee on children, families and persons with disabilities on December 29, 2017 and March 30, 2018 on: (i) the fair hearing requests filed in fiscal year 2018, stating for each hearing request using non-identifying information: (a) the subject matter of the appeal; (b) the number of days between the hearing request and the first day of the hearing; (c) the number of days between the first day of the hearing and the hearing officer's decision; (d) the number of days between the hearing officer's decision and the agency's final decision; (e) the number of days of continuance granted at the appellant's request; (f) the number of days of continuance granted at the request of the department of children and families or the hearing officer's request, specifying which party made the request; and (g) whether the departmental decision that was the subject of the appeal was affirmed or reversed; and (ii) the fair hearing requests filed before fiscal year 2018, which are pending for more than 180 days, stating the number of those cases, how many of those cases have been heard but not decided and how many have been decided by the hearing officer but not yet issued as a final agency decision; provided further, that the department shall maintain and make available to the public, during regular business hours, a record of its fair hearings, with identifying information removed, including for each hearing request: the date of the request, the date of the hearing decision, the decision rendered by the hearing officer and the final decision rendered upon the commissioner's review...

- **(a) Subject matter of the appeal**

The information in Table 41a provides a response to the statutory request: (i) for fair hearing requests filed in fiscal year 2020:

**TABLE 41a. Subject Matter of DCF Fair Hearings Requests FY2020**

Subject of Fair Hearing Requests	Definition of Subjects	Count
Appeal of a Supported Abuse and/or Neglect Finding on a Caretaker	Count of Appellant / Reasons of 51A Caretaker	1,392
Appeal of a Supported Abuse and/or Neglect Finding on a Foster Parent	Count of Appellant / Reasons of 51A Foster parent	21
Appeal of a Supported Abuse and/or Neglect Finding at an Institution	Count of Appellant / Reasons of Institutional Abuse	59
Denial of Adoptive Parent License Study	Count of Appellant / Reasons of Adoptive Parent License Study Denial	2
Removal of Child from Pre-Adoptive Home	Count of Appellant / Reasons of Pre-Adoptive Parent Removal of Child	-
Alleged Perpetrator Listing	Count of Appellant / Reasons of Alleged Perpetrator	2
Case Closing	Count of Appellant / Reasons of Case Closing	31
Denial of Child Care Services	Count of Appellant / Reasons of Denial of Child Care Services	-
Adoption Subsidy	Count of Appellant / Reasons of Denial of Adoption Subsidy	-
Foster Care Review Goal Determination	Count of Appellant / Reasons of Foster Care Review Goal Determination	18
Failure by Department to Follow Regulations	Count of Appellant / Reasons of Failure by Dept. to Follow Regulations	-
Denial of Foster Parent License Study	Count of Appellant / Reasons of Foster Parent License Study Denial	11
Closing of Foster Home	Count of Appellant / Reasons of Closing of Foster Home	-
Removal of Child from Foster Parent	Count of Appellant / Reasons of Foster Parent Removal of Child	26
Interstate Compact Case	Count of Appellant / Reasons of Interstate Compact	3
Reduction of Services	Count of Appellant / Reasons of Reduction of Services	2
Appeal of Sliding Fee	Count of Appellant / Reasons of Appeal of Sliding Fee	-
Case Closing Young Adult	Count of Appellant / Reasons of Case Closing Young Adult	9
License Revocation	Count of Appellant / Reasons of License Revocation	23
Termination of Service	Count of Appellant / Reasons of Termination of Service	3

- **(b) Number of days between the hearing request and the first day of the hearing**

Table 41b provides a summary view of the number of days between the fair hearing request and the first *scheduled* hearing, and the number of days between the hearing request and the date of the *actual* first hearing.

<b>TABLE 41b. Number of Days Between Fair Hearing Request and Fair Hearing</b>	<b>Average Number of Business Days FY20</b>	<b>Business Days Allowed under Regulations</b>
Days between the fair hearing request and the first <i>scheduled</i> hearing	64	65
Days between the fair hearing request and the date of the <i>actual</i> first hearing	68	

Currently in FY2020, the Department averages 64 business days for a fair hearing to be scheduled and 68 business days for a hearing to take place once an appeal is filed. Department regulations stipulate that hearings should be scheduled within 65 business days of receipt of the request for hearing. The scheduling of fair hearings continues to be timely.

- **(c) Number of days between the first day of the hearing and the hearing officer's decision**

For cases where a hearing officer has submitted a decision, on average, within 56 days of the first day of hearing.

- **(d) Number of days between the hearing officer's decision and the agency's final decision**

Of the cases where a final decision was issued, the decision was issued, on average, 33 days after the hearing officer submitted the decision for review.

- **(e) Number of days of continuance granted at the appellant's request**

Table 41e-f below provides a summary of the continuances granted on fair hearings that were requested in FY2020 based on who requested the continuances. There were 204 continuances granted at appellant's request. The average length of continuance was 68 business days.

- **(f) Number of days of continuance granted at the request of DCF or the hearing officer's request, specifying which party made the request**

Table 41e-f presents that 102 continuances were granted at the hearing officer's request with an average length of continuance of 56 business days. There were 11 continuances granted at the DCF Area Office's request with an average length of continuance of 53 business days.

<b>TABLE 41e-f. Number of Continuances Granted FY2020</b>	<b>Number of Continuances Granted in FY2020</b>	<b>Average Length of Continuance (business days)</b>
Continuances Granted at Appellant's Request	204	68
Continuances Granted at Fair Hearing Officer's Request	102	56
Continuances Granted at Area Office's Request	11	53
<b>Total Continuances Granted</b>	<b>317</b>	

In general, when a continuance is allowed, the matter is then scheduled on the next available date.

- **(g) Whether the departmental decision that was the subject of the appeal was affirmed or Reversed**

Thus far, of the cases filed in FY2020, 261 decisions have issued. Of those, 120 reversed the underlying decision made by the Area Office, two partially reversed the underlying decision of the Area Office and 139 affirmed the underlying department decision.

**Note:** Some decisions which are appealed are resolved prior to a hearing and are not listed as affirmed or reversed.

Table 41g summarizes fair hearings resolved before a hearing took place.

**TABLE 41g. Pre-Hearing Outcomes FY2020**

	Count
<b>Settled</b> Cases where the underlying decision on appeal is overturned prior to hearing, after an administrative review By an Area Office manager.	28
<b>Withdrawals</b> Withdrawn by the appellant as documented in the fair hearing file via a written request by the appellant.	73
<b>Closed for Other Reason</b> Including but not limited to: the appellant failed to appear at the hearing; fair hearing request as filed was not a proper subject for appeal and therefore was dismissed at the outset; or the fair hearing request as filed was well beyond the regulatory 30-day timeframe in which to file an appeal and therefore was dismissed.	341
<b>Total Resolved Prior to the Hearing</b>	<b>442</b>

- **(ii) The fair hearing requests filed prior to fiscal year 2020, which are pending for more than 180 days, stating the number of such cases, how many of such cases have been heard but not decided and how many have been decided by the hearing officer but not yet issued as a final agency decision.**

As of June 30, 2020, there were 173 fair hearing requests filed prior to FY2020 which are pending for more than 180 days without a final agency decision. Of those, 70 requests are beyond the 180-day timeline as a result of multiple district attorney (DA) stay requests.

**TABLE 41ii. Status of Fair Hearing Requests Filed Prior to FY2020 Pending for More than 180 Days Without a Final Agency Decision**

	Count
Decided by hearing officer, pending review	24
Heard but not written	79
Current DA stay, DA stay recently expired, and matter is scheduled or scheduled and heard, but not finalized	70

- **Budget**

The trend revealed in Table/Figure 42 reflects significant 43.6% increases in DCF funding between FY2012 and FY2020, with the steepest gains being made in the past six years. These increases supported increased service cost (p.42), staffing (p.43), and facilitated workload reduction for staff (p.44).

**TABLE 42.**

	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
H1	790,253,582	837,971,012	791,463,548	759,968,559	737,860,098	770,874,703	789,244,696
GAA	800,095,093	836,477,528	785,259,603	742,987,038	737,077,781	759,310,881	778,991,325
9C		(20,185,196)	(9,583,245)			(7,043,000)	

