

Massachusetts  
Department  
of Children  
and Families

# Annual Report FY2021

Descriptive and Outcome Data: FY2017 – FY2021

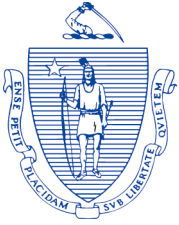
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*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Children and Families*

*600 Washington Street, 6<sup>th</sup> Floor*

*Boston, MA 02111*

*Tel.: 617-748-2000 Fax: 617-261-7435*

*[www.mass.gov/dcf](http://www.mass.gov/dcf)*

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

LINDA S. SPEARS  
Commissioner

December 2, 2021

On behalf of the Massachusetts Department of Children and Families (DCF), I am pleased to present the DCF Annual Report for State Fiscal Year 2021. This report expands on our inaugural FY2019 Annual Report incorporating new, improved data, along with statutorily required data measures and progress metrics. Covering the last five fiscal years, the FY2021 Annual Report provides a comprehensive overview of the system wide reform that took flight in FY2016 and set out to modernize the Commonwealth's child welfare system. In our first two phases of reform, we focused on broad policies, staffing, and other systems issues that had not been updated or addressed in years. We have strengthened our determination to address additional case practice and systemic reforms in light of the tragic loss of David Almond. We have increased our understanding of specialized populations by updating policies, introducing new staff trainings based on current research and best social work practices, and hiring new specialty staff in the areas of education, disabilities, and continuous quality improvement. We also continue to modernize our approach to child safety work by following evidence based practices to ensure we maintain child safety so they can reach their greatest potential.

In addition to the Department's internal review of the Almond case, we have worked closely with the Office of the Child Advocate (OCA) on the implementation of recommendations outlined in their independent investigation into the actions and inactions of state agencies and other entities responsible for services and oversight of the Almond family. Some of the core themes of the OCA's recommendations include increasing and promoting case communication and collaboration, focusing on sound clinical formulation, building additional capacity to serve the unique vulnerabilities and needs of children, especially those with disabilities, and keeping children visible in the community by partnering with providers and sister agencies. The Department is writing two new policies and revising five of its existing policies. The revised Supervision policy was effective August 31, 2021, the revised Education policy and the new Parents and Children with Disabilities policy will go into effect on December 2021, the revised Protective Casework Policy - February 2022, and the new Reunification policy - March 2022, and revised Family Assessment and Action Planning policy - April 2022. In addition to these policy improvements, the Department is also implementing new tools to help support social work practice and procuring new congregate care and parental assessment services.

The Department continues to respond to the COVID-19 pandemic, having implemented processes to keep staff and children safe. We resumed monthly in-person home visits in April of 2021, created the capacity to administer rapid tests to children coming into care, and provide vaccines for eligible youth in group foster care placements, while eligible youth in family foster home settings continue to receive vaccines at locations in their communities. Our Medical Director has also worked diligently with our colleagues in the Department of Public Health to provide timely and informative guidance on adapting the operations of the Department to ensure the safety and health of our staff and families. The dedication, resilience, and grit of our staff, providers, foster parents, and community partners have been inspiring.

This FY2021 Annual Report is intended for a wide audience of child-serving organizations, DCF stakeholders and the public. It mirrors and complements the detailed outcome measures the federal government already uses to assess the Department's performance. Importantly, it highlights 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 am especially proud of the inclusion of additional data and analysis provided in this report on racial disproportionality in the Commonwealth and our child welfare system. The pandemic has laid bare the disparities that impact those who rely on human service when families have less access to the supports and resources that are often readily available in more affluent communities. In many jurisdictions, we also see these disparities in mandated reporting: we have found that mandated reporters and the public are more likely to report children of color to child welfare agencies. DCF is committed to using this data and sharing it with others to inform meaningful reforms to address institutional racism across our systems.

I would like to thank DCF staff, the Office of the Child Advocate, the Joint Committee on Children, Families & Persons with Disabilities, the House and Senate Committees on Ways and Means, the Office of the State Auditor, the Department of Public Health, , 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, GLBTQ Legal Advocates and Defenders, the LGBTQ Youth Commission, Citizens For Juvenile Justice, Friends of Children, Mental Health Legal Advisors Committee and countless others who attend the Data Work Group for their contributions to this report. This report includes new data reflective of feedback to the FY2020 Annual Report and we are looking forward to continuing to work with these partners and other stakeholders in the Commonwealth to assess data to include in future Annual Reports.

DCF is filing this report pursuant to reporting requirements included in Item 4800-0015 of section 2 of chapter 24 of the acts of 2021, MGL c.18B, §7(e), c.18B §23, c.18B §24, c.18B §25, c.119 §23(f), c.119 §23(h), c.119 §39½, c.119 §51D.

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. Of course, the work of all DCF staff day in and day out remains the most rewarding and challenging of public service.

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

### Introduction

The FY2021 Annual Report of the Massachusetts Department of Children and Families (DCF) offers a comprehensive view of children and families involved with child protective services in the Commonwealth from July 1, 2020 through June 30, 2021 and the four prior fiscal years (FY2017-FY2020). As such, the report includes federal outcome measures that are used to evaluate welfare agencies nationwide and key metrics aligned with the policies, practice, and priorities for the safety and wellbeing of the children in Massachusetts. Altogether, the data highlights the sustained impact of the historic system-wide agency reform initiated by the Baker-Polito administration in September 2015.

Throughout FY2021, the lingering COVID-19 pandemic necessitated some temporary yet dramatic changes within child welfare agencies across the country. A nationwide plunge in reports of suspected abuse and neglect in the earliest weeks of the pandemic raised questions about the way a system, historically structured around in-person contact and supportive services, would function during a pandemic.

Primarily of note, the Department continued to receive fewer reports of suspected abuse and neglect (51A reports or protective intakes) compared to pre-pandemic years. The impact can be seen in certain data points in the annual report, including those directly tied to the courts, which, by law, makes all custody decisions. At 83,644, 51A reports declined 12% compared to FY2019.

The vast majority of 51A reports are filed by mandated reporters, such as first responders, school personnel and health care professionals, who are required by law to report suspected child abuse and/or neglect to DCF. Remote schooling, telehealth, and limited sports, summer camp, childcare and other activities, particularly during the first half of FY2021, limited the daily, personal interactions that bring children to the Department's attention. With the COVID-19 vaccine roll-out, infections declining, and the warmer spring weather, children became more visible in the community, and 51A reports began to rise but still fell short of pre-pandemic levels.

The FY2021 average weighted caseload ratio was 14.82:1, which is below the negotiated caseload ratio of no more than 15.00:1 per ongoing social worker and below pre-pandemic caseloads. DCF has been able to reach these historic lows through the combination of earlier-implemented reforms focused on caseload management coupled with the decline in 51A reports that the Department saw during the pandemic.

While the virus left a clear imprint on the FY2021 annual report, it did not define the Department's performance or impede progress. DCF's after-hours Child-at-Risk hotline remained fully operational throughout the pandemic and social workers continued to respond to all emergencies in-person.. Having already equipped the majority of frontline staff with mobile devices enabled the initial transition to videoconference visits with children and families, in accordance with federal guidelines, and eased the transition to telework at the height of the pandemic for all DCF staff.

As Personal Protective Equipment (PPE) became readily available to frontline DCF social workers early in the pandemic, and the scientific and medical communities learned more about the virus, the Department first increased in-person visits in the summer of 2020 and then resumed all in-person non-emergency investigations and a blend of virtual and routine in-person visits at the end of August 2020. With DCF social workers prioritized in Phase 1 of the Commonwealth's vaccination plan, the Department fully resumed routine in-person visits effective April 26, 2021.

At the same time, the Department developed new child and parent visitation guidelines, and implemented new strategies to mitigate the spread of infection in group foster care settings. Amid the competing demands, DCF remained on course and moved forward with critical pre-pandemic priorities.

## **Children, Young Adults and Families Served**

The Department ended FY2021 serving 93,802 families and young adults involved in 26,307 protective cases that included 44,465 children age 0-17. Among young adults, 2,766 youth age 18-23 accessed housing, education, and employment-related services and assistance. White, Hispanic/Latinx, and Black families accounted for the majority of the children and families involved with the Department. Most families speak English as their primary language followed by Spanish.

## **Foster Care**

When children are placed in environments where they are most likely to thrive, especially when relatives can serve as foster parents, research shows a strong correlation between stability and success in foster care. The federal government requires all states to report “placement stability,” by tracking the number of times children may move to a new foster home over a 12-month period. During FY2021, the Department continued to demonstrate significant improvement in placement stability, which increased 39% since FY2018.

A combination of departmental reforms contributed to the rise in placement stability. A historic high of 57.4% of children in Departmental Foster Care (DFC) are placed in kinship foster homes due, in part, to the Department’s Family Find pilot program which designates one social worker in an area office to locate family members who can foster their relatives’ children. Comparatively, 47.6% of children in DFC foster care were placed with kin when the Department began tracking this metric in 2009.

Keeping siblings together further promotes stability in foster care. The impact of serious abuse and neglect, coupled with the transition to a new environment, is cushioned when siblings can be placed together in the same home. Strengthened by the efforts to place children in kinship foster homes, the placement rate of all siblings in the same foster home is 63%, a 13.1% increase from FY2018. When a large sibling group enters foster care, or one child needs a higher level of care than a family foster home setting, the Department works to keep as many siblings together as possible. The placement rate of at least two siblings in the same foster home rose to 79% in FY2021, a 6.4% increase from FY2018.

Although the overall number of children (0-17) in foster care remained flat compared to FY2020, the 8,464 children in foster care at the end of FY2021 is a significant decline from 9,631 children at the end of FY2018. For the second consecutive year, the Department saw a concurrent five-year downward trend of children removed from home and entering foster care, aligning with a steady decline in the number of children re-entering foster care within twelve months of a prior placement.

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

Among the Department’s chief responsibilities is “permanency,” finding safe permanent homes where children can lay down roots, whether that is returning to their birth parents’ care or becoming part of a new family. Although 63.3% of children returned home from foster care during FY2021, 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.

The Department is committed to safely achieving permanency in “child time.” For children, every day matters to their growth and their educational, social, and emotional development. The majority of children who reunified with their parents in FY2021 (63.9%) were placed in foster care for no more than 12 months. Yet the median time in foster care for children on the adoption track was 42.9 months, a side effect of the pandemic.

To achieve timely adoptions, the Department depends on its partnership with the juvenile courts, which are solely responsible for determining custody and finalizing adoptions. In FY2019, DCF finalized the highest number of adoptions in recent years; 936 adoptions; the result of reforms that reorganized and streamlined the Department’s finalization process. COVID-19 related court closures impacted DCF’s progress on this front. In FY2020, the court finalized 850 adoptions, most in the first three quarters of the fiscal year, prior to the onset of the pandemic in March 2020. Adoption finalizations dipped again during FY2021, to 720, although it is a 10% increase from the 654 adoptions finalized in FY2017, prior to the Department’s full implementation of permanency reforms.

## **Youth in Transition**

Among child welfare agencies nationwide, DCF has one of the most comprehensive programs for young adults ages 18-23, which primed the Department to provide increased support during the pandemic. In the spring of 2020, due to the unprecedented impact of the public health emergency on work and education opportunities, the Department determined it would not close cases of any youth, unless the youth requested it.

Additionally, social workers contacted young adults whose cases closed between January and April 2020 to remind them of their option to re-engage with the Department. As a result, 75% of youth who turned 18 in FY2021 chose to continue their engagement with the department and 2,766 young adults accessed services, both five-year highs.

Circumstances of the pandemic likely impacted the four-year high school graduation rate of adolescents in DCF custody who graduated in 2020. Amid the drastic transition to remote schooling in the last three months of the school year, the four-year graduation rate declined to 50.6%, below the Department’s target of 67%. More encouraging is the five-year graduation rate, which increased to 68.2% for the class of 2019, the highest in five years (2019 data is the most recent available for the 5-year graduation rate).

## **Information Technology**

The Department continues to capitalize on opportunities to modernize the systems social workers rely on every day to serve children and families. In FY2021, the Department began phasing out iPads and transitioning staff to Surface Pros, which are considered cutting edge technology with increased memory/storage, longer lasting battery life, and the best connectivity available on Wi-Fi cellular networks. With the ability to remotely complete tasks such as uploading electronic signatures or accessing files, staff can spend more time working in the field and less time driving to area offices to physically log on to a desktop computer.

Beginning with the initiation of DCF’s system-wide reform in 2015, every new policy initiative includes a corresponding Information Technology (IT) upgrade that adds new data fields that support and reinforce the policy’s requirements. Because of these technology upgrades, the Department is able to compile metrics to understand how the policy is functioning. Furthermore, the Department trains 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. Support from the administration and budget increases from the legislature permitted the Department to invest in and expand its technological abilities, especially for data collection. As such, for FY2021,

the Department can produce more detailed, freestanding annual reports on Foster Care Review and Fair Hearings, key operations of interest that were previously embedded in the annual report.

These reports are the products of over three 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. Not only do these reports promote accountability, but they also make operations and performance more transparent and accessible to the public.

In the FY2021 annual report, the Department responded to feedback from stakeholders, child-serving partners, and legislators by adding or enhancing the following data points:

**Protective Intakes (51As) and Protective Responses (51Bs) by Race and Ethnicity:** Hispanic/Latinx, Black, and other families of color have been historically overrepresented on child welfare agency caseloads nationwide. For the first time, the annual report examines the race and ethnicity of children reported to the Department as well as those who receive a DCF investigation (51B) and compares this to their racial/ethnic distribution within the Massachusetts' child population. Key findings showed that Hispanic/Latinx and Black children were more than two times as likely to be reported to the Department as victims of abuse or neglect.

When a mandated reporter or a member of the community files a 51A, the Department first screens the report to assess a child's current safety and risk of harm. During screening, information may be gathered from health care providers, childcare providers, school personnel, relatives, neighbors, and others who have regular in-person contact with a child. If the Department determines there is reasonable cause to believe a child has been abused or neglected, the report will be "screened-in" for investigation. At this juncture of DCF intervention, the data shows that the Department screens at equivalent relative rates across race and ethnicity and investigates families of all races and ethnicities at relatively the same rates. Similarly, the Department "supports" investigations (i.e., determines a caregiver has abused or neglected a child) at consistent rates across race and ethnicity.

**Gender Identity and Sexual Orientation of Children, Youth, and Young Adults in Placement:** The Department gained the capacity to collect Sexual Orientation and Gender Identity (SOGI) data as structured data elements with the implementation of the DCF Family Assessment and Action Planning Policy in 2017 and this data was first reported in the FY2020 annual report. The FY2021 report adds further context by including data for youth age 18 and up who remain engaged with the Department after aging out of foster care.

## Looking Ahead

Isolation, financial insecurity, loss of loved one and an overarching sense of uncertainty intensified the day-to-day pressures on families during the pandemic. The pandemic has impacted families across the Commonwealth, and many are still struggling.

Not unexpectedly, the excessive stress and anxiety manifested in behaviors that threaten child safety: substance misuse, domestic violence, and deterioration of mental health. The demands on frontline staff and the Department's clinical specialty staff remained elevated throughout FY2021, with DCF's domestic violence, substance abuse, mental health, and housing specialty units seeing an uptick in requests from field staff seeking their expertise.

The pandemic reinforced that children are safest when they are visible in the community: going to school, seeing friends, and visiting medical professionals, among other activities. It is not coincidental that 51A reports have been climbing alongside the loosening of COVID-19 restrictions and the return of in-person school.

The commitment to improving safety interventions for children remains DCF's top priority, evidenced by continued development of policy, practice, and training initiatives. Implementation of the Department's new Foster Care policy- its first significant overhaul in almost 15 years- is underway. The first DCF reunification policy will strengthen decision making at the critical point when the Department decides a parent is ready to care for their child fulltime.

While reuniting children with parents is often the best form of permanency, the policy reinforces it must be accomplished by thoroughly assessing mental health, coping skills, and sobriety and other indicators that can compromise a parent's capacity to safely care for their child. The policy also requires social workers to involve parents and professionals working with the family, known as collaterals, in developing a reunification plan to determine the parents' readiness to be a primary caregiver. Furthermore, there must be a reunification review at the managerial level before a child can return home.

Other permanency initiatives continue with the statewide implementation of a new framework for planning meetings held after a child enters foster care. Important adults in the child's life, including their biological parents, foster parents and social workers, meet and use structured questions to establish a foundation for achieving permanency for the child. For adolescents and young adults, staff statewide have been trained to lead permanency roundtables that brings together foster parents, other significant adults in the child's life, group care providers, and clinicians with DCF managers and social workers to discuss options for transition planning.

Three years ago, DCF established new ways of tracking adoption cases through the juvenile courts and instituted weekly meetings for the Department's legal and clinical teams to address barriers to finalization. A recent national report from the federal Children's Bureau highlights the role this system has played in expediting adoptions in the Commonwealth and the Department is working with the courts to reinvigorate it, now that in-person proceedings have resumed.

For older youth who age out of foster care continued efforts to boost high school graduation rates are critically important. The Department has responded by hiring more adolescent outreach worker positions so there is one dedicated to each of the 29 local DCF offices. Adolescent Outreach workers serve as secondary social workers for youth and young adults pursuing post-secondary education. Forthcoming revisions to update and modernize the Department's education policy will provide specific guidance for this age group.

Children and youth who identify as LGBTQ face unique challenges within their families and in their communities. In 2022, DCF plans to begin developing a new policy to focus on their well-being and, in addition to the progress in enhancing SOGI data, the Department introduced new social worker trainings last spring that teach the knowledge and skills needed to talk with youth about gender identity and sexual orientation.

The annual report's findings of disproportionality in 51A reporting and the need to mitigate disproportionality on the caseload also warrants further exploration and attention. Disproportionality in child welfare begins with factors at the community level, when families have less access to supports and resources that can address family concerns before they become serious enough to involve the child protection agency. It also occurs when mandated reporters and the public are more likely to report children of color to child welfare agencies. It is critical that all child-serving partners, including DCF, work together to understand how biases, resource needs, and related dynamics can be addressed so that children from racially and ethnically diverse backgrounds are not overrepresented in the child welfare system.

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.

Child safety in Massachusetts depends, in part, on the availability and evolution of data and technology and sound policies that reflect child welfare best practices. The Department remains committed to using what is learned from the annual 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 can feel safe in their homes and 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 FY2021, 26,307 families were being served by DCF (23,938 clinical cases and 2,369 adoption cases). These cases involve 93,802 children and adults: 44,465 children (0-17), 2,271 young adults (18 & older), and 47,066 adults.<sup>1</sup> (Table 1, p.1; Table 3, p.2)

The 2,271 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 FY2021, 654 youth turned 18 years of age while in care. Of these, 75% remained open with the Department. (Table 37a, p.39)

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 81% of children (0-17) open with the Department at the end of FY2021, 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 FY2021, DCF had 10,170 children and young adults in out-of-home placement. Of these, 8,464 (83%) were children (0-17) and 1,706 (17%) were young adults (18 & older). Between FY2017 and FY2021, children (0-17) in placement decreased by 11.8% (1,133). White (40%), Hispanic/Latinx (33%), and Black (14%) children (0-17) account for the majority of children in the Department's care. (Table 10, p.6; Figure 12, p.7; Table 14, p.9)

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 FY2021, 96% 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

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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.

family, or permanent care with kin). The majority had a permanency plan of family reunification (37%) or adoption (38%). The remaining 4% of children had a permanency plan of APPLA (Another Planned Permanent Living Arrangement) or unspecified (i.e., to be developed). (Table/Figure 15, p.10)

At the end of FY2021, 81% 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, 57% of children (0-17) placed in DFC foster homes were placed with kin. The overall kinship placement rate for children (0-17) in out-of-home placement was 38%. (Table/Figure 16; Figures 16a-b, p.13)

Recognizing that placing siblings in the same foster home is generally best for their well-being, DCF keeps siblings together whenever possible. In 79% of cases with a minimum of two siblings placed in a DFC foster home at the end of FY2021, two or more of the siblings were placed together—an increase of 6.4% compared to FY2018. Furthermore, 63% 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 13.1% compared to FY2018. (Table 17; Figures 17a-b, p.15)

The Department tracks several placement related metrics. An understanding of these metrics is dependent upon knowing two key terms-of-art. *Home Removal Episode* (HRE), which is the period between the start and end of DCF placement custody. *Placement Length-of-Stay* (LOS) measures the time between the start and end of DCF custody in placement. The average LOS for children exiting care in FY2021 was 21.4 months. For children still in care at the end of FY2021, average LOS at that point-in-time was 25.7 months. (Table 19, p.16)

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 amount of time it takes to achieve permanency (i.e., reunification, adoption, guardianship, and permanent care with kin). Relative to FY2017- FY2019, a larger share of the children entering care in FY2021 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 79.5% in FY2021, a 16.9% improvement over the FY2018 rate (68.0%). (Table/Figure 20, p.17)

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 FY2021, children (0-17) evidenced 5.69 *Placement Moves per 1,000 Placement Days*—a 39.0% improvement relative to FY2018. (Table/Figure 21, p.17)

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 FY2021, 4,426 unique children (0-17) entered out-of-home care. Of these, 3,354 (76%) were first-time entries and 649 (15%) were re-entries beyond 12 months of their exit from care. Combined, DCF found that over 90% of the children entering care had not been discharged from care during the prior 12 months. (Table/Figure 22, p.18)

In FY2021, 4,466 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 85% of children who exited out-of-home care in FY2021 achieved permanency. Of note, children who entered care at age 12 or younger achieved permanency at a significantly higher rate (96.0%) than children who entered out-of-home care at age 13 or older (58.3%). Children age 13 or older at the time of their entry into care were less likely to exit to adoption or guardianship. (Table/Figure 23; Tables/Figures 23a-b-c, pp.19-20)

- **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, which fall outside the 51A process, are generally referred directly for Family Assessment and Action Planning and do not follow the protective intake protocol.

