

**STATEWIDE ASSESSMENT
CHILD AND FAMILY SERVICES
REVIEW**

JANUARY 5, 2007



**DELAWARE CHILDREN'S
DEPARTMENT**

Our Vision ~ Think of the Child First!

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Attachment: Federal Data Profile, 11-02-06

**Child and Family Services Review
Statewide Assessment
January 2007**

Section I - General Information

Delaware Children's Department	
Period Under Review	
Onsite Review Sample Period: Foster Care – 10-1-05 to 3-31-06; In Home Services – 10-1-05 to 5-31-06	
Period of AFCARS Data: FFY2005	
Period of NCANDS Data: FFY2005	
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Agency Description

The Delaware Children's Department is a multi-service agency with these operating branches: the Division of Child Mental Health Services, the Division of Youth Rehabilitative Services and the Division of Family Services. The operating Divisions are supported by the Division of Management Support Services. The Department practices System of Care principles in its service delivery and advocacy for Delaware's children and families.

The Division of Child Mental Health Services includes the following services: crisis services; outpatient treatment; day treatment; residential mental health and drug and alcohol treatment. The Division is the managed care organization for Medicaid and non-insured children in the state.

The Division of Youth Rehabilitative Services is composed of two sections: Secure Care, which operates secure care facilities for the detention and rehabilitation of serious youth offenders; and Community Services, which serves all delinquent youth who live in the community. This includes services to youth who are on probation and those who are placed in alternative non-secure settings for treatment and service.

The Division of Family Services is composed of three offices. The Office of the Director coordinates the administrative supports to effectuate quality assurance and efficient operation of its programs, policies and service offering. The Office of Child Care Licensing which regulates and monitors all licensed child care facilities including day care centers, family child care, residential care and private child placement agencies. The Office of Children's Services performs all child protection functions including the child abuse and neglect report line, investigation, institutional abuse, protective treatment, foster care and adoption.

The Office of Prevention and Early Intervention, in the Office of the Secretary, provides prevention and early intervention services including: training, public education, and contracted services aimed at preventing child abuse, neglect, dependency, juvenile delinquency, mental health disorders, and drug and alcohol abuse among children and youth. School based intervention services for children, kindergarten through third grade, is collocated in most elementary schools statewide.

Mission Statement

Our mission is to provide leadership and advocacy for Delaware's children. The Department's primary responsibility is to provide and manage a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse. We endorse a holistic approach to enable children to reach their fullest potential.

VISION STATEMENT

Think of the Child First!

Our vision is, “**THINK OF THE CHILD FIRST!**” We want every child to be safe and have stability, self-esteem, and a sense of hope. The Delaware Children’s Department will lead a system of care (both community-based and residential) that is child-centered and assures effective, timely, and appropriate support for Delaware’s children. We will achieve our mission when families, staff, community partners, and other stakeholders Think of the Child First. Our activities include prevention, early intervention, assessment, treatment, permanency, and aftercare. The Department will offer desirable career opportunities, attracting and retaining proud and talented employees who are motivated to think of the child first in all that they do.

System of Care Principles and Philosophy

- *Practice is Individualized*
 - Use child, family and community strengths
 - System engages respectfully with caretakers
 - Child and family have say in service decisions
 - Constant focus on safety (child, family, community)
 - Individualized plan means unique identification of strengths, needs, goals and actions
 - Plan is dynamic, changes with need
 - Teams plan and manage complicated care
- *Services are Appropriate in Type and Duration*
 - Best practices used across broad service array
 - Importance of screening and assessment
 - Least restrictive approach leads to better outcomes and lower costs
 - Natural supports to child and family
 - Desired outcomes identified and monitored
- *Child-Centered and Family-Focused*
 - Child viewed in context, across domains
 - Early identification of risks and needs
 - Children need care in family (-like) settings
 - Child, family, community safety always matter
 - Promote family stability and self-sustenance
 - Helpers and families/caregivers partner
- *Care is Community-Based*
 - Access to age and developmentally appropriate settings, appropriate peer contact
 - Our community supports family care of kids
 - Early identification and intervention supports to schools, day-care and early health providers

- Institutional care is closely linked to community system to improve outcomes and transitions
- *Care is Culturally Competent*
 - Family traditions, values and beliefs matter
 - Helpers must ask, learn about that culture
 - Actions are respectful and sensitive to culture
 - Cultures vary over place and time
 - Helping agencies must reach into the communities served to find qualified staff
- *Care is Seamless, Within and Across Systems*
 - Service interfaces are invisible to recipients
 - Entities communicate for planning, implementing, and monitoring functions
 - Helping systems integrate missions
 - The system manages transitions
 - Resources and information are shared, as necessary to benefit the child
 - Advocacy is desirable and encouraged
- *Teams Develop and Manage Care*
 - Teams ***of service partners*** form around child, linking all levels
 - Child and family choices drive team decision-making, whenever possible, with safety always assessed and maintained
 - “Wrapping services” means “whatever it takes”
 - Team communication is ongoing and adequate
 - A child gets one team, one plan, whenever possible

Department Goals

The primary goals of the Department of Services for Children, Youth and Their Families are:

- *The Safety of Children and Youth:* Safety of children is the top priority of DSCYF. Department workers address safety from abuse, re-abuse, neglect, dependency, self harm, substance abuse, violence by youth, and safety from institutional abuse by harmful acts of adults with criminal and/or child abuse histories.
- *Positive Outcomes for Children in Our Services:* Positive outcomes of DSCYF services include: reunification with families, timely achievement of permanency, reduced recidivism, achievement of an appropriate level of functioning and behavioral adjustment, and prevention and early intervention services that prevent children and youth from entering our mandated services.

Background and Accomplishments

The Department was created 22 years ago to combine within one agency child protective and mental health services that had been located in the Department of Health and Social Services; juvenile probation services that had been located in Family Court; and juvenile detention centers and the Ferris School for Boys that had been located in the Department of Correction.

These services were combined in a single agency to:

- Avoid fragmentation and duplication of services, while increasing accountability for delivery and administration of these services
- Plan, develop and administer a comprehensive and unified service delivery system to abused, neglected, dependent, delinquent and mentally ill or emotionally disturbed children and youth within a continuum of care, which shall include the involvement of their family, within the least restrictive environment possible
- Emphasize preventive services to children, youth and their families in order to avoid costs to the State of individual instability

The three service divisions: Child Mental Health Services, Youth Rehabilitative Services and Family Services are housed in 31 offices and facilities throughout the state and are staffed by approximately 1,200 full-time employees. Among the workforce are 52 Family Crisis Therapists, who work in elementary schools throughout the state. The Division of Family Services has nine offices throughout the state with a total of 357 full-time employees. The Division of Youth Rehabilitative Services is staffed by 393 full-time employees; Child Mental Health Services 227 and Management Support Services 289.

The core services of the Department include:

- Child Protective Services (Delaware Code: Title 16, Chapter 9; Title 29, Chapter 90; Title 31, Chapter 3)
Child protective services include: investigation of alleged abuse, neglect, or dependency; out-of-home placement as necessary; in-home treatment; and adoption. The desired goals of child protective services include a reduction of reabuse, timely reunification with family when appropriate, timely achievement of permanency either through adoption, guardianship, or long-term foster care, and child and family well-being.
- Juvenile Justice Services (Delaware Code: Title 29, Chapter 90)
Juvenile justice services include: detention, institutional care, probation, and aftercare services consistent with adjudication. The desired goal of juvenile justice services is a reduction of subsequent re-arrests or offenses (recidivism rates).
- Child Mental/Behavioral Health Services (Delaware Code: Title 29, Chapter 90)

Child mental and behavioral health services include: crisis services; outpatient treatment; intensive outpatient; day treatment; residential mental health, drug, and alcohol treatment. DSCYF strives to provide accessible, effective mental health and behavioral services for children in collaboration with families and service partners. The desired goals of these services include enabling children and caregivers to address and overcome presenting issues and achieving the most appropriate level of functioning and behavioral adjustment in the least restrictive, most appropriate environment possible.

- Prevention and Early Intervention Services (Delaware Code: Title 29, Chapter 90)

Prevention and early intervention services include: training, public education, and contracted services aimed at preventing child abuse, neglect, dependency, juvenile delinquency, and drug and alcohol abuse among children and youth. Programs to link families with community resources to help reduce the risk of abuse and neglect are provided with funds authorized through the Safe and Stable Families Act. The desired goals of these services include prevention of service entry or service reentry in one or more of the above three core services.

- Child Care Licensing (Delaware Code: Title 31, Chapter 3 and Title 11, Chapter 85)

Child care licensing services include:

- Licensing of all child care facilities where regular child care services are provided by adults unrelated to the child and for which the adults are compensated.
- Criminal history and Child Protection Registry checks for all DSCYF employees, foster care parents, adoptive parents, employees of DSCYF contracted client services, licensed child care providers, licensed child care provider employees, licensed child care provider household members, and health care and public school employees with direct access to children or vulnerable adults.

The desired goals of these services include: quality child care: child care facilities that meet Delaware Standards; and the protection of children in child care, residential, health care, or educational facilities from harmful acts of adults with criminal or child abuse histories.

The Department has made significant progress in overcoming challenges to providing integrated and holistic services during the past five years. DSCYF has:

- Implemented recommendations of Governor Minner's Foster Care Reform Task Force to include establishment of graduated levels of foster care
- Re-engineered juvenile services to include programs such as the House of Joseph 3, state operated Level 4 programs in Grace and Snowden cottages, and increased alternatives to detention
- Reduced the percentage of children who return to service within 12 months of case closure by 15.6%
- Reduced the percentage of children in out-of-home care by 19.7%

- Progressed in the shift away from residential care with a 17% increase in community-based expenditures in DYRS and DCMHS
- Provided permanent homes for over 500 children through adoption
- Provided Child Mental Health oversight of mental health services in juvenile justice facilities

Narrative Assessment Methodology for Outcomes and Systemic Factors

This Statewide Assessment focuses on the description, performance and effectiveness of core services and federal requirements during the past three years. The first Child and Family Services Review (CFSR) occurred in 2001; the Program Improvement Plan ended in September 2004. The Division of Family Services administers the statewide assessment process with support from all divisions and external community partners. A CFSR Steering Committee was formed to advise and advocate for a comprehensive and inclusive assessment process. This committee has seven external partners represented. An internal committee organized the process, gathered supporting data and conducted focus groups to evaluate our child welfare system. A well attended community partner kick-off meeting was held September 27, 2006, to inform stakeholders of the CFSR phases, changes in national standards and review requirements.

For each outcome and systemic factor, relevant policies, procedures, practices and programming are described. Applicable data measurements and focus group responses are also sorted by outcome or systemic factor. Data used in this assessment includes the FFY03-04-05 Data Profile provided by the Administration for Children and Families, the Division of Family Services' Quality Assurance Case Review System, internal management reports and other manual reports as noted in the body of the assessment.

Focus groups were held with the following audiences:

- Families (foster care families and adoptive families)
- Older youth (post-adoption and independent living participants)
- Foster parents
- Stakeholders
- Review bodies
- Department case managers and supervisors
- Policy and Administration
-

Focus groups were conducted with families of youth that had been placed in foster care. The family focus groups were comprised of both birth parents and a relative that obtained legal guardianship of her grandchildren. In the case of the grandparent that obtained legal guardianship of her grandchildren – the biological father is deceased and the whereabouts of the biological mother are unknown.

Finally, conclusions about the effectiveness of services are listed by Item, numbers 1 through 45.

II. SAFETY AND PERMANENCY DATA

Delaware Data Profile

I. Total Child Abuse, Neglect, or Dependency Reports.

Delaware had a 6.8% increase in the number of reports investigated between FFY2003 and FFY 2005. In addition, there was a 12% increase in the number of children in this population. DFS had already identified the increased investigation rates when analyzing the Delaware fiscal year reports, and came to the conclusion that there were two contributing factors. First, there has been a 65% increase in reports from Family Court in a two year span, (FY04-308 to FY06-509). Contributing to this increase was the implementation of Department Policy # 209, 'Department Services Coordination' in October, 2003. The intent of the policy is to ensure that children in the care of the Department are placed in safe, appropriate settings; and, that the Division of Family Services should provide placement and primary case management services for all dependent youth. As a result, Family Court, alone or in collaboration with the Division of Youth Rehabilitative Services (DYRS), has determined that youth may no longer require YRS services but may be dependent and in need of DFS foster care. DFS is given the opportunity to assess for the risk of abuse or neglect, as well as, the 'dependency' status of these referred youths. In addition, DFS investigates all children in the household, thus, contributing to the increase in the overall number of children assessed.

A second contributing factor to the increase of reporting is the 17% increase of reports from school personnel between SFY 04-1177 and SFY 05-1373. It is believed that much of this increase can be attributed to the annual child abuse/ neglect training DFS provides school staff on an annual basis. This mandated training provides school staff with information on how to identify signs of possible child abuse or neglect and how to report to DFS. This training enhances the school systems' capacity and confidence to refer children and families for intervention.

II. Disposition of Child Abuse, Neglect, or Dependency Reports.

Similar to the findings in Section I. above, there have been increases in the number of substantiated and unsubstantiated cases of abuse, neglect, or dependency. Again, DFS believes a major contributor to these increases is the implementation of Department Policy # 209. As a result in the increase in the number of investigations regarding suspected dependent youth, DFS must investigate all children in the household, thus, contributing to the increase in the overall number of children assessed. Finally, while youth may be referred for dependency, the results of the investigation may be to uncover other unknown issues in the child's household such as abuse or neglect of the primary child referred or their siblings. Again, these findings contribute to the overall increases in both the victim and non-victim categories, as well as, the percent of substantiations. It should be noted that while it is the Division's policy to assess the condition of all children residing in the home, regardless whether they were alleged to be victims, each child does not receive an individual determination as a substantiated or unsubstantiated victim. A case is opened for investigation on the basis of where the risk is alleged (e.g., residence of the alleged child victim, residence of the alleged perpetrator). When the Division has

a preponderance of evidence, the individual perpetrator(s) of the child abuse or neglect will be substantiated.