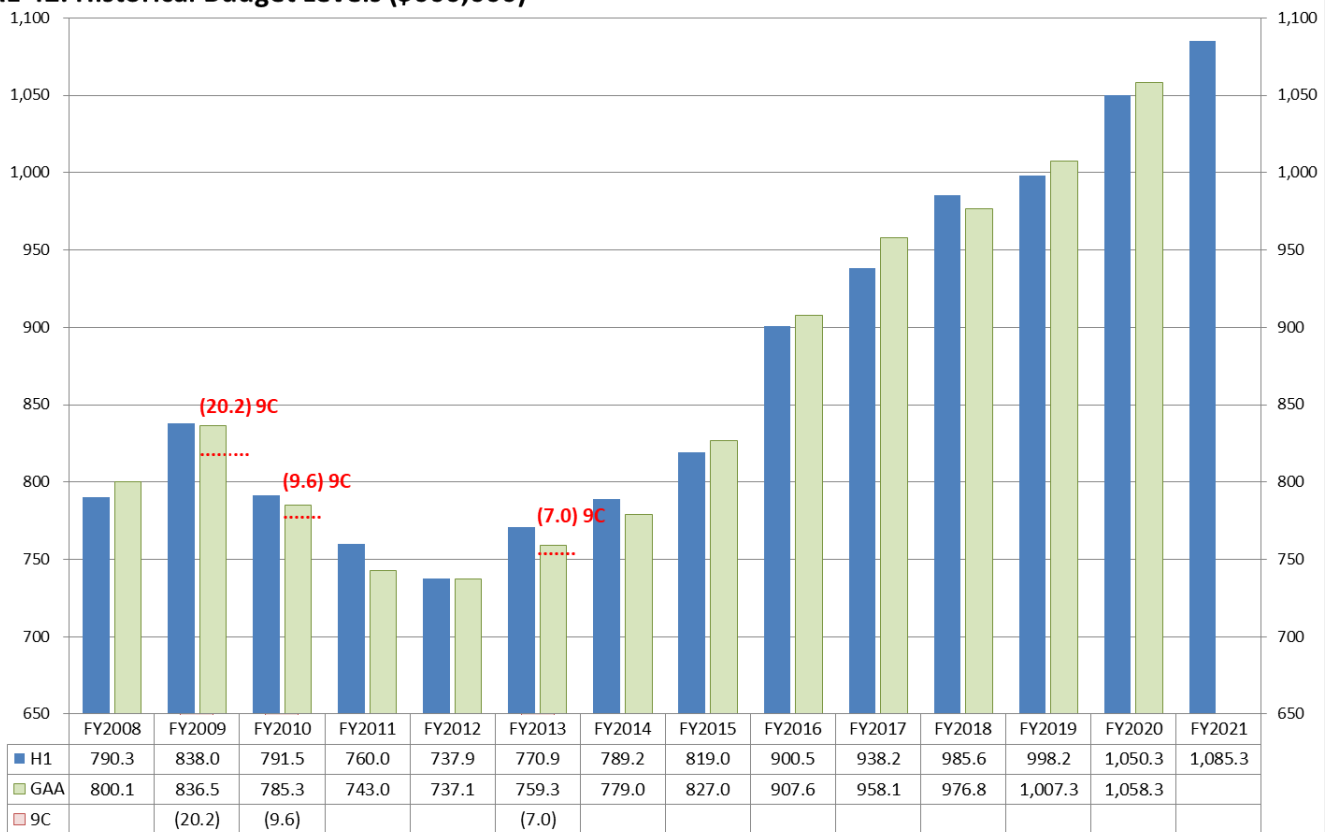
	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
H1	818,984,881	900,518,423	938,191,906	985,597,540	998,215,540	1,050,279,338	1,085,313,753
GAA	827,008,493	907,625,914	958,081,728	976,750,150	1,007,346,982	1,058,279,339	not yet available
9C							

**H1:** Governor’s proposed budget

**GAA:** General Appropriations Act – The budget for a fiscal year enacted by the legislature and signed into law by the governor. The Massachusetts General Laws require that annual budgets are in balance. **NOTE:** The FY2021 GAA budget was not available at time of report production.

**9C:** MGL c.29, §9C requires that when projected revenue is less than projected spending, the governor must act to ensure that the budget is brought into balance. The administration may announce 9C cuts at any time that it determines that revenues are likely to be insufficient to pay for all authorized spending.

**FIGURE 42. Historical Budget Levels (\$000,000)**



- **Service Costs**

Table 43 shows a 6% (\$34,291,052.91) increase in service expenditures between FY2016 and FY2020. During this time period:

- Significant investments were made including:
  - Foster care rate increase every year (\$10.7M investment over the course of 5 years)
  - 766 Residential School rate increase every year (\$7.2M investment over the course of 5 years)
  - Chapter 257 rate increases (\$11.3M investment over the course of 5 years)
  - Expansion of Support and Stabilization services to include foster parents (\$6.5M investment in FY20)
- There was also significant growth in services such as:
  - Adoption/Guardianship subsidy (\$13.9M over the course of 5 years)
  - Support and Stabilization services (\$16.7M over the course of 5 years)
- These investments were offset by significant reductions in children/youth in out-of-home placements resulting in a net reductions in placement costs of (-\$4.1M over the course of 5 years)

<b>TABLE 43. Service Costs (\$)</b>	<b>FY2016</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020*</b>	<b>FY2016 to FY2020</b>
<b>Placement</b>	<b>394,931,508.16</b>	<b>415,138,426.60</b>	<b>412,891,943.35</b>	<b>404,954,244.81</b>	<b>390,874,130.74</b>	<b>-1%</b>
Departmental Foster Care	75,796,175.62	78,792,196.11	79,615,662.81	78,832,742.00	80,074,533.56	6%
Foster Care – CFC-IFC (contracted)	73,486,808.11	73,860,311.21	74,024,145.91	73,295,641.44	69,558,398.00	-5%
FRFC – Complex Med. Foster Care	1,075,897.10	935,430.42	932,951.48	1,115,071.65	1,077,417.25	.1%
Congregate Care – Group Home	116,212,001.39	123,862,914.99	124,322,055.76	123,713,484.85	114,549,756.01	-1%
Congregate Care – Continuum	7,901,987.41	9,564,573.65	8,051,478.80	7,034,438.56	7,764,219.30	-2%
Congregate Care – Residential School	66,463,246.22	72,945,405.34	74,068,950.95	71,663,428.08	74,590,285.17	12%
Congregate Care – STARR	51,004,749.54	53,441,574.31	50,468,628.84	48,166,600.81	42,464,345.48	-17%
Congregate Care – Teen Parenting	2,990,642.77	1,736,020.57	1,408,068.80	1,132,837.42	795,175.97	-73%
<b>Other</b>	<b>161,914,631.76</b>	<b>165,438,845.54</b>	<b>169,311,330.00</b>	<b>179,853,851.63</b>	<b>200,263,062.09</b>	<b>24%</b>
Adoption/Guardianship Subsidies	98,670,213.27	99,170,483.78	100,329,007.35	105,552,079.53	112,599,528.63	14%
Foster Care Support Services		99,995.95	240,830.50	115,366.86	125,569.71	26%^
Placement Add-On	2,599,241.09	2,489,665.85	2,351,563.67	2,561,502.03	2,930,917.54	13%
Respite	35,131.86	53,638.90	94,573.85	36,710.62	24,859.16	-29%
Support & Stabilization	58,939,138.76	61,460,103.86	64,543,968.28	70,170,374.08	82,107,005.90	39%
Support Services (other)	1,670,906.78	2,164,957.20	1,751,386.35	1,417,818.51	2,475,181.15	48%
<b>TOTAL SERVICE COSTS</b>	<b>556,846,139.92</b>	<b>580,577,272.14</b>	<b>582,203,273.35</b>	<b>584,808,096.44</b>	<b>591,137,192.83</b>	<b>6%</b>

\*FY2020 service costs were not final at time of report production and will be updated in the FY2021 report.

^FY2017 to FY2020

• **Staffing Trends**

Tables 44 and 44a and Figure 44 show that DCF staffing has significantly increased relative to July (Jul) 2015 staffing levels. Social Worker staffing levels have increased by 20%, and staffing levels for all other bargaining units (BU) have increased by 31%. Recognizing that managerial oversight capacity had been decreasing since 2008 and losing significant ground relative to the expanding non-managerial staffing levels, the Department engaged in a purposeful effort to re-establish managerial ratios which supported the agency’s needs. Accordingly, by July 2020, managerial staffing levels increased by 65% relative to July 2015. These managerial staffing levels were utilized to re-establish a fifth region (Central MA Region), decouple Area Offices, and appropriately staff the DCF Central Office.

**TABLE 44. Staffing**

	Managers (M99)	All Other Bargaining Units	Social Workers (Bargaining Unit 08)	TOTAL
Jul-2008	282	405	2,749	3,435
Jul-2009	280	356	2,773	3,409
Jul-2010	264	338	2,673	3,275
Jul-2011	240	325	2,677	3,242
Jul-2012	233	323	2,637	3,193
Jul-2013	227	341	2,635	3,203
Jul-2014	226	343	2,787	3,356
Jul-2015	196	326	2,906	3,427
Jul-2016	275	399	3,163	3,837
Jul-2017	305	431	3,324	4,060
Jul-2018	308	439	3,521	4,268
Jul-2019	318	439	3,510	4,267
Jul-2020	324	427	3,485	4,236