In FY2021, DCF received 84,399 intakes (i.e., Protective 51As, Safe Haven, Voluntary, and CRA/Court Referral), of which 99.1% (83,644) 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 0.9% (755) of all FY2021 intakes. This pattern of intake distribution was reflected throughout the FY2017- FY2021 reporting period and is comparable to the distribution observed in prior years. Of note, the significant 10.6% decrease in FY2021 intakes is directly related to the COVID-19 pandemic. (Table 25; Figures 25a-b, p.25)

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 83,644 protective intakes (51As) received in FY2021 alleging child maltreatment, 50,191 (60%) were “screened-in” for a Child Protective Service (CPS) response. Of the “screened-out” 51As (33,453), 4,792 were referred to the district attorney where additional investigations may occur (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.26)

“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 39,386 responses involving one or more children in FY2021. Of these, there were 16,350 (41.5%) support decisions and 7,929 (20.1%) substantiated concern decisions. The remaining 15,107 (38.4%) were unsupported. These determinations are defined on page 28. (Table/Figure 27, p.28; Table/Figure 28, p.30)

A 51A report may contain one or more allegations of abuse and/or neglect and may involve one or more children. In FY2021, the most frequently present allegation types were neglect (76.5%), physical abuse (19.3%), and sexual abuse (10.3%). Substance Exposed Newborn (SEN) and SEN-Neonatal Abstinence Syndrome (SEN-NAS) were alleged in 2.6% of 51A reports. (Table 29a, p.32)

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 FY2021, the most frequently supported allegations were neglect (86.8%), physical abuse (8.8%), SEN/SEN-NAS (6.6%), and sexual abuse (4.5%). (Table 29b, p.32)

There were 23,911 children (unduplicated child count) found to have experienced maltreatment in FY2021. A child may have been a victim of one or more types of maltreatment. Of these unique child victims, 87.2% were victims of neglect, 6.8% were victims of physical abuse, 4.6% were SEN/SEN-NAS newborns, and 3.2% were victims of sexual abuse. (Table 29c, p.32)

- **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 FY2021, 89.45% of the children who experienced an occurrence of maltreatment within the first six months of FY2021 did not experience a recurrence of maltreatment within six months of their prior maltreatment. Of note, there were fewer child victims in FY2021 than in each of the four prior years (i.e., FY2017-FY2020). (Table/Figure 30, p.33)

The Department also tracks the number of children who experienced supported maltreatment while residing in an out-of-home placement setting. In FY2021, 98.82% of the children who were in an out-of-home placement at any time during FY2021 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 FY2021, data show that for every 100,000 days of placement, 23.95 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.34)

- **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 FY2017. 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. (Table/Figure 32, p. 35)

Re-entry to DCF custody is inversely correlated with time to reunification, meaning that the longer that it takes to achieve permanency, the less likely that a child is to re-enter DCF custody. Thus, although time to reunification has increased, the rates of re-entry within 12 months for children who exited to reunification have steadily decreased since FY2017. (Table/Figure 33, p.35)

The Department actively works to achieve permanency through adoption when reunification cannot be safely accommodated. Toward this end, the number of children (0-17) with a legalized adoption increased 43.1% in FY2019 compared to FY2017. Though FY2020 evidenced 850 adoptions, the COVID-19 pandemic impacted adoption legalizations in the last quarter of FY2020. This impact was particularly evidenced in the 720 adoptions legalized in FY2021. (Table/Figure 34, p.37)

Guardianships are also a measure of permanency. While guardianships have increased in recent years, like other permanency measures, guardianships declined during the COVID-19 pandemic. (Table/Figure 36, p.38)

The Department provides outreach and transition services to young adults when they turn 18 and leave foster care. DCF provided these services to 2,766 unique young adults in FY2021—a 16.1% increase over the FY2017-FY2018 average. (Table/Figure 37, p.39)

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

Access to appropriate and timely medical services is important to child well-being. Data collected from FY2017-FY2021 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 observed. In FY2021, completion rates of medical screenings and comprehensive medical evaluations increased by 52% compared to FY2017. Timeliness of medical visits in FY2021 increased by 51% over FY2017. (Table/Figure 38, p.40)

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 DCF targets, the data reveals 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 2019 school year was 68.2%. In 2020, the four-year graduation rate declined to 50.6%, reflecting the impact of the COVID-19 pandemic on academic achievement. (Table/Figure 39, p.41)

- **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 FY2021, 87 child/youth fatalities were brought to the attention of the Department. Of these: 22 were open in a DCF case or a 51B Response, 25 had a prior history with the Department, and 40 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, neglect, overdose, suicide, Sudden Unexpected Infant Death (SUID), and other/undetermined manner of death. (Tables 39a-b, p.42)

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

Reversing an 11.9% downward trend in budgetary appropriations during the period of FY2010- FY2012, the DCF enacted budget began increasing in FY2013, and, by FY2022 (\$1,103,929,461), was 50% greater than FY2012 (\$737,077,781). The steepest gains have been evidenced in the past seven years. These budgetary appropriations have supported significant increases in staffing (26%) between FY2015-FY2021 and increases in services (3%) between FY2017-FY2021. (Table/Figure 42, p.43; Table 43, p.44; Tables/Figure 44-44a, p.45)

During FY2017- FY2021:

- Significant investments were made including:
  - Foster care rate increase every year (\$10.8M investment over the course of 5 years)
  - 766 Residential School rate increase every year (\$7.7M investment over the course of 5 years)
  - Chapter 257 provider rate increases (\$9.5M investment over the course of 5 years)
  - Expansion of Support and Stabilization services to include foster parents (\$10.5M investment over FY2020-FY2021)
- There was also significant growth in services such as:
  - Adoption subsidy (\$7.6M over the course of 5 years)
  - Guardianship subsidy (\$7.7M over the course of 5 years)
  - Support and Stabilization services (\$30.1M over the course of 5 years)
- These investments were offset by a significant reduction in children/youth in out-of-home placement resulting in a net reduction in placement costs of (-\$28.7M over the course of 5 years)

DCF staffing has significantly increased relative to July 2015 staffing levels. Social worker staffing levels have increased by 21% and staffing levels for all other bargaining units have increased by 44%. 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 2021, managerial staffing levels increased by 66% 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.45)

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 600 frontline social workers since FY2015, and increasing the managerial and supervisory oversight essential for identifying cases appropriate for safe closing. The FY2021 12-month average weighted caseload ratio for DCF intake, response, ongoing, and adoption social workers is 14.82:1. 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 FY2017-FY2018. (Tables/Figure 45-45a, p.46)

## I. CASE COUNTS

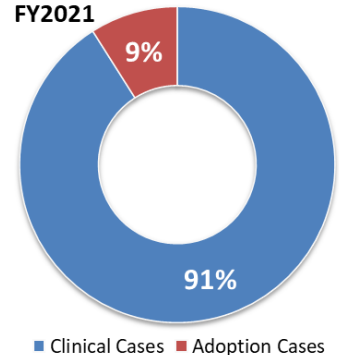
### • Case Counts Fiscal Year End

As summarized in Table/Figure 1 below, at the close of state FY2021 (6/30/2021), DCF had 26,307 open cases. Of these, 91% (23,938) were clinical cases and 9% (2,369) were adoption cases.

	FY2017	FY2018	FY2019	FY2020	FY2021
Clinical Cases	25,044	25,392	23,784	22,088	23,938
Adoption Cases	2,316	2,421	2,451	2,385	2,369
<b>Case Count Fiscal Year End</b>	<b>27,360</b>	<b>27,813</b>	<b>26,235</b>	<b>24,473</b>	<b>26,307</b>

FY2021 case counts returned to within 0.3% (72) of the pre-COVID-19 pandemic counts of FY2019.

**FIGURE 1. Cases FY2021**



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

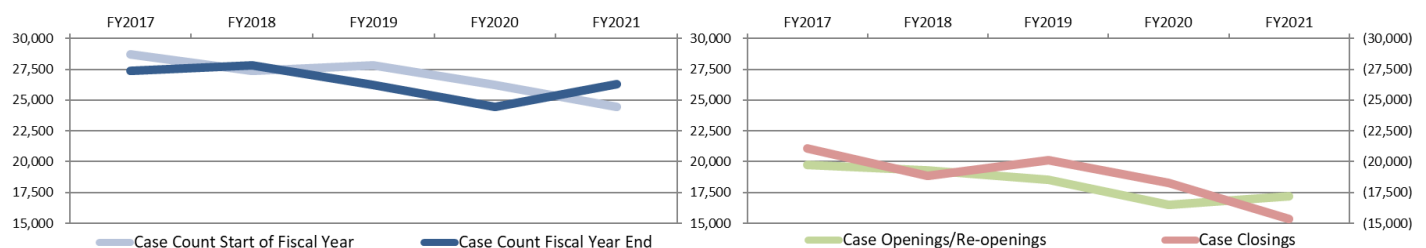
Table/Figure 2 present caseload growth over the past five fiscal years as a function of case openings, closings, and re-openings. DCF cases may remain open for a brief or extended period of time, during which the primary goal is to stabilize the family and mitigate risk of harm to children. During any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

	FY2017	FY2018	FY2019	FY2020	FY2021
<b>Case Count Start of Fiscal Year</b>	<b>28,689</b>	<b>27,360</b>	<b>27,813</b>	<b>26,235</b>	<b>24,473</b>
Case Openings	11,490	10,850	10,363	9,348	9,347
Case Closings	(21,091)	(18,823)	(20,105)	(18,273)	(15,375)
Case Re-Openings	8,272	8,426	8,164	7,163	7,862
<b>Case Count Fiscal Year End</b>	<b>27,360</b>	<b>27,813</b>	<b>26,235</b>	<b>24,473</b>	<b>26,307</b>
<b>Unduplicated Count of Cases Open at Any Time during the Fiscal Year</b>	<b>46,778</b>	<b>43,743</b>	<b>44,832</b>	<b>41,508</b>	<b>40,467</b>

- **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

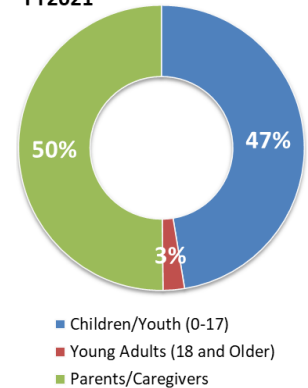
Table/Figure 3 show that at the end of FY2021, DCF had 93,802 open consumers. Consumers with the identified role type of “adult” (i.e., parent/caregiver) accounted for 47,066 of the total open consumers. Consumers with the identified role type of “child” accounted for 46,736 of the total open consumers, and range from children aged 0-17 years (95%), to “young adults” (5%) who voluntarily remain open with DCF from the ages of 18-22 years.

**TABLE 3. Consumer Counts Fiscal Year End**

	FY2017	FY2018	FY2019	FY2020	FY2021
Consumer Role Type = Adult (i.e., Parents/Caregivers)	48,156	50,103	46,255	42,972	47,066
Consumer Role Type = Child	49,386	50,070	47,108	43,343	46,736
Children 0-17	47,273	47,980	45,058	41,236	44,465
Young Adults 18 & Older	2,113	2,090	2,050	2,107	2,271
<b>Total Consumer Count Fiscal Year End</b>	<b>97,542</b>	<b>100,173</b>	<b>93,363</b>	<b>86,315</b>	<b>93,802</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.

**FIGURE 3. Consumers FY2021**



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

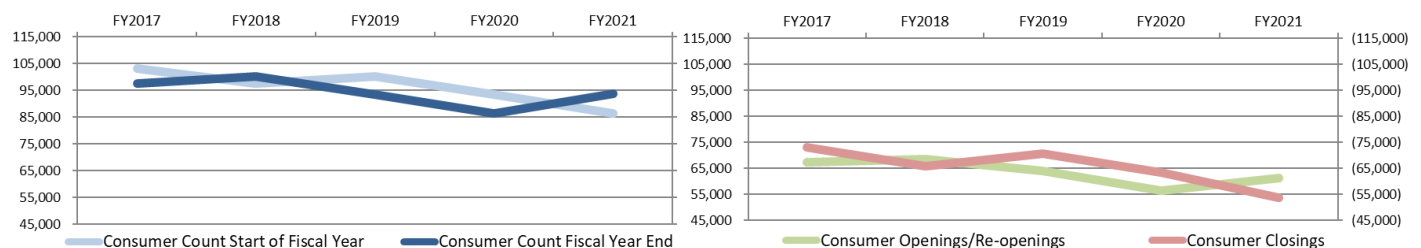
Table/Figure 4 present the consumer growth dynamics over the past five fiscal years as a function of consumer openings, closings, and re-openings.

**TABLE 4. Consumer Openings/Closings/Re-openings**

	FY2017	FY2018	FY2019	FY2020	FY2021
Consumer Count Start of Fiscal Year	103,143	97,542	100,173	93,363	86,315
Consumer Openings	22,338	21,630	20,290	18,256	19,041
Consumer Closings	(73,069)	(65,806)	(70,721)	(63,372)	(53,760)
Consumer Re-Openings	45,130	46,807	43,621	38,068	42,206
<b>Consumer Count Fiscal Year End</b>	<b>97,542</b>	<b>100,173</b>	<b>93,363</b>	<b>86,315</b>	<b>93,802</b>
Unduplicated Count of Consumers Open at Any Time during the Fiscal Year <sup>(1)</sup>	134,558	133,394	128,239	118,435	120,362

<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.

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



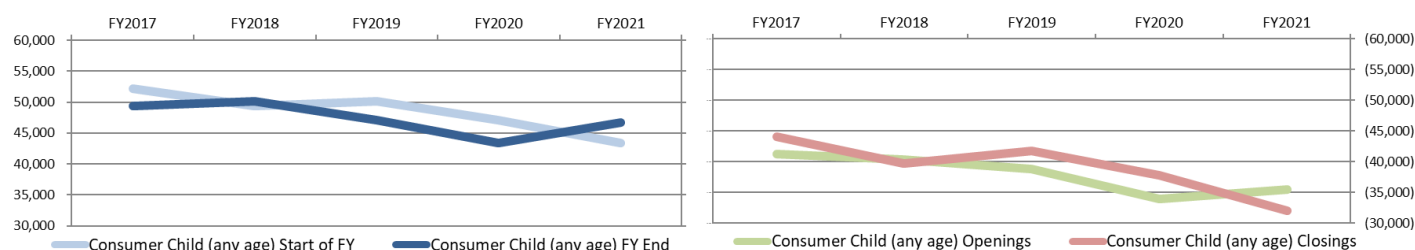
- **Consumer Children (of any age) – Openings/Closings/Re-Openings**

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.

<b>TABLE 5. Consumer Child (of any age) Openings/Closings/Re-openings</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
<b>Consumer Child (of any age) Count Start of Fiscal Year</b>	<b>52,214</b>	<b>49,386</b>	<b>50,070</b>	<b>47,108</b>	<b>43,343</b>
Consumer Child (of any age) Openings	15,143	14,630	13,749	12,544	12,746
Consumer Child (of any age) Closings	(44,102)	(39,686)	(41,755)	(37,730)	(32,049)
Consumer Child (of any age) Re-Openings	26,131	25,740	25,044	21,421	22,696
<b>Consumer Children (of any age) Count Fiscal Year End</b>	<b>49,386</b>	<b>50,070</b>	<b>47,108</b>	<b>43,343</b>	<b>46,736</b>
Unduplicated Count of Consumer Child (of any age) Open at Any Time during the Fiscal Year <sup>(1)</sup>	86,402	83,291	81,984	75,463	73,296

<sup>(1)</sup> **Unduplicated Count of Consumer Child (of any age) Open at Any Time during the Fiscal Year:** Unique count of child consumers (of any age) 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**

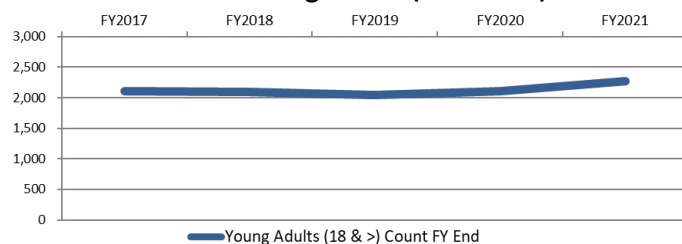


- **Consumer Young Adults (18 & Older) Counts**

Table/Figure 6 present the consumer young adults (18 & older) counts 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.

<b>TABLE 6. Consumer Young Adults (18 &amp; Older) Counts</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
<b>Consumer Young Adults (18 &amp; older) Count Fiscal Year End</b>	<b>2,113</b>	<b>2,090</b>	<b>2,050</b>	<b>2,107</b>	<b>2,271</b>

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



## • Consumer Children, Young Adults, and Adults – Demographics-Primary Language

Table 7 shows that at the end of FY2021, White (36%), Hispanic/Latinx (33%), and Black (13%) 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.

	Children (0-17)		Young Adults (18 & Older)		Adults	
White	16,005	36%	817	36%	20,702	44%
Hispanic/Latinx (of any race)	14,845	33%	766	34%	12,712	27%
Black	5,791	13%	465	20%	6,729	14%
Asian	526	1%	47	2%	672	1%
Native American	52	*	3	*	86	*
Pacific Islander	21	*	-	*	38	*
Multi-Racial (two or more races)	2,652	6%	113	5%	864	2%
Unable to Determine/Declined	1,836	4%	51	2%	2,528	5%
Missing	2,737	6%	9	*	2,735	6%
<b>Total Consumers Fiscal Year End</b>	<b>44,465</b>	<b>100%</b>	<b>2,271</b>	<b>100%</b>	<b>47,066</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 FY2021**

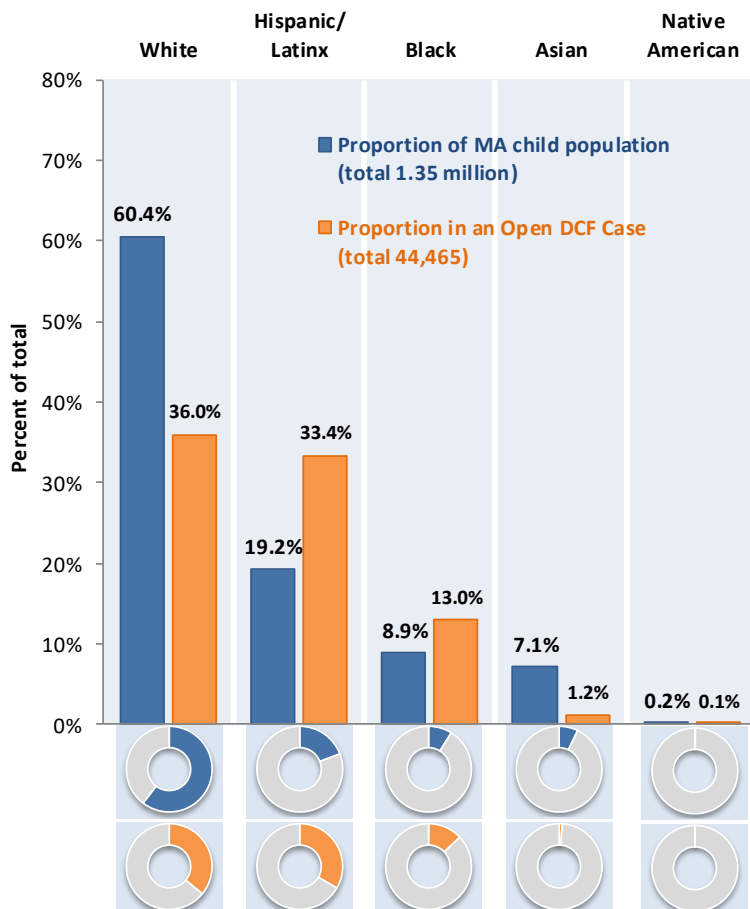


Figure 7 and Table 8 show the proportion of children open with DCF by race and ethnicity compared to the proportion of the child population in Massachusetts.

The *Rate-of-Disproportionality* (RoD) is an indicator of inequality. In Table 8, RoDs are calculated by dividing the actual DCF open case rate for a given race/ethnicity by the MA child 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	1.7	2.9x
Black	1.5	2.5x
Asian	0.2	0.3x
Native American	0.6	1.1x

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

Table 9 shows that at the end of FY2021, the vast majority of consumers open in a DCF case were primary English speakers. The next most commonly identified primary language was Spanish.

<b>TABLE 9. Primary Language FY2021</b>	<b>Children (0-17)</b>			<b>Young Adults (18 &amp; Older)</b>			<b>Adults</b>	
American Sign Language	16	*		1	*		43	*
Arabic	40	*		2	*		50	*
Cape Verdean Creole	96	*		8	*		214	*
Chinese	36	*		4	*		83	*
English/Unspecified^	41,462	93%		1,926	85%		40,233	85%
French	15	*		1	*		31	*
Haitian Creole	103	*		21	1%		301	1%
Khmer (Cambodian)	24	*		-	-		68	*
Polish	6	*		-	-		12	*
Portuguese	327	1%		17	1%		673	1%
Russian	20	*		2	*		41	*
Spanish	2,111	5%		229	10%		4,435	9%
Vietnamese	19	*		2	*		83	*
Other	190	*		58	3%		799	2%
<b>Total Consumers Fiscal Year End</b>	<b>44,465</b>	<b>100%</b>		<b>2,271</b>	<b>100%</b>		<b>47,066</b>	<b>100%</b>

\*Less than 1% after rounding.

^English may be overcounted (i.e., i-FamilyNet Primary Language selection defaults to English).

### III. CONSUMERS IN PLACEMENT

The Department provides services to safely stabilize families (81% of caseload). When that is not possible, children may be placed in out-of-home care (19% of caseload) to safeguard their safety and well-being. Table 10 shows that at the end of FY2021, DCF had 10,170 consumer children/young adults in out-of-home placement. Of these, 8,464 (83%) were children (0-17 years of age) and 1,706 (17%) were young adults (18 & older).

<b>TABLE 10. Children/Young Adults in Placement</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
Children (0-17)	9,597	9,631	8,809	8,414	8,464
Young Adults (18 & older)	1,612	1,514	1,519	1,592	1,706
<b>Children/Young Adults in Placement Fiscal Year End</b>	<b>11,209</b>	<b>11,145</b>	<b>10,328</b>	<b>10,006</b>	<b>10,170</b>

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

Table 11 shows that children under the age of six years account for 36% of the children (0-17) in placement. For context, young children are the most at-risk for protective concerns.