For FY2003, Delaware began to report more accurately on non-victims in substantiated reports. This change was the result of improvements in the Delaware legislated, 'Child Protection Registry', which incorporated more definitive categories and definitions for abuse and neglect and required a major change in the state's SACWIS system, known as FACTS, to identify victim and non-victims. The following was noted in the FY 2004 Data Profile: "In FY2003, Delaware began to report on non-victims in substantiated reports. As a result, the total number of unique children reported has increased compared to the CY2002. That is, if a report is substantiated for a child in a family, the other children listed in the same report now also receive a disposition (siblings of the child whose report was substantiated). The current practice is to encourage this sort of approach to reporting because it provides a more complete picture. As these children's reports were not substantiated, that caused the (unique) unsubstantiated counts to rise from 5,310 in 2002 to 7,811 in 2003. For 2004, this number was 7,774, which is very similar to the 2003 figure, as one might expect. These numbers are not involved in the calculation of either of the two safety indicators." This number rose yet again in FFY04 to 8,196.

III. Child Cases Opened for Services.

DFS has seen a 27% increase of children moving to Treatment services between FFY03 and FFY05. As represented in Sections I and II, DFS believes the increase can be partially attributed to the increase in 'Dependent' youth and their families requiring intervention and foster care services. While the number of cases moving from investigation to treatment increased, the proportion of children opened in treatment has remained stable. However, the percent of children opened in treatment, both duplicated and unduplicated has remained constant.

IV. Children Entering Care Based on Child Abuse, Neglect, or Dependency Report.

It is unclear why there was a noticeable decrease in the number of children entering care between FFY03 and FFY04 followed by a rise in FFY05. Further analysis of this data is required.

V. Child Fatalities.

There were no significant changes in this data. As reported, there were no child fatalities during FFF05.

VI. Absence of Maltreatment Recurrence [Standard: 94.6% or more].

Dating back to the 2001 CFSR, Delaware has consistently exceeded the National Standard for this measure. While there may be many factors that contribute to this outcome, there are several significant reasons. First, Delaware Governor Ruth Ann Minner and the DSCYF Cabinet Secretary Cari DeSantis have made child safety the number one priority for the states children, both children in their own homes and while in the Department's care. Second, the consistent use of the Safety Assessment tool, for all children, has helped ensure children are kept safe in their own homes and, when

preparing to replace children from foster care back into their own homes; successful engagement of clients in the case planning process; and utilizing the best available services specific to the child and families needs significantly impacts changed behaviors and reduces the risk of future harm to children.

VII. Absence of Child Abuse and/ or Neglect in Foster Care (12 months) [Standard: 99.68% or more]

Dating back to the 2001 CFSR, Delaware has consistently exceeded the National Standard for this measure. Contributing to the successful outcomes are the criminal history record checks, continuous safety assessments conducted on prospective and approved foster parents, and training curriculum. From 1994 until 2005, DFS entered institutional abuse reports in the name of the institution, not the alleged perpetrator. Implementation of the Child Protection Registry in 2003 required the Division to specify the alleged perpetrator(s) of an IA report so that the individuals could be listed on the Child Protection Registry if substantiated. Child care, health care, and public school employers are required by statute to check the Registry to determine eligibility for work in one of those professions. Modifications made searches easier in the FACTS database. This did not change the data reported to NCANDS. No other changes are planned for this data element.

It is the policy of DFS that a Safety Assessment is conducted on the foster home prior to the placement of any child. The social worker assesses the safety of the home as well as the suitability of placing a new youth in the home with the youth that are currently residing in there. After placement has occurred, policy requires that a home visit occur within 5 days of placement. This visit is important as it provides the child with a sense of continuity and lessens the child's sense of abandonment. At the same time, it also affords the social worker an opportunity to assess the placement and to address any issues/concerns that might become evident. In addition to the home visits, foster home coordinators conduct annual criminal background checks on foster parents, as well as other adults and each child over the age of 13 living in the home. New foster homes are visited at a minimum of every other month as a way to provide support to families new to foster parenting. Foster home coordinators conduct quarterly home visits and semi-annual staffings with all social workers that have placed children in a particular home to discuss any areas of concern. Finally, in addition to the contact between the foster home coordinator and the foster family, social workers assigned to work with children and their families are required to assess the safety and status of every child in their caseload during every contact.

POINT-IN-TIME PERMANENCY PROFILE

I. Foster Care Population Flow.

Reflected in the 'number of admissions', Delaware's average foster care population has increased during the periods covered in the Data Profile. A partial explanation for the recent increases stem from the implementation of Department Policy # 209 (as referenced in I. Total Child Abuse, Neglect, or Dependency Reports).

ACF has identified a population variance between the end of one reporting period and the beginning of the subsequent reporting period. Delaware submitted the following explanation and corrective action plan: "The AFCARS batch dropped the 32 children because these children either exited care while in a non-reportable AFCARS placement (such as detention), or were replaced into a non-reportable AFCARS placement. We have made plans to correct our batch to accurately reflect these children's exits and/or replacements, and expect changes to be implemented with our FACTS upgrade in early 2007."

II. Placement Types for Children in Care.

Reflected in this section of the profile is the fact that DSCYF does not presently use 'Trial Home Visits'. At present, when a child leaves a foster care setting and returns home while still under the States custody, the child is exited from foster care and no longer reported in this population. Consistent with the AFCARS Improvement Plan, DSCYF is presently in the development stage of incorporating 'Trial Home Visits' as a placement setting under these circumstances. The FACTS Information system will be changed in order to make this correction in early spring 2007. During FFY04, group home facilities run by Catholic Charities in New Castle County closed resulting in sixteen youth transitioning to other placement settings. Foster care services were publicly bid in early 2005. There were no acceptable group home proposals for New Castle County; however, group care capacity was increased statewide. An effort was made to increase the capacity of intensive family foster home services to meet the growing demand placed by challenging children and youth. Contracts were awarded increasing capacity by 21 slots.

III. Permanency Goals for Children in Care.

The data provided for the last three years reflects several changes in the establishment of certain permanency goals and a shift to a more accurate use of one category. Timely planning consistent with ASFA guidelines has resulted in an increase in the number of children with a goal of adoption. The Division, through policy clarification and staff training, is now more accurately using long term foster care, or Alternative Planned Permanent Living Arrangement (APPLA), to capture those children when it appears other permanency goals are not appropriate. The increase in this category is commensurate with the decreased use of emancipation, for which Delaware does not have as an alternative in the statutes except for marriage by a minor. In addition this category reflects a significant increase due to the previously outlined changes in Department Policy #209. The exact impact of Policy #209 on the number of APPLA cases is unknown at this time. Decisions to change the permanency goal to APPLA are made by local Permanency Planning Committees; most children are reviewed in their tenth month of care but can be reviewed earlier. A recommendation of APPLA is done when reunification, relative guardianship and adoption have been ruled out. The goal is primarily used for children 12 and older. There are exceptions however when this goal is approved for younger children, for example, such as when the child has a bond to the birth family, a child does not want to be adopted, or a younger child who is part of the sibling group who are placed with the same resource and the court approves the APPLA goal. A recommendation is made for the worker to present to the court at the 12 month permanency hearing. The court may approve the goal of APPLA or order concurrent planning with APPLA and reunification. The case is reviewed again in 3 months or at the 15th month by the court. When the goal of APPLA is approved by the

court, the worker will discuss other permanency options with the child prior to the permanency or court hearings until the child exits foster care. There is no data available in this area.

Feedback from the stakeholder and review bodies' focus groups addressed two issues with regard to DFS establishing permanent plans for children in foster care. First was the belief that DFS does a good job of establishing permanent goals for all children in foster care. Second, while it was generally believed that older children present greater challenges in identifying a permanent living arrangement and that, for some the identification of 'Long Term Foster Care' or Alternative Planned Permanent Living Arrangement' (APPLA) concerns were raised as to the frequency in which APPLA is used as a permanent goal. Children 14 and older are considered for APPLA. There may be situations where the child has a bond or connection with the birth family, the child does not want to be adopted, the child's behaviors are such that the child is not steady or ready to be placed with a permanent family, or a child is a member of a sibling group in which a younger sibling has a goal of APPLA. There is no data available at this time. While APPLA may be the identified goal, some children do not remain in one permanent home and that even after a goal of APPLA has been established some children would benefit from continued assessment for other permanency goals, such as adoption or guardianship. Consistent with concurrent planning expectations, a goal may be changed to 'Live with Other Relatives', as a goal change by Family Court or DFS Permanency Committee.

IV. Number of Placement Settings in Current Episode.

While the total number of children being served in foster care has increased between FFY03 and FFY05 the proportion of children experiencing the multiple placement settings has decreased in all reported categories except "two" placement settings. This suggests that while there has been a population increase, the DSCYF efforts to make better safety and permanency decisions on behalf of children have been successful. We do not have a system in place for initial temporary placement – our efforts to support first placement as the best placement may have contributed to the reduction in all the other placement categories. Overall the policy to have a safety assessment completed prior to placement of children in homes with other foster children, foster parents with higher skills and better foster parent training contribute to the overall reduction in placement settings. Reduced work force turnover contributes to better trained staff making good decisions. AFCARS changes being made in the spring of 2007 will address staff training to address any remaining data quality issues. This will further improve the outcomes reported in this area.

V. Number of Removal Episodes.

This data category represents the re-entry rates for children who exit foster care and subsequently re-enter and exit again during the period under review. Delaware has seen an increase in the number and percent of children who have no more than one removal episode; from approximately 66% FFY03 to almost 70% in FFY05. Through improved case planning with families, a range of services available to meet the specific needs of clients, safety planning and successful use of alternative placement resources such as kinship care and guardianship, fewer children are re-entering the foster care system after exit. In addition to the improvements reflected above, the DSCYF has identified data quality issues which will be corrected in future AFCARS reports. As consistent with the

AFCARS Improvement Plan, Delaware anticipates this issue will be corrected by the spring 2007.

VI. Number of Children in Care 17 of the most recent 22 months.

No significant trends to report with this data measure. All children in foster care are reviewed by the permanency committee at the 10th month of placement. Also, with the (CIP) Court Improvement Project being in existence statewide, there is regular oversight or review by the court and Division to monitor the ASFA timelines.

VII. Median Length of Stay in Foster Care.

No significant trends to report with this data other than a slight decrease in the length of stay for FFY05. This can be attributed to improvements in meeting ASFA time frames for the adoption and guardianship populations; where the median length of time to achieve both has decreased.

VIII. Length of Time to Achieve Permanency Goal.

The Divisions' success in improving timely adoptions for children (see Permanency Composite 2, Component A, Measure C2-1) has resulted in a reduction in median length of stay for children with this goal. In addition, efforts to achieve timely Guardianship decisions are largely attributable to better identification of kinship care resources. Of concern in this category is the length of stay for "Other". This population largely represents children exiting care with a goal of APPLA. Analysis of this information also suggests DFS is identifying this goal for younger children who are subsequently staying in foster care for a longer period of time. Concurrent efforts to identify other permanency options for this population are necessary. This is supported by several focus groups, whose comments included evaluating the use of APPLA to ensure this goal is not chosen too often or before all other options have been reasonably assessed and rejected. The QA case review system does not analyze activities and decisions of foster care children based on age but rather based on their needs in foster care and, that appropriate permanent plans are being established and pursued. However, when answering the question 'does the reviewer agree with the permanent plan for the child' for which 94% did agree with the plan for DEFY06, a particular reviewer's reason for not agreeing with the plan may have been due to the child's age. There is not a specific follow-up question. Incorporating this additional analysis may be considered in the future. Reviewers are given the opportunity to make comments regarding a review in the "Notes" section of the review form.

Concurrent planning occurs in all stages of service provision for families active in child protective services. For intact families, concurrent planning includes the provision of rehabilitative services while exploring family resources for safety and support or possible placement if that should become necessary.

Once placement occurs, concurrent planning is used to explore other permanency options for children if they cannot return home. The social worker must make diligent efforts to plan with both parents of the child. The social worker is also required to diligently explore the possibility of placement with other family members.

All cases with children in care are scheduled for a case review before the Permanency Planning Committee after they have been in care for 9 months. The purpose of this review is to assess the progress the family is making towards reunification, to ensure that all viable relatives have been explored, and to review the Division's plan for a permanent placement if reunification is unlikely. When the Permanency Planning Committee has approved the decision to terminate parental rights, the child's caseworker shall identify, recruit, process and approve a qualified family for adoption or another permanent plan.

The Division has instituted policy which requires all workers to complete an "Early Screening Tool" for all children birth through 12 that enter foster care within one month of placement. The intent of the Early Screening Tool is to serve as a prognostic indicator of how successful reunification efforts are likely to be. If the social worker identifies items on the tool that indicate reunification is unlikely, the case is immediately referred to the Permanency Planning Committee for review. In those instances, termination of parental rights is pursued expeditiously after consultation with the Deputy Attorney General and in accordance with ASFA deadlines.

IX. Permanency Composite 1: Timeliness and Permanency of Reunification.

[Standard: 122.6 or higher] DSCYF Performance: FFY04- 122. / FFY05- 128.5.

Delaware exceeded the National Standard for this composite in FFY05 and, exceeded the '75th percentile' for three of the four component measures. Of concern is the performance for component B, measure C1 – 4: Re-entries to foster care in less than 12 months. Delaware believes that there is a data quality issue impacting the performance outcome for this measure. A prior manual validation of this data has resulted in outcomes much closer to the goal of 9.9% (national 75th percentile) or lower. Delaware is presently involved in an AFCARS Improvement Plan to improve the accuracy and validity of the AFCARS data in the FACTS Information system. The plan includes modifications, validations and edit checks to support capturing accurate placement, removal and episode information in all placement settings throughout the Department. This plan is currently in the development and testing phase and Delaware plans to have this change fully implemented by May 2007. DSCYF has done some manual reviews and corrections in the past, the result of which support the belief that once implemented the performance in this area will greatly improve.