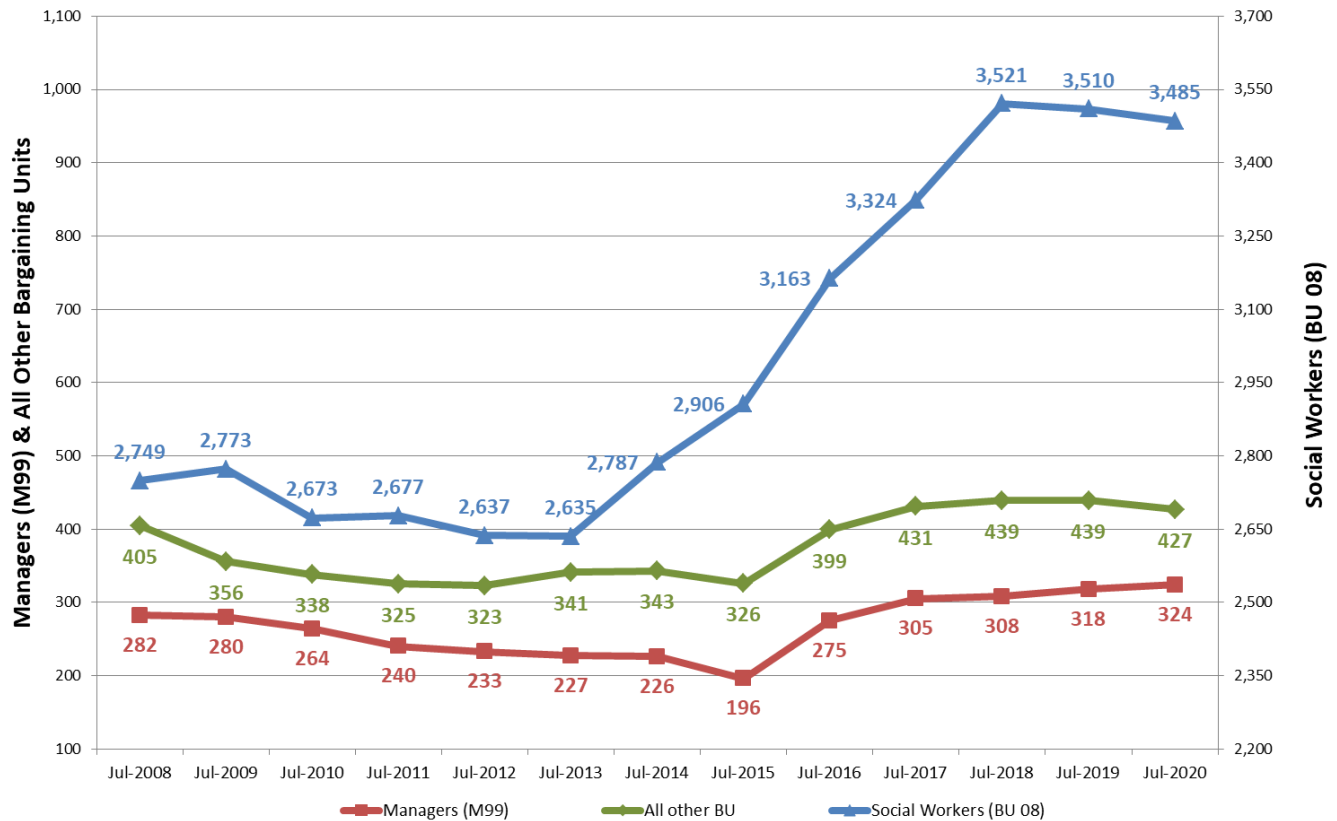
**TABLE 44a. Percent Change**

	Jul-2015 to Jul-2020
Managers (M99)	65%
All Other Bargaining Units (NAGE & MNA)	31%
Social Workers (BU 08)	20%
<b>ALL DCF STAFF</b>	<b>24%</b>

**NOTE:** DCF ramped up Social Worker FTEs over the past several years in an effort to meet identified staffing needs. Reaching appropriate FTE levels, hiring moved to a *maintenance mode* in FY2019. Given that these data are point-in-time counts, the 25 FTE delta evidenced at the end of FY20 reflects normal swings in staffing levels (i.e., Although DCF on-boards social workers every six weeks, a swing in FTEs may occur as staff leave the Department before a new hiring class is fully on-boarded).

Staffing counts are rounded FTEs.

**FIGURE 44. Staffing Trends**





• **Caseload/Workload**

Table 45 shows the total weighted caseloads and ratios for FY2016-20. The FY2020 12-month average weighted caseload ratio for DCF intake, response, ongoing, and adoption social workers is 14.74:1. This is below the negotiated caseload ratio of no more than 15.00:1 (15 families), and considerably lower than the average caseload ratios for FY2016-18.

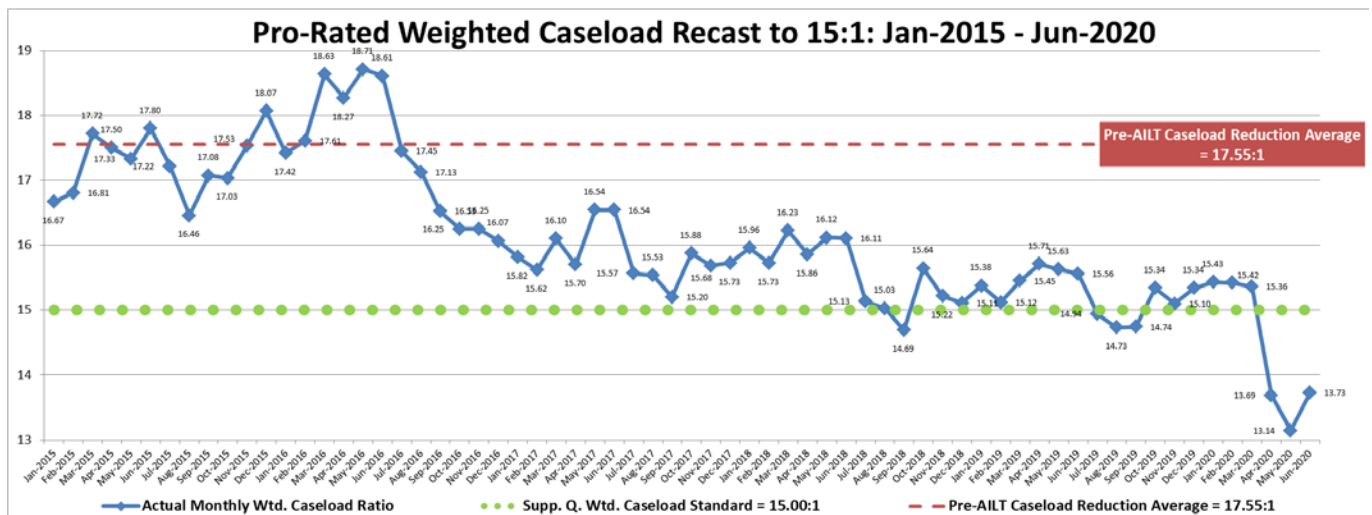
	FY2016	FY2017	FY2018	FY2019	FY2020
<b>Weighted Caseload Ratio – End of Fiscal Year</b>	<b>18.61:1</b>	<b>16.54:1</b>	<b>16.11:1</b>	<b>15.56:1</b>	<b>13.73:1</b>
Total Weighted Caseload – End of Fiscal Year (denominator)	36,954.42	35,568.07	35,463.41	33,126.58	29,386.42
FTE Count of Case Carrying Workers – End of Fiscal Year (numerator)	1,985.80	2,150.10	2,201.73	2,128.91	2,139.76
<b>Weighted Caseload Ratio – 12-Month Average</b>	<b>17.63:1</b>	<b>16.32:1</b>	<b>15.80:1</b>	<b>15.30:1</b>	<b>14.74:1</b>
Total Weighted Caseload – 12-month average (denominator)	34,677.63	34,398.51	34,389.51	33,501.14	31,241.81
FTE Count of Case Carrying Workers – 12-month average (numerator)	1,966.91	2,107.66	2,176.58	2,189.21	2,119.29

<sup>(1)</sup> Weighted Caseloads (recast in FY20 to 15:1) are pro-rated by each worker’s FTE (full-time equivalency) value. **NOTE: 15:1 = 15 families**

Weighted caseloads represent the cumulative sum of workload values credited to the worker functions of intake worker (screeners), response worker (investigators), ongoing social workers, and adoption workers. Table 45a displays how weighted credit is assigned by function:

	Full Caseload per 1.0 FTE	Credit	Ratio
Intake Worker	55 intakes per month	0.273	15.00:1
Response Worker	10 investigations per month	1.5	15.00:1
Ongoing Case Management	15 families at any time	1.0	15.00:1
Adoption Case Management	15 adoption cases at any time	1.0	15.00:1
Family Resource Worker	25 foster homes at any time	1.0	25:00:1

Figure 45a presents 66 months of weighted caseload ratios. Beginning with July 2016, each of the past 48 months of weighted caseload ratios have fallen below the central control limit of 17.55:1 (i.e., Pre-AILT Caseload Reduction Average). This is demonstrable of special cause (i.e., pro-rated weighted caseloads ratios have been significantly reduced beyond what one would expect from normal variation alone), thus supporting the Department’s concerted efforts to address clinical workload.





# APPENDIX

## GLOSSARY

### Appendix A

51A Report	<p>A 51A is a report alleging maltreatment (abuse, neglect, sexual exploitation, and/or human trafficking) of one or more children under the age of 18 in the Commonwealth. The Department's hotline or intake units conduct a screening process to determine whether a report is appropriate for further action.</p> <p>There are two phases of protective intake: the screening of reports; and a response to any report that is "screened-in". The purpose of screening is to gather sufficient information to determine whether a Department response is necessary or might be necessary to ensure a child's safety and well-being. Screening is a key part of the overall process of reporting, identifying, and assessing risks to child safety, permanency, and well-being. It is the first step in determining the Department's subsequent actions and intervention with the family. Activities for screening a report of child maltreatment are designed to determine, based on facts in the report and those gathered during screening:</p> <ul style="list-style-type: none"> <li>● If there is an immediate concern for child safety</li> <li>● If a "reportable condition" under MGL c. 119 § 51A exists</li> </ul> <p>A "reportable condition" exists when there is information that a child may have been abused and/or neglected or may be at risk of being abused and/or neglected by a caregiver, or that a child may have been or may be at risk of sexual exploitation or human trafficking.</p> <p>Reports determined to be emergencies must be "screened-in" immediately and a response must be initiated within two hours. The screening of reports determined not to be emergencies must be completed within one working day. In very limited circumstances, where it is necessary to complete activities critical to making the screening decision, screening of a non-emergency report may be extended for up to one additional working day with approval from a manager.</p> <p>Based on the information received, collected, and analyzed during the screening process the report will be:</p> <ul style="list-style-type: none"> <li>● "Screened-in" for response</li> <li>● "Screened-out"</li> <li>● "Screened-out" with a district attorney referral</li> </ul>
9C	<p>MGL c.29, §9C requires that when projected revenue is less than projected spending, the governor must act to ensure that the budget is brought into balance. The administration may announce 9C cuts at any time that it determines that revenues are likely to be insufficient to pay for all authorized spending.</p>
Abuse (allegation)	<p>Abuse means the non-accidental commission of any act by a caretaker upon a child under age 18 which causes or creates a substantial risk of physical or emotional injury or constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caretaker and a child under the care of that individual. Abuse is not dependent upon location (e.g., abuse can occur while the child is in an out-of-home or in-home setting.)</p>
Adoption (permanency through)	<p>The purpose of permanency through adoption is to prepare a child to become a permanent member of a lifelong family other than the child's original birth family. Adoption is a process by which a court establishes a legal relationship of parent and child with the same mutual rights and obligations that exist between children and their birth parents. The permanency plan of adoption does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin and other important individuals in children's lives.</p>
Adoptions Legalized	<p>Adoption involves the creation of the parent-child relationship between individuals who are not naturally so related. The adopted child is given the rights, privileges, and duties of a child and heir by the adoptive family.</p> <ul style="list-style-type: none"> <li>● Finalized adoption (i.e., legalization)</li> </ul>