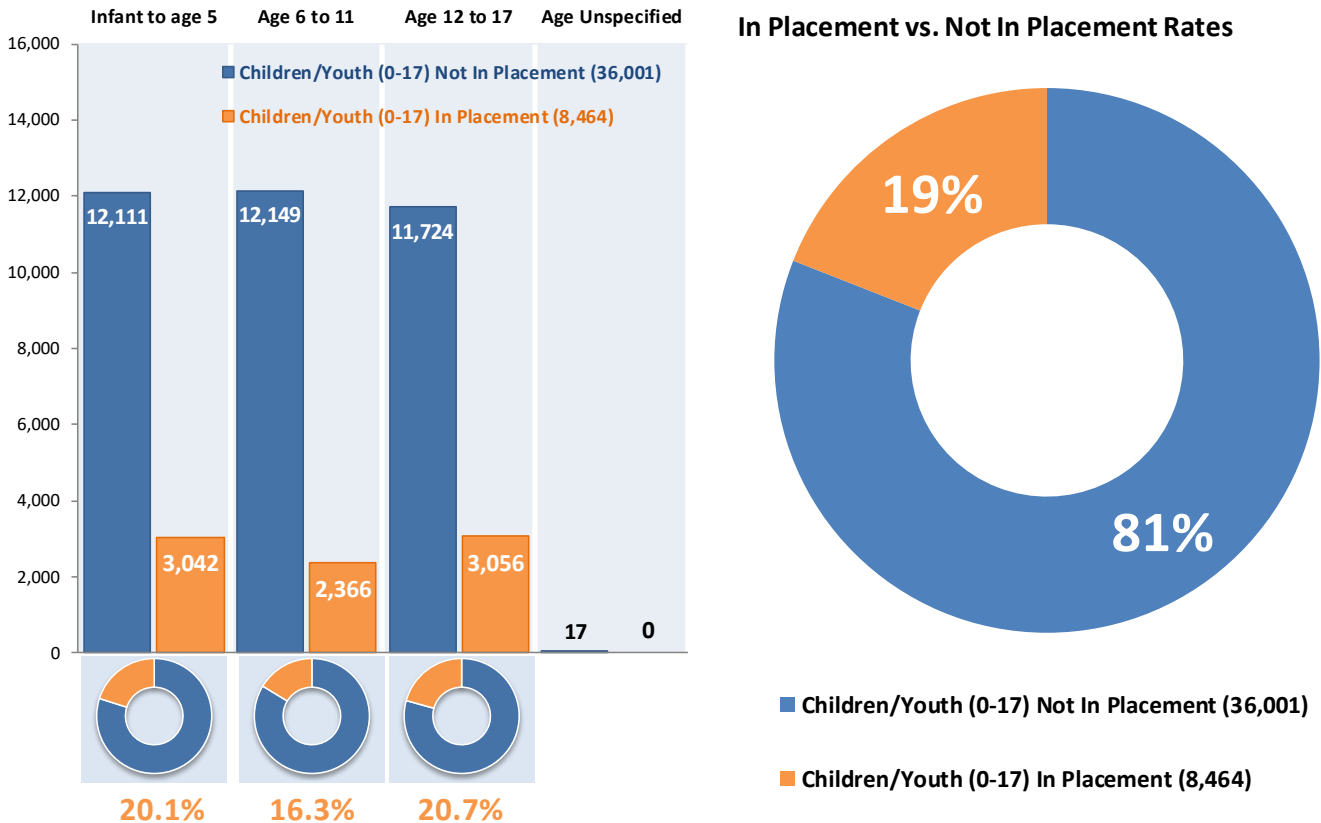
<b>TABLE 11. Age Group FY2021</b>	<b>Children (0-17)</b>		<b>Young Adults (18 &amp; Older)</b>		
0 – 2 Years Old	1,687	20%	18 – 19 Years Old	763	45%
3 – 5 Years Old	1,355	16%	20 – 21 Years Old	685	40%
6 – 11 Years Old	2,366	28%	22 – 23 Years Old	248	15%
12 – 17 Years Old	3,056	36%	24 and Older	10	1%
Unspecified	-	-		-	-
<b>Total in Placement Fiscal Year End</b>	<b>8,464</b>	<b>100%</b>		<b>1,706</b>	<b>100%</b>

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

Figure 12 shows that 19% (8,464/44,465) of children (0-17) in an open case were placed out-of-home at the end of FY2021.

- For children (0-5) in a DCF open case, 20.1% (3,042/15,153) were in an out-of-home placement.
- For children (6-11) in a DCF open case, 16.3% (2,366/14,515) were in an out-of-home placement.
- For youth (12-17) in a DCF open case, 20.7% (3,056/14,780) 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 – 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 FY2021**

	Children (0-17)		Young Adults (18 & Older)	
Female	4,133	49%	928	54%
Male	4,326	51%	777	46%
Intersex	4	*	1	*
Missing (not recorded)	1	*	-	-
<b>Total in Placement Fiscal Year End</b>	<b>8,464</b>	<b>100%</b>	<b>1,706</b>	<b>100%</b>

\*Less than 1% after rounding.

- **Children, Youth, and Young Adults in Placement – Gender Identity**

Table 13a presents the documented Gender Identity of children, youth, and young adults in placement at the end of FY2021.

**TABLE 13a. Gender Identity of Children, Youth, and Young Adults in Placement**

	Children (0-10 yrs.)	Early Adolescence (11-14 yrs.)	Middle Adolescence (15-17 yrs.)	Late Adolescence (18 & older)	All Age Groups
Androgynous	-	-	.2%	-	*
Female	50.2%	47.8%	48.8%	52.7%	50.1%
Gender Nonconforming	.1%	1.3%	1.2%	.5%	.6%
Genderqueer	-	-	-	-	-
Male	48.5%	49.4%	43.7%	42.7%	46.5%
Questioning	.2%	.3%	1.2%	.2%	.4%
Transgender (Female to Male)	-	.8%	3.1%	2.1%	1.1%
Transgender (Male to Female)	-	.3%	1.0%	1.0%	.5%
Other	1.1%	.3%	.8%	.9%	.9%
<b>Total in Placement FY2021 End</b>	<b>5,033</b>	<b>1,722</b>	<b>1,709</b>	<b>1,706</b>	<b>10,170</b>

\*Less than 0.1% after rounding.

*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. Gender Identity is self-reported. The Department is working to improve the quality of data collection.

- **Children, Youth, and Young Adults in Placement – Sexual Orientation**

Table 13b presents the documented Sexual Orientation of children, youth, and young adults in placement at the end of FY2021.

**TABLE 13b. Sexual Orientation of Children, Youth, and Young Adults in Placement**

	Children (0-10 yrs.)	Early Adolescence (11-14 yrs.)	Middle Adolescence (15-17 yrs.)	Late Adolescence (18 & older)	All Age Groups
Asexual	2.4%	1.8%	-	3.7%	2.1%
Bisexual	-	3.0%	7.6%	5.8%	4.0%
Gay/Homosexual	-	1.2%	3.1%	4.5%	2.3%
Heterosexual	84.7%	83.4%	78.9%	79.4%	81.5%
Lesbian/Homosexual	.3%	-	1.7%	1.8%	1.1%
Pansexual/Omnisexual	-	1.2%	1.7%	0.5%	0.7%
Queer	-	-	-	0.3%	0.1%
Questioning	-	3.0%	2.1%	1.6%	1.4%
Other	12.7%	6.5%	4.8%	2.4%	6.7%
<b>Total in Placement FY2021 End</b>	<b>5,033</b>	<b>1,722</b>	<b>1,709</b>	<b>1,706</b>	<b>10,170</b>

\*Less than 0.1% after rounding.

*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. Sexual Orientation is self-reported. The Department is working to improve the quality of data collection.

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

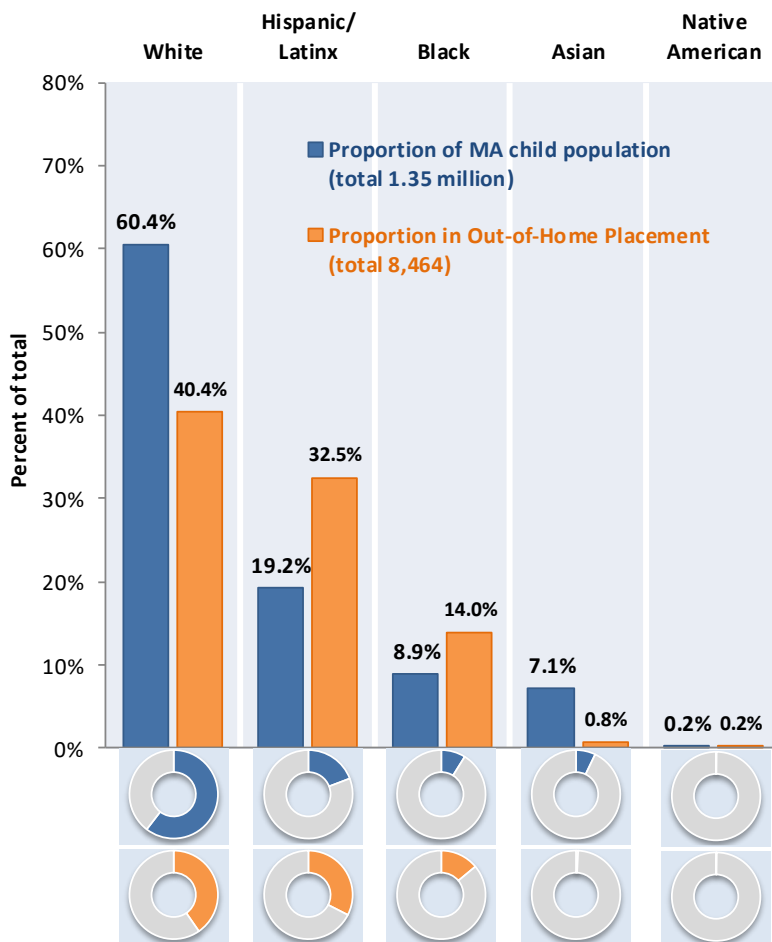
Table 14 shows that at the end of FY2021, White (40%), Hispanic/Latinx (33%), and Black (14%) children (0-17) accounted for the majority of children in placement. A similar distribution is also observed for young adults (18 & older).

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

	Children (0-17)		Young Adults (18 & Older)	
White	3,417	40%	638	37%
Hispanic/Latinx (of any race)	2,751	33%	553	32%
Black	1,183	14%	350	21%
Asian	65	1%	44	3%
Native American	20	*	1	-
Pacific Islander	1	*	-	-
Multi-Racial (two or more races)	743	9%	84	5%
Unable to Determine/Declined	281	3%	36	2%
Missing	3	*	-	-
<b>Total in Placement FY2021 End</b>	<b>8,464</b>	<b>100%</b>	<b>1,706</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**



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

	RoD	RRI
White	0.7	n/a
Hispanic/Latinx	1.7	2.5x
Black	1.6	2.4x
Asian	0.1	0.2x
Native American	1.3	1.9x

Refer to page 57 for a definition of RoD and RRI.

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

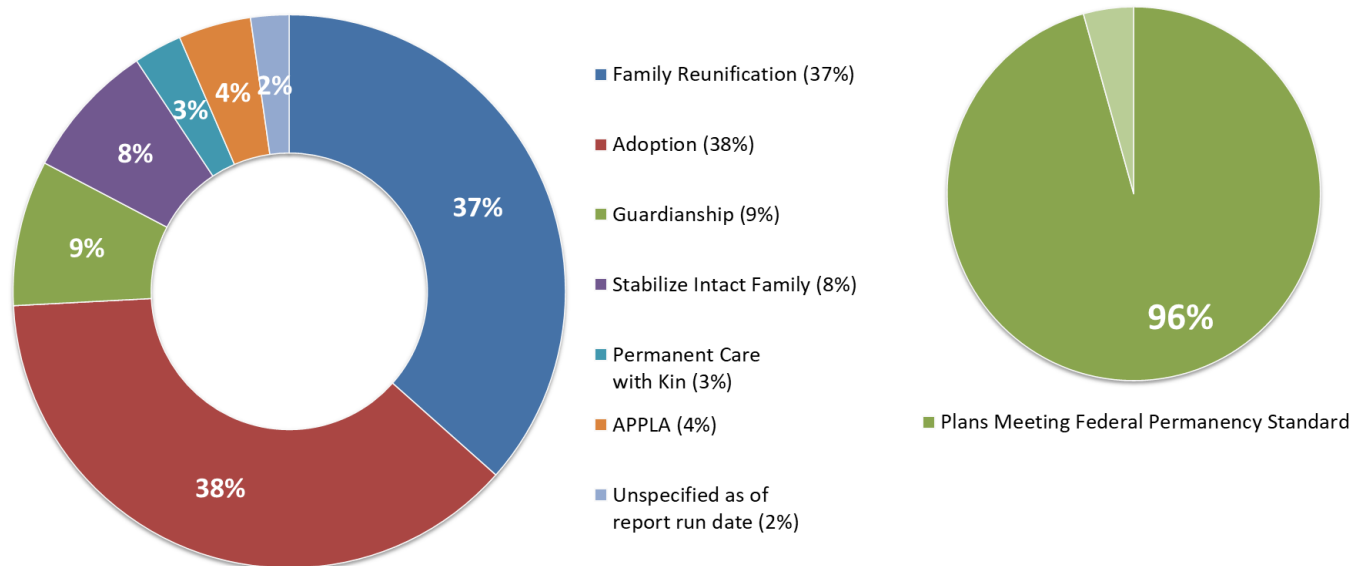
Table/Figure 15 show that 96% (7,914) of children (0-17) who were in placement at the end of FY2021 had a permanency plan goal that met the federal standard for permanency (i.e., Family Reunification, Adoption, Guardianship, Stabilize Intact Family, and Permanent Care with Kin).

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

	FY2017		FY2018		FY2019		FY2020		FY2021	
Family Reunification	4,040	42%	3,660	38%	2,961	34%	3,128	37%	3,094	37%
Adoption	3,145	33%	3,262	34%	3,365	38%	3,244	39%	3,184	38%
Guardianship	732	8%	967	10%	786	9%	761	9%	720	9%
Stabilize Intact Family	823	9%	808	8%	775	9%	536	6%	677	8%
Permanent Care with Kin	277	3%	237	2%	260	3%	274	3%	239	3%
APPLA	348	4%	465	5%	425	5%	384	5%	360	4%
Unspecified as of report run date	232	2%	232	2%	237	3%	87	1%	190	2%
<b>Children in Placement Fiscal Year End</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>	<b>8,464</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) FY2021**



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

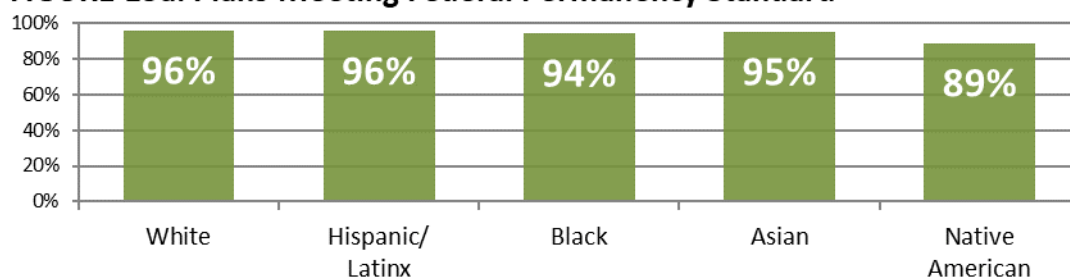
Table/Figure 15a show the racial/ethnic distribution by permanency plan for children in placement at the end of FY2021.

**TABLE 15a. Permanency Plan**

<b>Race/Ethnicity FY2021</b>	<b>White</b>		<b>Hispanic /Latinx</b>		<b>Black</b>		<b>Asian</b>		<b>Native American</b>	
Family Reunification	1,250	37%	1,036	38%	419	35%	24	37%	4	20%
Adoption	1,317	39%	1,012	37%	413	35%	17	26%	11	55%
Guardianship	301	9%	223	8%	103	9%	7	11%	1	5%
Stabilize Intact Family	249	7%	225	8%	110	9%	7	11%	-	-
Permanent Care with Kin	94	3%	71	3%	40	3%	4	6%	-	-
APPLA	139	4%	118	4%	65	5%	3	5%	2	10%
Unspecified as of report run date	67	2%	66	2%	33	3%	3	5%	2	10%
<b>Children in Placement Fiscal Year End</b>	<b>3,417</b>	<b>100%</b>	<b>2,751</b>	<b>100%</b>	<b>1,183</b>	<b>100%</b>	<b>65</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 22% (377) of young adults (18 & older) who were in placement at the end of FY2021 had a permanency plan goal that met the federal standard for permanency (i.e., Family Reunification, Adoption, Guardianship, Stabilize Intact Family, and Permanent Care with Kin).

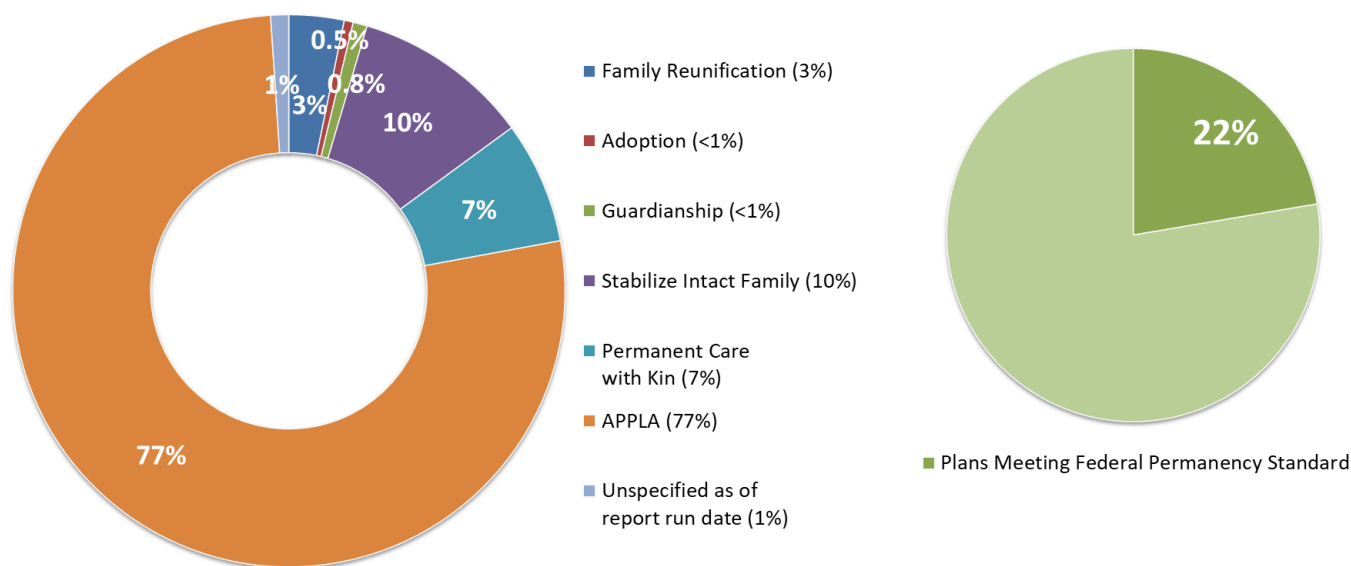
**TABLE 15b. Permanency Plan for Young Adults (18 & Older)**

	FY2017		FY2018		FY2019		FY2020		FY2021	
Family Reunification	56	3%	71	5%	59	4%	56	4%	55	3%
Adoption	6	*	3	*	8	*	5	*	9	1%
Guardianship	10	1%	9	1%	7	*	7	*	14	1%
Stabilize Intact Family	212	13%	297	20%	292	19%	225	14%	177	10%
Permanent Care with Kin	71	4%	57	4%	58	4%	91	6%	122	7%
APPLA	1,201	75%	1,050	69%	1,052	69%	1,191	75%	1,311	77%
Unspecified as of report run date	56	4%	27	2%	43	3%	17	1%	18	1%
<b>Young Adults (18 &amp; Older) in Placement Fiscal Year End</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>	<b>1,706</b>	<b>100%</b>

\*Less than 1% after rounding.

<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 15b. Permanency Plan for Young Adults (18 & >) FY2021**



## • Children and Young Adults by Placement Type

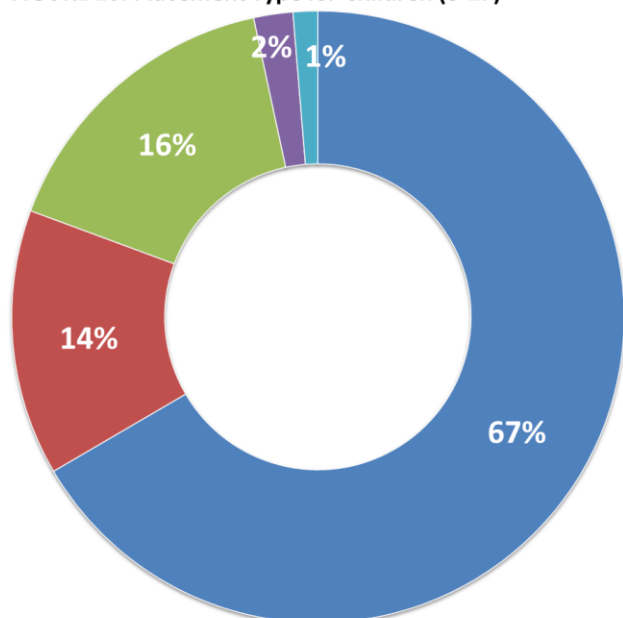
Table/Figure 16 show that at the end of FY2021, 81% of placed children (0-17) were living in family-type settings: Departmental Foster Care (DFC) or Comprehensive Foster Care (CFC). Recognizing that children experience greater emotional and placement stability when safely placed with kin (i.e., kinship and child specific foster parents), DCF has prioritized kin placement. Accordingly, Figure 16a shows that 57% 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%.

**TABLE 16. Placement Type FY2021**

	Children (0-17)		Young Adults (18 & Older)	
Departmental Foster Care (DFC) – Kinship	2,674	32%	79	5%
Departmental Foster Care (DFC) – Child Specific	558	7%	55	3%
Departmental Foster Care (DFC) – Unrestricted	1,898	22%	77	5%
Departmental Foster Care (DFC) – Pre-adoptive	503	6%	3	*
Departmental Foster Care (DFC) – Independent Living	2	*	877	51%
Comprehensive Foster Care (CFC) – Contracted	1,190	14%	122	7%
Congregate Care – Group Home	693	8%	358	21%
Congregate Care – Continuum	9	*	-	-
Congregate Care – Residential School	364	4%	81	5%
Congregate Care – STARR (short-term residential)	281	3%	-	-
Congregate Care – Teen Parenting	7	*	11	1%
Non-Referral Location (e.g., hospital, other state agency)	175	2%	31	2%
Missing/Absent from Approved Placement	110	1%	12	1%
<b>Total in Placement Fiscal Year End</b>	<b>8,464</b>	<b>100%</b>	<b>1,706</b>	<b>100%</b>

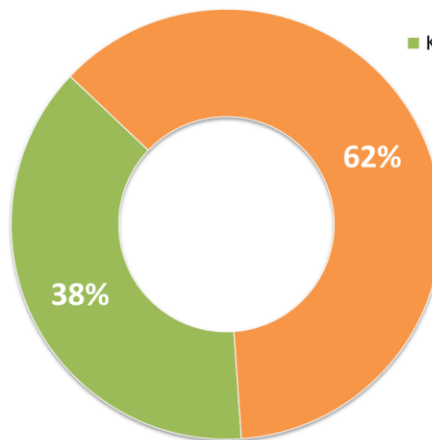
\*Less than 1% after rounding.