X. Permanency Composite 2: Timeliness of Adoption From Foster Care.

[Standard: 106.4 or higher] DSCYF Performance: FFY04- 102.9 / FFY05- 100.7.

DSCYF is disappointed it did not meet the national standard for this composite, particularly due to its success with Measure C2 – 1: Exits to adoption in less than 24 months. When preparing the self-assessment for the first round of the CFSR in January, 2001, DSCYF reported this measure's outcome at 8.11%. Through improved policy and practice, staff training, scheduling of permanency reviews, more timely decisions, and collaboration with Family Court and the Court Improvement Project (CIP), Delaware noted performance improvements throughout the PIP period and has maintained a high performance level since completing the PIP. As noted in the composite, the performance outcome of 27.4% exceeded the national median of 26.8% in FFY04 and the 42.7% for FFY05, far exceeded the national median, as well as, the previous national standard of

32%. DFS reviews this particular measure on a quarterly basis and incorporates the results in its quarterly Report Card. The Report Card includes county performance breakdowns, to inform all staff of their performance in this area. DSCYF anticipates maintaining this high level of performance as it works to improve other measures in this composite.

While DSCYF missed performing at the national 75th percentile in three of the five measures, of particular concern is its low performance for Component C, measure C2- 5. Delaware has not previously analyzed the circumstances of this population and, will need more opportunity to do so.

XI. Permanency Composite 3: Performance for Children and Youth in Foster Care for Long Periods of Time. [Standard: 121.7 or higher]

DSCYF Performance: FFY04- 138.2 / FFY05 136.6.

DSCYF did not meet two of the three measures contained in this composite for FFY05. We are particularly pleased with our success for Component B, Measure C3-3: Children Emancipated Who Were in Foster Care for 3 years or more. The outcome for this measure suggests Delaware is reasonably good at assisting children to achieve permanent goals, even if they have been in foster care for a long period of time. The data also supports DSCYF efforts that while APPLA may become a child's permanency goal, the agency continues to evaluate the possibility that other permanent goal alternatives can continue to be assessed, such as reunification, kinship care or guardianship. The outcome goal for this composite was achieved primarily due to this measure.

XII. Permanency Composite 4: Placement Stability. [National Standard: 101.5 or higher] DSCYF Performance: FFY04- 119.0 / FFY05- 121.5.

DSCYF is pleased with the performance reflected in all aspects of this composite. Every effort will continue to be made in order to minimize the number of placement settings a child may experience when entering the foster care system and prior to achievement of a permanent home.

DSCYF is aware of some data quality issues used for this Composite and, is presently involved in an AFCARS Improvement Plan to improve the accuracy and validity of the AFCARS data in the FACTS Information System. The plan includes modifications, validations and edit checks to support capturing accurate placement, removal and episode information in all placement settings throughout the department. This plan is currently in the development and testing phase with implementation expected by May 2007.

III. NARRATIVE ASSESSMENT OF CHILD AND FAMILY OUTCOMES

SAFETY

It is the top priority of the Department of Services to Children, Youth and Their Families (DSCYF) to protect all children from abuse and neglect, regardless of where they may be residing. In order to accomplish this goal, the Department relies on a variety of assessments, planning tools, and services to assess and reduce or eliminate risk that may be present in a home.

SAFETY OUTCOME 1 – CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT

Policies

The Division of Family Services is mandated to receive reports of alleged abuse, neglect or dependency twenty-four (24) hours a day, seven days a week. There are three shifts manning the Report Line during the weekdays. The day shift works 8:00 a.m. – 4:30 p.m. with the sole duty to take new reports statewide. This function is overseen by a Central Intake Supervisor. After normal business hours on weekdays, two units each with their own supervisor receive reports and respond to urgent situations. On weekends and holidays a supervisor oversees staff statewide whose responsibility is to receive reports and respond to urgent situations in the field. All four intake supervisors work under the oversight of a designated statewide services administrator whose responsibility is to ensure uniformity and consistency on a statewide basis. In addition, the statewide Program Manager for Intake and Investigation meets every other month with all statewide regional administrators and intake and investigation supervisors to:

- Discuss the consistency in the application of policy and procedures,
- Discuss emerging issues impacting intake and investigation,
- Resolve problems or make recommendations for consideration of the senior management, and to
- Exchange information.

On a daily basis the Program Manager serves as a policy and procedural consultant to staffs at all levels in the regional offices. This helps to ensure standardized application of policy and procedures.

These reports may be received by telephone, in writing, or in-person. Once a report is received, DFS policy requires the Intake Supervisor to screen all reports, taking into consideration the age of the child, the nature of the allegation, the relationship between the victim and the perpetrator, how accessible the victim is to the perpetrator, any historical information the Division may have on the family, criminal background information regarding the perpetrator, and finally, the report source. The Intake Supervisor then screens the information to determine if the report is appropriate for DFS. If the report is appropriate, the Intake Supervisor assigns a response time and transfers the case to an investigation supervisor in a regional office who assigns the report to a case

manager. A report assigned an urgent response time must be transferred to an investigation unit within one hour and a report assigned a routine response time must be transferred to an investigation unit within the same work shift.

An investigation is initiated when a caseworker begins any case related activity in the office or field. It is the responsibility of the investigation worker to conduct an investigation and/or family assessment in response to reports of child abuse or neglect, to take necessary action to offer protective services, to safeguard and enhance the welfare of an abused or neglected child, to ensure that children who are alleged to be abused are screened or examined to assess their current well-being, and to facilitate medical examinations and treatment when necessary.

During the course of an investigation, workers are required to complete a thorough assessment of the family's ability to function as well as the safety of all of the children in the home. For all cases assigned an urgent response time, the caseworker will make face-to-face contact with the primary victim(s) and at least one parent/caretaker within 24 hours. A Safety Assessment must be completed during the initial face-to-face contact. When it is determined that the children are safe or that a Safety Plan can be developed to keep the children safe, the disposition time will be extended to 45 calendar days. When it is determined the child is not safe and out-of-home placement becomes necessary, the disposition time will remain 20 calendar days.

For all cases assigned a routine response time, the caseworker will make face-to-face contact with the primary victim(s) and at least one parent/caretaker within 10 calendar days and complete a Safety Assessment during the initial face-to-face contact. The report must be disposed of within 45 calendar days.

A Safety Assessment must be completed with the alleged victim(s) and at least one caretaker during the initial contact. When it is determined that the children are safe or that a Safety Plan can be developed to keep the children safe, the disposition time will be extended to 45 calendar days. When it is determined the child is not safe and out-of-home placement becomes necessary, the disposition time will remain 20 calendar days.

The protocol for investigation cases requires all investigation workers to conduct face to face interviews with all verbal children and to observe the condition of all non-verbal children residing in the home. All adults residing in the home with caretaking responsibilities must be interviewed face to face and individually assessed for risk to the child(ren). Also, a parent not residing in the home who has regular contact with the alleged victim must also be interviewed.

All reports assigned for investigation must include a minimum of two collateral contacts. It is the responsibility of the caseworker to determine and select appropriate collaterals based on the allegations contained in the report and other factors learned about the family during the course of the investigation. At times, medical examinations may be necessary

to determine the child's immediate medical needs, to determine if there are any previous injuries consistent with physical abuse, or to determine and document current injuries.

Regardless of whether or not substance abuse or domestic violence was mentioned in the child abuse or neglect report, the investigation caseworker will assess the use of substances and the existence of domestic violence during their interview and in completing the investigation's safety and risk assessments.

The Division is required to contact the appropriate law enforcement agency for all reports which, if true, would constitute a criminal violation by a person responsible for the care, custody and control of the victim. Title 16 (Abuse of Children) of the Delaware Code describes forty-four types of criminal violations that must be reported to law enforcement. A Memorandum of Understanding between DFS, all statewide law enforcement agencies, the State Department of Justice, and the Children's Advocacy Centers specifies how reports are made among the parties and how investigations are coordinated.

Child safety is assessed throughout the continuum of services offered by the Division. Specifically, a child's safety is assessed at the time of the initial face-to-face contact with the identified victim(s) and household caregivers, within seven days prior to returning a child to the home, within 30 days prior to closing a case, and whenever circumstances suggest that the child's safety may be jeopardized. A child is deemed safe when consideration of available information leads to the conclusion that the child in his or her current living arrangement is not in immediate danger of serious harm, and no safety interventions are necessary. When a safety factor has been identified, caseworkers are required to complete a Safety Plan or to provide justification when a Safety Plan has not been completed.

Risk management methodology is used by the Division to conduct a risk assessment during investigation. It is the process utilized to determine the possibility of future harm. The purpose of the risk assessment process is to identify existing risk factors in the family, determine the level of risk to the child, and determine the need for continued involvement of the Division of Family Services.

If abuse, neglect, dependency or risk has been identified during the investigation case, the case is transferred to treatment for on-going services. Treatment workers are also required to complete on-going safety assessments on all of the children residing in the home. A formal, written Safety Assessment must be completed following the caseworker's first face-to-face contact with the family. The first contact is established by the receiving Treatment Supervisor to occur within 10 calendar days.

Extensive policy and procedural revisions were made throughout the Intake, Investigation and Treatment chapters. Staff training was conducted in July 2006.

Treatment workers are required to complete a thorough family assessment within the first six (6) weeks of receiving a case by using the Family Assessment Form (FAF). The FAF

focuses primarily on the adult caretakers residing in the home; however, there are some areas that assess the children in the home as well as their relationships with the caretakers. The FAF must be completed within the first six weeks of the case being transferred to treatment; any time there is a significant change in the family, and prior to closing the case.

Caseworkers are required to maintain regular contact with all members of the family to ensure child safety based on the contact schedule assigned by the supervisor. The supervisor reviews and evaluates casework at each decision point in the case (i.e. assessment, quarterly case reviews, and case closure). This review focuses on the family's needs and child safety and assists the worker in identifying specific areas requiring additional action. The contact schedule is determined by the supervisor as a result of the information gathered from the monthly case reviews. Families with a higher degree of risk are assigned a more frequent contact schedule than families with a lower level of risk.

Delaware has legislated caseload standards of 14 Investigation cases and 18 Treatment cases using a regional average methodology.

At the conclusion of an investigation, each case has a risk score ranging from 0-4, based on the risk factors present in the home. However, this risk score is only one factor taken into consideration when the case is assigned for on-going treatment services. At all points of service delivery, including assessment, selection of services, service planning, and closure, the safety of the children is the primary focus. Caseworkers are encouraged to enlist the family system to help families change, and to identify possible resources should the children need to be removed from the home.

If children cannot be safely maintained in their own home, out-of-home placement becomes necessary. In order to ensure the safety of children when they have been placed in out-of-home care, the Division has a series of protocols to follow.

If children are placed in a relative or non-relative home, DFS workers are required to complete a two-step home assessment. The first step involves a physical assessment of the proposed placement home. This includes the condition of the home as well as information regarding the other people that reside there. Criminal background checks are completed for anyone residing in the home over the age of 13. DFS also observes the bedroom where the child will be sleeping. Finally, a discussion takes place with the proposed placement regarding their level of commitment to the child and how they plan to meet the child's needs. The second step of the home assessment process occurs after the child is placed in the home. During this step, the caregiver meets with a Foster Home Coordinator from DFS. The Coordinator fully explains all of the caregiver's options to him or her, including DFS obtaining legal custody of the child and them becoming foster parents, the possibility of applying for TANF benefits, and any other plans needed to achieve permanency for the child. The Department can maintain or assume custody when a child is placed with an unlicensed relative.

To become a licensed foster home, individuals must undergo a rigorous assessment process including a written application, a 9 week training program, a thorough home environment assessment, criminal background checks, interviews, and reference checks. All approved foster parents meet the same standard whether they are relatives or not.

Since foster children may present many challenges to foster parents, DFS provides supportive services to both the foster parents and the children placed in their home. In addition to supportive services, social workers are required to see children in foster care at least once per month. It is during these face-to-face contacts that the social worker continues to assess the child's safety, both through conversation and observation.

Procedures

When DFS receives a call on the State's centralized report line alleging abuse, neglect, or dependency, the intake worker must immediately complete a FACTS Family Abuse Report. The intake worker completing the report includes all relevant data about the alleged victim(s) and their caretakers, including information about known or suspected substance abuse or domestic violence. The worker is required to obtain sufficient information from the reporter to identify and locate the child(ren) and the parent or caretaker, determine if the report is appropriate for DFS, assess the seriousness of the situation, consider the urgency for response, and understand the relationship, role, actions and motives of the reporter. A lack of information must be interpreted as reason for concern. DFS utilizes the Action for Child Protection risk assessment model for screening reports and gathering information during the investigation. This model identifies "danger loaded elements" such as a "child age 0-6", "medical care needed", and "maltreating now". The intake worker looks for "volatile combinations" of the danger loaded elements to assist with assigning a response time.

DFS must process the following situations as new reports regardless of case activity in the Division, i.e., family unknown to the system, family was previously opened, or the family currently has a case opened in Investigation or Treatment:

- New incident of abuse or neglect – This includes any incident that is different from what was previously investigated or currently being investigated. It does not matter if both incidents were the same type such as physical abuse or sexual abuse.
- Different victim – This occurs when the information alleges abuse or neglect to a child other than the child originally alleged to be or substantiated as a victim.
- Different perpetrator – This occurs when the information alleges a different parent, custodian, or caretaker is the perpetrator rather than the individual originally alleged or substantiated.
- Court Order – This occurs when Family Court orders DFS to investigate.
- Serious injury – A serious injury is a non-accidental injury that (1) appears to have an assignable cause originating with the parent or caretaker and requires hospitalization, and (2) includes life threatening neglect requiring hospitalization.