## GLOSSARY

### Appendix A

APPLA (permanency through)	<p>Permanency through Another Planned Permanent Living Arrangement (APPLA): The purpose is to establish with the youth who is age 16 years or older a lifelong permanent connection, as well as life skills training and a stable living environment that will support his or her development into and throughout adulthood. This permanency plan is for youth (or young adults) whose best interests for achieving permanency would not be served through reunification, adoption, guardianship, or care with kin. Through this permanency plan, the youth will continue to achieve the highest possible level of family connection, including physical, emotional, and legal permanency. The Department will continue to provide services and support the youth’s safety, permanency, and well-being.</p>
Care with Kin (permanency through)	<p>Permanency through Care with Kin: The purpose is to provide the child with a committed, nurturing, and lifelong relationship in a licensed kinship family setting. The Department defines kin as those persons related by either blood, marriage, or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or significant other adult to whom the child and/or parent(s) ascribe the role of family based on cultural and affectional ties. The kinship family reinforces the child’s racial, ethnic, linguistic, cultural, and religious heritage and strengthens and promotes continuity of familial relationships and will establish permanency for the child. The Department will continue to provide services to support the child’s safety, permanency, and well-being until such time as the kin receives a permanent custody or other final custody order.</p>
Caregiver / Caretaker	<ul style="list-style-type: none"> <li>● A child’s parent, stepparent, guardian, or any household member entrusted with the responsibility for a child’s health or welfare</li> <li>● Any other person entrusted with responsibility for a child’s welfare, whether in the child’s home, a relative’s home, a school setting, a childcare setting (including babysitting), a foster home, a group care facility, or any other comparable setting. As such “caregiver” includes, but is not limited to: <ul style="list-style-type: none"> <li>● School teachers</li> <li>● Babysitters</li> <li>● School bus drivers</li> <li>● Camp counselors</li> </ul> </li> </ul> <p>The “caregiver” definition should be construed broadly and inclusively to encompass any person who at the time in question is entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is him/herself a child, such as a babysitter under age 18.</p>
Caseload	<p>The number of cases (children or families) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or consumers) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area (e.g., agency or region).</p>
Case Management Services	<p>Activities for the arrangement, coordination, and monitoring of services to meet the needs of children and their families.</p>
Child and Family Services Review (CFSR)	<p>The Federal Children's Bureau conducts the Child and Family Service Reviews (CFSRs), which are periodic reviews of state child welfare systems, to achieve three goals:</p> <ul style="list-style-type: none"> <li>● Ensure conformity with federal child welfare requirements</li> <li>● Determine what is actually happening to children and families as they are engaged in child welfare services</li> <li>● Assist states in helping children and families achieve positive outcomes</li> </ul> <p>After a CFSR is completed, states develop a Program Improvement Plan (PIP) to address areas in their child welfare services that need improvement.</p>
Child Protective Services Agency (CPS)	<p>An official agency of a state having the responsibility to receive and respond to allegations of suspected child abuse and neglect, determine the validity of the allegations, and provide services to protect and serve children and their families.</p>

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Children Requiring Assistance (CRA) Intake	Courts can refer a child to DCF if a child is committed by the juvenile court and found in need of foster care or a Child Requiring Assistance (CRA) case. CRA cases involve youth that have committed status offenses such as repeatedly running away from home, disobeying school rules, or skipping school. Finally, if there is concern that a child may run away or otherwise not appear in court for their case, the judge can give temporary custody of the child to DCF.
Comprehensive Foster Care (CFC)	Foster homes that offer more intense therapeutic care and supports setting for children with more complex needs. This service is only provided by licensed foster care agencies in accordance with the licensing requirements of the Department of Early Education and Care (EEC) and DCF.
Congregate Care	Congregate care is a term for placement settings that consists of 24-hour supervision for children in a varying degree of highly structured settings such as group homes, residential childcare communities, childcare institutions, residential treatment facilities, or maternity homes.
Congregate Care – Continuum	Provides an array of community-based wraparound services that are designed to maintain youth within their homes and support families as the primary caregivers. This includes in-home family treatment, parent support, youth mentoring, youth and family outreach, care coordination, and linkage with both formal and informal community resources and supports. For youth who cannot be maintained safely at home, services available within Continuum include long-term and short-term, out-of-home care (e.g., group home, pre-independent living, intensive foster care, or respite).
Congregate Care – Group Home	Group homes provide an array of out-of-home treatment services supporting youth and their families (in cases where the families are available) when the youth cannot function safely at home or in a family setting. Group home services provide flexible individualized treatment, rehabilitation, and support/supervision services that vary in intensity based upon individual youth and family needs.
Congregate Care – Residential School	Congregate care, out-of-home treatment services that are integrated with an on-site special education school. Youth receiving residential school services need a self-contained, integrated treatment, and educational program due to severity of behavioral risk to self or others preventing them from safely attending school off-site.
Congregate Care – STARR	Stabilization and Rapid Reintegration (STARR) programs are for youth needing immediate/emergency temporary placement and/or stabilization services, as well as for youth who require more intense services. All youth referred will receive stabilization services, while some youth will require additional assessment, treatment, and family reintegration services
Congregate Care – Teen Parenting	Congregate Care program which provides teen parents and their children a safe place to reside where they are able to gain the skills and knowledge necessary to become competent parents and lead productive, independent lives. Program staff ensures that teen parents are connected with resources in the community such as education, medical care, childcare, and counseling.
Consumer Role Type	Individuals involved with the Department are identified as consumers. There are two primary consumer types: <ul style="list-style-type: none"> <li>• Consumers with the identified role type of “adult”</li> <li>• Consumers with the identified role type of “child.” Consumers with the role type of “child” range from children ages 17 and under to “young adults” who voluntarily remain open with DCF from the ages of 18-22 years.</li> </ul>

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Continuous Time in Placement	The timespan between the start and end of a Home Removal Episode (HRE). The continuous time in placement is calculated from the current HRE start date and either the HRE end date or the last day of the quarter, whichever comes first. Breaks in service of less than 30 days are considered continuous and all days in placement are summed together by child. The days out of placement are not included in the sum. Counts are stratified by age category (i.e., children 0-17 and young adults 18 & older). A child may have multiple placements during this period if the break in service is greater than 30 days or there are multiple HREs within the period.
Court Referral Intake	Sometimes the courts refer children and families to DCF. Court referrals can come from cases where a parent voluntarily surrenders a child or if a child has been abandoned by a parent or guardian.
Custody	Child in the custody of the department means a child placed in the Department's custody through court order, including an order under a Child Requiring Assistance (CRA) petition, formerly known as CHINS, or through adoption surrender.
Danger	A condition in which a caregiver's actions or behaviors have resulted in harm to a child or may result in harm to a child in the immediate future.
Departmental Foster Care (DFC)	Foster care placements provide stability and safety for children/youth that have been brought into the protective care of the state. These foster care placements may be with family or extended family, or through unrelated caretakers who have completed training and are approved as licensed foster parents assigned to a DCF social worker.
DFC – Child Specific Foster Care	Foster care placements where a non-kinship individual(s) is identified and licensed as a placement for a particular child (e.g., school teacher or parent(s) of the placed child's friend). This is a person who the family or child has a strong bond with and is significant in their life.
DFC – Kinship Foster Care	Foster care placements provided by persons related by either blood, marriage, or adoption (e.g., adult sibling, grandparent, aunt, uncle, first cousin) or other adult to whom the child and/or parent(s) ascribe the role of the family based on cultural and affectional ties or individual family values.
DFC – Independent Living	Services may be provided at either scattered or centralized (e.g. apartment) sites with staff that provide outreach and care coordination to young adults and are available for face-to-face crisis intervention 24 hours a day, seven days a week. This model serves young adults 17.5 or older who are not able to be served in a family setting due to their clinical needs, but who are able to live on their own with support; independently manage community access; have attained a sufficient level of independent living skills to enable them to live without on-site staffing; require and are able to utilize staff support to strengthen these independent skills; exhibit a strong level of self-regulation; are enrolled in school or a GED program; or have completed the above and are working or involved in vocational training.
DFC – Pre-Adoptive Foster Care	A resource that has been identified as the child's permanent family. The person(s) have been approved for the adoption and are licensed adoptive families. The child is required to be in that specific home for a minimum of six months before the adoption can be finalized.
DFC – Unrestricted Foster Care	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).