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



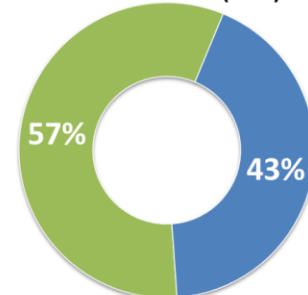
■ DFC - Departmental Foster Care (67%)  
 ■ CFC - Comprehensive Foster Care (14%)  
 ■ Congregate Care (16%)  
 ■ Non-Referral Location (other institution/state agency) (2%)  
 ■ Missing/Absent from Approved Placement (1%)

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



■ Kin Placement Rate ■ Non-Kin Placement

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



■ Kin Placement Rate ■ Non-Kin DFC Rate

- **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.

	FY2017		FY2018		FY2019		FY2020		FY2021	
Departmental Foster Care (DFC) – Kinship	2,891	30%	2,801	29%	2,565	29%	2,593	31%	2,674	32%
Departmental Foster Care (DFC) – Child Specific	626	7%	668	7%	633	7%	610	7%	558	7%
Departmental Foster Care (DFC) – Unrestricted	2,184	23%	2,277	24%	1,995	23%	1,880	22%	1,898	22%
Departmental Foster Care (DFC) – Pre-adoptive	524	5%	481	5%	503	6%	515	6%	503	6%
Departmental Foster Care (DFC) – Indep. Living	4	*	5	*	3	*	3	*	2	*
Comprehensive Foster Care (CFC) – Contracted	1,415	15%	1,465	15%	1,369	16%	1,310	16%	1,190	14%
Congregate Care – Group Home	816	9%	817	8%	703	8%	653	8%	693	8%
Congregate Care – Continuum	24	*	14	*	14	*	16	*	9	*
Congregate Care – Residential School	464	5%	450	5%	440	5%	428	5%	364	4%
Congregate Care – STARR (short-term residential)	380	4%	380	4%	330	4%	201	2%	281	3%
Congregate Care – Teen Parenting	16	*	17	*	11	*	8	*	7	*
Non-Referral Location (e.g., hospital, state agency)	140	1%	139	1%	139	2%	110	1%	175	2%
Missing/Absent from Approved Placement	113	1%	117	1%	104	1%	87	1%	110	1%
<b>Total in Placement Fiscal Year End</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>	<b>8,464</b>	<b>100%</b>

\*Less than 1% after rounding.

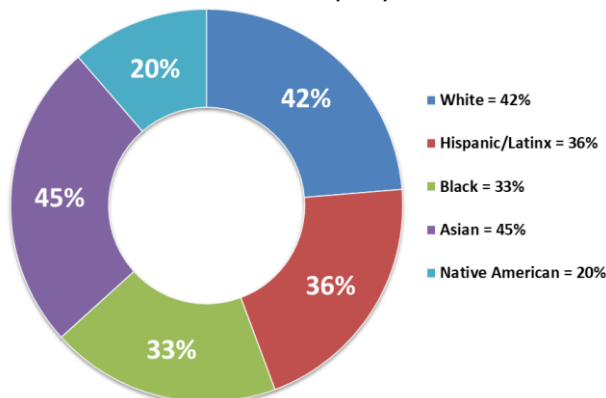
- **Children (0-17) Racial/Ethnic Distribution by Placement Type**

Table 16d presents the racial/ethnic distribution for children (0-17) by placement type at end of FY2021.

	White		Hispanic /Latinx		Black		Asian		Native American	
Departmental Foster Care (DFC) – Kinship	1,173	34%	823	30%	345	29%	23	35%	4	20%
Departmental Foster Care (DFC) – Child Specific	252	7%	177	6%	50	4%	6	9%	-	-
Departmental Foster Care (DFC) – Unrestricted	741	22%	616	22%	280	24%	8	12%	4	20%
Departmental Foster Care (DFC) – Pre-adoptive	218	6%	161	6%	62	5%	1	2%	4	20%
Departmental Foster Care (DFC) – Indep. Living	-	-	2	*	-	-	-	-	-	-
Comprehensive Foster Care (CFC) – Contracted	380	11%	463	17%	182	15%	10	15%	2	10%
Congregate Care – Group Home	310	9%	192	7%	106	9%	3	5%	2	10%
Congregate Care – Continuum	2	*	4	*	1	*	-	-	-	-
Congregate Care – Residential School	142	4%	102	4%	68	6%	6	9%	2	10%
Congregate Care – STARR (short-term residential)	119	3%	83	3%	41	3%	4	6%	-	-
Congregate Care – Teen Parenting	2	*	3	*	-	-	1	2%	-	-
Non-Referral Location (e.g., hospital, state agency)	55	2%	70	3%	24	2%	3	5%	1	5%
Missing/Absent from Approved Placement	23	1%	55	2%	24	2%	-	-	1	5%
<b>Total in Placement Fiscal Year End</b>	<b>3,417</b>	<b>100%</b>	<b>2,751</b>	<b>100%</b>	<b>1,183</b>	<b>100%</b>	<b>65</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.



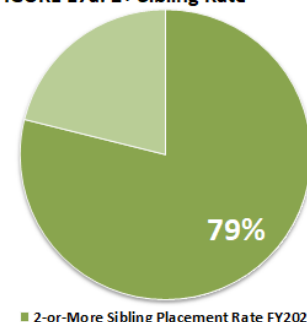
## • Sibling Placements

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 “2 or more sibling placement rate” increased by 6.4% and the “all DFC sibling placement rate” increased by 13.1% between FY2018 and FY2021.

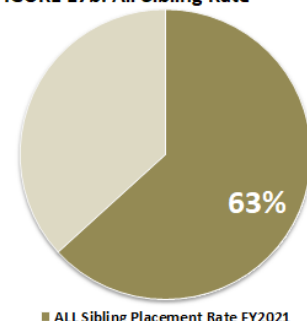
**TABLE 17. Sibling Placement Rates**

	FY2017	FY2018	FY2019	FY2020	FY2021
Cases with 2 or More Siblings in DFC Placement (denominator)	1,383	1,381	1,256	1,232	1,213
Cases with 2 or More Siblings in Same DFC Home (numerator)	1,054	1,024	964	961	957
<b>2 or more Sibling Placement Rate Fiscal Year End</b>	<b>76%</b>	<b>74%</b>	<b>77%</b>	<b>78%</b>	<b>79%</b>
Cases with all Siblings in Same DFC Home (numerator)	824	772	760	762	767
<b>ALL DFC Placed Sibling Placement Rate Fiscal Year End</b>	<b>60%</b>	<b>56%</b>	<b>61%</b>	<b>62%</b>	<b>63%</b>

**FIGURE 17a. 2+ Sibling Rate**



**FIGURE 17b. All Sibling Rate**



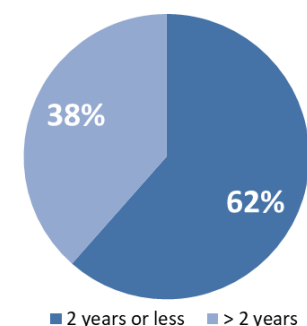
## • Continuous Time in Placement

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 (see definition on p.51). Table 18 and Figures 18a-b-c reveal that at the end of FY2021, 62% of children (0-17) had a continuous time in out-of-home placement of two years or less.

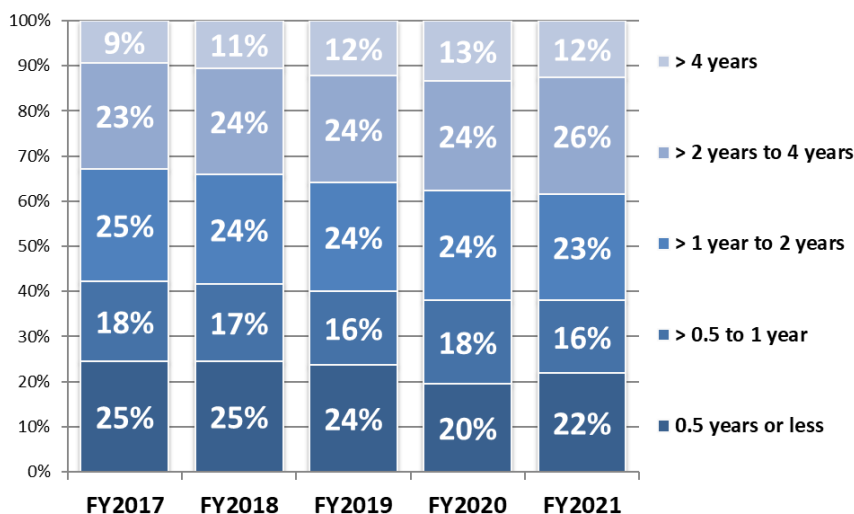
**TABLE 18. Continuous Time in Placement**

	FY2017	FY2018	FY2019	FY2020	FY2021
0.5 years or less	2,352	2,367	2,088	1,643	1,846
> 0.5 years to 1 year	1,695	1,638	1,434	1,553	1,373
> 1 year to 2 years	2,404	2,343	2,131	2,051	1,987
> 2 years to 4 years	2,250	2,269	2,081	2,042	2,201
> 4 years	896	1,014	1,075	1,125	1,057
<b>Total Children (0-17) in Placement Fiscal Year End</b>	<b>9,597</b>	<b>9,631</b>	<b>8,809</b>	<b>8,414</b>	<b>8,464</b>

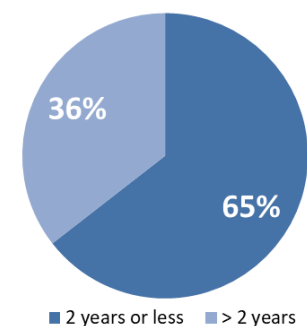
**FIGURE 18b. FY2021**



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



**FIGURE 18c. FY2017-21**



- **Placement Length-of-Stay**

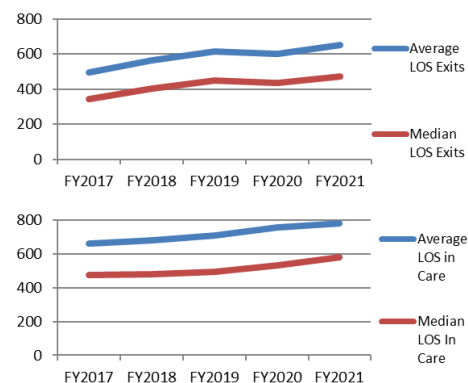
Table/Figure 19 present the annual average/median *Placement Length-of-Stay* (LOS) in days for children who exited care (closed HRE) as well as for children who were in out-of-home care (open HRE) on the last day of the fiscal year. LOS increased in FY2021.

**TABLE 19. Placement Length-of-Stay<sup>(1)</sup>**

	FY2017	FY2018	FY2019	FY2020	FY2021
Average LOS Days for Children Exiting Care by FY End	496.4	562.9	615.3	600.3	651.7
Average LOS in Months	16.3	18.5	20.2	19.7	21.4
Median LOS Days for Children Exiting Care by FY End	345	405	451	436	474
Median LOS in Months	11.3	13.3	14.8	14.3	15.6
Average LOS Days for Children in Care at FY End	661.6	683.2	712.0	756.6	781.0
Average LOS in Months	21.7	22.4	23.4	24.9	25.7
Median LOS Days for Children in Care at FY End	477	481	493	531	581
Median LOS in Months	15.7	15.8	16.2	17.5	19.1

<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.

NOTE: Values for FY2017-20 have been recast to correct a data issue.



- **Placement Length-of-Stay by Race/Ethnicity**

Table 19a presents 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 by race/ethnicity.

**TABLE 19a. Placement Length-of-Stay by Race/Ethnicity<sup>(1)</sup>**

	White	Hispanic /Latinx	Black	Asian	Native American
Average LOS Days for Children Exiting Care by FY End	653.3	647.2	646.1	442.4	1747.0
Average LOS in Months	21.5	21.3	21.2	14.5	57.4
Median LOS Days for Children Exiting Care by FY End	526	429	425	319	1747
Median LOS in Months	17.3	14.1	14.0	10.5	57.4
Average LOS Days for Children in Care at FY End	736.6	777.8	872.0	796.2	1068.7
Average LOS in Months	24.2	25.6	28.6	26.2	35.1
Median LOS Days for Children in Care at FY End	534	589	645	593	910
Median LOS in Months	17.5	19.4	21.2	19.5	29.9
Children Exiting Care by FY End	1,565	1,565	499	45	1
Children in Care at FY End	3,417	2,751	1,183	65	20

<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**

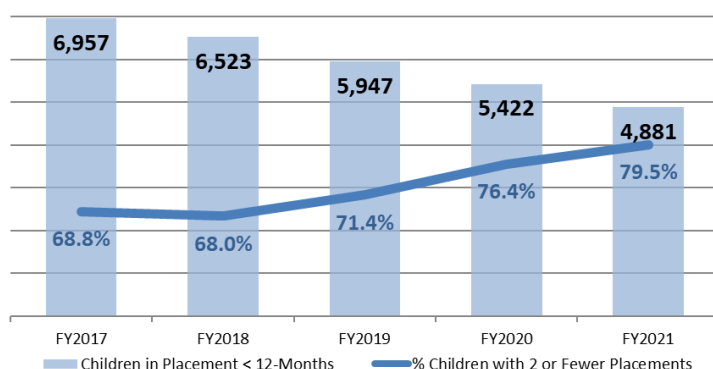
Table/Figure 20 show that, of all the children (0-17) served in a placement setting during FY2020 who were in placement for at least 8 days but less than 12 months, 79.5%, had two or fewer placement settings.

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

	FY2017	FY2018	FY2019	FY2020	FY2021
Children in Placement < 12 Months (denominator)	6,957	6,523	5,947	5,422	4,881
Children with 2 or Fewer Placements (numerator)	4,786	4,436	4,248	4,145	3,880
<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>68.8%</b>	<b>68.0%</b>	<b>71.4%</b>	<b>76.4%</b>	<b>79.5%</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 39.0% in FY2021, relative to FY2018.

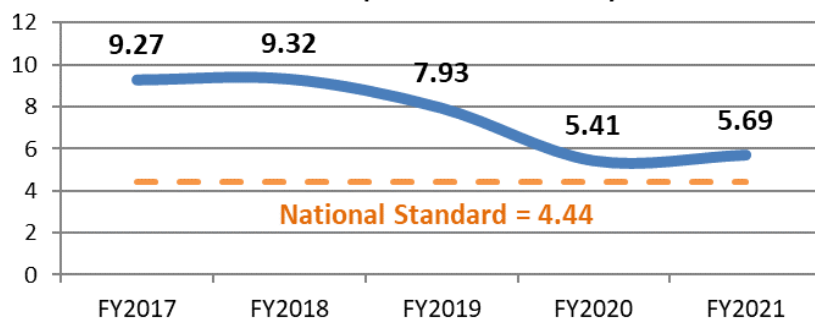
**TABLE 21. Placement Moves per 1,000 Placement Days**

	FY2017	FY2018	FY2019	FY2020	FY2021
Total Number of Placement Days (denominator)	875,611	840,668	778,735	780,760	642,653
Total Number of Placement Moves (numerator)	8,120	7,831	6,175	4,225	3,654
<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>9.27</b>	<b>9.32</b>	<b>7.93</b>	<b>5.41</b>	<b>5.69</b>

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

NOTE: Values for FY2017-20 have been recast to correct a data issue.

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



- **Placement Moves per 1,000 Placement Days by Race/Ethnicity**

Table 21a shows the number of placement moves per 1,000 placement days for children (0-17) who entered care during fiscal year 2021 by race/ethnicity.

**TABLE 21a. Placement Moves per 1,000 Placement Days by Race/Ethnicity**

	White	Hispanic /Latinx	Black	Asian	Native American
Total Number of Placement Days (denominator)	284,588	202,927	71,960	4,470	570
Total Number of Placement Moves (numerator)	1,435	1,243	546	23	4
<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>5.04</b>	<b>6.13</b>	<b>7.59</b>	<b>5.15</b>	<b>7.02</b>

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

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

As found in Table/Figure 22, 4,426 unique children (0-17) entered out-of-home care during FY2021. Of these, 90% (4,003) were either:

- New entries who had never been in DCF out-of-home care (3,354), or
- Re-entered care more than 12 months after their most recent HRE (649)

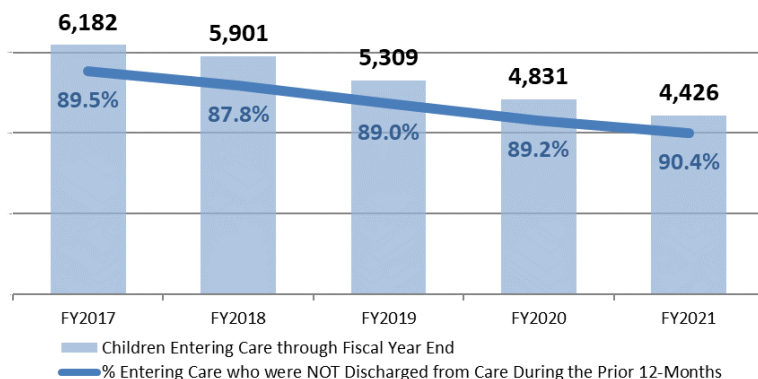
The remaining 9.6% (423) children re-entered care within 12 months of their most recent HRE.

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

	FY2017	FY2018	FY2019	FY2020	FY2021
Children Entering Care through Fiscal Year End (denominator)	6,182	5,901	5,309	4,831	4,426
First Time Entry into Care (numerator)	4,744	4,421	4,003	3,620	3,354
Re-Entry in More than 12 Months (numerator)	791	762	724	690	649
Re-Entry Within 12 Months	647	718	582	521	423
<b>% of Children Entering Care who were NOT Discharged from Care During the Prior 12 Months. <sup>(1)</sup></b>	<b>89.5%</b>	<b>87.8%</b>	<b>89.0%</b>	<b>89.2%</b>	<b>90.4%</b>

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

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



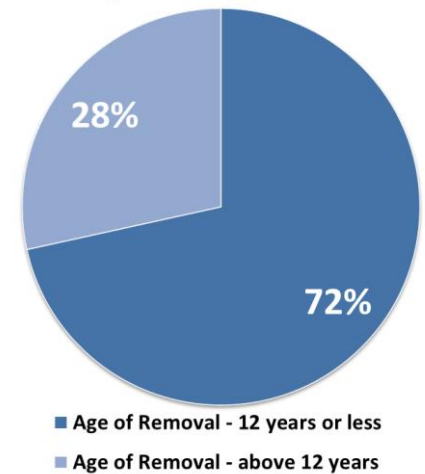
## VI. PLACEMENT EXITS

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

Table/Figure 23 show that there were 4,466 exits from out-of-home placement. Of these 4,466 exits, 72% (3,195) were children who entered out-of-home care at 12 years of age or younger.

	FY2017	FY2018	FY2019	FY2020	FY2021
Age of Removal – 12-years or less	4,016	4,053	4,121	3,643	3,195
Age of Removal – above 12-years	1,906	1,757	1,715	1,588	1,271
<b>ALL Exits from Care</b>	<b>5,922</b>	<b>5,810</b>	<b>5,836</b>	<b>5,231</b>	<b>4,466</b>

**FIGURE 23. Age of Removal - FY2021 Exits**



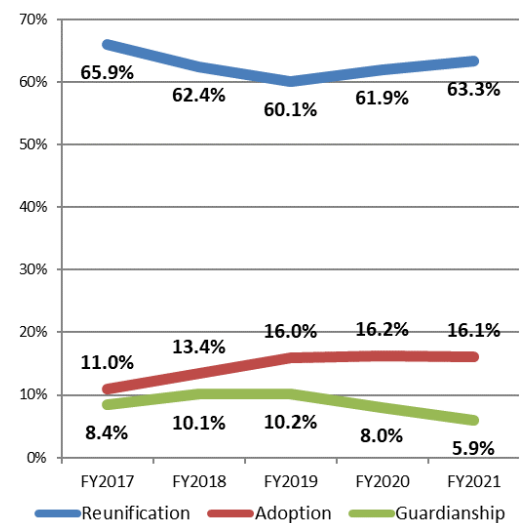
### • Exit Reasons for Children (0-17) that Exited from Care

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 85% of children that exited out-of-home care in FY2021 achieved permanency.