- Potential criminal charges – Any new act perpetrated against a child that may result in criminal charges against the parent or caretaker. It does not matter if the new act is similar to a previous act that did not result in a charge.
- Runaway – Out-of-state runaways reported by the police are to be considered dependent children unless the child has proof of legal emancipation in another state.

Following are some of the questions that must be considered that will enable the Intake caseworker and supervisor to make a decision about the emergency nature of the report:

- What is the reported maltreatment or risk of maltreatment and its severity? The more severe the potential risks to the child, the more prompt the response.
- Does the child need medical attention?
- What is the age of the child? Generally one can assume that the younger the child the greater the risk is to the child.
- Has any family member or individual in the household been involved with DFS, law enforcement, DYRS, or DCMH? Has anyone been alleged to have been abusive or neglectful? If a pattern can be established it may indicate a greater risk to the child.
- Is the parental behavior a danger to the child? For example: Does the parent abuse alcohol/drugs, is the parent psychotic, extremely angry, have a history of using physical discipline as a first response, is the parent's behavior bizarre in any way, is the parent verbalizing threats to the child's safety?
- Is the child alone, abandoned or residing with a non-relative caretaker?
- Is the situation chronic or acute? An acute situation indicates the need for a more immediate response.
- Is the child currently safe because of hospitalization or some other secure circumstance?

DSCYF is able to identify the number of reports not accepted vs. the number that are accepted for investigation. These numbers are reported to NCANDS each year. For example, in SFY06 DFS accepted 5,829 reports of abuse, neglect or dependency or 77.2% of all referrals; and rejected 1,719 reports. A recent review of Delaware's acceptance rates found that we rank in the top ten in this category.

Beginning in January 2007 a new QA case review tool addressing 'Rejected Hotline Reports' will go into test. It is anticipated that based on a random sample and assignment to the Investigation QA case reviewers, this will go into production beginning in February 2007.

Once the information is gathered from the reporter, the Intake caseworker, in collaboration with the Report Line supervisor, will screen the report to determine if the report is appropriate for DFS and what the response time should be. For a report to be accepted, it must:

- involve a child between the ages of birth to age 18,
- allege child abuse, neglect, or dependency as defined in statute or risk thereof, and
- allege intrafamilial or institutional abuse.

There was a 2% decrease in the number of reports accepted for investigation between FY04 and FY05, but there was a 5.1% increase in the number of reports accepted between FY05 and FY06. The impact of the implementation of a weekday Central Intake process is not known at this time. A QA review tool of reports screened out is pending implementation.

During the initial assessment and safety intervention, five decisions must be made by the caseworker, in collaboration with the supervisor, based on the information gathered from the family (including children), reporter, and other persons who have information about the allegations and conditions of the family members. They are:

1. Is the child safe?
2. Is the child maltreated?
3. Do negative elements within the Child at Risk Field place the child at risk?
4. What actions should be taken at the time of the investigation/assessment?
5. Does DFS need to provide services to the family?

If at any point in the initial assessment and safety intervention process it is determined that the children are not safe or at significant risk of maltreatment, immediate action will be taken to protect the children.

It is the practice of DFS investigation workers to interview children alone, starting with the identified victim(s). After the children have been interviewed, adult caretakers who did not maltreat the child are interviewed, followed by an interview with the alleged perpetrator and finally, the family as a whole.

A Safety Assessment will be conducted for each new report accepted for investigation. Evaluating the safety of a child is a discrete function within DFS which is separate from validating the presence of child abuse or neglect and assessing and identifying risk or maltreatment.

Whenever a safety factor is identified, a Safety Plan is required with the family or justification provided as to why a plan is not needed. The Safety Plan is made in concert with the family with the goal of identifying and implementing services that permit the family to remain together.

Home Environment Screening Guidelines were revised in 2005 by statewide Investigation supervisors and regional administrators for use while conducting an investigation. The guidelines provide minimum standards for assessing cleanliness and hazards in the home.

The Division is also responsible for management of the Institutional Abuse Investigation Unit (IAIU) that conducts investigation of allegations of physical and sexual abuse in Departmental out-of-home settings. These settings include transitional living programs, residential child care facilities (group homes), foster homes, licensed child day care facilities (child care homes, child care centers), shelters, correctional and detention facilities, day treatment programs, all facilities at which a reported incident involves a

child(ren) in the custody of DSCYF, and all facilities operated by the DSCYF. License-exempt childcare facilities (pre-schools, schools, hospitals or church operated babysitting/Sunday schools) are not included and those reporters are referred to the police.

The IAIU is supervised by the weekday Central Intake Supervisor and it is responsible for the following actions:

- Determining whether children in an out-of-home care setting named in an allegation or identified in the course of an investigation have been abused and/or neglected; and
- Identifying concerns in the out-of-home care setting which do not rise to the level of abuse or neglect but effect the safety or well-being of children.

The IAIU investigation adheres to the response and disposition time frames established for intrafamilial investigations, but the Safety Assessment and Risk Assessment processes do not apply to institutional abuse investigations. Investigation findings are incident based only (not risk based). The IAIU investigation must also adhere to the statutory requirement regarding the reporting of potential criminal violations against a child to law enforcement and collaborate with law enforcement, the Department of Justice, and Children’s Advocacy Centers in accordance to the Memorandum of Understanding with those agencies. For example, sexual abuse interviews are conducted at the Children’s Advocacy Center under most circumstances.

The final investigation report is written in the following format which explains the IA investigation process. It should be noted that the sequence of the interviews may be warranted as information is gathered or as guided by law enforcement.

Director’s Name
Facility’s Name
Facility’s Address
IA FACTS Investigation Identification Number

- I. Reported Incident
 - A. Date and method of report to IA Unit
 - B. Narrative of the referral source – includes facility name, date or incident, alleged victim, and alleged perpetrator
- II. Investigation
 - A. Contacts
 - B. Findings
 1. Statement of the alleged victim
 2. Statement of the alleged perpetrator
 3. Statement of witnesses
 - a. Residents
 - b. Staff
 - c. Other collateral resources
 4. Statement of facility administrator

5. Medical statement/reports
6. Additional information
- III. Conclusions
 - A. Statement of the finding
 - B. Identified concerns
- IV. For Review and Action as Necessary – identifies violation of Delacare licensing regulations or policy violation in unlicensed facilities.
- V. Signatures
 - A. Investigator
 - B. Supervisor

IAIU reports are public information. Therefore, to protect the confidentiality of the participants, their names must be coded in the final investigation report.

When an institutional abuse investigation of a foster home or child care home concludes in a finding of Level III or Level IV child abuse or neglect, the Institutional Abuse Investigator interviews all potential victims in the home that were not identified as victims in the report. If further investigation determines there was alleged abuse/neglect of children previously in the home, those children are also interviewed.

When an institutional abuse investigation of an employee in a child care facility concludes in a Level III or Level IV child abuse or neglect, a report shall be made by the Institutional Abuse Investigator and an intrafamilial investigation is conducted if the employee is a caretaker for a child in their own home. The intrafamilial investigation is assigned to a regular investigation unit.

Reports that a DFS employee physically or sexually abused a client are referred to IAIU for coordination with and/or joint investigation with law enforcement.

Once the investigation has concluded, if abuse or neglect has been substantiated or it has been determined a child is at risk, the case will be opened for treatment services. In order to effectively change the dynamics of a family and ultimately reduce the risk of re-maltreatment, the DFS worker must conduct a thorough assessment in order to determine the most effective services for the family.

In completing the family assessment, the caseworker is required to address:

- The nature and extent of the problem in the family
- Family behavior
- Family relationships and patterns of interaction
- Each family member's level of functioning, including intellectual capacity
- The physical, environmental and economic conditions that affect each individual
- The problem solving competencies of each individual within the family
- The family history
- The parenting styles and family values
- The clients' opinion and perceptions about themselves, their problems, and family services intervention, and

- The opinions and working relationship of other professionals including the Office of Child Care Licensing, the Division of Youth Rehabilitative Services, the Division of Child Mental Health, the Division of Public Health, and the child's school

Focusing on safety and permanency, the Family Service Plan will attempt to resolve the problems that were identified in the Safety Assessment, the Family Assessment and the SENSS (Service Entry Needs and Strengths Survey). The Family Service Plan should be considered a working document used to move a case to closure, protect children from abuse or neglect, and protect the rights of parents. It must clearly identify the changes that must occur and how the Division will measure those changes.

When providing services to intact families, the caseworker shall explore family support systems to both ensure safety, enlist assistance in helping families change, and identify possible resources should the children need to come into care.

Supervisors are required to have regular conferences with all staff. The supervisor must review in conference all cases with each caseworker per the following schedule:

Staff Experience	Treatment	Investigation
New Staff (under one year)	Weekly	Weekly
Senior Family Service Specialist/Master Family Service Specialist	Every other week	Every other week
Family Crisis Therapists and Permanency Workers (Experienced)	Monthly	Monthly

Programs

In addition to the Division's own internal assessment tools, each regional DFS office has dedicated certified substance abuse counselors and domestic violence liaisons. These individuals bring specialized assessments, skills and resources to families affected by domestic violence and/or substance abuse. It is the responsibility of the substance abuse counselors to provide consultation, evaluations, linkages and case management services to adult DFS clients with an identified substance abuse problem. An evaluation report regarding the Domestic Violence Advocate Pilot Project was issued during the summer of 2004 and there is a plan to conduct a second evaluation in early 2007. To date, 975 clients have been served by the advocates. The Division participated on a panel that presented information about the Domestic Violence Advocate Pilot Project at the 15th National Conference on Child Abuse and Neglect in Boston in April 2005. Peoples Place II – Families in Transition and CHILD, Inc. were also panel members.

The domestic violence liaisons have expertise in the domestic violence field. They are also able to accompany DFS workers into the field. They complete their own assessment

of the family which is then used to determine the most appropriate level of intervention. By partnering with these specialists, DFS is able to help the family develop a meaningful service plan and connect them with community-based resources which will ultimately result in healthier families.

Effective April 1, 2003, the DFS took an opportunity to realign its staffing complement to create a Statewide Intake Unit, called Central Intake. DFS Intake, commonly known as the "Report Line" is the public's first and often only contact with the Delaware Children's Department. It is at the Report Line that the initial stage is set to convey the Department's vision of "Think of the Child First".

Under single administrative oversight and spear-headed by a primary Intake supervisor, DFS Central Intake has redefined itself in both its internal and external processes. Internal processes focused on actions necessary to correct regional variations in the acceptance of reports and assignment of response times which occurred when Intake functions were performed by localized units. External processes focused on customer relations. In addition to the thousands of calls to the Report Line regarding abuse and neglect, individuals also seek information, advice or referrals on child and family issues. Public satisfaction with the DFS Report Line correlates with the perception of courtesy and resource knowledge of Intake staff. Recognizing that customer service is expected as much from public organizations as it is from private organizations, all the DFS Intake staff were required to receive specialized training on customer service. Although a survey of mandated reporters has not been conducted to determine the impact of the customer service training, senior management officials have observed far fewer complaints or concerns regarding initial calls to the agency. Even though DFS has experienced an increase in reports made over the last several fiscal years, it would be difficult to determine if this was due to the implementation of Central Intake or other external or internal Departmental factors (e.g., increase in dependency reports from our sister divisions).

In conjunction with improved customer service by the Report Line, the DFS implemented a digital call recording system in late spring 2004 in lieu of a manual phone log system to log and describe every call made to the Report Line. The manual logs were necessary to conduct research of calls made to the Report Line, but detracted from time spent with callers. Implementation of the digital call recording system provides reliable recording and call retrieval playback that is efficient and accurate. Finally, the digital call recording system gives management a leading edge quality assurance mechanism. When cases are randomly selected for monthly quality assurance reviews by management, the recorded calls are sent to the reviewer. The QA tool was revised to include questions to assess if the information in the written report accurately reflects the oral report, if there is sufficient probing of the reporter, and to assess the professionalism of the Report Line staff. The QA Program Manager has a system in place to notify regional staff about case review issues. Additional benefits from the digital recording system have not yet been revealed, but DFS anticipates recordings may be subpoenaed by law enforcement or prosecutorial entities to assist with criminal prosecution.

The Division is a partner to the Child Development-Community Policing (CD-CP) program that was implemented by the Division of Child Mental Health and the City of Wilmington in November 2005. The program is modeled on a program developed by the New Haven Police Department and Child Study Center at Yale University School of Medicine. When contacted by law enforcement, child mental health crisis counselors are available to respond to provide direct intervention to children who are victims, witnesses, or perpetrators of violent crime. The Division of Youth Rehabilitative Services (DYRS) is also a partner to the program. The children's families do not have to be active with one of the Divisions to receive crisis intervention or follow-up services. There have been a total of 207 referrals, but 50 of those should be considered consults. Between December 2005 and October 2006, a total of 81 unduplicated children received services from one of the Divisions. Of those, 15 were active with DFS and 7 were active with DYRS. Data regarding the impact of this program on families is not yet available.

Employers in child care, health care, and the public schools are required to seek a Child Protection Registry check and a criminal background check regarding all job applicants. A new Child Protection Registry process was implemented on February 1, 2003. This statute changed the appeal process for substantiating an investigation originally established in statute during 2000. Under the new process, the Division must inform a person in advance that it intends to substantiate child abuse or neglect and place the person on one of four Child Protection Levels.

The intended substantiated party must return the Hearing Request form included in the Notice of Intent to Substantiate and Enter on the Child Protection Registry letter within 30 days. The Division must then file a Petition for Substantiation in Family Court no later than 20 days after receipt of the written request. A hearing is then scheduled with a Family Court Commissioner who may support the Division's intended substantiation at the recommended Level, support the substantiation and change the Level, or deny the substantiation. A person designated at Level I is not on the Registry. A person designated at Level II is on the Registry for 3 years, but is eligible for employment in child care, health care, or a public school. A person designated at Level III is on the Registry for 7 years and is not eligible for employment in child care, health care, or a public school. A person designated at Level IV is on the Registry permanently and is not eligible for employment in child care, health care, or a public school. The law also places individuals convicted of a crime for the same child abuse and neglect incident investigated by the Division onto one of the four Levels.