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Differential Response	Differential response enables child protective services (CPS) to differentiate its response to reports of child abuse and neglect based on several factors. The CPS system selects the initial response (investigation or initial assessment) based on a number of factors. Differential response is also referred to as dual track, multiple track, or alternative response.
District Attorney (DA) Referral	If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the district attorney, who has the authority to file criminal charges.
Domestic Violence	Domestic violence is a pattern of coercive control that one partner exercises over another in an intimate relationship. While relationships involving domestic violence may differ in terms of the severity of abuse, control is the primary goal of offenders. Domestic violence is not defined by a single incident of violence or only by violent acts.
Emotional Injury (allegation)	Emotional injury means an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.
Fair Hearings	In accordance with 110 CMR 10.00-10.36, the Department established a Fair Hearing Office (also referred to as the Fair Hearing Unit). The purpose of the Fair Hearing Office is to enable consumers or contracted providers who are dissatisfied with certain actions or inactions by the Department to receive a just and fair decision from an impartial fair hearing officer based on the facts and applicable regulations.
Family Assessment and Action Plan	The Family Assessment and Action Planning Policy provides guidance on conducting clinical assessments and creating "action plans." The policy went into effect on February 6, 2017 and replaces DCF's "Assessment Policy # 85-011" and "Service Planning and Referral Policy # 97-003." As part of the new policy, the term "action plan" replaces "service plan."
Family Resource Worker	This social worker completes home studies, performs foster home visits, supports foster parents, and identifies out-of-home placements for children.
Fiscal Year	The Commonwealth's fiscal year begins July 1 and ends June 30 of the following calendar year. Fiscal Year 2020 ran from July 1, 2019 through June 30, 2020.
Five-Year Graduation Rate	The percentage of children in DCF custody who graduate from high school within five years.
Four-Year Graduation Rate	The percentage of children in DCF custody who graduate from high school within four years.
General Appropriations Act (GAA)	The budget for a fiscal year enacted by the legislature and signed into law by the governor. The Massachusetts General Laws require that annual budgets are in balance.
Gender Identity	Gender Identity is an individual's internal view of their gender, one's innermost sense of being male, female, both or neither. Gender Expression is the manner in which a person expresses their gender through clothing, appearance, behavior, speech, etc.



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Guardianship (permanency through)	Permanency through guardianship: The purpose is to obtain the highest level of permanency possible for a child when reunification or adoption is not possible. The Department sponsors an individual to receive custody of a child, pursuant to MGL c. 190B, § 5-206, who assumes authority and responsibility for the care of that child. When guardianship is identified as the permanency plan, the best interest of the child has been considered and guardianship has been identified as the highest level of permanency appropriate for the child. The permanency plan of guardianship does not prevent maintaining valued, lifelong connections to birth parents/siblings/kin.
Guardianships Legalized	Finalized guardianship (i.e., legalization)
H1 Budget	Governor’s proposed budget
Home Removal Episode (HRE)	The period between the start and end of DCF placement custody is known as a Home Removal Episode (HRE).
Human Trafficking (allegation)	<p>Pursuant to MGL c.233, §20M and MGL c.265, §§50-51 a person who is subjected to harboring, recruitment, transportation, provision, obtaining, patronizing, or soliciting for the purpose of:</p> <ul style="list-style-type: none"> <li>• Sex trafficking (i.e., inducement to perform a commercial sex act, forced sexual services, and/or sexually explicit performance)</li> <li>• Labor trafficking (i.e., forced services, involuntary servitude, peonage, debt bondage, or slavery)</li> </ul>
i-FamilyNet	The Department’s web-based Statewide Automated Child Welfare Information System (SACWIS). DCF’s i-FamilyNet serves as the agency’s electronic case management system.
Initial Assessment	Prior to the Department’s new Protective Intake Policy, DCF’s differential response included an Initial Assessment (IA) which was conducted in response to allegations where the severity of the suspected abuse and/or neglect did not rise to the level requiring an investigation. An IA provided an alternative approach for DCF to work with a family who may need help from the Department in addressing issues of neglect or safety for their children.
Juvenile Court	The Juvenile Court oversees civil and criminal matters statewide involving children including youthful offender, care and protection, and delinquency.
Maltreatment	The Child Abuse Prevention and Treatment Act (CAPTA) definition of child abuse and neglect is, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation of a child, or an act or failure to act, which presents an imminent risk of serious harm to a child.

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Mandated Reporter	<p>Any person who suspects a child is being abused or neglected should call DCF to make a 51A report (named for its statute, MGL c.119, §51A), but mandated reporters are legally required to inform the Department.</p> <p>Mandated Reporters are defined by MGL c.119, §51A and include: any physician; medical intern; hospital personnel engaged in the examination, care or treatment of persons; medical examiner; psychologist; emergency medical technician; dentist; nurse; chiropractor; podiatrist; osteopath; public or private school teacher; educational administrator; guidance or family counselor; day care worker; any person paid to care for or work with a child in any public or private facility, home, or program funded by the Commonwealth or licensed pursuant to the provisions of MGL c.28A; voucher management agencies; family day care system; child care food program; probation officer; clerk/magistrate of the district courts; clergy; parole officer; social worker; foster parent; firefighter or police officer; school attendance officer; allied mental health and human services professional as licensed pursuant to the provisions of MGL c. 112, §165; drug and alcoholism counselor; psychiatrist; and clinical social worker.</p>
Medical Neglect (allegation)	<p>A type of maltreatment caused by failure of the caregiver to provide for the appropriate health care of the child although financially able to do so or offered financial or other resources to do so.</p>
Missing/Absent from Approved Placement	<p>Children are “missing” from Department care or custody if their whereabouts are unknown. These include: children who may have been abducted; children who may have run away or be “on the run” from a Department placement whose whereabouts are unknown; children whose whereabouts are unknown whether or not they make periodic contact with the Department, a placement resource, parent(s)/caregiver(s), or custodian; or a child who has come under Department jurisdiction on an emergency basis under MGL c.119, §51B and the child’s whereabouts become unknown before the initial court hearing.</p> <p>Children are “absent from approved placement” if their whereabouts are known but they refuse to return to their approved DCF placement or family home.</p>
Neglect (allegation)	<p>Neglect means failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability, and growth, or other essential care, provided; however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).</p>
Neonatal Abstinence Syndrome (NAS) (allegation)	<p>A Substance Exposed Newborn (SEN) may also be experiencing Neonatal Abstinence Syndrome (NAS), which are symptoms and signs exhibited by a newborn due to drug withdrawal. NAS is a subset of SEN.</p>
Non-mandated Reporter	<p>Non-mandated reporters are all persons who are not mandated reporters.</p>
Non-Referral Location	<p>Any location other than home in which a child remains in the custody of DCF, but either does not have or is not utilizing a paid placement service. Examples include:</p> <ul style="list-style-type: none"> <li>• Hospitalization</li> <li>• Other state agency</li> </ul>

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Ongoing Social Worker	<p>Ongoing social workers provide the necessary services to help children who are abused and/or neglected. In many situations, social workers interact with children and family members, including siblings, parents, extended relatives, and guardians in order to assess the needs of each child and determine the best course of action for improving the child family environment.</p> <p>Duties and Responsibilities (these duties are a general summary and not all inclusive):</p> <ul style="list-style-type: none"> <li>• Assess, evaluate, conduct initial and ongoing case management of children and family services and needs</li> <li>• Develop, review, update, and ensure implementation of strength-based service plans for each child in care or custody including risk assessment, safety plans, and goals</li> <li>• Complete all documentation in accordance with agency and regulatory requirements</li> <li>• Make home and foster care visits and transport children to healthcare, social services, or other agency-related appointments as required</li> <li>• Maintain ongoing communication with DCF staff and other constituencies and initiate court action when necessary</li> <li>• Empower families to make stable commitments to children by accessing counseling and coordinating visits with biological parents and/or guardians and other relatives, develop a helping relationship, and ensure needed supports and services are provided</li> <li>• Attend weekly supervision, weekly staff meetings, in-service training, and team meetings</li> <li>• Maintain a high degree of professionalism in the community with schools, courts and with referring agencies seeking to build and sustain positive relationships</li> </ul>
Open Case	Child/family in the process of a family assessment or with an active action plan.
Open Consumer	Children, young adults, and adults who are open in a family assessment or have an active action plan.
Outreach	Outreach means those Department activities conducted in the community to make the community aware of the philosophy of the Department, the variety of social services offered by the Department, the ways to obtain Department services, and the Department's desire to work in conjunction with other community resources and agencies to meet children's needs. Outreach activity provides a way for the Department to identify existing resources, duplications, gaps in services, and unmet service needs in the community.