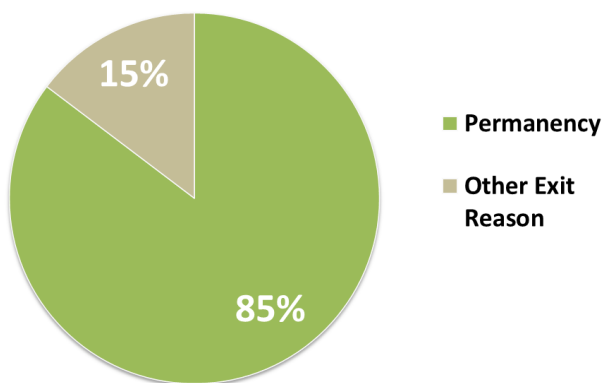
**TABLE 23a. Care Exit Reasons:**

Age of Removal - ALL	FY2017	FY2018	FY2019	FY2020	FY2021
Reunification – <i>permanency</i>	65.9%	62.4%	60.1%	61.9%	63.3%
Adoption – <i>permanency</i>	11.0%	13.4%	16.0%	16.2%	16.1%
Guardianship – <i>permanency</i>	8.4%	10.1%	10.2%	8.0%	5.9%
Transfer to Other Agency	.2%	.2%	.1%	.1%	.2%
Emancipation	14.4%	13.8%	13.5%	13.6%	14.4%
Death of Child – <i>all causes</i>	.1%	.1%	.1%	.1%	.2%
	<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	FY2017		FY2018		FY2019		FY2020		FY2021	
	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	69.4%	58.4%	64.0%	58.9%	61.5%	56.9%	63.5%	58.2%	66.4%	55.2%
Adoption	16.2%	.2%	19.1%	.4%	22.6%	.2%	23.2%	.3%	22.4%	.2%
Guardianship	11.0%	2.8%	13.4%	2.4%	13.0%	3.5%	10.0%	3.2%	7.1%	2.8%
ALL OTHER EXIT REASONS	3.4%	38.6%	3.5%	38.3%	2.9%	39.4%	3.3%	38.3%	4.0%	41.7%

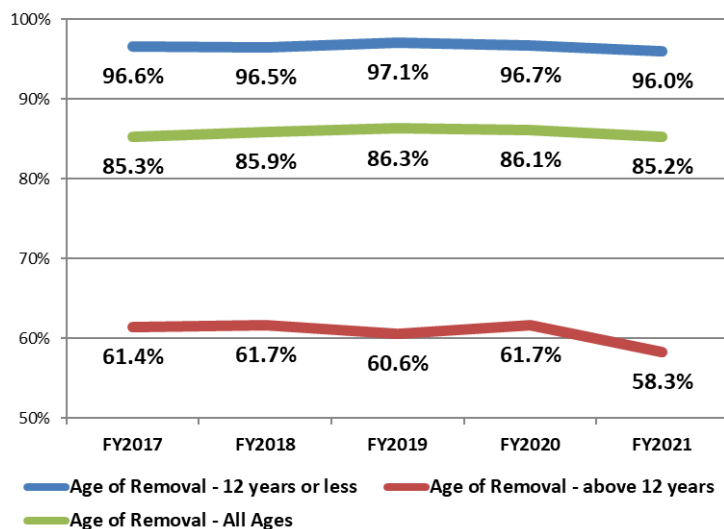
- Exit Reasons for Children (0-17) Who Exited from Care by Age of Removal

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

Reunification/Adoption/Guardianship	FY2017	FY2018	FY2019	FY2020	FY2021
Age of Removal –12 years or less	96.6%	96.5%	97.1%	96.7%	96.0%
Age of Removal – above 12 years	61.4%	61.7%	60.6%	61.7%	58.3%
Age of Removal – All Ages	85.3%	85.9%	86.3%	86.1%	85.2%

Higher score is preferable.

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



While 85.2% of children (0-17) that exited out-of-home care in FY2021 exited to permanency, Table/Figure 23c show that children who entered care at age 12 years or less achieved permanency at a higher rate (96.0%) than children who entered out-of-home care at age 13 or older (58.3%). Further, Table 23b (p.19) 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 presents exits from care by race/ethnicity as a rate of children in placement at the start of the fiscal year.

**TABLE 24. Exits from Care by Race/Ethnicity – RoD and RRI FY2021 <sup>(1)</sup>**

	Children (0-17) in Placement Start of FY2021		Children (0-17) Exiting in FY2021		RoD	RRI
White	3,377	40%	1,800	40%	1.0	n/a
Hispanic/Latinx (of any race)	2,688	32%	1,459	33%	1.0	1.0x
Black	1,205	14%	608	14%	1.0	0.9x
Asian	66	1%	49	1%	1.4	1.4x
Native American	20	*	2	*	0.2	0.2x
Pacific Islander	2	*	-	-	-	-
Multi-Racial (two or more races)	752	9%	393	9%	1.0	1.0x
Unable to Determine/Declined	303	4%	151	3%	n/a	n/a
Missing	1	*	4	.1%	n/a	n/a
<b>Total</b>	<b>8,414</b>	<b>100%</b>	<b>4,466</b>	<b>100%</b>		

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

\*Less than 0.1% after rounding.

Refer to page 57 for a definition of RoD and RRI.

- **Exits from Care to Reunification by Race/Ethnicity**

Tables 24a presents exits from care to reunification by race/ethnicity as a rate of all exits from placement in the fiscal year.

<b>TABLE 24a. Exits to Reunification by Race/Ethnicity – RoD and RRI FY2021 <sup>(1)</sup></b>		<b>Children (0-17) Exiting in FY2021</b>		<b>Children (0-17) Exits to Reunification</b>		<b>RoD</b>	<b>RRI</b>
White		1,800	40%	1,103	39%	1.0	n/a
Hispanic/Latinx (of any race)		1,459	33%	950	34%	1.0	1.1x
Black		608	14%	394	14%	1.0	1.1x
Asian		49	1%	40	1%	1.3	1.3x
Native American		2	*	-	-	-	-
Pacific Islander		-	-	-	-	-	-
Multi-Racial (two or more races)		393	9%	232	8%	0.9	1.0x
Unable to Determine/Declined		151	3%	102	4%	n/a	n/a
Missing		4	.1%	4	.1%	n/a	n/a
<b>Total Fiscal Year End</b>		<b>4,466</b>	<b>100%</b>	<b>2,825</b>	<b>100%</b>		

<sup>(1)</sup> All races exclude children of Hispanic/Latinx origin. \*Less than 0.1% after rounding. Refer to page 57 for a definition of RoD and RRI.

- **Exits from Care to Adoption by Race/Ethnicity**

Tables 24b presents exits from care to adoption by race/ethnicity as a rate of all exits from placement in the fiscal year.

<b>TABLE 24b. Exits to Adoption by Race/Ethnicity – RoD and RRI FY2021 <sup>(1)</sup></b>		<b>Children (0-17) Exiting in FY2021</b>		<b>Children (0-17) Exits to Adoption</b>		<b>RoD</b>	<b>RRI</b>
White		1,800	40%	323	45%	1.1	n/a
Hispanic/Latinx (of any race)		1,459	33%	203	28%	0.9	0.8x
Black		608	14%	77	11%	0.8	0.7x
Asian		49	1%	4	1%	0.5	0.5x
Native American		2	*	1	.1%	3.1	2.8x
Pacific Islander		-	-	-	-	-	-
Multi-Racial (two or more races)		393	9%	90	13%	1.4	1.3x
Unable to Determine/Declined		151	3%	22	3%	n/a	n/a
Missing		4	.1%	-	-	n/a	n/a
<b>Total Fiscal Year End</b>		<b>4,466</b>	<b>100%</b>	<b>720</b>	<b>100%</b>		

<sup>(1)</sup> All races exclude children of Hispanic/Latinx origin. \*Less than 0.1% after rounding. Refer to page 57 for a definition of RoD and RRI.

- **Exits from Care to Guardianship by Race/Ethnicity**

Tables 24c presents exits from care to guardianship by race/ethnicity as a rate of all exits from placement in the fiscal year.

<b>TABLE 24c. Exits to Guardianship by Race/Ethnicity – RoD and RRI FY2021 <sup>(1)</sup></b>		<b>Children (0-17) Exiting in FY2021</b>		<b>Children (0-17) Exits to Guardianship</b>		<b>RoD</b>	<b>RRI</b>
	White	1,800	40%	132	53%	1.3	n/a
	Hispanic/Latinx (of any race)	1,459	33%	56	22%	0.7	0.5x
	Black	608	14%	26	10%	0.8	0.6x
	Asian	49	1%	1	.4%	0.4	0.3x
	Native American	2	*	-	-	-	-
	Pacific Islander	-	-	-	-	-	-
	Multi-Racial (two or more races)	393	9%	23	9%	1.0	0.8x
	Unable to Determine/Declined	151	3%	12	5%	n/a	n/a
	Missing	4	.1%	-	-	n/a	n/a
<b>Total Fiscal Year End</b>		<b>4,466</b>	<b>100%</b>	<b>250</b>	<b>100%</b>		

<sup>(1)</sup> All races exclude children of Hispanic/Latinx origin. \*Less than 0.1% after rounding. Refer to page 57 for a definition of RoD and RRI.

- **Exits from Care to Aging Out by Race/Ethnicity**

Tables 24d presents exits from care to emancipation (i.e., aging out) by race/ethnicity as a rate of all exits from placement in the fiscal year.

<b>TABLE 24d. Exits to Emancipation by Race/Ethnicity – RoD and RRI FY2021 <sup>(1)</sup></b>		<b>Children (0-17) Exiting in FY2021</b>		<b>Exits to Emancipation</b>		<b>RoD</b>	<b>RRI</b>
	White	1,800	40%	237	37%	0.9	n/a
	Hispanic/Latinx (of any race)	1,459	33%	239	37%	1.1	1.2x
	Black	608	14%	108	17%	1.2	1.3x
	Asian	49	1%	4	1%	0.6	0.6x
	Native American	2	*	1	.2%	3.5	3.8x
	Pacific Islander	-	-	-	-	-	-
	Multi-Racial (two or more races)	393	9%	40	6%	0.7	0.8x
	Unable to Determine/Declined	151	3%	16	2%	n/a	n/a
	Missing	4	.1%	-	-	n/a	n/a
<b>Total Fiscal Year End</b>		<b>4,466</b>	<b>100%</b>	<b>645</b>	<b>100%</b>		

<sup>(1)</sup> All races exclude children of Hispanic/Latinx origin. \*Less than 0.1% after rounding. Refer to page 57 for a definition of RoD and RRI.

## VII. CHILD MALTREATMENT

The Department responds to allegations of abuse and neglect reported by professionals and the public. When a case is opened, DCF works collaboratively with families to assess their needs, connects families with services in the community and works with them to ensure children can grow and thrive in a safe, supportive and 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.

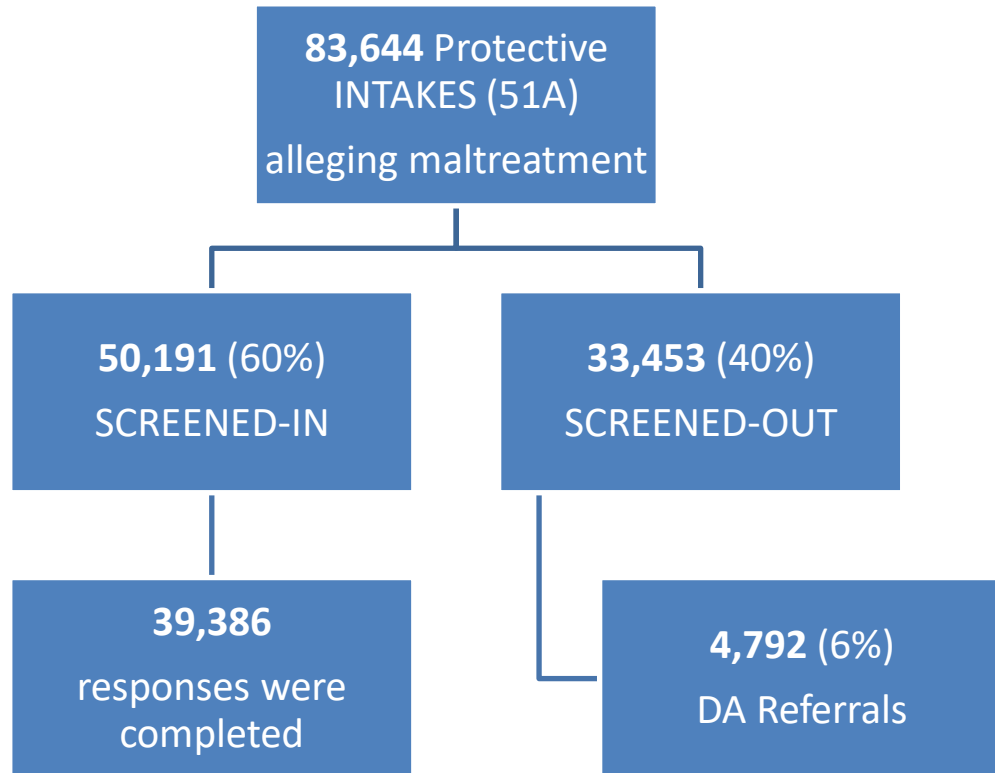
#### ***Caregiver***

- 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

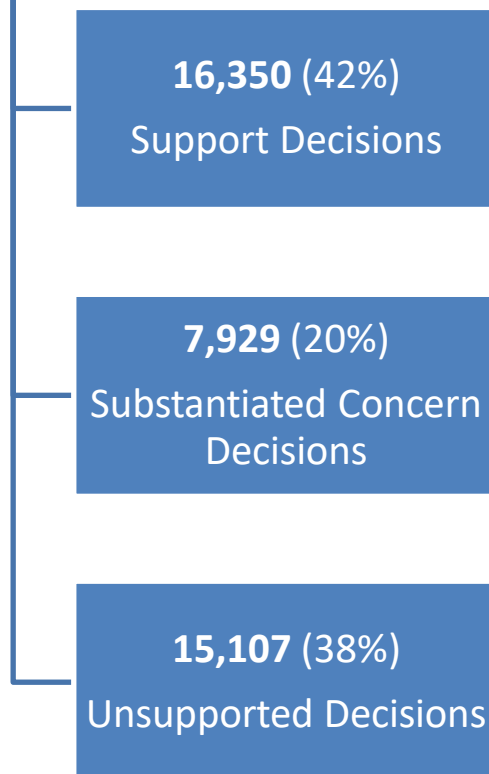
The "caregiver" definition should be construed broadly and inclusively to encompass any person who at the time in question is entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is him/herself a child such as a babysitter under age 18.

- Protective Intake (51A) Statistics at a Glance FY2021

Protective Intakes



Response Determinations

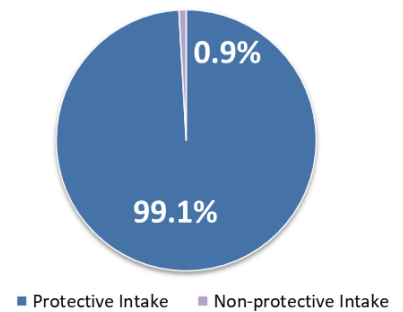


- **Intake Distribution**

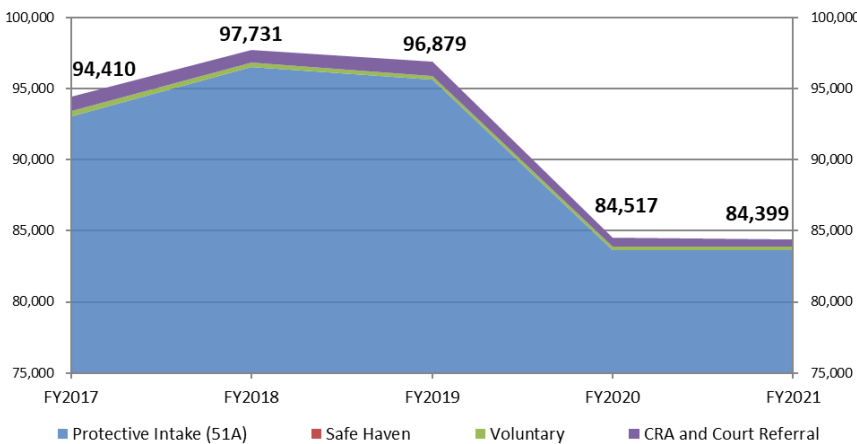
Table 25 and Figures 25a-b present the DCF intake distribution for protective and non-protective intakes. Protective intakes decreased during the COVID-19 pandemic. In FY2021, DCF received 84,399 intakes, of which 99.1% (83,644) came to the attention of the Department through the 51A report process. Safe Haven, voluntary, Child Requiring Assistance (CRA) petitions, and court referrals accounted for 0.9% (755) of all FY2021 intakes.

<b>TABLE 25. Intake Distribution</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
Protective Intakes (51As)	93,029	96,487	95,661	83,630	83,644
Safe Haven	2	2	-	2	1
Voluntary	384	329	244	248	239
CRA and Court Referral	995	913	974	637	515
<b>Intake Distribution FY End</b>	<b>94,410</b>	<b>97,731</b>	<b>96,879</b>	<b>84,517</b>	<b>84,399</b>

**FIGURE 25a. FY2021 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 approach 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 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

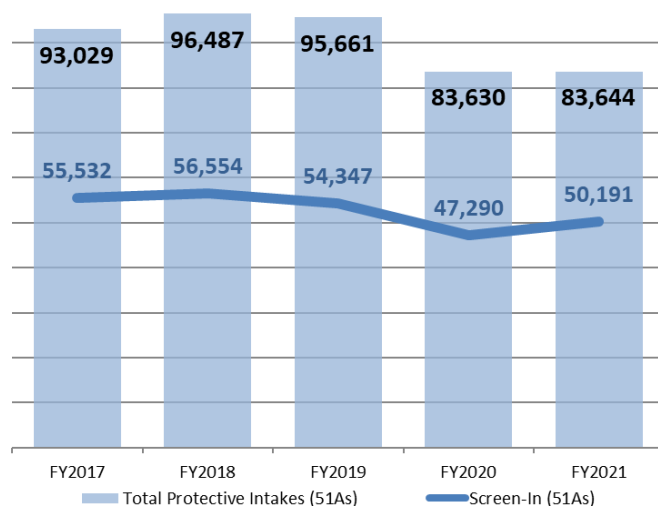
#### • Protective Intakes (51As) – Screening and District Attorney (DA) Referral Rates

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% decrease in protective intakes in FY2020 (-12,031) and FY2021 (-12,017) relative to FY2019.

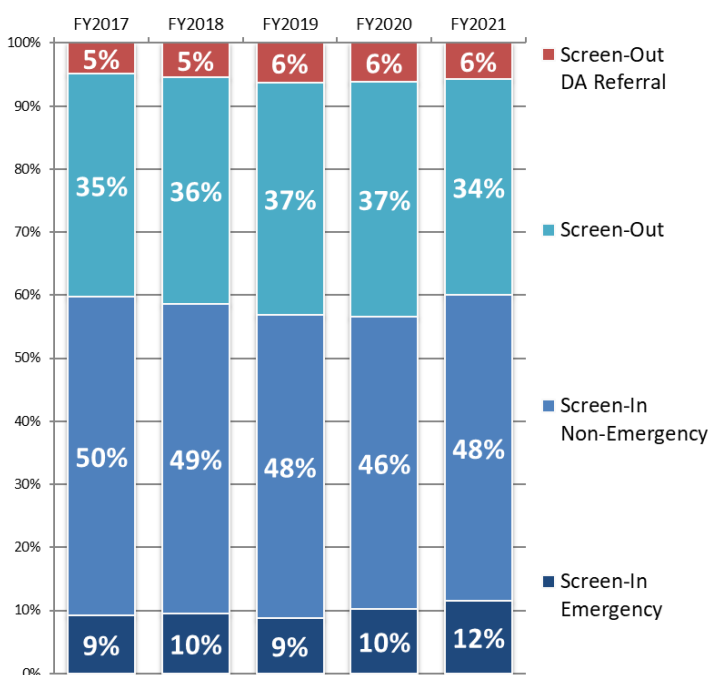
**TABLE 26. Protective Intakes (51As)**

	FY2017	FY2018	FY2019	FY2020	FY2021
Screen-In Emergency	8,560	9,168	8,399	8,502	9,629
Screen-In Non-Emergency	46,972	47,386	45,948	38,788	40,562
Screen-Out	32,964	34,688	35,315	31,194	28,661
Screen-Out DA Referral	4,533	5,245	5,999	5,146	4,792
<b>Protective Intakes (51As) Fiscal Year End</b>	<b>93,029</b>	<b>96,487</b>	<b>95,661</b>	<b>83,630</b>	<b>83,664</b>

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



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



- **Protective Intakes (51As) by Race/Ethnicity**

Table/Figure 26c show the proportion of children named in protective intakes by race/ethnicity compared to the proportion in the Massachusetts' child population. While Hispanic/Latinx and Black children are 2.3x and 2.2x more likely to be referred to the Department through a 51A report, the screen-in rates are near equivalent across race and ethnicity when compared to relative rates of 51A reporting.

**TABLE 26c. Protective Intakes by Race/Ethnicity  
– Unduplicated by Child FY2021 <sup>(1)</sup>**

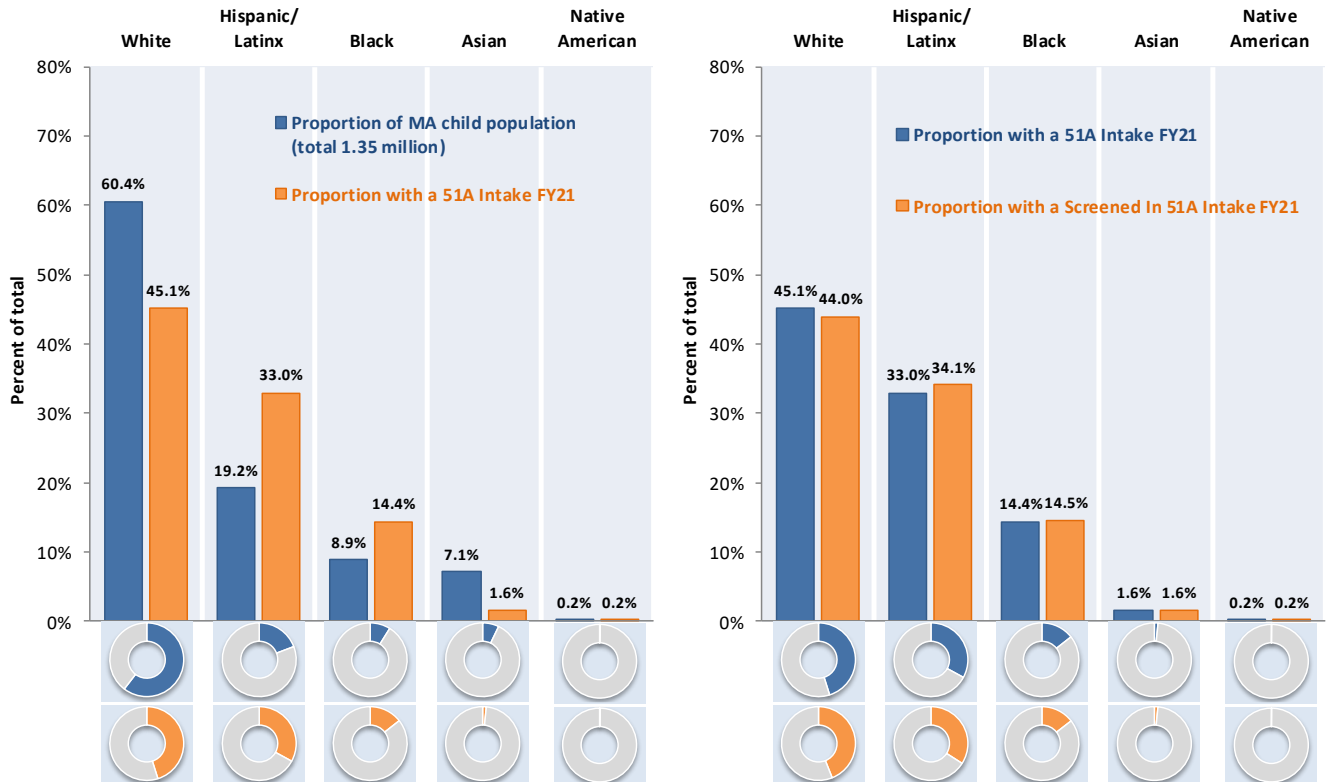
	51A Intake Distribution	RoD	RRI	Screened In 51A Intake Distribution	RoD	RRI
White	45.1%	0.7	n/a	44.0%	1.0	n/a
Hispanic/Latinx (of any race)	33.0%	1.7	2.3x	34.1%	1.0	1.1x
Black	14.4%	1.6	2.2x	14.5%	1.0	1.0x
Asian	1.6%	0.2	0.3x	1.6%	1.0	1.0x
Native American	.2%	0.9	1.2x	.2%	0.9	1.0x
Pacific Islander	.1%	-	-	*	-	-
Multi-Racial (two or more races)	5.7%	-	-	5.7%	-	-
	100%			100%		

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

\*Less than 0.1% after rounding.