Implementation of the Child Protection Registry had the following impacts on work processes:

1. The investigating caseworker has to choose the most appropriate notification letter to send to the alleged perpetrator. There are 15 types of notification letters, whereas there were 6 types of notification letters for the previous appeal process.
2. When a criminal matter is pending regarding the same investigation conducted by DFS, the civil process is stayed until the criminal matter is resolved because the criminal finding is "final, binding, and determinative." Consequently, it became necessary for DFS to track the criminal findings. To assist this process, the duties

- of the constituent relations position in Central Office was expanded and designated as the statewide Substantiation Hearing Coordinator.
3. The decision to place or not place an individual on the Registry is decided by a Commissioner of the Family Court of the State of Delaware rather than by a Fair Hearing Officer (attorney) contracted by DFS.
 4. Implementation of the Registry required many complex changes to FACTS including, but not limited to:
 - the establishment of the four levels,
 - the initiation of a clock to coincide with the timeframe on each level,
 - stopping the clock when a criminal matter is pending, and
 - increasing or decreasing level placement based on the outcome in Court.
 5. Administrative coordination was needed with the Criminal Background Unit that is responsible for reporting Registry placement to child care, health care, and public school employers.
 6. Registry regulations were promulgated.
 7. Detailed policy and procedures were developed and training was conducted.
 8. The Program Manager for Intake and Investigation is responsible for the overall management of the Child Protection Registry and provides supervision to the Substantiation Hearing Coordinator regarding all Registry matters.

A workshop proposal was submitted by the Investigation Program Manager and Family Court Commissioner that hears the substantiation petitions for the 16th National Conference on Child Abuse & Neglect in April 2007. The proposal was accepted for “The Child Protection Registry: The Delaware Model.”

As mandated by statute in June 2002, the Division completed case reviews of all individuals placed on the former Child Abuse Registry dating to August 1, 1994 to assess if they should be placed on the Child Protection Registry and to designate the appropriate level of placement. Over 12,000 substantiated cases were reviewed. Approximately two-thirds of the reviewed individuals were placed on one of four Child Protection levels impacting their ability to work or not in child care, health care, or a public school. Each reviewed individual was notified by letter about their Registry level as determined by regulations. Individuals who had not previously been given the opportunity to appeal substantiated findings were given the opportunity to appeal if requested. About one-third of the reviewed individuals were removed from the Registry. The review process essentially resulted in a massive quality review of all cases substantiated between August 1, 1994 and January 31, 2003. Overall, the review yielded that our caseworkers generally made good decisions about substantiating individuals for child abuse or neglect and selected the appropriate finding type. The review also revealed inappropriate application of policy by individual workers such as not using the agency’s form notification letter or not informing the alleged perpetrator of their appeal rights after our initial appeal policy was implemented in 1995.

A Guide to Understanding the Child Protection Registry brochure was published in 2004 for the purpose of educating the public about the Registry and the kinds of parental behaviors that could place them on the Registry (e.g., when a child witnesses domestic

violence it is considered emotional neglect). Because placement on the Registry impacts child care, health care, or public school employment and because there is a criminal interface with the Registry, DFS wanted the public to be informed about the kinds of activities that could result in placement on the Registry (e.g., driving under the influence with a child present in the vehicle, leaving a child under the age of six home alone while going to the grocery store).

Front line staff in Sussex County (Region IV) recommended implementation of an Urgent Response Unit in July 2003. This is a six person unit supported by a Family Service Assistant and one supervisor. Central Intake pages the supervisor when an urgent is received for Region IV. The supervisor then assigns the report for investigation to one of two on-call caseworkers for response. There is always a third caseworker on back up response. Three caseworkers are on call for one week at a time and may receive multiple urgent reports. The unit's operations were evaluated one month after implementation and then every three months for two years. The results indicated that urgent reports were responded to at an even higher rate and backlog improved. Since this unit primarily receives any sex abuse reports in the region, the staff had additional specialized trainings such as Finding Words which enhanced their skills. As a consequence, the relationship with the entire legal system improved and increased the ability of the caseworkers to be accepted as expert witnesses in court. The Urgent Response Unit also reduced stress for the entire regional office and increased worker morale. Finally, specialization in the unit attributed to the streamlining of tasks and, more importantly, mastery of the child safety assessment tool. Despite the positive results from implementing an Urgent Response Unit in Sussex County, there are no plans to implement the units statewide primarily due to caseload issues. In the 1990s, an Urgent Response Unit was implemented in Region I in New Castle County. However, the urgent caseloads were much higher in New Castle County than what has been the experience in Sussex County so the New Castle unit was converted back to a standard investigation unit.

In October 2006, Delaware became the fourteenth state to receive certification to teach the Finding Words forensic interviewing curriculum. Finding Words was developed by the American Prosecutor's Research Institute (recently merged with the NDAA-National District Attorneys Association). The intensive five day training was designed to instruct prosecutors, law enforcement officers, child protection workers, and forensic interviewers to work together throughout the child abuse investigation process, from initial report to prosecution. The course is taught by instructors from the various disciplines (e.g., DFS, law enforcement, Deputy Attorneys General) involved in the investigation and prosecution of child sexual abuse. The instructors must complete a rigorous process to be approved as instructors that includes taking the course once as a student and a second time as an observer. The instructors are also taped giving a one week mock training which was critiqued by APRI prior to teaching the training twice with additional on-site critique by APRI as well as the students. Each course topic was evaluated separately. Course instruction included the following topics:

- Effective interviewing;
- How children experience sexual abuse;
- Diversity issues and the interview process;

- Process of disclosure;
- Using age appropriate guidelines to interview children;
- Process of inquiry;
- Cornerhouse forensic interviewing process;
- Anatomical dolls;
- Potential blocks and problems in the interview process;
- Child development;
- Preparing the child witness for court; and
- Legal issues such as corroborations, suggestibility, and hearsay.

The attendees also engaged in two experiential interviewing activities. One involved children and another exercise involved actors portraying sexually abused children.

In 2006, the training was provided three times in one location in New Castle County. A total of 101 (84%) individuals completed the course from more than five statewide agencies that primarily included DFS, law enforcement, the Department of Justice, Office of the Child Advocate, and Children’s Advocacy Center:

Finding Words 2006	DFS	DOJ	CAC	Law Enforcement	OCA	Total Attendance
January	16	6	3	14	1	40
May	7	4	0	13	0	27
October	10	4	0	19	2	35
Total Agency Attendance	33 (32.35%)	14 (13.72%)	3 (2.94%)	46 (45.09%)	3 (2.94%)	102

The attendees are given a brief essay pre-training test and a more detailed post-training essay test at the conclusion of the training that requires a passing score for the attendee to be awarded a certificate of completion. To date, all attendees have passed the course. The word of mouth feedback from DFS staff that completed the training has been very positive. The more detailed evaluation reports for the three weeks of training in 2006 will be available upon request.

It is anticipated the training will be conducted twice a year in the future - once upstate and once downstate. DFS will require that all investigators and investigation supervisors complete Finding Words forensic interviewing training. DFS will recommend that all attendees be surveyed in 2007 and six months following training thereafter to assess the usefulness of the forensic interviewing training to practice.

All child abuse and neglect medical examinations in New Castle County (Regions I and II) are conducted at the A.I Dupont Hospital for Children. In 2005, DFS modified its contract to expedite medical examinations and reduce waiting time for children and investigators through “Fast Track” programming. DFS pays for a medical case manager to assist with the medical examination process. The Department at this point is sending all cases of suspected abuse to the du Pont Hospital for Children or its satellite clinics in other counties for medical exams to determine if there is any treatment necessary for the child, or evidence of abuse or neglect. The FAST TRACK process operates as follows:

- DFS case triaged at regular Emergency Room triage area.
- Emergency Room Case Manager will be notified to assist DFS worker as defined above.
- Triage staff and/or ER Case Manager will immediately bring the DFS worker and patient to the FAST TRACK services area.
- DFS worker and child victim will be brought to the next available patient examination room.
- The child victim will be medically evaluated by a Board Certified Pediatrician.
- DFS cases should be seen within the target timeline of 60 minutes.
- FAST TRACK service hours are 1:00 pm through midnight seven days per week.
- First priority service is given to the DFS worker and child in need of a medical examination even if other patients have been waiting to see the physician prior to the DFS worker's arrival. (Exception being an internal or external Disaster requiring full allocation of medical staff to disaster victims).
- EXCEPTIONS: Acute rape victims and medically unstable child victims identified in the ER triage area will remain in the Emergency Services area and be seen at that acute level of care for their safety.

An evaluation of the timeliness of service for FAST TRACK has not been conducted.

DFS published a revised Parent Handbook in 2003 (previously revised in 1991). The latest edition not only discusses parental rights and responsibilities, it explains the investigation process and the Child Protection Registry. The handbook also provides the parent with the names and numbers of community resources covering a variety of issues. By policy, the handbook is given to the individual who is the subject of a child abuse and neglect investigation.

DFS completed the fifth year of mandatory child abuse and neglect training of public school teachers during the 2005-2006 school year. Delaware law requires that each public school ensures that each full-time teacher receives one hour of training every year in the detection and reporting of child abuse and neglect. There are a total of 185 local education agencies (public schools) and 19 charter schools in the State of Delaware.

Workers from the Division of Family Services have access to a variety of contracted home-based services for families. The service array consists of Parent Aide services, Home-Based Family Support, and Intensive Home-Based Support services. The purpose of all contracted services is to reduce or eliminate risk in the home and ultimately reduce the recurrence of maltreatment of children. Prior to SFY06, a contractor would determine if a case was closed successfully or unsuccessfully based on the status of the family at the time of closure, whether they were compliant with services, and whether there were any outstanding unaddressed issues that remained with the family. Beginning in SFY06 the majority of DFS treatment contracts include performance based incentives. Contractors are awarded a monetary bonus based on the desired outcome at the time of the referral for services. For example, if the case was referred to the contractor to prevent placement, the contractor is awarded a monetary incentive if placement was successfully prevented and the family remained intact for one year following the termination of services. Similarly, if the family was referred to the contractor to reunify the family, an

incentive is awarded if reunification occurred and the children remained in the home for one year following reunification. Contractors are beginning to submit cases for possible performance based incentive. As a result, it is too early to discuss the success rate.

In addition to the in-home services DFS contracts for, DFS also contracts with a licensed psychologist to complete mental health evaluations of parents. The psychologist that DFS contracts with provides evaluations to workers throughout the state. To refer clients, DFS workers provide historical information to the psychologist as well as a list of questions they would like to have answered. The psychologist completes the evaluation and recommends what services would be most beneficial to the family. This information is then incorporated into the family's Service Plan. In SFY04, 52 full or partial psychological evaluations were completed on DFS clients. In SFY05, 109 clients received either full or partial psychological evaluations. In SFY06, 110 clients received either full or partial psychological evaluations. So far in SFY07, 43 clients have received psychological evaluations. If referrals continue at the current rate, DFS can expect to refer approximately 104 clients for evaluations. Although the psychologist is centrally located in the state of Delaware, in the event that he is unable to see a client in a timely manner or the client feels that his office is not conveniently located, staff also have access to two other psychologists that are willing to see DFS clients and testify in court. DFS does not currently have contracts with these psychologists so payment for services is arranged through other funding streams.

The Office of Prevention offers 5 different programs designed to reduce risk and provide support to families:

1. Creating Lasting Family Connections – Delivered by community-based organizations, this program focuses on increasing community, family, and individual youth protective factors. The program is offered to youth nine to seventeen years old and their parents in an effort to delay the onset and reduce the frequency of substance use, a major issue for families in the child welfare system. Creating Lasting Family Connections is an evidence-based program. In SFY05, this program served 87 adults, 216 youth and 125 families between the eleven program sites.
2. Families and Schools Together (FAST) – FAST is a relationship building, communication skills building, asset based prevention and early intervention program provided within select middle schools throughout the state. Participants range in age from eleven to fourteen years old. The Fast program fosters a sense of confidence and competence in parents and youth, increasing the likelihood of success at home, in school, and in the community. This program is built around a team with a strong school and community collaboration. The team works with the youth once a week for four weeks and with the entire family once a week for ten weeks. After a family completes the program services, they become part of the FAST Works support group. In SFY05 the program served 108 families, 260 children, and 181 adults.
3. Families and Centers Empowered Together (FACET) – FACET is a family support and empowerment program located within four childcare centers serving

children from birth to five years of age. The program goal is to prevent substance abuse and strengthen family connections and supports through the childcare centers and their communities. The program achieves these goals by providing various strength-based family educational activities, family social events, and other supportive services. On average, families stay in the program for 5 years. The program's average number of active families is 121 families per month. The FACET program served 294 families and 336 children during SFY05. FACET is evaluated by the use of a parent survey administered every 6 months by each center. It is stipulated in each contract that a parent survey be administered every 6 months. Although decreasing the risk of child maltreatment is an indirect outcome for the FACET Program, there is no evaluation data that shows a direct decrease in child maltreatment. The effectiveness of the FACET program is measured with two important questions relating to families:

- What are families learning from their involvement in the program?
- How are they transmitting this information and experience to their young children?