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Parental Capacities	<p>The Department uses the Protective Factors Framework to help assess child safety. An understanding of the child(ren)'s age and developmental status as well as the parent/caregiver's culture, abilities and any disabilities (e.g., intellectual, physical, developmental) must be considered when assessing a parent/caregiver's capacity to safely parent their child(ren). The protective factors that must be considered in a determination of parental capacities are:</p> <ul style="list-style-type: none"> <li>• Knowledge of Parenting and Child Development: Parent/caregiver understands how to keep the child(ren) safe; uses age/developmentally appropriate discipline methods; and responds to the unique development of the child during different ages and stages</li> <li>• Building Social and Emotional Competence of Children: Parent/caregiver, through a nurturing and responsive relationship, helps the child(ren) develop the ability to form safe and secure adult and peer relationships and to experience, regulate and express emotions</li> <li>• Parental Resilience: Parent/caregiver has the ability to make positive changes that sustain child(ren)'s safety and well-being while managing stress and adversity</li> <li>• Social Connections: Parent/caregiver maintains healthy, safe, and supportive relationships with people, institutions, and the community that provide a sense of belonging</li> <li>• Concrete Support in Times of Need: Parent/caregiver provides for the family's basic needs and knows how to access and advocate for services that promote safety and well-being for their child(ren)</li> </ul>
Permanency	Ensuring a nurturing family – preferably one that is legally permanent – for every child within a timeframe supportive of their needs.
Physical Injury (allegation)	Death, fracture of a bone, subdural hematoma, burns, impairment of any organ, soft tissue swelling, skin bruising, and any other such nontrivial injury depending upon such factors as the child's age, circumstances under which the injury occurred, and the number and location of bruises.
Placement Stability	Children in placement may experience one or more moves during a Home Removal Episode (HRE). Children with fewer moves are considered to have placement stability.
Probate and Family Court	The Probate and Family Court Department has jurisdiction over family-related and probate matters such as divorce, paternity, child support, custody, parenting time, adoption, termination of parental rights, and abuse prevention. The Probate and Family Court also handles wills, estates, trusts, guardianships, conservatorships, and changes of name. The court has 14 divisions.
Protective Case	A DCF "care and protection" case opened as a result of a supported 51A report.
Protective Intake	<p>Upon receiving a report of abuse and/or neglect (51A), the Department must first gather sufficient information to determine whether the allegation meets DCF's criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted, and how best to target the Department's response.</p> <p>The Department begins its screening process immediately upon receipt of a report. During the screening process DCF obtains information from the person filing the report and also contacts professionals involved with the family, such as doctors or teachers who may be able to provide information about the child's condition or well-being. DCF may also contact the family if appropriate.</p>
Protective Response (Investigation)	"Screened-in" 51A reports are assigned for a Child Protective Services (CPS) response to determine whether there is "reasonable cause to believe" that a child has been abused and/or neglected.

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Rate-of-Disproportionality (RoD)	<p>The Rate-of-Disproportionality (RoD) is an indicator of inequality. RoDs are calculated by dividing the actual DCF occurrence rate for a given race/ethnicity by the Massachusetts population rate for that specific race/ethnicity.</p> <ul style="list-style-type: none"> <li>• RoDs greater than 1.0 indicate overrepresentation</li> <li>• RoDs less than 1.0 indicate underrepresentation</li> </ul>
Reasonable Cause to Believe	<p>A collection of facts, knowledge, or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of persons providing relevant information, would lead a reasonable person to conclude that a child has been abused or neglected.</p>
Referral (intake)	<p>Notification to the CPS agency of suspected child maltreatment. This can include more than one child.</p>
Relative Rate Index (RRI)	<p>The RRI compares the observed rate of White children to the observed rate for children of color.</p> <ul style="list-style-type: none"> <li>• RRIs greater than 1.0 indicate overrepresentation</li> <li>• RRIs less than 1.0 indicate underrepresentation</li> </ul>
Reportable Condition	<p>Information indicating that a child may have been abused and/or neglected may be at risk of being abused and/or neglected by a caregiver, or that a child may have been or may be at risk of sexual exploitation and/or human trafficking.</p>
Response (51B)	<p>The Department assigns “screened-in” 51A reports for completion of a 51B response in accordance with MGL c. 119, § 51 B. Based on the facts gathered during the response, the assessment of parental capacities, the results of the risk assessment tool and clinical judgment, the response worker, in consultation with the supervisor, determines:</p> <ul style="list-style-type: none"> <li>• A finding on the reported allegation(s) or discovered conditions, including a finding on any person(s) responsible</li> <li>• Whether Department intervention is necessary to safeguard child safety and well-being</li> </ul>
Response Worker	<p>A social worker employed by the Department who conducts a response to allegations of abuse and/or neglect under MGL c. 119, § 51B and who has completed the Department’s training for response workers.</p>
Reunification of Family (permanency through)	<p>Permanency through reunification of family: The purpose is to reunite the child in out-of-home placement with their parents/guardians. Parents/guardians are expected to maintain regular and frequent contact with their child and involvement in their child’s educational, physical/mental health, and social activities.</p>
Risk	<p>The potential for future harm to a child.</p>
Safe Haven Act	<p>Allows a parent to legally surrender newborn infants 7-days-old or younger at a hospital, police station, or manned fire station without facing criminal prosecution. See MGL c.119, §39½ (St. 2004, c.227; amended by St.2007, c.86).</p>
Safety	<p>A condition in which caregiver actions or behaviors protect children from harm.</p>
Screen-In for Response	<p>A 51A report that meets DCF’s criteria for suspected abuse and/or neglect. If a 51A report is “screened-in” it is assigned for a Child Protective Services (CPS) response to determine whether there is “reasonable cause to believe” that a child has been abused and/or neglected. “Screened-in” reports may require an immediate emergency response or a non-emergency response.</p>

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Screen-In for Emergency Response	<p>Screening for an emergency response is to be completed within two hours. The response must begin within two hours of the report and completed within five business days.</p> <p>This is a determination that the report involves a situation where the failure to take immediate action would pose a substantial risk of death, serious emotional or physical injury, or sexual abuse of a child.</p>
Screen-In Non-Emergency Response	<p>Screening for a non-emergency response is to be completed within one business day but may be extended for one additional business day in limited circumstances. The non-emergency response must begin within two days of the report and be completed within fifteen business days.</p> <p>This is a determination that a child(ren) may have been abused and/or neglected or may be at risk of being abused and/or neglected by a caregiver or that a child has been or may be at risk of sexual exploitation or human trafficking, and that the situation as reported does NOT pose a substantial risk of death, serious emotional, or physical injury, or sexual abuse to a child.</p>
Screen-Out	<p>A 51A report that does NOT meet DCF's criteria for suspected abuse and/or neglect.</p> <p>This is a determination that:</p> <ul style="list-style-type: none"> <li>• The report does not involve a child, or the allegations are not within the Department's mandate concerning child abuse and neglect</li> <li>• There was no indication that a child(ren) has been or may have been abused or neglected or may be at risk of being abused and/or neglected by a caregiver</li> <li>• The alleged perpetrator has been identified and was not a caregiver or the child(ren)'s caregiver is safely protecting the child(ren) from the alleged perpetrator, unless the allegations involve sexual exploitation or human trafficking</li> <li>• The specific injury or specific situation being reported is so old that it has no bearing on the current risk to the reported or other child(ren)</li> <li>• There are NO other protective concerns and the only issue is maternal use of appropriately prescribed medication resulting in a Substance Exposed Newborn (SEN), the only substance affecting the newborn(s) was appropriately prescribed medication, and the mother was using the medication(s) as prescribed which can be verified by a qualified medical or other provider</li> </ul>
Screen-Out District Attorney Referral	<p>51A reports that do NOT meet the standards for a Departmental response to ensure a child's safety and well-being. Nonetheless, the 51A Report involved (or may have involved) a crime that requires a mandatory (or discretionary) referral to the district attorney and local law enforcement agency.</p>
Sexual Abuse (allegation)	<p>Any non-accidental act by a caregiver upon a child that constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caregiver and a child for whom the caregiver is responsible.</p>
Sexually Exploited Child	<p>As defined under MGL c.119, §21, any person under the age of 18 who has been subjected to sexual exploitation because such person:</p> <ul style="list-style-type: none"> <li>• Is the victim of the crime of sexual servitude pursuant to section 50 of chapter 265 or is the victim of sex trafficking as defined in 22 United States Code 710</li> <li>• Engages, agrees to engage or offers to engage in sexual conduct with another person in exchange for a fee, in violation of subsection (a) of section 53A of chapter 272, or in exchange for food, shelter, clothing, education, or care</li> <li>• Is a victim of the crime of inducing a minor into prostitution under section 4A of chapter 272</li> <li>• Engages in common night walking or common streetwalking under section 53 of chapter 272</li> </ul>

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Sexual Orientation	Sexual Orientation describes patterns of sexual, romantic, and emotional attraction—and one's sense of identity based on those attractions.
Sibling Placement Rate	Rate of siblings placed together (co-placed) in a foster care setting
Stabilization of Family (permanency through)	Permanency through stabilization of family is to strengthen, support, and maintain a family's ability to provide a safe and nurturing environment for the child and prevent out-of-home placement of the child. Families with children who have this permanency plan may include those situations in which a child or adolescent requires placement services for 30 calendar days or less or when longer placement is required due to the child's own developmental, medical, or behavioral needs rather than concerns about abuse or neglect by the parents/guardians.
Substance Exposed Newborn (SEN) (allegation)	A newborn exposed to alcohol or other drugs in utero, whether or not this exposure is detected at birth through a drug screen or withdrawal symptoms. A SEN may also be experiencing Neonatal Abstinence Syndrome (NAS), which are symptoms and signs exhibited by a newborn due to drug withdrawal. NAS is a subset of SEN. Fetal Alcohol Syndrome (FAS) as diagnosed by a qualified licensed medical professional is also a subset of SEN.
Substantial Evidence	Such evidence as a reasonable mind might accept as adequate to support a conclusion.
Substantial Risk of Injury	A situation arising either through intentional act or omission which, if left unchanged, might result in physical or emotional injury to a child or which might result in sexual abuse to a child.
Substantiated Concern Finding	<p>At the conclusion of the CPS Response, a "determination" is made. A "substantiated concern" finding means that there is "reasonable cause to believe" that the child was neglected, the actions or inactions by the parent(s)/ caregiver(s) create the potential for abuse or neglect, but there is no immediate danger to the child(ren)'s safety or well-being.</p> <p>Department intervention is needed to safeguard child(ren) safety and well-being with one of the following results:</p> <ul style="list-style-type: none"> <li>• A new case is opened</li> <li>• When there is a finding of substantiated concern on an open case, the information gathered during response is used by the currently assigned social worker, in consultation with the supervisor, to determine if there has been a change in risk level to the child(ren) that warrants an update to the family's current assessment or action plan and/or change to existing interventions/services.</li> </ul>
Substitute Care	Substitute care means the provision of planned, temporary 24-hour care when the parent or principal caretaker is unable or unavailable to provide care on a daily basis. Substitute care encompasses the provision of foster care, community residential care, and supervised independent living. The Department shall protect and promote the basic principle that every child has a right to a permanent family by providing substitute care which is time-limited, community-based and in the least restrictive setting possible.