Refer to page 57 for a definition of RoD and RRI.

**FIGURE 26c. Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2021**



- **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:**

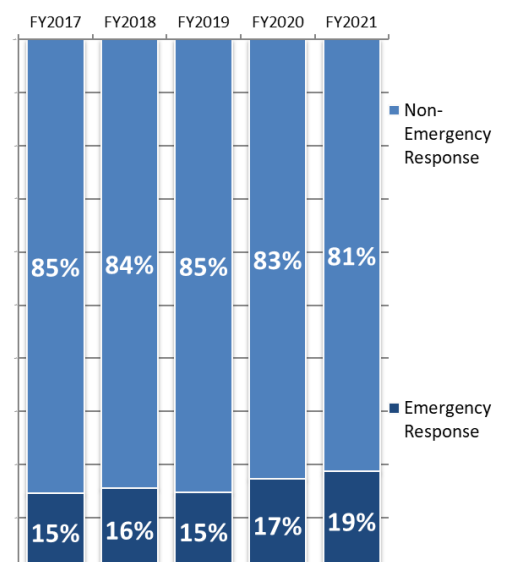
- **Emergency response** – Must begin within two hours and be completed within five business days of the report.
- **Non-emergency response** – Must begin within two business days and be completed within 15 business days of the report.

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

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

	FY2017	FY2018	FY2019	FY2020	FY2021
Emergency Response	6,761	7,165	6,570	6,652	7,391
Non-Emergency Response	39,665	38,859	37,711	31,873	31,995
<b>Protective Responses FY End</b>	<b>46,426</b>	<b>46,024</b>	<b>44,281</b>	<b>38,525</b>	<b>39,386</b>

**FIGURE 27. Response Type**



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

Table/Figure 27a display the proportion of children subject to an Emergency or a Non-Emergency protective response by race and ethnicity compared to the proportion of children with a protective intake (51A).

**TABLE 27a. Protective Responses (51Bs) – Emergency  
/Non-Emergency by Race/Ethnicity  
– Unduplicated by Child FY2021 <sup>(1)</sup>**

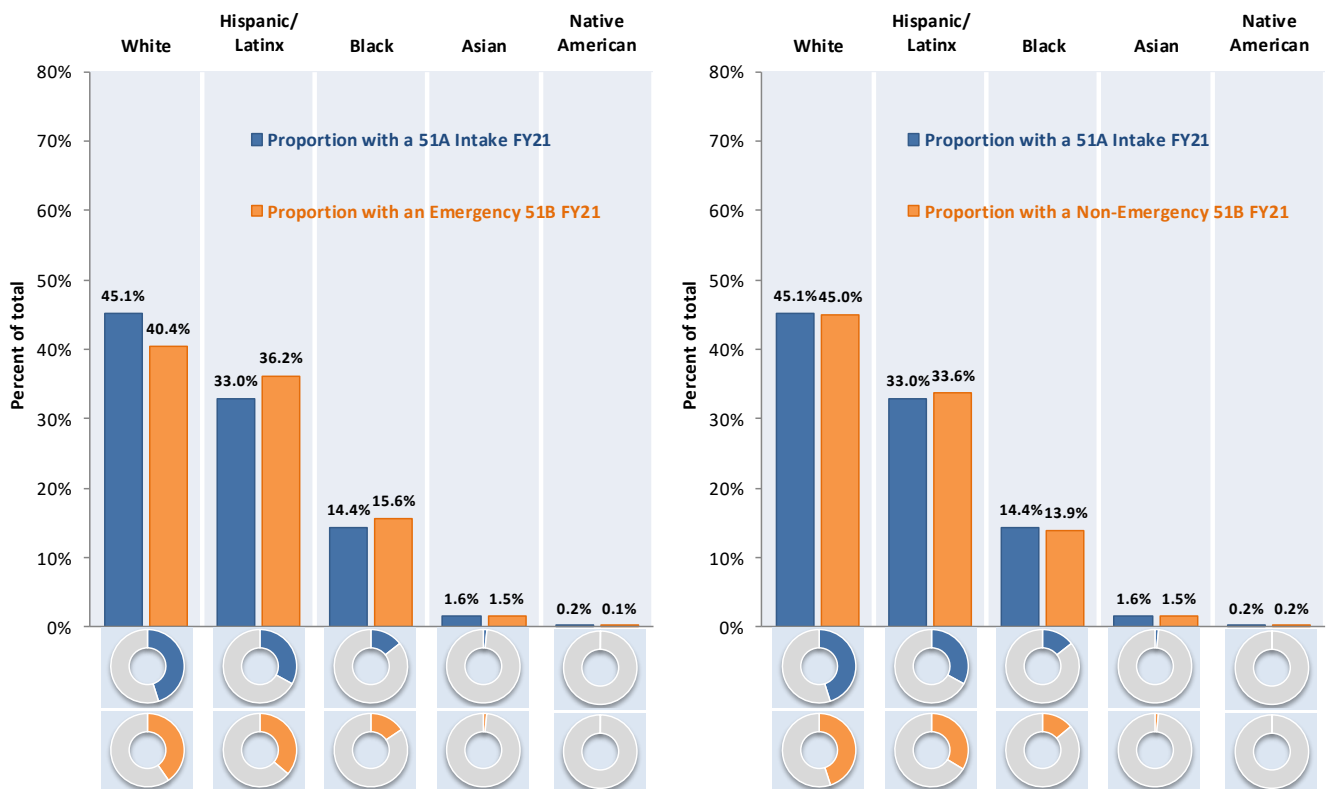
	51B Response Emergency	RoD	RRI	51B Response Non-Emergency	RoD	RRI
White	40.4%	0.9	n/a	45.0%	1.0	n/a
Hispanic/Latinx (of any race)	36.2%	1.1	1.2x	33.6%	1.0	1.0x
Black	15.6%	1.1	1.2x	13.9%	1.0	1.0x
Asian	1.5%	1.0	1.1x	1.5%	1.0	1.0x
Native American	.1%	0.7	0.7x	.2%	1.1	1.1x
Pacific Islander	*	-	-	.1%	-	-
Multi-Racial (two or more races)	6.2%	-	-	5.6%	-	-
	100%			100%		

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

\*Less than 0.1% after rounding.

Refer to page 57 for a definition of RoD and RRI.

**FIGURE 27a. Responses (51Bs) – Emergency/Non-Emergency by Race/Ethnicity – FY2021**



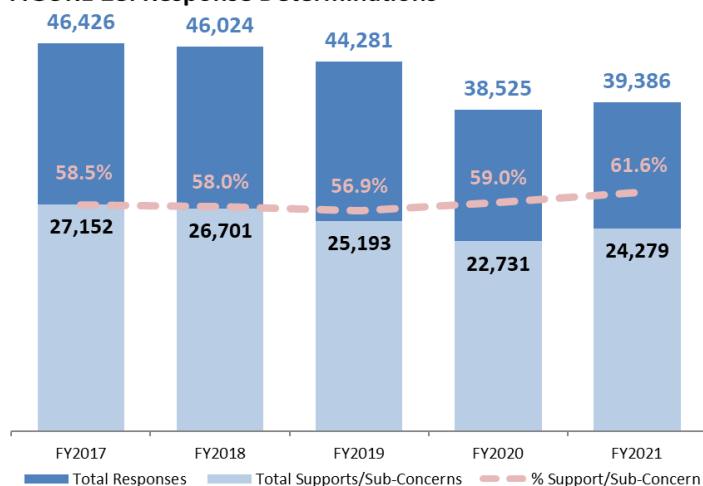
- **Protective Responses (51Bs) – Determinations**

Table/Figure 28 show a 58.7% average combined support/substantiated-concern rate for screened-in reports over the five-year time span of FY2017-21.

**TABLE 28. Protective Responses**

Support/Concern Counts	FY2017		FY2018		FY2019		FY2020		FY2021	
Investigation – Support Decision	18,889	40.7%	18,573	40.4%	17,952	40.5%	16,583	43.0%	16,350	41.5%
Investigation – Substantiated Concern	8,263	17.8%	8,128	17.7%	7,241	16.4%	6,148	16.0%	7,929	20.1%
<b>Total Supported/Substantiated-Concern</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>	<b>24,279</b>	<b>61.6%</b>

**FIGURE 28. Response Determinations**



- **Protective Response (51B) Determinations by Race/Ethnicity**

Table/Figure 28a display the proportion of response (51B) determinations of children subject to a protective response by race and ethnicity compared to the proportion of children with a protective intake (51A). While Hispanic/Latinx and Black children are 2.3x and 2.2x more likely to be referred to the Department through a 51A report (see Table/Figure 26c), support and substantiated concern rates are near equivalent across race and ethnicity when compared to relative rates of 51A reporting.

**TABLE 28a. Responses Determinations by Race/Ethnicity – Unduplicated by Child FY2021 <sup>(1)</sup>**

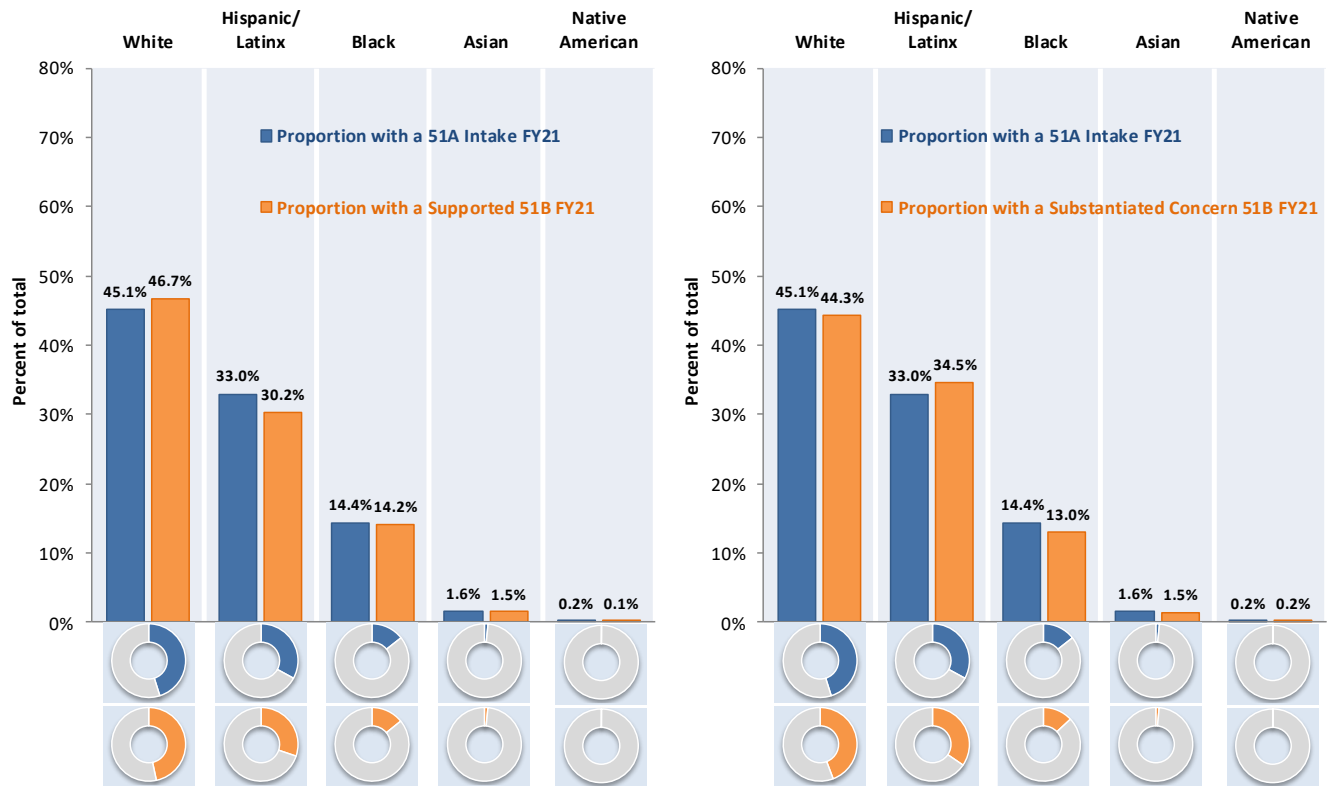
		51B Response Support Distribution			51B Response Substantiated Concern Distribution		
		RoD	RRI		RoD	RRI	
White		46.7%	1.0	n/a	44.3%	1.0	n/a
Hispanic/Latinx (of any race)		30.2%	0.9	0.9x	34.5%	1.0	1.1x
Black		14.2%	1.0	1.0x	13.0%	0.9	0.9x
Asian		1.5%	1.0	0.9x	1.5%	0.9	0.9x
Native American		.1%	0.7	0.7x	.2%	1.1	1.1x
Pacific Islander		.1%	-	-	*	-	-
Multi-Racial (two or more races)		7.2%	-	-	6.5%	-	-
		100%			100%		

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

\*Less than 0.1% after rounding.

Refer to page 57 for a definition of RoD and RRI.

**FIGURE 28a. Response Determinations by Race/Ethnicity – FY2021**



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

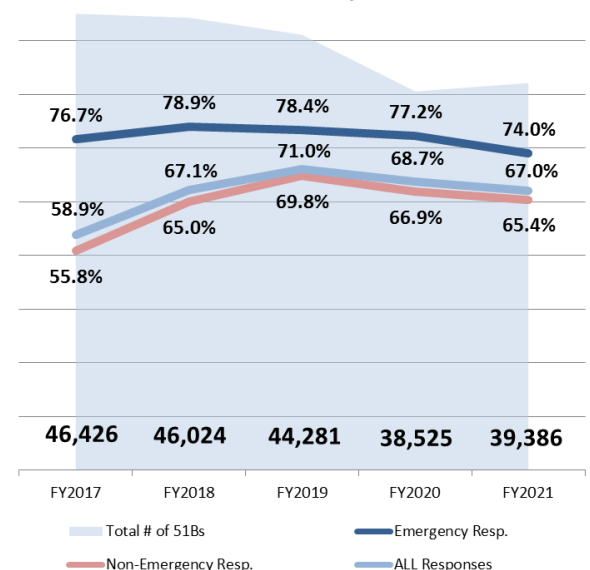
Table/Figure 29 reveal a 13.8% improvement in timeliness of all responses between FY2017 (58.9%) and FY2021 (67.0%). While showing improvement in FY2018, FY2019, and FY2020 relative to FY2017, the timeliness of emergency responses declined in FY2021.

**TABLE 29. Timeliness of Responses**

	FY2017	FY2018	FY2019	FY2020	FY2021
Emergency Response	76.7%	78.9%	78.4%	77.2%	74.0%
Non-Emergency Response	55.8%	65.0%	69.8%	66.9%	65.4%
<b>Timeliness of ALL Responses</b>	<b>58.9%</b>	<b>67.1%</b>	<b>71.0%</b>	<b>68.7%</b>	<b>67.0%</b>

*Higher score is preferable.*

**FIGURE 29. Timeliness of Responses**



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

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

	FY2021	%
Neglect	64,021	76.5%
Physical Abuse	16,120	19.3%
Sexual Abuse	8,598	10.3%
Human Trafficking-Labor	9	*
Human Trafficking-Sexually Exploited Child	1,507	1.8%
Neglect-Substance Exposed Newborn (SEN)	2,118	2.5%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	91	.1%
Invalid Allegation	844	1.0%
<b>Total 51A Reports <sup>(1)</sup></b>	<b>83,644</b>	<b>100%</b>

As evidenced in Table 29a, 76.5% of the 83,644 reports of child maltreatment included an allegation of neglect. Physical abuse was evident in 19.3% of reports, sexual abuse in 10.3%, and SEN/SEN-NAS in 2.6%.

<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**

	FY2021	%
Neglect	14,187	86.8%
Physical Abuse	1,446	8.8%
Sexual Abuse	728	4.5%
Human Trafficking-Labor	4	*
Human Trafficking-Sexually Exploited Child	379	2.3%
Neglect-Substance Exposed Newborn (SEN)	1,006	6.2%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	70	.4%
Invalid Allegation	-	-
<b>Total Supported 51B Responses <sup>(2)</sup></b>	<b>16,350</b>	<b>100%</b>

Table 29b reveals that 86.8% of the 16,350 supported responses included a finding of neglect. Physical abuse was evident in 8.8% of the supported responses, SEN/SEN-NAS in 6.6%, and sexual abuse in 4.5%.

<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 Supported Allegation <sup>(3)</sup>**

	FY2021	%
Neglect	20,854	87.2%
Physical Abuse	1,623	6.8%
Sexual Abuse	776	3.2%
Human Trafficking-Labor	4	*
Human Trafficking-Sexually Exploited Child	354	1.5%
Neglect-Substance Exposed Newborn (SEN)	1,028	4.3%
Neglect-Substance Exposed Newborn (SEN) -Neonatal Abstinence Syndrome (NAS)	70	.3%
Invalid Allegation	-	-
<b>Unduplicated Child Victims <sup>(4)</sup></b>	<b>23,911</b>	<b>100%</b>

Table 29c shows that 87.2% of 23,911 unique children found to have experienced maltreatment, were victims of neglect. Physical abuse was evidenced for 6.8% of the child victims, SEN/SEN-NAS for 4.6%, and sexual abuse for 3.2%.

<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.

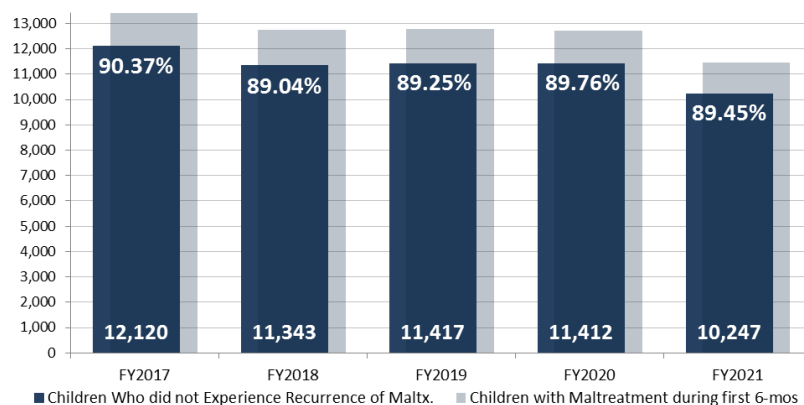
Table/Figure 30 reveal that in FY2021, 89.45% (10,247/11,456) of the children who experienced an occurrence of maltreatment within the first six months of FY2021 did not experience a recurrence of maltreatment within the next six months (i.e., through the end of FY2021). **NOTE: Measure below is presented as the absence of recurrence of maltreatment.**

**TABLE 30. Recurrence of Maltreatment – CFSR2**

	FY2017	FY2018	FY2019	FY2020	FY2021
Children with Maltreatment during First 6 months (denominator)	13,411	12,739	12,792	12,714	11,456
Children Who did not Experience Recurrence within 6 months (numerator)	12,120	11,343	11,417	11,412	10,247
Children with Recurrence within 6 months	1,292	1,396	1,375	1,302	1,209
% of Children Who did not Experience Recurrence of Maltreatment	90.37%	89.04%	89.25%	89.76%	89.45%

**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 care 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 maltreatment by a foster parent/group care 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 maltreatment by a foster parent or group care staff within the 12-month period. For **absence of maltreatment in foster Care** the numerator is the number without a substantiated maltreatment within the 12-month period.

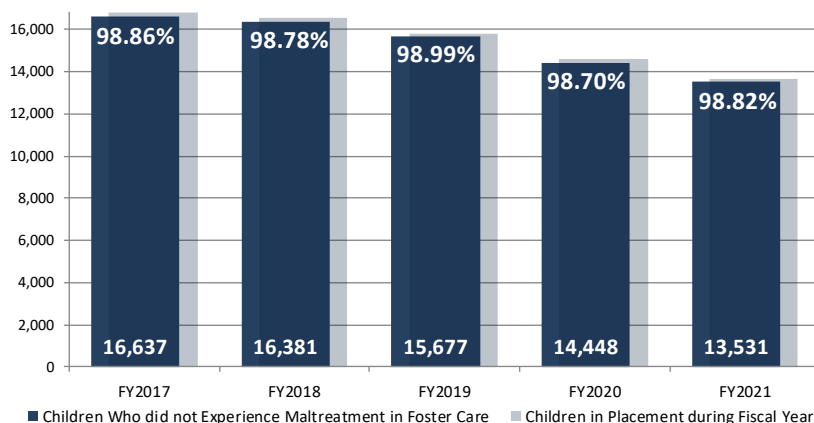
This Federal CFSR-2 safety outcome measure includes only those children/youth who are in the custody and care (out-of-home placement) of the Department at the time of their maltreatment.

Table/Figure 31 reveal that 98.82% (13,531/13,692) of the children who were in an out-of-home placement at any time during FY2021 did not experience maltreatment by a substitute care provider.