The FACET Program Direct Outcomes are increasing the level of:

- Family identity
- Information sharing in families
- Coping and resource mobilization
- Social support
- Positive personal and parental change in parents

4. Strengthening Families – The Strengthening Families program is a nationally recognized evidence-based parent skills training program. OPEI's application of the Strengthening Families program is done so with the primary goal of reducing child maltreatment. The objectives of this program are to enhance parent-child and family relationships, to reduce incidents of child abuse and neglect, to maximize opportunities for both parent and child development, and to strengthen the capabilities of the parents to draw upon formal and informal supports. One of the program objectives is that 80% of the participants who have had their children residing with them will not have a new substantiated case of child abuse and/or neglect within 3 months of successful completion of the program as determined by conducting FACTS checks. In 2005 there were 166 families and 87 children served in the program. Of those 253 children and families served, 124 were referred through the Division of Family Services as mandated participants. The program quarterly FACTS check revealed that only three individuals recidivated within the first three months after completion of the program.
5. Promoting Safe and Stable Families (PSSF) – This program focuses on addressing four risk factors that have been associated with child maltreatment: parental characteristics, developmental and behavioral characteristics of children, absence of resources and services, and crisis and stress. The PSSF program has focused its efforts on a family consultation process that seeks to prevent families from entering or re-entering the services of the Office of Children's Services (OCS) or Youth Rehabilitative Services (YRS) resulting from concerns of neglect, abuse or dependency and to provide support services to families in transitioning youth

back into the home as well as the community. The community-based Family Consultants are trained in the principles and practices of strength-based family support and family preservation services. The Families are connected to intensive and supportive services provided by the OPEI PSSF psychiatric social workers. The support services provided by the psychiatric social worker are: intensive family consultation, positive behavioral intervention, and community based team facilitation. Families are also referred to community based providers to address parenting, substance abuse, healthy marriage/relationship, and individual or family counseling services. The PSSF program served 365 families, a total of 834 adults and 1356 children during SFY05.

Services for all five programs are provided in the community and are designed to assist families before, during or after their involvement with the child welfare system.

The Office of Prevention and Early Intervention's (OPEI) Early Intervention Unit has Family Crisis Therapists (FCT) collocated in public elementary schools. By doing so, the FCTs partner with educators to provide prevention and early intervention services to children and families with the goals of preventing abuse and neglect and strengthening family functioning. Although the Early Intervention FCTs do not work with families that are receiving services from the Division of Family Services, frequently DFS social workers will make referrals to the EI FCTs as they prepare to close the case so that the family continues to receive supportive services, thus reducing the risk of re-maltreatment. For each case opened within the Early Intervention Unit, two assessments are completed. The first is an initial assessment consisting of 19 questions. This form helps the Family Crisis Therapists assess risk behaviors, significant clinical issues, determine differentiation between difficulties from other behavioral difficulties, and determines the appropriateness of the Early Intervention Program to meet the needs of the referred child. The second assessment is the Child and Adolescent Functional Assessment Scale (CAFAS). This assessment is conducted within 30 days of a family entering the program. After the first CAFAS is completed, additional assessment scales are completed every three months until the case is closed. For each case opened within the Early Intervention Unit, a service plan is completed within 30 days of the family entering the program. Service plans are updated monthly and a summary of each case is provided to the assigned supervisor. The plan mirrors the CAFAS and addresses issues in the following areas: school/work, home, community, behavior towards others, moods/emotions, self-harmful behavior, substance use, thinking, material needs, and family/social support. Early Intervention Family Crisis Therapists continuously partner with community, faith-based and other state agencies to ensure that families are receiving appropriate services.

The Emergency Preparedness Committee (EPC) is a Departmental committee established in March 2006 at the direction of Cabinet Secretary Cari DeSantis. This committee is comprised of staff from each of the operating divisions, as well as the management support division. The EPC's primary task was to plan for the safety of Departmental children in out-of-home care in the event of emergency or disaster. These activities are part of a statewide emergency preparedness initiative under the authority of the

Department of Emergency Management Agency (DEMA). The Department has the responsibility to respond to unattended minors during an emergency or disaster. This planning is a collaborative between public agencies and the private sector.

Focus Group Results

Regarding timeliness of responding to reports of abuse and neglect, nearly all focus groups indicated that the agency responds in a timely manner. Urgent responses are given priority. One stakeholder felt the centralized intake process slowed down the response time and missed the close working relationship with the local office. Families disagreed on timely responses. Policy managers and administrators agree with the agency's statistics on timeliness.

Results from the focus groups were varied when asked about effectiveness of preventing repeat maltreatment. A few of the youth felt that DFS did not put children in the correct placements and this placed the children at risk of abuse. Conversely, several of the youth felt that DFS did do a good job of making sure that they stayed safe. When this question was posed to families, one family in Kent County reported that staff was not effective. She felt that staff should be more empathetic when responding to a family.

DFS caseworkers and supervisors had mixed feelings regarding how effective DFS is in reducing the recurrence of maltreatment. While some workers felt that DFS did not do enough to prevent the recurrence of maltreatment, the overriding thoughts were that many times DFS is working with families with chronic, multigenerational histories. It is difficult, if not impossible, to affect change in some of these families with the resources and time workers have to work with a family. Conversely, several of the focus group participants felt DFS did do a good job in reducing re-maltreatment.

Participants from the Review Bodies focus group, the Adoptive Parents focus group, and the Foster Parents focus group all felt that DFS did a good job of reducing the recurrence of maltreatment.

Data Analysis

In SFY06, a total of 5,568 were accepted for investigation and 5,364 (96.34%) of the initial contacts were made on time. In SFY05, a total of 5,449 reports were accepted for investigation and 5,281 (96.92%) of the initial contacts were made on time. These statistics include both urgent and routine reports. The percentage of contacts made on time includes those made with diligent efforts. Source of the response time data is the case management information system, known as FACTS (Family And Child Tracking System). Initial contact is defined as the first face-to-face contact that a worker has with the victim(s) as well as other household members. Diligent efforts are considered met if:

- Worker has made at least 2 attempted contacts within the time frame to see the victim and caretaker. Attempted contacts include visits to the home, day care, school or hospital as appropriate and appropriate use of phone calls, letters, notices.
- Where appropriate and possible, use of other professionals to meet the family
- Hazardous weather days

- Worker is unable to meet with client within the prescribed time frame due to a delay initiated by the client

Looking specifically at the Office of Prevention and Early Intervention's Strengthening Families program data, during SFY05, the Division of Family Services (DFS) referred 124 families to the program. A follow-up FACTS inquiry revealed that of those 124 families, only three families (2%) had subsequent reports of abuse or neglect after completing the program. In SFY05, all five programs offered by the Office of Prevention served a combined total of 1058 families (1102 adults and 2255 youth).

From July 1, 2003 through July 1, 2005, 468 families received services through the K-3 program. Of those 468 families, 65% (303 families) had prior history with DSCYF. Six months after exiting the K-3 Early Intervention Program, 95% of children did not have any further involvement with DSCYF. Six months after exiting the K-3 Early Intervention Program, 91% of families did not receive any further services from DSCYF. Twelve months after exiting the K-3 Early Intervention program, 89% of children and 82% of families did not have any further involvement with DSCYF. Clearly this demonstrates that providing families with needed support is key to reducing the incidence of re-maltreatment.

In SFY05, 187 families active within the child welfare system received services through the PSSF program.

The FACT grant managed by the Division of Child Mental Health served 176 youth over the life of the project. Of those 176 youth, 86% were male (151) and 14% were female (25). Forty-eight percent of the youth served were Caucasian, 49% were African American, and 5% were Hispanic. Forty-one percent of the youth enrolled in the FACT grant were involved with at least one other division within DSCYF at the time they began working with the project. Of the youth that were enrolled in the program, 76% were discharged with positive outcomes. Positive outcomes were defined by increased functioning levels. We used treatment status, living status, school status and legal status as points to distinguish successful from non-successful. This included making progress toward or sufficiently reaching individual treatment goals as defined by the child's Plan of Care, attending school, living within a family setting (natural, relative, foster, IRT), participating in the community, no legal charges for at least three months, and active participation in the least restrictive level of mental health treatment.

The overarching goal of the F.A.C.T. Project was to decrease problematic behaviors while enhancing positive behaviors to produce better functioning in the lives of the children and families the project served. So, what factors contributed to these outcomes?

1. Intensive Case Management (1:15 caseload allowing clinical service coordinators the ability to provide an intense level of case management to the family) and the unconditional care that was provided.
2. Wraparound Service Planning resulting in a comprehensive plan of care (individualized, integrated and strengths based service planning which was family and youth driven).

3. Broad array of services and supports available that were individualized in accordance with the unique needs and potential of each child and guided by the plan of care.
4. Enhanced family involvement and participation – project was voluntary and families made a commitment to actively participate in all aspects of treatment.
5. Adherence and commitment to the values and guiding principles of systems of care and wraparound.
6. Collaboration and partnerships with other child serving agencies (education, child welfare, juvenile justice, community partners) to provide community-based, family-focused, strengths based and culturally competent services in the least restrictive, clinically appropriate environment.

In SFY2006, a total of 2,600 families and children received treatment services. Of those 2,600 families, 350 (14%) received home based services through DFS contracted agencies. However, it should be noted that some of the remaining 2,600 families also received services through the various programs offered thru the Office of Prevention and Early Intervention. Although we do not know how many families are referred to all of the programs via DFS, we do know that in SFY05, 253 families were referred to the Strengthening Families program by their DFS worker. Similarly, DFS does not track the outcomes of cases that were referred for home based services versus those that were not.

Each year over 50,000 children receive child care by a home or center licensed and monitored by the Office of Child Care Licensing. These providers offer significant prevention and support services for families and foster families. Licensed child care services offer foster families:

- A safe and quality out-of-home care experience that allow foster parents to work to earn sufficient income to support their family or participate in activities, such as training or child conferences to enhance their ability to care for children.
- Specialized care that allows foster families a respite from the care of children with special needs (e.g. there are licensed centers that care for sick children).
- The observations and assessments of children in care from trained early care and education and school-age specialists; advice on how to handle specific behaviors/developmental issues and provide sources of specific services to address children's needs.
- Allow for children to remain at lower levels of care than might be necessary in the absence of these supports.

For FFY05, 97.1% of all cases served by the Division of Family Services did not have a recurrence of abuse or neglect, exceeding the national standard by 2.5 %. Delaware has consistently exceeded the Standard in prior reporting periods as well: FFY03 – 97.0% and FFY04 – 98.0%.

Delaware has exceeded the national standard (99.68%) for “Absence of Child Abuse and/or Neglect in Foster Care for FFY04 (99.81%) and FFY05 (99.88%). Delaware can attribute its success in the absence of child abuse and/or neglect in foster care to several

factors. The first is that foster parents undergo a rigorous process before being approved as foster care providers. This process includes several home inspections, both announced and unannounced, reference checks, interviews and assessments of their commitment during the PRIDE training program. It is during this process that unsuitable candidates are ruled out. Once a foster home is approved to take children, social workers and foster home coordinators make home visits to the foster home. Per policy, a home visit is required within 5 days of placement. This is done not only to provide continuity to the child but also to see how the foster parent is doing, and to assess whether the placement is appropriate. Foster parents must complete annual trainings that are designed to increase their skills when dealing with challenging behavior from foster children. Foster parents also receive support from Upper Bay Adoption and Counseling Services. This behavioral consultation service provides hands-on information regarding how to deal with specific behavior they may be experiencing from the children. Any DFS worker that has a child placed in a foster home meets with the foster home coordinator on a quarterly basis to discuss their perception of how the foster parent is doing. It is during this quarterly review that areas of strength and weakness are identified for the foster parents. Finally, foster homes must be re-approved on an annual basis. Per policy regarding quality of care complaints, after 3 complaints - whether substantiated or not - there must be an administrative review of the home to determine if the home should remain open and to ensure children are safe. Delaware's low incidence of abuse or neglect while in foster care can be attributed to a combination of all of the above listed factors.

Individual Item Analysis and Conclusion

Item 1: Timeliness of initiating investigations of reports of child maltreatment

Focus groups agree with the agency's data for timeliness of responding to reports of abuse and neglect. For SFY05-06, over 96% of investigations had an initial contact with the urgent (1 day) or routine (10 days) timeframe. These statistics include diligent efforts. This is an area of strength.

Item 2: Repeat Maltreatment

Based on a review of all applicable policies, procedures, programs, and data available, the conclusion is that DFS has been extremely successful in protecting children from repeat maltreatment. This protection from re-maltreatment has been achieved by successfully assessing the needs of children and families, maintaining regular contact with the family, supervisory oversight, and the use of effective community-based services. The discrepancies between the youth and family focus groups versus the review bodies, adoptive parent, foster parent and DFS worker focus group results can best be explained by examining the perspective of each group. There is no doubt that DFS is routinely viewed by families and youth as being intrusive. It is very rare to find families that welcome the intervention provided by DFS. The services are not voluntary. Very few people show up at the door of DFS saying "My family is in trouble help us." Rather, DFS frequently shows up at the homes of client's unannounced, making decisions that impact on the family's status and level of existence. Conversely, adoptive parents, foster parents, and review bodies are having contact with DFS as a result of DFS working with families and reaching the point where placement is necessary. They see things from a

very different perspective. The fact that the focus group results were so varied is to be expected considering the different perspectives offered by the various focus groups. In SFY06, for the first time, the Department invoked legislative authority to add two case managers to maintain the caseload standards. A frequent contact schedule has been nationally recognized as a major contributor to child safety. This item is a strength.

SAFETY OUTCOME 2 – CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

Separation between children and families is a serious event in the lives of those separated. The Division must exercise reasonable efforts to prevent or eliminate the need for separation of the child from his or her family and make it possible to reunify the family when appropriate.

Policy

It is the Division's policy that placement of children shall occur only when necessary to protect the child, and whenever possible, to allow for prior planning and preparation for both the child and the family.

In an effort to continually assess the safety of children and the level of functioning in the home, DFS workers are required to have face-to-face contact at a minimum of once per month with each family on their caseload. Workers are also required to complete a formal Safety Assessment at their initial face-to-face contact with the family and anytime thereafter if there has been a significant change in the family dynamics. At any point during the life of the case, if the DFS worker has reason to believe that the child cannot be safely maintained in the home, the caseworker will conference with their supervisor and the Division's Deputy Attorney General to discuss next steps, including interventions that might stabilize the family, possible relative resources, and ultimately DFS obtaining custody and placing the child in foster care.