## GLOSSARY

### Appendix A

Supported Finding	<p>At the conclusion of the CPS Response, a determination is made. A support finding means that there is “reasonable cause to believe” that a child(ren) was abused and/or neglected; the actions or inactions by the parent(s)/ caregiver(s) place the child(ren) in danger or pose substantial risk to the child(ren)'s safety or well-being; or the person was responsible for the child(ren) being a victim of sexual exploitation or human trafficking.</p> <p>Department intervention is needed to safeguard child(ren) safety and well-being with one of the following results:</p> <ul style="list-style-type: none"> <li>• A new case is opened</li> <li>• When allegations are supported on an open case, the information gathered during response is used by the currently assigned social worker, in consultation with the supervisor, to determine if there is a change in risk level to the child(ren) that warrants an update to the family's current Family Assessment and Action Plan and/or a change to existing interventions/services.</li> </ul> <p>In very limited circumstances, with approval from a manager, the Department may make a finding of support and determine that Department intervention is not necessary. For example, the alleged perpetrator was not a family member (e.g., babysitter, bus driver); the parent(s)/caregiver(s) had taken necessary action to keep the child safe; the alleged perpetrator poses no current or potential threat to the reported child(ren) and is out of the home; and the parent(s)/caregiver(s) has taken necessary action to keep the child(ren) safe.</p>
Unsupported Finding	<p>At the conclusion of the CPS Response, a determination is made. An unsupported finding means that there is not “reasonable cause to believe” that a child(ren) was abused and/or neglected; that the child(ren)'s safety or well-being is being compromised; or the person believed to be responsible for the abuse or neglect was not a caregiver, unless the abuse or neglect involves sexual exploitation or human trafficking where the caregiver distinction is not applied.</p> <p>Department intervention is not needed to safeguard the child(ren)'s safety and well-being. Although the Department does not open a new case, the family may apply for voluntary services from the Department and/or the Department may refer the family for services in the community if needed.</p> <p>When allegations on an open case are "unsupported," the information gathered during response is used by the currently assigned social worker, in consultation with the supervisor, to determine if there has been a change in risk level to the child(ren) that warrants an update to the family's current assessment and action plan and/or change to existing interventions/services.</p>
Victim (child)	<p>A child for whom the state determined at least one maltreatment (allegation of abuse and/or neglect) was supported or indicated. This includes children who die of child abuse and neglect. This is a change from prior years when children with dispositions of alternative (i.e., differential) response victim were included as victims. It is important to note that a child may be a victim in one report and a non-victim in another report.</p>
Voluntary Intake	<p>In some cases, after an assessment or investigation, DCF finds no evidence for abuse or neglect. In these cases, families can request that DCF open a voluntary case for them so that they can still access services.</p>
Voluntary Placement Agreement (VPA)	<p>A young adult open with the Department prior to turning age 18 may sign a VPA at age 18 and remain open with the Department. Young adults who decline a VPA at age 18 may later request services by returning and signing a VPA prior to turning 23 years-of-age.</p>



**GLOSSARY**  
Appendix A

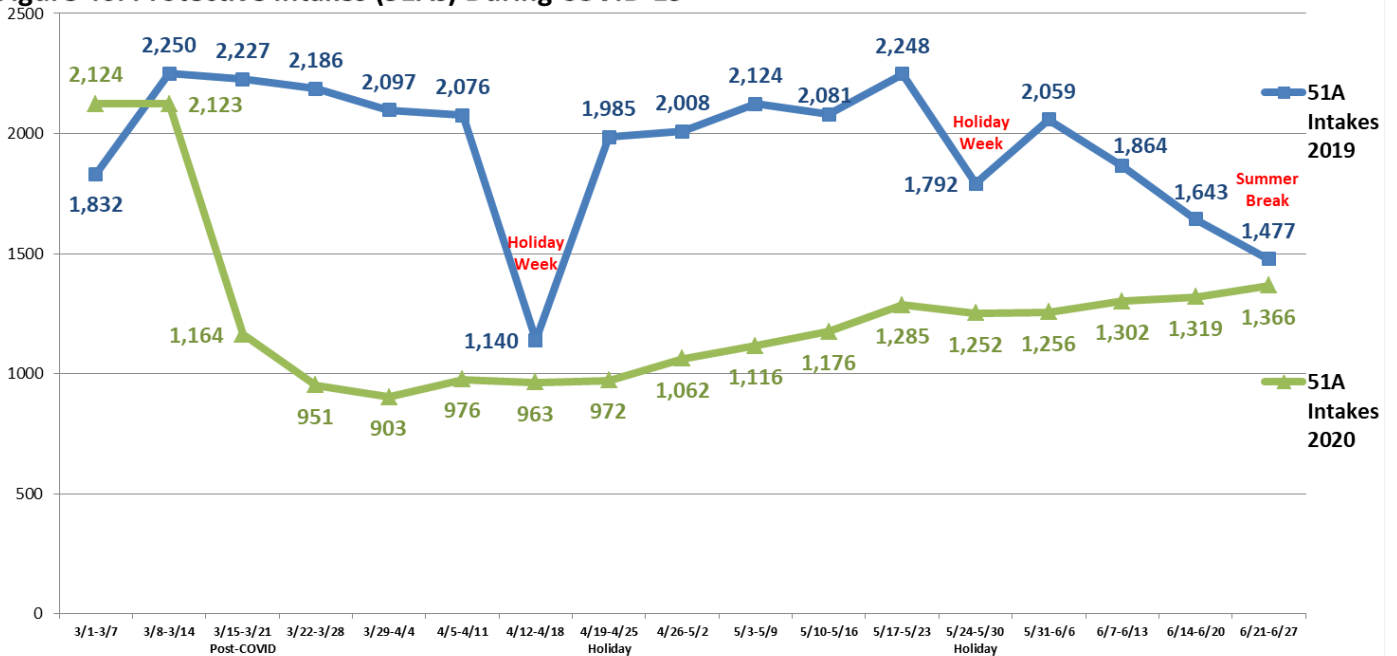
Well-Being	Healthy social, physical, and emotional functioning of children and their families. Safe, stable, and nurturing relationships between children, their siblings, and the adults who care for them are necessary cornerstones of their well-being and healthy development and shape how their physical, emotional, social, behavioral, and cognitive capacities will progress – all of which ultimately affect their health and functioning as adults.
Workload	The amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes a worker to do the work required for each assigned case and complete other non-casework responsibilities.

## IMPACT OF COVID-19 PANDEMIC Appendix B

- Protective Intakes (51A reports) During the COVID-19 Pandemic**

Figure 46 presents the weekly impact of the COVID-19 pandemic on protective intakes (51A reports) filed from March 1, 2020 through June 27, 2020—the last full week of FY2020. During this 17 week span in 2020, 21,310 51A reports were filed. This represents a 35.6% decrease relative to the 33,089 51A reports filed in an equivalent 17 week interval in 2019. Correlated with the end of the school year, the week-over-week variance was within 7.5% (111 51As) during the final full week of each fiscal year. School personnel have generally accounted for one quarter of filed 51A reports. As such, school holidays/vacations historically result in lowered 51A reporting.

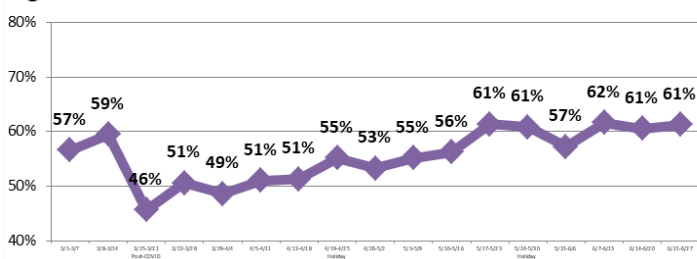
**Figure 46. Protective Intakes (51As) During COVID-19**



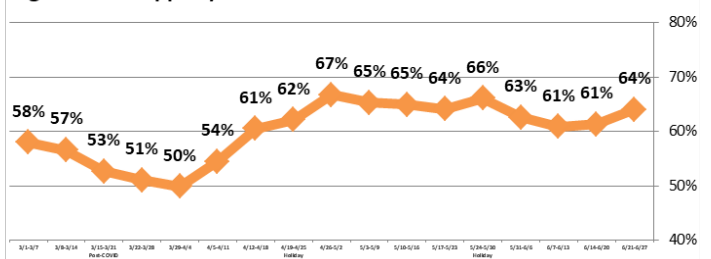
- Screen-In and Support/Substantiated Concern Rates During the COVID-19 Pandemic**

While 51A reporting decreased during the COVID-19 pandemic, Figures 46A-B reveal that 51As were screened-in (pre-COVID = 57%) and supported/substantiated (pre-COVID = 57%) at higher rates post-COVID (see Figure 26b (p.22) and Table 28 (p.24) for comparison).