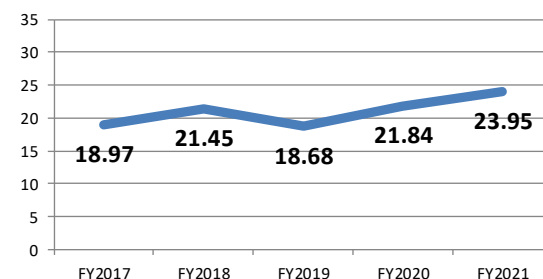
	FY2017	FY2018	FY2019	FY2020	FY2021
Children in Placement During Fiscal Year (denominator)	16,828	16,583	15,837	14,639	13,692
Children Who did not Experience Maltreatment in Foster Care (numerator)	16,637	16,381	15,677	14,448	13,531
Children with Maltreatment in Foster Care	191	202	160	191	161
<b>% of Children Who did not Experience Maltreatment in Foster Care</b>	<b>98.86%</b>	<b>98.78%</b>	<b>98.99%</b>	<b>98.70%</b>	<b>98.82%</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 Foster Care**



**FIGURE 31b. Victimization per 100K Days in Care**



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

	FY2017	FY2018	FY2019	FY2020	FY2021
Total # of Placement Days (denominator)	3,927,559	3,911,356	3,763,494	3,430,179	3,273,282
Total # of Victimitizations (numerator)	745	839	703	749	784
<b>Victimization* per 100,000 Days in Care</b>	<b>18.97</b>	<b>21.45</b>	<b>18.68</b>	<b>21.84</b>	<b>23.95</b>

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

Table/Figure 31b present an FY2021 victim rate of 23.95 per 100,000 days of DCF care.

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

Table/Figure 32 show that 63.9% of the children/youth who reunified in FY2021, reunified within 12 months of entering care. Median time to reunification was 8.1 months.

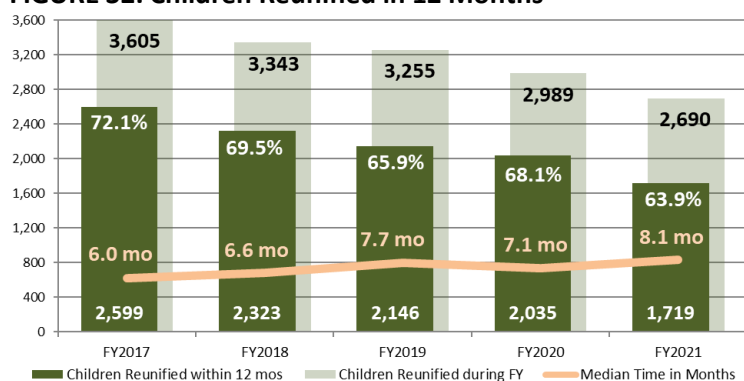
**TABLE 32. Children Reunified in 12 Months – CFSR2**

	FY2017	FY2018	FY2019	FY2020	FY2021
*Children Reunified During the Fiscal Year (denominator)	3,605	3,343	3,255	2,989	2,690
Children Reunified within 12 months (numerator)	2,599	2,323	2,146	2,035	1,719
<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>72.1%</b>	<b>69.5%</b>	<b>65.9%</b>	<b>68.1%</b>	<b>63.9%</b>
<b>Measure 1.2: Median Time to Reunification in Months</b>	<b>6.0 mos.</b>	<b>6.6 mos.</b>	<b>7.7 mos.</b>	<b>7.1 mos.</b>	<b>8.1 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 24a/34b 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**

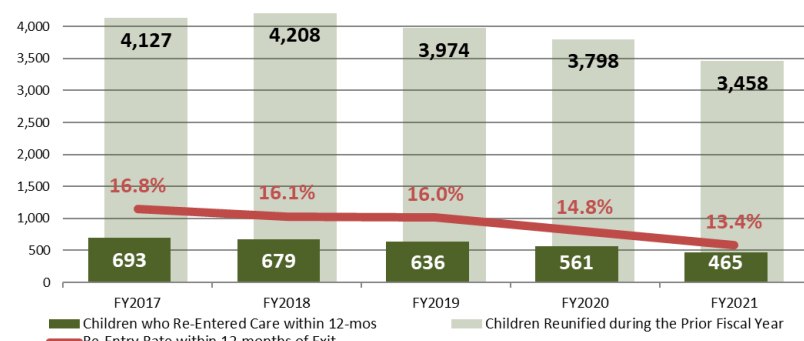
Reflecting continuous improvement, Table/Figure 33 show that the rates of re-entry into out-of-home care within 12 months for children who exited to reunification has steadily decreased since FY2017.

**TABLE 33. Foster Care Re-Entries – CFSR2**

	FY2017	FY2018	FY2019	FY2020	FY2021
Children Reunified During the Prior Fiscal Year (denominator)	4,127	4,208	3,974	3,798	3,458
Children Who Re-Entered Foster Care within 12 months (numerator)	693	679	636	561	465
<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>16.1%</b>	<b>16.0%</b>	<b>14.8%</b>	<b>13.4%</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 to permanency by race/ethnicity as compared to children in placement at the start of the fiscal year.

<b>TABLE 33a. Exits to Permanency by Race/Ethnicity – RoD and RRI FY2021 <sup>(1)</sup></b>		<b>Children (0-17) in Placement Start of FY2021</b>		<b>Children (0-17) Exiting to Permanency in FY2021</b>		<b>RoD</b>	<b>RRI</b>
	White	3,377	40%	1,560	41%	1.0	n/a
	Hispanic/Latinx (of any race)	2,688	32%	1,213	32%	1.0	1.0x
	Black	1,205	14%	498	13%	0.9	0.9x
	Asian	66	1%	45	1%	1.5	1.5x
	Native American	20	*	1	*	0.1	0.1x
	Pacific Islander	2	*	-	-	-	-
	Multi-Racial (two or more races)	752	9%	351	9%	1.0	1.0x
	Unable to Determine/Declined	303	4%	135	4%	n/a	n/a
	Missing	1	*	4	.1%	n/a	n/a
<b>Total</b>		<b>8,414</b>	<b>100%</b>	<b>3,807</b>	<b>100%</b>		

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

\*Less than 0.1% after rounding.

Refer to page 57 for a definition of RoD and RRI.

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

Table 33b shows exits to reunification by race/ethnicity as compared to children with a goal of reunification at the start of the fiscal year.

<b>TABLE 33b. Reunifications by Race/Ethnicity – RoD and RRI FY2021 <sup>(1)</sup></b>		<b>Children with Goal of Reunification Start of FY2021</b>		<b>Children Reunified in FY2021</b>		<b>RoD</b>	<b>RRI</b>
	White	1,211	39%	1,103	39%	1.0	n/a
	Hispanic/Latinx (of any race)	1,026	33%	950	34%	1.0	1.0x
	Black	483	15%	394	14%	0.9	0.9x
	Asian	33	1%	40	1%	1.3	1.3x
	Native American	6	.2%	-	-	-	-
	Pacific Islander	1	*	-	-	-	-
	Multi-Racial (two or more races)	236	8%	232	8%	1.1	1.1x
	Unable to Determine/Declined	131	4%	102	4%	n/a	n/a
	Missing	1	*	4	.1%	n/a	n/a
<b>Total</b>		<b>3,128</b>	<b>100%</b>	<b>2,825</b>	<b>100%</b>		

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

\*Less than 0.1% after rounding.

Refer to page 57 for a definition of RoD and RRI.

- **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 pandemic's impact on adoption legalizations was most evident in FY2021.

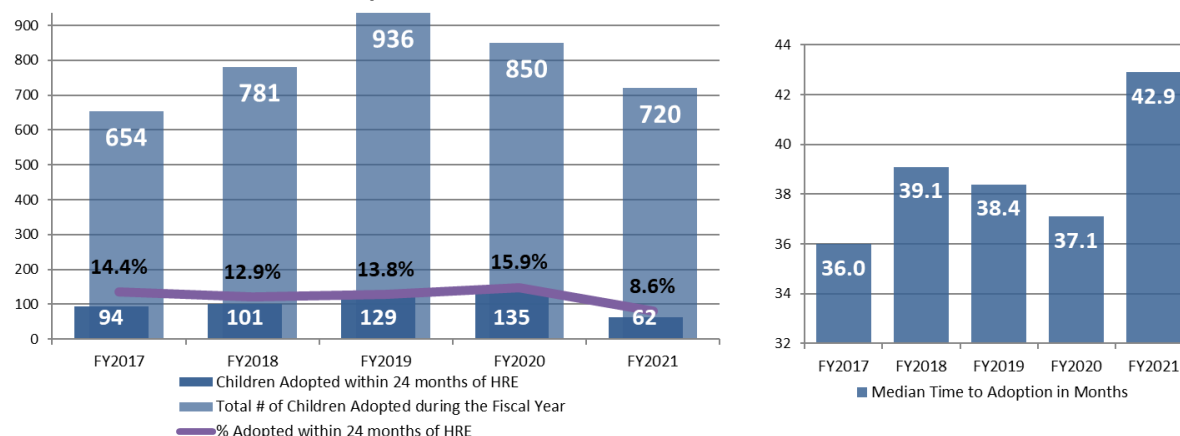
**TABLE 34. Timeliness of Adoptions – CFSR2**

	FY2017	FY2018	FY2019	FY2020	FY2021
Total # of Children (0-17) Adopted during the Fiscal Year (denominator)	654	781	936	850	720
Children (0-17) Adopted within 24 Months of Home Removal (numerator)	94	101	129	135	62
<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>14.4%</b>	<b>12.9%</b>	<b>13.8%</b>	<b>15.9%</b>	<b>8.6%</b>
<b>Measure 2.2: Median Time to Adoption in Months</b>	<b>36.0 mos.</b>	<b>39.1 mos.</b>	<b>38.4 mos.</b>	<b>37.1 mos.</b>	<b>42.9 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 shows exits to adoption by race/ethnicity as compare to children with a goal of adoption at the start of the fiscal year.

**TABLE 35. Adoptions by Race/Ethnicity – RoD and RRI FY2021<sup>(1)</sup>**

	Children with Goal of Adoption Start of FY2021		Children Adopted in FY2021		RoD	RRI
White	1,384	42%	323	45%	1.0	n/a
Hispanic/Latinx (of any race)	1048	32%	203	28%	0.9	0.8x
Black	432	13%	77	11%	0.8	0.8x
Asian	17	.5%	4	.6%	1.1	1.0x
Native American	11	.3%	1	.1%	0.4	0.4x
Pacific Islander	1	*	-	-	-	-
Multi-Racial (two or more races)	327	10%	90	13%	1.3	1.2x
Unable to Determine/Declined	102	3%	22	3%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
<b>Total</b>	<b>3,322</b>	<b>100%</b>	<b>720</b>	<b>100%</b>		

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

\*Less than 0.1% after rounding.

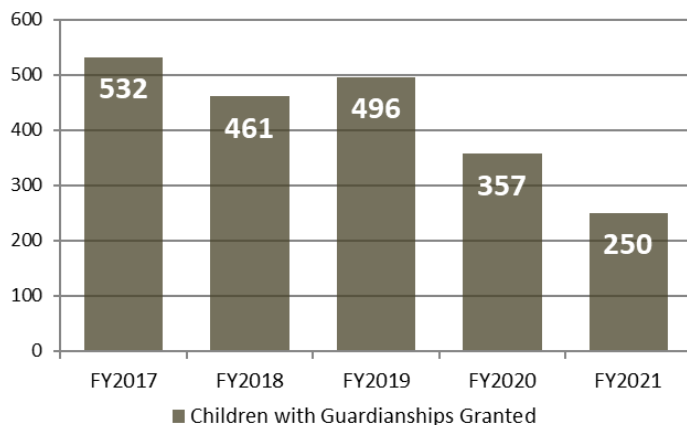
Refer to page 57 for a definition of RoD and RRI.

- **Permanency Outcome – Guardianships Granted**

As reflected in Table/Figure 36, 250 guardianships were granted in FY2021.

<b>TABLE 36. Guardianships</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
Children with Guardianships Granted	532	461	496	357	250

**FIGURE 36. Guardianships Granted**



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

Table 36a shows exits to guardianship by race/ethnicity as compared to children with a goal of guardianship at the start of the fiscal year.

**TABLE 36a. Guardianships Granted by Race/Ethnicity – RoD and RRI FY2021<sup>(1)</sup>**

	Children with Goal of Guardianship Start of FY2021		Children Granted Guardianships in FY2021		RoD	RRI
White	310	42%	132	53%	1.3	n/a
Hispanic/Latinx (of any race)	232	31%	56	22%	0.7	0.6x
Black	108	15%	26	10%	0.7	0.6x
Asian	7	.9%	1	.4%	0.4	0.3x
Native American	1	.1%	-	-	-	-
Pacific Islander	-	-	-	-	-	-
Multi-Racial (two or more races)	61	8%	23	9%	1.1	0.9x
Unable to Determine/Declined	24	3%	12	5%	n/a	n/a
Missing	-	-	-	-	n/a	n/a
<b>Total Fiscal Year End</b>	<b>743</b>	<b>100%</b>	<b>250</b>	<b>100%</b>		

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

\*Less than 0.1% after rounding.

Refer to page 57 for a definition of RoD and RRI.

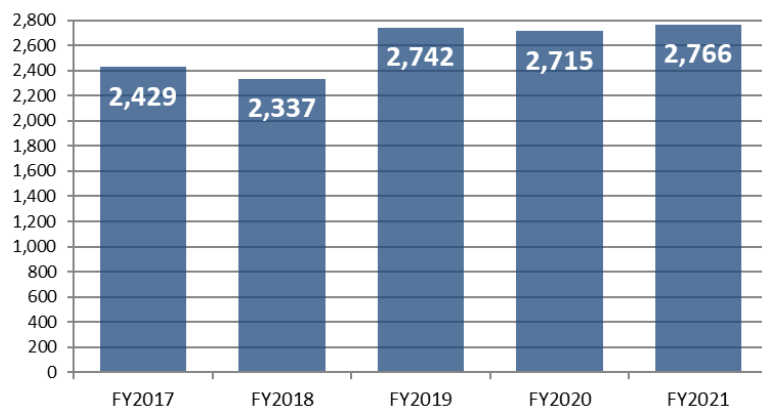
- **Permanency Outcome – Young Adult (18-22) Outreach/Transition Services**

DCF provides outreach/transition services to young adults transitioning out of care. Table/Figure 37 show that DCF provided outreach/transition services to 2,766 unique young adults in FY2021.

**TABLE 37. Young Adult (18-22) Outreach/Transition Services**

	FY2017	FY2018	FY2019	FY2020	FY2021
Young Adults (18-22) Provided Outreach/Transition Services	2,429	2,337	2,742	2,715	2,766

**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 FY2021, 75% 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**

	FY2017		FY2018		FY2019		FY2020		FY2021	
<b>Youth Who Turned 18 in Fiscal Year (denominator)</b>	<b>880</b>		<b>836</b>		<b>833</b>		<b>754</b>		<b>674</b>	
Youth Who Turned 18 and Remained/Returned to Care in FY	629	71%	586	70%	601	72%	555	74%	507	75%
Youth Who Turned 18 and Left Care in FY	251	29%	250	30%	232	28%	199	26%	167	25%
Youth Who Turned 18 and Left Care in FY, Who Returned to Care in a Subsequent FY	11	4%	10	4%	8	3%	14	7%	aging	

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

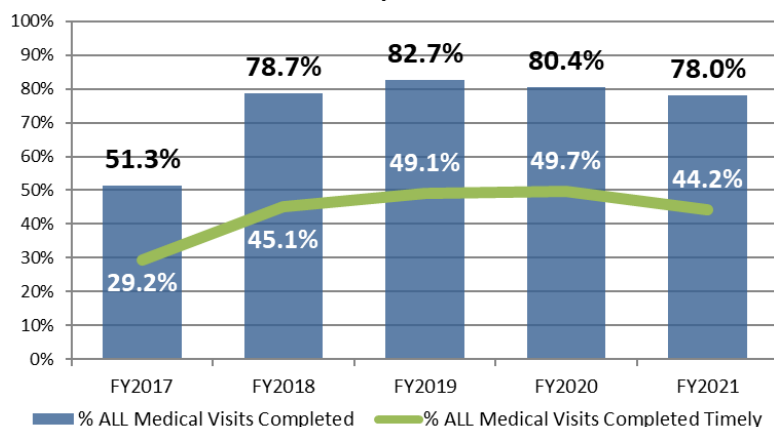
Table/Figure 38 reflect year-over-year progress toward meeting the agency’s policy requirement that each child entering care should receive an initial screening and a comprehensive medical evaluation. FY2020-21 medical visits were impacted by the COVID-19 pandemic.

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

	FY2017	FY2018	FY2019	FY2020	FY2021
<b>Total Medical Visits Due (denominator)</b>	<b>11,636</b>	<b>11,280</b>	<b>10,109</b>	<b>9,303</b>	<b>8,484</b>
Total Medical Visits Completed (numerator)	5,964	8,879	8,360	7,479	6,615
Medical Visits Completed Timely (numerator)	3,395	5,090	4,967	4,619	3,747
<b>% of ALL Medical Visits Completed</b>	<b>51.3%</b>	<b>78.7%</b>	<b>82.7%</b>	<b>80.4%</b>	<b>78.0%</b>
<b>% Medical Visits Completed Timely</b>	<b>29.2%</b>	<b>45.1%</b>	<b>49.1%</b>	<b>49.7%</b>	<b>44.2%</b>

*Higher score is preferable.*

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



Though impacted by the COVID-19 pandemic, Figure 38 presents increased medical visit compliance in FY2021 compared to FY2017.

- Completion rates increased by 52%
- Timeliness of medical visits increased by 51%

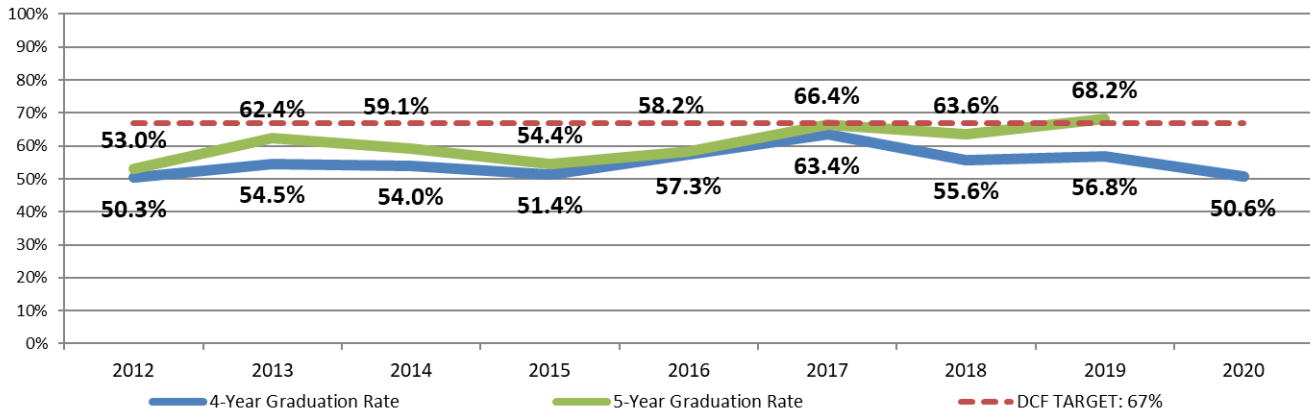
**Note:** Creation of a full-time DCF Medical Director and hiring Medical Social Workers for all 29 DCF Area Offices have contributed to this trend.

- **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	2020
	≥ 67.0%	50.3%	54.5%	54.0%	51.4%	57.3%	63.4%	55.6%	56.8%	50.6%
Four-Year Graduation Rate										
Five-Year Graduation Rate	<i>not established</i>	53.0%	62.4%	59.1%	54.4%	58.2%	66.4%	63.6%	68.2%	<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 FY2021, 87 child/youth fatalities were brought to the attention of the Department. Of these: 22 were open in a case or a Response, 25 had a prior history with the Department, and 40 had no history with the Department.

<b>TABLE 39a. Child/Youth Fatalities by Family History with DCF</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
Open Case at Time of Fatality <sup>1</sup>	28	34	25	24	19
Open in a Response at Time of Fatality			6	1	3
Case Closed within 6 Months of Fatality	9	4	3	2	3
Case Closed more than 6 Months Prior to Fatality	15	18	9	8	13
Previous 51A or Response			4	8	9
No Previous DCF History at Time of Incident Leading to Fatality	42	51	54	30	40
<b>Total Child/Youth (0-17) Fatalities</b>	<b>94</b>	<b>107</b>	<b>101</b>	<b>73</b>	<b>87</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.

<b>TABLE 39b. Child/Youth Fatalities by Manner of Death</b>	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>
Accidental – includes MV accidents, drownings, falls, fires, etc.	22	19	21	15	11
Community Violence	2	2	4	1	3
Inflicted Physical Injury	2	6	1	4	1
Medical – chronic or acute medical condition	18	22	21	13	12
Neglect	-	-	-	-	2
Overdose	1	3	5	3	4
Suicide	8	10	7	5	7
Sudden Unexpected Infant Death (SUID) – includes unsafe sleep	17	22	29	17	25
Other – includes undetermined/pending medical examiner finding	24	23	13	15	22
<b>Total Child/Youth (0-17) Fatalities</b>	<b>94</b>	<b>107</b>	<b>101</b>	<b>73</b>	<b>87</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

### • Budget

The trend revealed in Table/Figure 42 reflects significant 50% increases in DCF funding between FY2012 and FY2022, with the steepest gains being made in the past seven years. These increases supported increased service cost (p.44), staffing (p.45), and facilitated workload reduction for staff (p.46).