Reasonable efforts will be exercised through the provision of case management services and other appropriate services to meet the family's needs or to prevent and eliminate the need for separation of the child from his family and make it possible for the child to return home. The Division of Family Services has established funds to provide emergency placement prevention services designed to promote family life. Families eligible for items or services from this fund are those in which the lack of specific basic necessities will result in placement of the children.

When it is determined that a child needs to be placed in out-of-home care, the child's age, relationship to parents and siblings, and his physical, intellectual and emotional composition must be considered in selecting the most appropriate placement to meet his needs. Relative placement should always be explored and ruled out before considering placing the child in foster care or in the care of a non-relative.

Concurrent planning is an intentional alternative to planning for children and families and should begin with the family's very first contact with DFS. The goals of concurrent

planning are to consider all options open to children and families, support safety and well-being of children and families, promote early permanency decisions for children, decrease the length of time in foster care, and reduce the number of moves children experience while they are in foster care. For intact families, concurrent planning includes the provision of rehabilitative services while exploring family resources for safety and support or for possible placement if that should become necessary.

Successful concurrent planning depends on:

- Accurate and timely assessment
- Appropriate targeted intervention
- Full disclosure to parents and all other parties
- Using time limits as motivation for change
- Clear and concise written case plans
- Appropriate review of the family's progress
- Documentation of all services provided and decisions made
- Early search for immediate and extended family, including non-custodial parents, maternal and paternal relatives
- Inclusive case planning and non-adversarial problem solving

The Division of Youth Rehabilitative Services offer services to families to prevent entry or re-entry into foster care or YRS placement through Level 3A contracted services such as Multi-Systemic Therapy, Family Centered Intensive Community Model. Families also participate in the Office of Prevention's Strengthening Families Program. Probation officers make regular contacts based on their level of supervision. Moderate supervision requires monthly face to face contact and intensive supervision requires up to four contacts per month based on youth and family needs. Re-entry supervision is a step down service from secure and staff secure placement and requires weekly face to face contact depending on the level of risk to the community. Case planning is based on the youth's needs as well as the risk to the community and the court orders. Plans are reviewed at 90 day intervals. Participants in case planning and case reviews are the youth, parents, other departmental staff and community partners. If there are concerns about abuse and neglect in the home, probation staff and contracted staff are mandated to report the allegations to the DFS Child Abuse and Neglect Report Line.

Procedures

A thorough assessment of the family is critical to determining the most appropriate resources. After a treatment case has been opened, the DFS caseworker continues to gather information about the family, including obtaining on-going information regarding the status of the children in the home. Based on the caseworker's assessment of the family, the caseworker connects the family with the most appropriate community-based resources. Caseworkers consult with other service providers during the planning process to ensure their full cooperation in implementation of the plan.

All DFS treatment contracts require that the initial meeting between the family and the contractor also include the DFS caseworker. By holding a joint initial meeting, all parties are aware of the areas that need to be addressed, how the contractor proposes to meet the

needs, and how the family's progress will be measured. As a result of this meeting, the contractor develops their own service plan with the family. This service plan is independent of the Division of Family Services' plan. However, areas of concern that the contractor must address are as a direct result of meeting with the family and DFS worker, reviewing the DFS service plan, and completing an assessment of the strengths and needs of the family. After services have been initiated, there is constant communication between the service provider and DFS. All contractors are required to contact the assigned DFS worker at a minimum of once per month; however, if the situation warrants it, communication is expected more frequently. All contact made with the client or on behalf of the client must be documented in the contractor's case record. The provider is required to request a reauthorization of services every 12 weeks. At the time of the request, the provider must advise the DFS caseworker about the family's progress and the proposed next steps. This authorization process begins with the contractor sending the DFS worker a written summary of the client's progress to date. If DFS feels that continuation of services is warranted, the contractor is expected to either update the service plan or develop a new plan if warranted. The contractor provides the assigned DFS case worker with copies of all service plans and updates. When the contractor closes a case, a joint meeting between the family, the contracted worker and the assigned DFS case worker is held. Following that meeting, the contractor must submit a closing summary to the DFS worker within two weeks of closure. As the DFS worker continues to assess the family, the information provided by the service provider is critical to the ongoing assessment.

The effectiveness of services provided by contracted agencies is determined two different ways. First, each contractor is required to complete a pre and post assessment of the family. Some contractors have chosen to utilize the North Carolina Family Assessment Scale for Intensive Family Preservation Services, some have chosen to use the CWLA Child Well-Being Scale, others have chosen Assessing Risk and Measuring Change in Families: The Family Risk Scales, by Stephen Magura, Beth Silverman Moses and Mary Ann Jones, and still others have chosen to complete a psycho-social assessment on the family. Second, as previously mentioned, some contractors are awarded a performance-based incentive if their plan achieves the intended outcome defined by DFS and stability of that intended outcome is maintained for one year.

Although DFS workers may rely heavily on contractors to provide in-home service to clients, DFS is always considered the primary case manager. Any major decisions that need to be made are made by DFS. Similarly, the DFS worker dictates the direction they would like the contractor to go when working with a family. Finally, it is incumbent upon all contractors to provide DFS with timely, pertinent information to enable DFS to make sound decisions in the case.

When parental substance abuse is indicated, the Family Service Plan focuses on behavior related to substance abuse and parenting. Substance abuse treatment will then become an integral part of the Service Plan. In accordance with 42 C.F.R., all families are asked to sign a Release of Authorization before any contact is made between DFS and the substance abuse treatment agency.

When children are in out-of-home care because of abuse or neglect related to the parent's substance abuse, six months of documented treatment and recovery is recommended unless a substance abuse evaluation indicates that the use of drugs or alcohol is not a significant concern. Earlier return home may be considered if the client is succeeding in recovery and if a safety plan can be put into place that does not depend solely on the parent in recovery. However, there will always be a minimum of 3 months sobriety and a recommendation from the substance abuse treatment program verifying that the client is succeeding.

The caseworker assesses progress for each factor that has been identified that relates to risk reduction, with a particular emphasis on maintaining the child's safety. Assessment of progress includes gathering information from other agencies providing services to the family. The caseworker documents an assessment of each factor using the following outline:

1. Progress
2. Client response to service plan
3. Client awareness of change
4. Goal or service appropriate to client need
5. Indicators of risk reduction
6. Evidence of achievement

As part of the review, the caseworker considers what changes, if any, are required in the Family Service Plan to ensure progress towards a successful outcome. This review is done at a minimum of every 90 days.

DSCYF has established an Emergency Placement Prevention fund to provide specific basic necessities for children or families. Basic necessities include furniture, basic appliances, household necessities, clothing, security deposits, one time rent payments, heat, water, electric or gas service. All items paid through the Emergency Placement Prevention Fund must be for the sole purpose of the service or commodity to prevent placement of the children. This fund must be used as a last resort and the caseworker must plan with the family to prevent the problem from occurring in the future. DSCYF also has a specific fund to provide for emergency food supplies, prescription medications, necessary over-the-counter medications, diapers, formula and baby food. Both avenues of special funding were created solely to ensure the safety and well-being of children, to prevent the need to remove children from the home, or to facilitate reunification.

Programs

DFS workers have a vast array of services at their disposal designed specifically to reduce risk and prevent placement. The most intensive service available to families is Intensive Home Based Support (IHBS). To qualify for this service, the family must be at imminent risk of placement. Under this program, services are provided by a team consisting of a Master's level therapist and a parent aide. The team is available to the family 24 hours a day, 7 days a week. A step-down from this service is Home-Based Family Support (HBFS). To qualify for this service, families have a significant number

of issues that, if not resolved, would result in the removal of the children from the home. Through this service, counseling is provided to the family in their own home on a weekly basis by a therapist with the goal of preventing placement. Beginning in SFY06, contractors providing both IHBS and HBFS are eligible for a performance-based incentive if the family remains intact, with no entries into foster care 12 months after the contracted agency closes the family's case.

Following are basic components provided under the Intensive Home Based contract:

- Evaluations - The contractor must utilize the Assessing Risk and Measuring Change in Families: The Family Risk Scales, by Stephen Magura, Beth Silverman Moses and Mary Ann Jones to evaluate all families that receive services through the Intensive Home Based program. The contractor must complete the assessment/evaluation tool as part of the initial assessment and again at discharge. The assessment/evaluation tool should be able to demonstrate measurable change within the family. The contractor must submit findings on all closed cases to the Contract Manager on a monthly basis.
- Counseling and Treatment: The Counselor observes the interaction between family members and discovers which areas are functioning well and which are dysfunctional. The family counselor attempts to assist the family to ameliorate crises and help improve communication between family members, explore roles and expectations of each member, and develop solutions to identified problems.
- Resource Enhancement: Families receive help to develop and/or connect with and effectively utilize community resources including housing, transportation, health care, day care, respite care, schools, legal services, income maintenance, and substance abuse services.
- Parenting and Home Management: The family will receive assistance in the areas of parenting issues and child development, as appropriate. The development of planning and home management skills is emphasized through work in budgeting, money management, menu planning, food preparation, etc.
- Treatment Team: Each family is assigned a lead therapist. The lead therapist will have an MSW or related degree. The Treatment Program Manager must approve all exceptions. A Service Specialist and/or a Parent Aide will also be assigned unless it has been determined and documented that one is not needed. In addition to providing all the family therapy, the Lead Therapist sets the direction for the interactions of the team with the family by being responsible for case planning, team coordination and child safety.
- Substance Abuse Assessment, Referral and Treatment: During the assessment phase, the lead therapist will determine whether parental substance abuse is a significant risk factor. Where substance abuse is an issue, the therapist will connect the family with appropriate treatment. The contractor's Treatment Service Plan will then focus primarily on substance abuse treatment and safety of the children in the home.
- Staff Availability: Intensive service to families in their own homes and quick availability to them at crisis points are key elements in this program;

therefore staff will be available on a 24-hour, 7-day-a-week basis for in-home and telephone crisis intervention.

- **Emergency Fund:** Some money is available to families for emergency rent/shelter, food, children's supplies, transportation for job-hunting, etc.
- **Case Planning:** The contractor must be available for joint case planning conferences with the Division of Family Services.
- **Information and Referral:** The contractor will provide the client with information about other available services and assist the client in completing referrals if necessary.
- **Court Testimony:** Activities include participation in a court review or hearing, preparation for a court appearance, and development of materials requested by the court, or required for a court appearance. This includes support to DFS in preparation for legal proceedings.

The contractor must supervise counseling staff that provides services to the Division of Family Services. At a minimum, supervision will consist of a monthly case conference on each Division of Family Services' counseling case. More frequent supervisory conferences on complex cases will be scheduled as needed. Supervision will focus on activities necessary to monitor a case such as administrative communication with other staff, other agencies, or the client, and includes scheduling, writing of required reports, monitoring compliance with the case plan, and the client's understanding of the case plan.

Following are the basic components of the Home Based Family Support contract:

Service Components –

1. **Individual Counseling:** This counseling modality provides the setting that enables individuals to focus on and develop coping skills necessary to handle crisis and stressful situations by exploring alternatives, providing support, promoting adjustment by increasing self-awareness, self-esteem, and personal growth. It is the expectation of this contract that most services provided will be family support counseling. However, in some cases, individual counseling will be identified as the most appropriate means of support for the family.
2. **Case Planning:** Case planning activities include developing the case plan, gathering information from the client necessary for the case plan, providing input on the case plan. Attendance at permanency planning meetings, and supporting any activities aimed at the development of goals, service plans, or service agreements. The contractor will be available for joint case planning conferences with the Division of Family Services for difficult clients and when requested by the DFS worker. Either the contractor or the Division may schedule case planning conferences.
3. **Information and Referral:** The contractor will provide the client with information about other community-based resources available and assist the client in completing referrals if necessary.
4. **Court Testimony:** Activities include participation in a court review or hearing, preparation for a court appearance, and development of materials

requested by the court, or required for a court appearance. This includes support to DFS in preparation for legal proceedings.

5. Supervision: The contractor will supervise counseling staff that provides services to the Division of Family Services cases. At minimum, supervision will consist of a monthly case conference on each Division of Family Services' counseling case. More frequent supervisory conferences on complex cases will be scheduled as needed. Supervision will focus on activities necessary to monitor a case such as administrative communication with other staff, other agencies, or the client, and includes scheduling, writing of required reports, monitoring compliance with the case plan, and the client's understanding of the case plan.

The most popular service to prevent placement or facilitate reunification is the home based Parent Aide program. The focus of the parent aide is to help families address areas that might place children at risk. All contracted providers are aware that they must assess for safety during every contact with the family.

Following are the basic components of the Parent Aide contract:

Service Components - A Parent Aide may perform the following tasks in working with families:

1. Provide emotional support to parents.
2. Provide modeling of parenting skills.
3. Model/teach childcare skills.
4. Teach home management skills.
5. Listen to parents ventilate about frustrations, anger, etc., and assist parents in redirecting these feelings in more constructive behaviors.
6. Provide social worker first-hand information as part of case decision-making or planning.
7. Assist families in preparing for a child's return home.
8. Provide emotional support for children.
9. Assist client to network with community resources.
10. Build a trusting relationship between parents and the Division of Family Services.
11. Coordinate, transport and supervise visits between children in foster care and their parents.

In order to accomplish these tasks and to work with families at risk of abusing and neglecting their children, Parent Aides generally have certain knowledge and skills.

Areas of knowledge (or information) include the following:

1. The causes and dynamics of child abuse and neglect/family violence and sexual abuse.
2. The child protective system including recognition and reporting of child abuse and neglect.
3. Child and human development.
4. Substance abuse/mental illness.
5. Child and infant care/good parenting techniques.

6. Home management/home safety.
7. Knowledge of community resources.
8. Family relations and dynamics.
9. Values clarification.
10. Agency policies/confidentiality.
11. Cultural and social variations/effects of poverty.