**Figure 46A. Screen-In Rates Post-COVID**



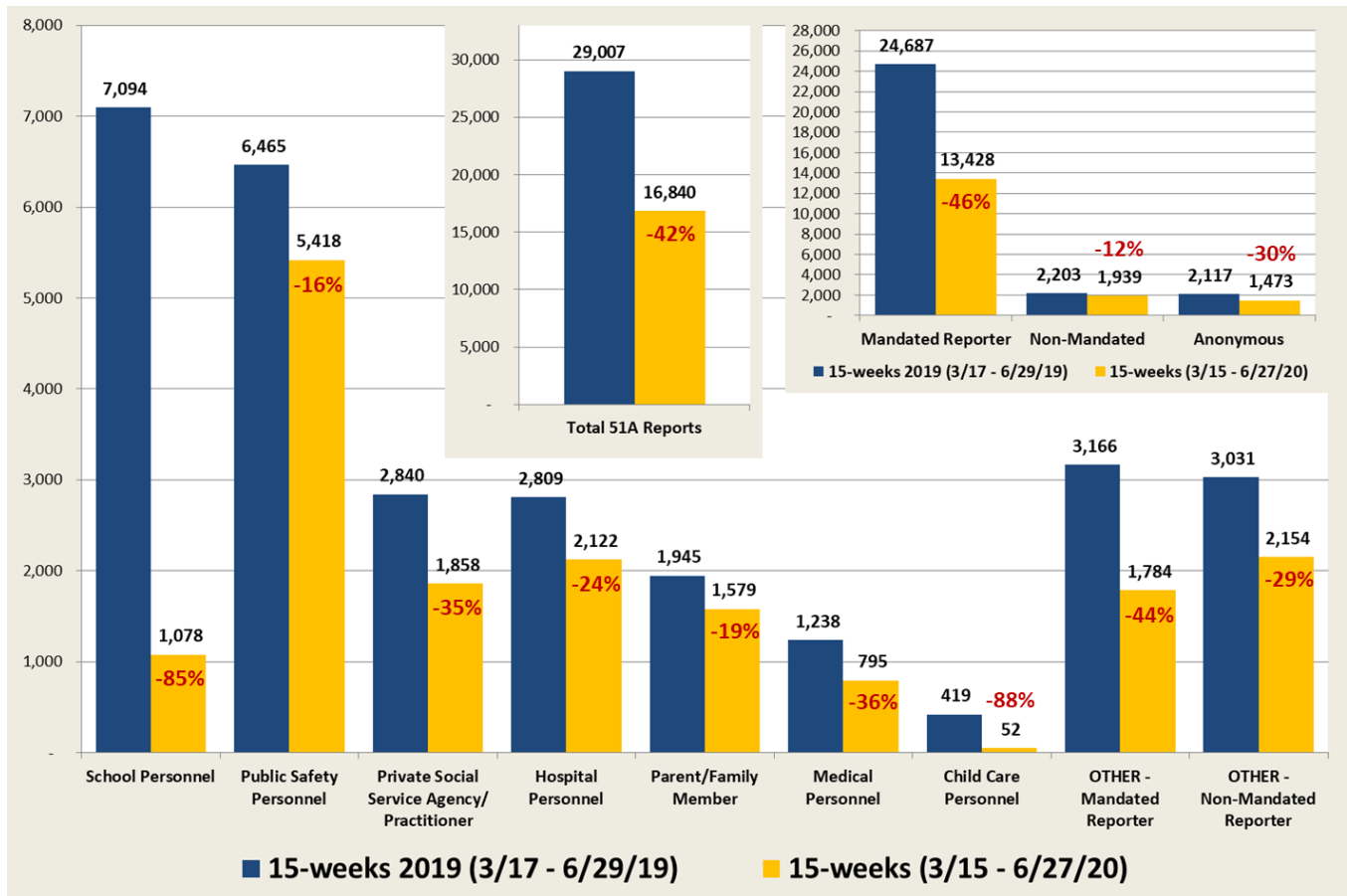
**Figure 46B. Support/Substantiated Rates Post-COVID**



- **Mandated Reporters During the COVID-19 Pandemic**

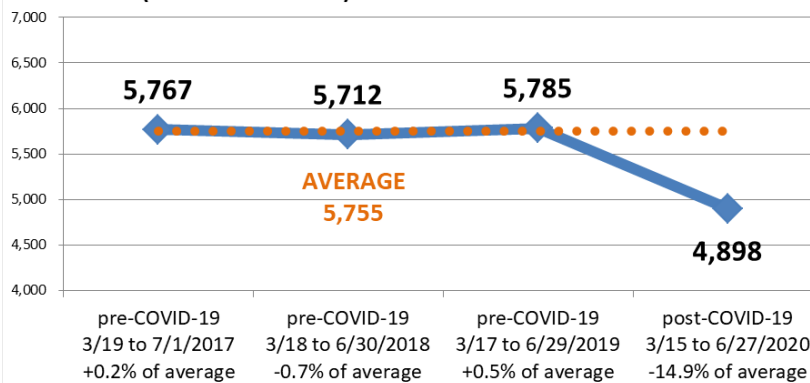
Figure 47 reveals that following the COVID State of Emergency declaration, 51A report filings decreased by 42% relative to an equivalent 15 week interval in 2019. Reporting by mandated reporters was down by 46% relative to 2019 and accounts for the majority of the observed reduction. Of note, 51A reports filed by school personnel were down 85%.

**Figure 47. Mandated Reporters During COVID-19**



- **Case Closing Trend Pre vs Post COVID-19 Pandemic**

**Figure 48. Case Closing Trend Pre vs Post COVID-19 (15 week intervals)**

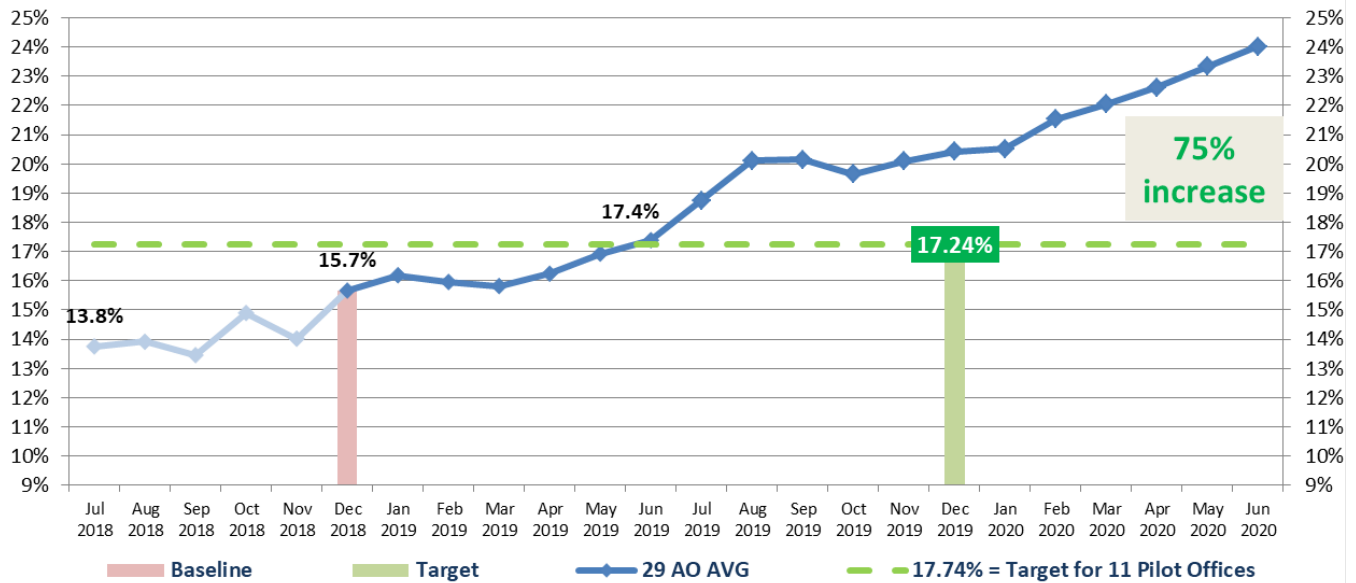


As noted in Table 1 (p.1), open cases determined to be appropriate for safe closure were identified and closed in FY2020. Figure 48 reveals that during the 15 week timespan between the COVID State of Emergency declaration and the end of FY2020, case closings decreased relative to equivalent year-over-year intervals. DCF maintained its services to children and families during the pandemic.

- **Family Find – Kin First**

National research shows the most stable and successful foster care placements are children cared for by family. More than three years ago, the Department initiated Family Find, a pilot program dedicating one social worker in each office to focus on locating family members or other caring adults the child already knows. Family Find has expanded from three DCF offices to 11 and, since January 2018, the placement of children in kinship foster homes immediately following the home removal increased 75% statewide (Figure 49a) and 160% in the Family Find offices (Figure 49b). In FY2020, a five-year high of 57% of all children in departmental foster care were placed with kin.

**Figure 49a. Percent of Initial Placements Placed with Kin - Statewide**



**Figure 49b. Percent of Initial Placements Placed with Kin - 11 Pilot Area Offices**