**TABLE 42. Budget**

	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)	

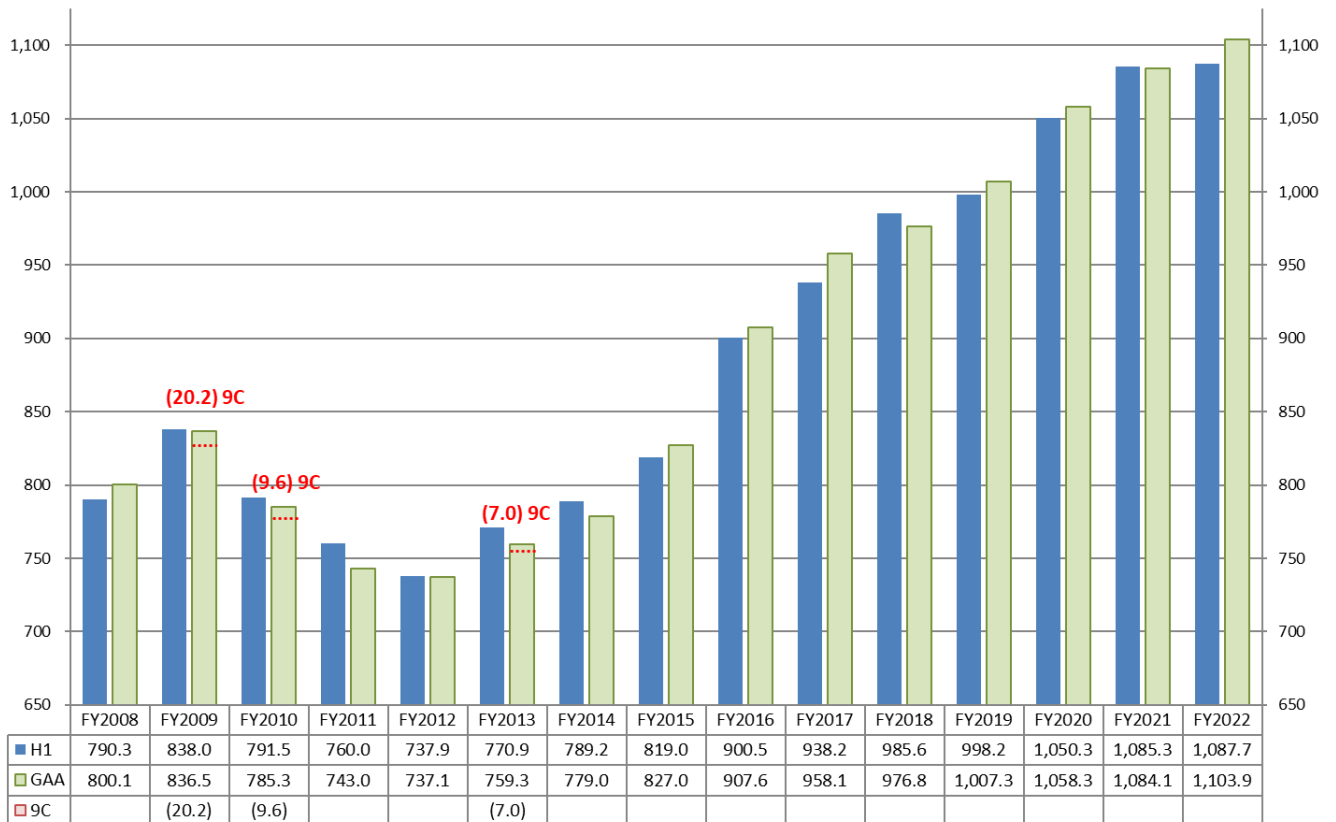
	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022
H1	818,984,881	900,518,423	938,191,906	985,597,540	998,215,540	1,050,279,338	1,085,313,753	1,087,728,624
GAA	827,008,493	907,625,914	958,081,728	976,750,150	1,007,346,982	1,058,279,339	1,084,138,227	1,103,929,461
9C								

**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.

**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 3% (\$18,544,427.38) increase in service expenditures between FY2017 and FY2021. During this time period:

- Significant investments were made including:
  - Foster care rate increase every year (\$10.8M investment over the course of 5 years)
  - 766 Residential School rate increase every year (\$7.7M investment over the course of 5 years)
  - Chapter 257 provider rate increases (\$9.5M investment over the course of 5 years)
  - Expansion of Support and Stabilization services to include foster parents (\$10.5M investment over FY2020-21)
- There was also significant growth in services such as:
  - Adoption subsidy (\$7.6M over the course of 5 years)
  - Guardianship subsidy (\$7.7M over the course of 5 years)
  - Support and Stabilization services (\$30.1M over the course of 5 years)
- These investments were offset by a significant reduction in children/youth in out-of-home placement resulting in a net reduction in placement costs of (-\$28.7M over the course of 5 years)

	<b>FY2017</b>	<b>FY2018</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021*</b>	<b>FY2017 to FY2021</b>
<b>Placement</b>	<b>415,138,426.60</b>	<b>412,900,134.97</b>	<b>404,954,244.81</b>	<b>390,888,843.12</b>	<b>386,384,438.83</b>	<b>-7%</b>
Departmental Foster Care	78,792,196.11	79,623,854.43	78,832,742.00	80,080,943.92	83,055,835.67	5%
Foster Care – CFC-IFC (contracted)	73,860,311.21	74,024,145.91	73,295,641.44	69,558,398.00	65,130,030.42	-12%
FRFC – Complex Med. Foster Care	935,430.42	932,951.48	1,115,071.65	1,077,417.25	1,006,941.24	8%
Congregate Care – Group Home	123,862,914.99	124,322,055.76	123,713,484.85	114,555,965.53	114,729,899.77	-7%
Congregate Care – Continuum	9,564,573.65	8,051,478.80	7,034,438.56	7,764,219.30	7,340,198.78	-23%
Congregate Care – Residential School	72,945,405.34	74,068,950.95	71,663,428.08	74,590,285.17	71,143,366.80	-2%
Congregate Care – STARR	53,441,574.31	50,468,628.84	48,166,600.81	42,466,437.98	43,307,379.45	-19%
Congregate Care – Teen Parenting	1,736,020.57	1,408,068.80	1,132,837.42	795,175.97	670,786.70	-61%
<b>Other</b>	<b>165,438,845.54</b>	<b>169,314,830.17</b>	<b>179,853,851.63</b>	<b>200,380,432.98</b>	<b>212,737,260.69</b>	<b>29%</b>
Adoption Subsidies	73,539,199.64	72,709,517.72	74,463,319.57	78,764,778.26	81,193,563.81	10%
Guardianship Subsidies	25,631,284.14	27,620,233.33	31,088,759.96	33,877,296.51	33,412,044.18	30%
Foster Care Support Services	99,995.95	240,830.50	115,366.86	125,569.71	327,485.16	227%
Placement Add-On	2,489,665.85	2,351,563.67	2,561,502.03	2,932,030.12	2,693,930.54	8%
Respite	53,638.90	94,573.85	36,710.62	24,859.16	16,077.96	-70%
Support & Stabilization	61,460,103.86	64,543,968.28	70,170,374.08	82,170,677.19	91,556,403.40	49%
Support Services (other)	2,164,957.20	1,751,386.35	1,417,818.51	2,485,222.03	3,537,755.64	63%
<b>TOTAL SERVICE COSTS</b>	<b>580,577,272.14</b>	<b>582,203,273.35</b>	<b>584,808,096.44</b>	<b>591,269,276.10</b>	<b>599,121,699.52</b>	<b>3%</b>

\*FY2021 service costs may not be final at time of report production and will be updated in the FY2022 report.

## • 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 21%, and staffing levels for all other bargaining units (BU) have increased by 44%. 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 2021, managerial staffing levels increased by 66% 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.

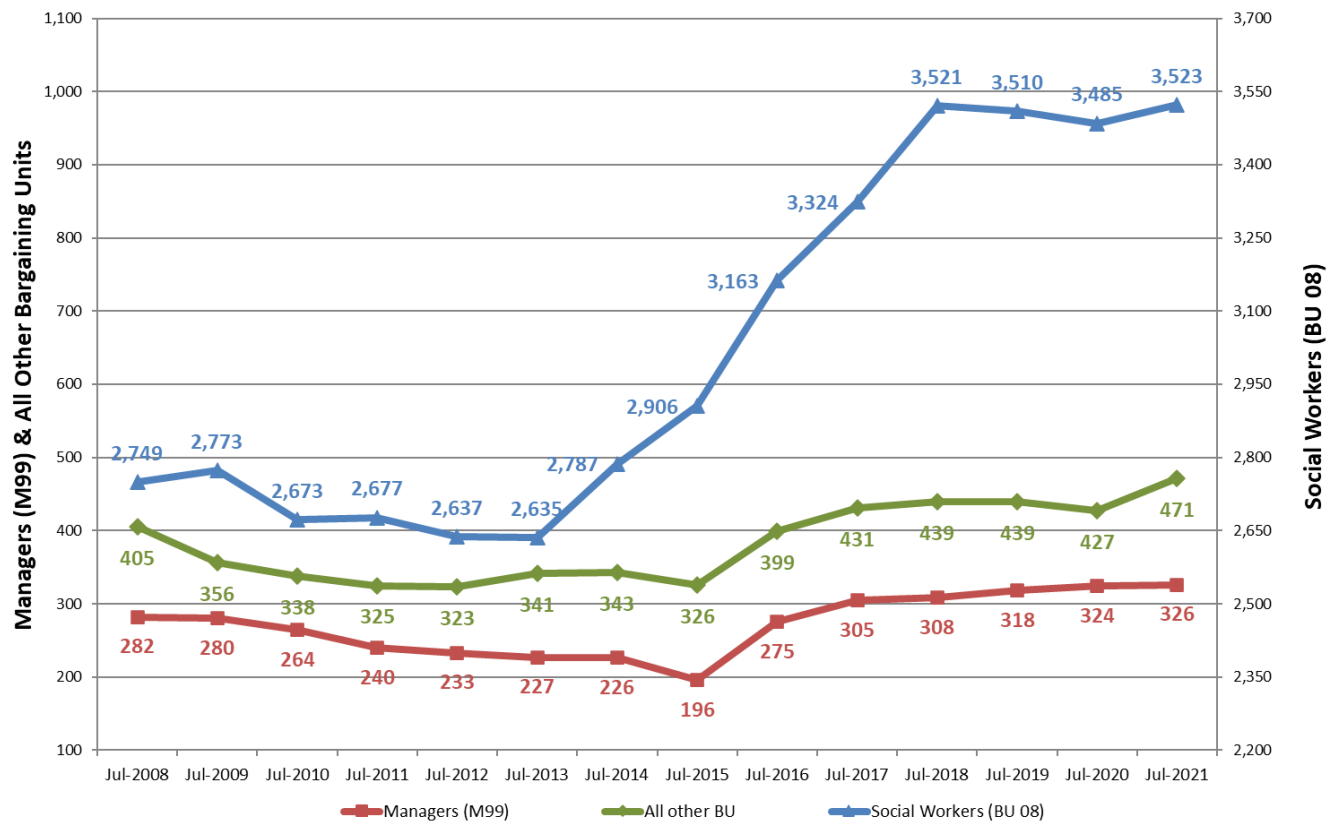
	Managers (M99)	All Other Bargaining Units	Social Workers (Bargaining Unit 08)	TOTAL
Jul-2008	282	405	2,749	3,435
Jul-2009	280	356	2,773	3,409
Jul-2010	264	338	2,673	3,275
Jul-2011	240	325	2,677	3,242
Jul-2012	233	323	2,637	3,193
Jul-2013	227	341	2,635	3,203
Jul-2014	226	343	2,787	3,356
Jul-2015	196	326	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
Jul-2021	326	471	3,523	4,320

Staffing counts are rounded FTEs.

	Jul-2015 to Jul-2021
Managers (M99)	66%
All Other Bargaining Units (NAGE & MNA)	44%
Social Workers (BU 08)	21%
<b>ALL DCF STAFF</b>	<b>26%</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 FY2020 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).

**FIGURE 44. Staffing Trends**



- **Caseload/Workload**

Table 45 shows the total weighted caseloads and ratios for FY2017- FY2020. The FY2021 12-month average weighted caseload ratio for DCF intake, response, ongoing, and adoption social workers is 14.82:1. 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 FY2017- FY2018.

**TABLE 45. Weighted Caseload** <sup>(1)</sup> – excludes Family Resource

	FY2017	FY2018	FY2019	FY2020	FY2021
<b>Weighted Caseload Ratio – End of Fiscal Year</b>	<b>16.54:1</b>	<b>16.11:1</b>	<b>15.56:1</b>	<b>13.73:1</b>	<b>16.73:1</b>
Total Weighted Caseload – End of Fiscal Year (denominator)	35,568.07	35,463.41	33,126.58	29,386.42	33,591.72
FTE Count of Case Carrying Workers – End of Fiscal Year (numerator)	2,150.10	2,201.73	2,128.91	2,139.76	2,007.66
<b>Weighted Caseload Ratio – 12-Month Average</b>	<b>16.32:1</b>	<b>15.80:1</b>	<b>15.30:1</b>	<b>14.74:1</b>	<b>14.82:1</b>
Total Weighted Caseload – 12-month average (denominator)	34,398.51	34,389.51	33,501.14	31,241.81	30,941.78
FTE Count of Case Carrying Workers – 12-month average (numerator)	2,107.66	2,176.58	2,189.21	2,119.29	2,088.30

<sup>(1)</sup> Weighted Caseloads (recast in FY2020 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:

**TABLE 45a. Weighted Credit by Agency 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

# APPENDIX

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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>

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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.
Clinical Case	A clinical case consists of all members of a family (e.g., parents and children) or young adult open with DCF and assigned to a social worker for an assessment or for case management.
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.

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Consumer Role Type	<p>Individuals involved with the Department are identified as consumers. There are two primary consumer types:</p> <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>
Continuous Time in Placement	<p>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. A child may have multiple placements during this period.</p>
Court Referral Intake	<p>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.</p>
Custody	<p>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.</p>
Danger	<p>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.</p>
Departmental Foster Care (DFC)	<p>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.</p>
DFC – Child Specific Foster Care	<p>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.</p>
DFC – Kinship Foster Care	<p>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.</p>
DFC – Independent Living	<p>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.</p>
DFC – Pre-Adoptive Foster Care	<p>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.</p>
DFC – Unrestricted Foster Care	<p>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).</p>

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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 percentage of children in a racial/ethnic group at a specific decision-making stage (e.g., 51A report, 51B investigation, foster care placement) by the percentage of children in that same racial/ethnic group in the Massachusetts child census population or in an earlier decision-making stage.</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.

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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>

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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.

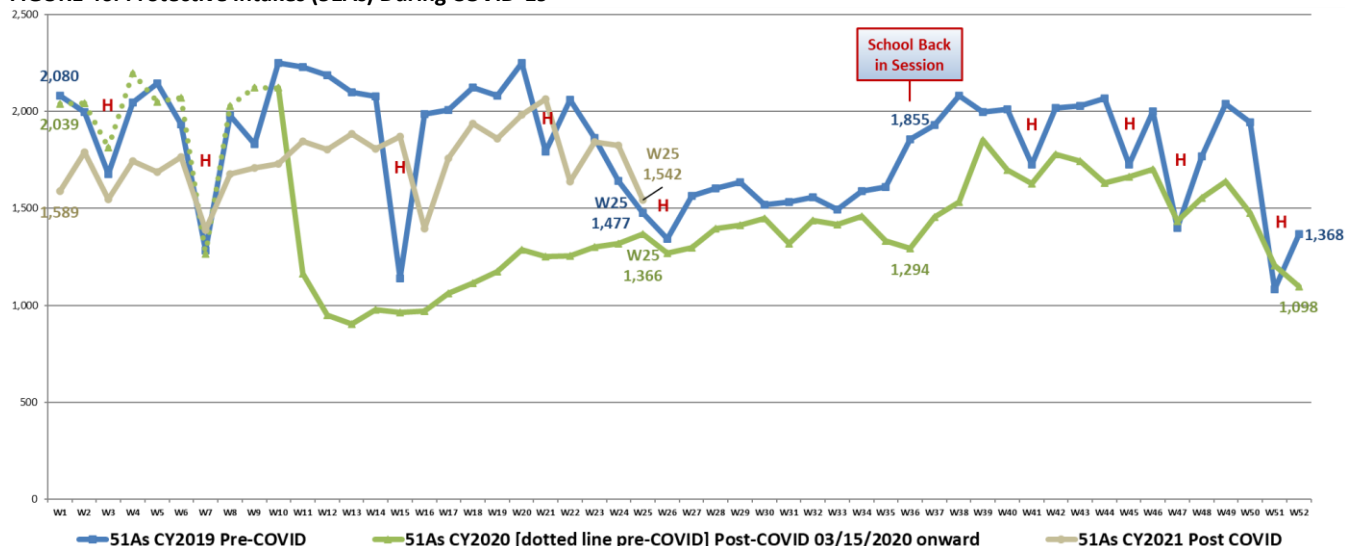
## IMPACT OF COVID-19 PANDEMIC

### Appendix B

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

Figure 46 presents a weekly comparison of protective intakes (51A reports) filed each week of the 3-year period of CY2019- CY2021. While overall year-to-date 51A intake counts post COVID-19 remained lower than corresponding rates pre-pandemic, counts show signs of convergence in FY2021.

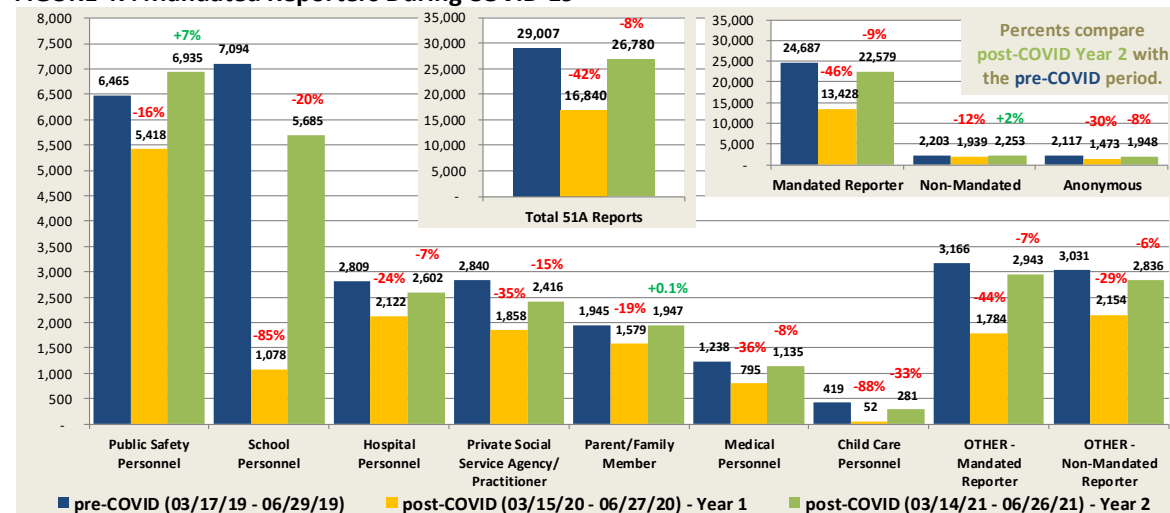
**FIGURE 46. Protective Intakes (51As) During COVID-19**



#### • 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 CY2019. Reporting by mandated reporters was down by 46% relative to CY2019 and accounts for the majority of the observed reduction. Of note, 51A reports filed by school personnel were down 85%. By CY2021, 51A report filings began to return to pre-pandemic levels. Nonetheless, overall filings were down by 8%, mandated reporter filings by 9%, and school personnel filings by 20% compared to CY2019. In contrast, filings by public safety personnel rose by 7% in CY2021 compared to CY2019.

**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)**

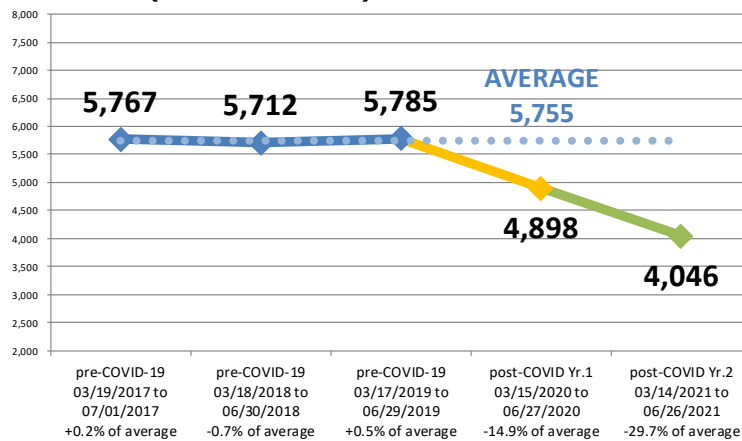
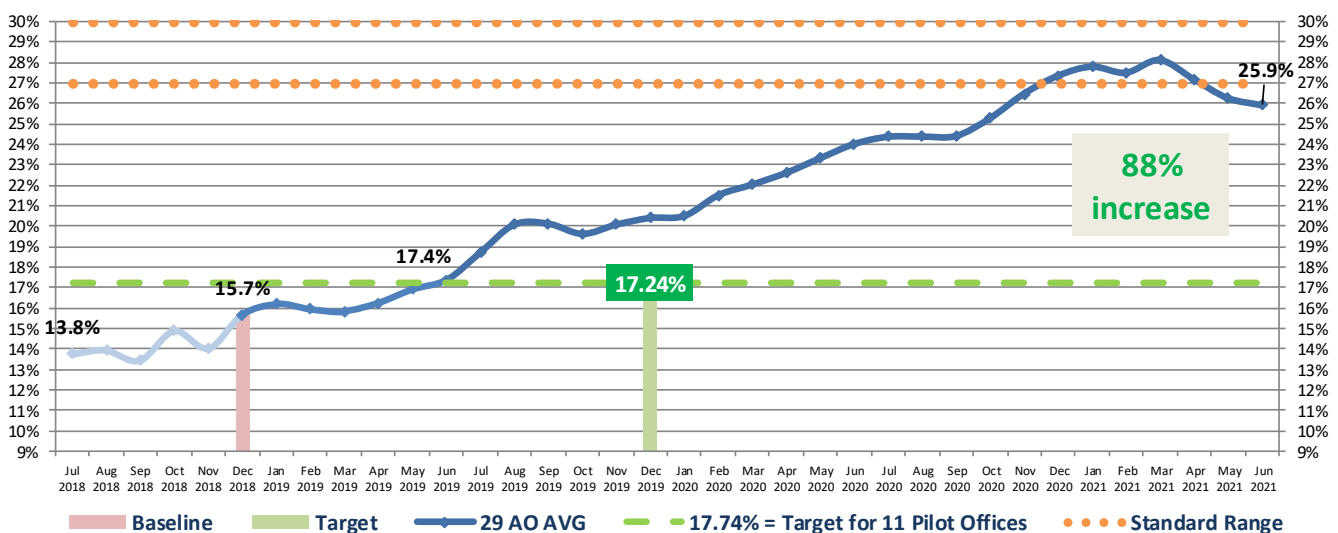


Figure 48 reveals that during the 15-week timespan between the COVID State of Emergency declaration and the end of FY2020, and an equivalent timespan in FY2021, case closings decreased relative to equivalent year-over-year intervals. DCF maintained its services to children and families during the pandemic.

- Family Find – Kin First

National research shows the most stable and successful foster care placements are children cared for by family. More than four 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 88% statewide (Figure 49a) and 168% in the Family Find offices (Figure 49b). In FY2021, a five-year high of 58% of all children in departmental foster care were placed with kin.

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



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