Areas of skill include the following:

1. Communication skills
2. Non-violent parenting techniques
3. Interpersonal relationship techniques--staff and clients
4. Teaching techniques such as role modeling
5. Crisis intervention techniques
6. Stress management/assertiveness
7. Counseling techniques
8. Reading and writing skills
9. Testifying in court
10. Money management
11. Self-Sufficiency skills

The Parent Aide may serve a wide variety of case situations. Following is a list of some of the situations for which a Social Worker may authorize the use of a Parent Aide.

1. Protective service cases/children returning from foster care/court-referred/children would be removed without services/multi-problem cases/incest/isolated parents.
2. Motivated parents/parents who need to be motivated/parents who need support.
3. Teenage parents/first time parents/single parents who need parent skills training, childcare training, etc.
4. Family crisis/temporary or situational abuse/existing stress, where there is potential for abuse.
5. Coordination, transportation and supervision of visits between children in foster care and their parents.
6. Medical condition of child needs monitoring/parents need training around medical needs.
7. Parents need household management training.
8. Concrete services/advocacy/helping families to network with community resources.
9. Emotional or physical disability of parents/need of support.
10. Agency needs to monitor and observe children in home/provide safety/document abuse and neglect.
11. Children with behavioral problems/need special attention/mental illness of child.

If the family is receiving parent aide services and their children are in out of home placement, the contractor must notify the DFS social worker when they think that the

family is ready to be reunified. However, under no circumstances should a family ever be reunified without consent from the Division of Family Services. Similarly, if the Parent Aide feels that reunification is unlikely to occur, the Parent Aide should notify the DFS social worker of that as well, citing specific reasons why reunification would not be in the best interest of the child.

Regardless of the contracted service being provided to clients, all contractors are asked to send their staff to different components of the Division of Family Services' new worker training. Specifically, staff is required to attend:

- Recognizing child abuse and neglect
- Risk management (this includes safety assessments)
- Substance abuse and Child Abuse/Neglect
- Separation and Loss
- Legal training

In addition to the new worker training offered to contractors, each contracted agency has established their own training protocol that their staff is required to complete. The training offered by DFS enhances the training they receive internally. Finally, contractors are invited to participate in regional meetings with DFS staff for cross-training purposes.

DFS currently has four community-based providers designated to provide parent aide services. One contractor was selected specifically to address the Spanish-speaking population in New Castle County. All contractors are required to have at least one Spanish-speaking staff member to provide services to Spanish-speaking clientele. Unfortunately, contractors have a very difficult time attracting Spanish-speaking applicants. It should be noted that DFS has never been without Spanish-speaking contractors. One contractor in New Castle County has been selected to specifically address the Spanish-speaking population. DFS has been fortunate to have one contractor for Kent and Sussex Counties that has a Spanish-speaking social worker. All families in need of Spanish-speaking services are referred to this particular agency. However, all agencies are required to have at least one Spanish-speaking staff member and this has proven to be very difficult. In the event that DFS would be without Spanish-speaking services, workers would be advised to refer the family to the various Spanish speaking services throughout the state and funding would be arranged through an alternative funding stream.

The Division of Child Mental Health Services applied for and received a Federal Child Traumatic Stress Treatment Center grant (\$1.6 M, 4 year grant from SAMHSA). The project is called "Child Well-Being Initiative". The Child Well-Being Initiative is a treatment program and research study for youth who are experiencing emotional difficulties following a stressful experience. Children and caregivers meet with trained clinicians for 12 to 16 sessions over a 3 to 4 month period. Sessions are used to teach families about symptoms of trauma, ways to cope with difficult thoughts, emotions and behaviors, and skills for relaxation. The goal is to increase accessibility to and quality of trauma-specific mental health treatment. It is anticipated that 120 children and their

families will be served annually by the outpatient direct treatment provider. Children in foster care and children in their own homes are both included in the target population for this grant. The Division of Child Mental Health oversees the study.

The Office of Prevention and Early Intervention (OPEI) has developed several programs designed to support families and enhance their parenting skills. Creating Lasting Family Connections (CLFC) focuses on increasing community, family, and individual youth protective factors. The program is offered to youth nine to seventeen years of age and their parents in an effort to delay the onset and reduce the frequency of substance abuse, a prevalent problem in the child welfare arena. CLFC served 125 families statewide during SFY05.

OPEI also offers the Strengthening Families (SF) program. SF is a nationally recognized evidence-based parenting skills training program. The objectives of the program are fourfold: to enhance parent-child and family relationships, to reduce incidences of child abuse and neglect, to maximize opportunities for both parent and child development, and to strengthen the capabilities of parents to draw upon formal and informal resources. In SFY05, 166 families completed the SF program.

Licensed Child Care providers are an important piece of the continuum of services to support families and maintain children at home. Child care providers interact with parents at least two times during any day that a child is in care. It is at these times that the Child Care provider can offer information on the child's progress and interactions. Especially in the case of children birth through five, a child care provider may be the only adult, other than the parent, to have access to a child on a regular basis. This presents opportunity to notice changes in behaviors, interaction with parents and to observe physical injuries of children in child care. The provider can offer information on resources and services for children and families. Through Delaware First Professional Development trainings for child care professionals, techniques on engaging and working with families are a frequently offered topic. Delaware has a total of 1884 licensed providers offering 50,529 licensed child care slots.

Focus Group Results

When asked if they felt DFS was effective in preventing the removal of children from their homes when appropriate, the family focus groups overwhelmingly felt that DFS was too quick to remove children from the home. The one exception was a parent that wanted DFS to remove their teenage child from the home. That parent responded that DFS was too slow in removing the teenager.

Youth did not feel that DFS did enough to prevent children from coming into care. They felt that DFS removed them from the home without trying to stabilize the situation. One youth wished that the workers would be nicer when they come out to the house. When the same question was posed to other focus groups (review bodies, educators, foster parents), the response was overwhelmingly positive. Most felt that DFS consistently made reasonable efforts to prevent placement.

DFS social workers felt that we are ineffective at keeping families from re-maltreating however the majority felt that we were very effective in providing services to prevent removal from the home. DFS social workers felt that different supervisors within DFS had different thresholds as to when DFS should remove a child from the home. They said that some units will do everything possible to prevent removing a child from the home while others feel it is too risky to leave a child in the home if there is any risk.

When these same focus groups were asked if DFS was effective in reducing risk of harm to children, including those in foster care and those who receive services in their own home, again, the responses were varied. DFS social workers and supervisors felt that the families they are working with present challenging, multigenerational issues. These families make enough progress to satisfy DFS for case closure. Conversely, these same social workers and supervisors felt that there are many times when DFS is able to effect positive change in a family.

The foster parent focus group elicited many positive remarks including “The workers go above and beyond” in assessing the needs of both the child and the foster family. Another foster family reported that the caseworker was “fantastic”.

The youth focus group results are enlightening. Of the youth in the focus group (5 in care, 1 out of care), most felt as though DFS did an adequate job of preventing children from coming back into care. One youth stated that he never heard of youth leaving foster care once they came in. Another youth noted that he felt DFS did a good job of preventing re-entry into foster care but this did not stop the abuse they received in the foster home. They felt as though DFS reduced the risk by removing the child from their home but then exposed the youth to additional mental and emotional abuse in the foster home. They felt that they were often exposed to inappropriate adult conversations regarding their parents or families or were talked about as if they were not there, resulting in feelings of isolation and separation. The youth also felt that when they were placed in foster care they were forced to hold their feelings inside and that they could not discuss their feelings or concerns of safety.

Participants in the review bodies focus group generally felt that DFS did a good job of attempting to provide the necessary service but felt that the problems stemmed from the fact that there are not enough services. One of their concerns is improving intervention with multi-generational families with chronic, marginal risk. There is consensus among the group that caseload size has an impact on the worker’s ability to engage family’s and focus their efforts on reducing risk.

One stakeholder felt that DFS closes cases too quickly and the family continues to deal with the same issues that brought them to the attention of DFS to begin with.

Data Analysis

In SFY06, a total of 2,900 families and children received treatment services compared to 2,445 in FY05, an increase of 16%. In SFY04, 2,534 families and children received treatment services.

For the national standard “Absence of Maltreatment Recurrence”, the state’s performance exceeds the standard for FFY04-05. For the national standard “Absence of Child Abuse and/or Neglect in Foster Care”, Delaware exceeds the national standard for FFY04 -05.

Indicators of effectiveness in reducing risk are length of stay in foster care and number of removal episodes. The point in time number of removal episodes is an indicator of the agency’s effectiveness in preventing re-entry into foster care. For FFY05, 89.2% of children had less than 3 removal episodes. This is slightly better than FFY03 (87.3%) and FFY04 (87.5%). Children with 5 or more removal episodes have decreased from FFY03 (1.6%) to FFY05 (1.1%). Delaware exceeds the national standard for Permanency Composite 1: Timeliness and Permanency of Reunification by 5.9% for FFY05. Performance on Measure C1-3: Entry cohort reunification in <12 months exceeds the 75th percentile by 11.2% for FFY05 and 14.5% for FFY04. Measure C1-4: Re-entries to foster care in less than 12 months reports Delaware to miss the 25th percentile by 12.9% for FFY05 and 15.6% for FFY04.

Quality assurance case reviews for SFY06 indicate safety to be assessed continually. Responding to the question “Did safety continue to be assessed throughout the life of the case?”, reviewers found this to be true in 88% of the cases. Safety Plans and Safety Assessments are reviewed as part of the Division’s Quality Assurance Program. For SFY06, reviewers agreed with the worker’s assessment of safety 92% of the time for Investigation cases and 93% of the time in Treatment cases. QA case reviews for SFY06 find that 64% of cases are compliant with completing a safety assessment prior to returning children home. When asked “Was a safety review completed on the particular foster child being reviewed as well as the foster home they were in?”, QA case reviewers indicated that safety had been assessed 99% of the time.

In SFY04, 90% of the families receiving IHBS were successfully reunified and 85% of the families receiving HBFS were able to remain intact. In SFY05, 94% of the families receiving IHBS were successfully reunified and 80% of the families receiving HBFS were able to remain intact. In SFY06, 81% of the families receiving IHBS were successfully reunified and 81% of the families receiving HBFS were able to remain intact. In FFY05, DFS exited 498 of 675 children with a goal of reunification. Unfortunately, DFS is unable to separate families who were reunified as a result of receiving contracted services versus families that did not.

In SFY06, 60% of the families receiving parent aide services had their cases successfully closed by the contracted agency. Success is measured by a reduction of risk scores in the closing assessment, the cooperation of the family, their ability to demonstrate internalized change, and whether the family was successfully reunified or remained intact.

Individual Item Analysis and Conclusion

Item 3 – Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

Focus group responses are mixed for preventing removals and re-entries into foster care. Important themes are that chronic neglect and multi-generational cases are the most challenging, and that community resources for families are lacking. Case manager

workload is also a theme that has been identified impacting successful prevention and intervention. The disparity between the answers from the family and youth focus groups versus the focus groups with the review bodies, adoptive and foster parents, and the DFS workers can be explained by the fact that it is very rare for either families or children to want removal from the home to occur. In their opinion, there are very few circumstances which would warrant removal from the home, and most certainly, none of those circumstances would ever be present in their own situations. Conversely, the review bodies, foster and adoptive parents, and the DFS case workers are looking at the decision to remove children from the home from a very different perspective. DFS workers most certainly are aware of the legal burden that must be met before the Court awards custody of children to DFS. Similarly, the review bodies and the foster and adoptive parents are not aware of all of the circumstances surrounding the Division's decision to remove the child. DFS social workers were trying to convey that many families that DFS works with are multigenerational DFS families. It is difficult to undo generations of patterns of behavior in a relatively short period of time. In many instances, the families become "system-savvy" and know how far they can go before DFS will file for custody. However, when DFS does recognize that a family's situation has deteriorated to the point that placement may be necessary, DFS workers do have effective services at their disposal to prevent the need for placement. DFS has already taken steps to address the inconsistency between supervisors regarding the decision to place children. In late 2006, policy was developed covering custody decisions. The intention of this policy was to provide consistency between workers and supervisors when determining whether DFS should petition for custody and ultimately remove children from their homes. DFS is also chairing a multi-agency workgroup looking at how DFS can use history in their decision-making.

Children who enter care have a voice to be heard. Based on youth focus group information we will review our policy and practice to determine needed amendments to ensure children are heard. Many of the older youth who responded in the focus group are the ones who have relationships with caseworkers and are usually very vocal about their needs. With that in mind we will gather additional information from other teens and the Youth Advisory Council to develop a path forward.

Data suggests a positive picture of successful prevention and intervention services. DSCYF has developed a comprehensive service array and has programs and policies focused on helping families remain intact or to reunify. When families access prevention services there is strong evidence of successful intervention. Regarding the Data Profile, Delaware exceeds the national standard for timeliness and permanency of reunification; however, the relationship between early reunification and foster care re-entry is an area warranting further attention. Corrections resulting from the AFCARS Improvement Plan may reduce the re-entry rate by eliminating the erroneous count of initial entries. Examining county level data, Sussex County has a longer length of stay for the entry cohort and a lower re-entry rate for children exiting care. Further analysis of Sussex's practice may benefit other regions performance and improve the state's re-entry rate. Further analysis will include looking at the role Family Court has played in the various counties regarding the decision to reunify families. Additionally, the Division must

evaluate the factors social workers and supervisors consider before reunification occurs. Specifically, how do workers in Sussex County measure change and determine whether a family has made significant substantive changes before they reunify a family versus the same questions for social workers and supervisors in Kent and New Castle Counties. This item is considered a strength but improvements are needed in statewide consistency, case manager workload, and resources.

Item 4 – Risk assessment and safety management

Focus group responses to this item are mixed. Similar to Item 3’s discussion, there is disagreement on the effectiveness of preventing abuse and neglect and intervening with at risk families.

Data supports this area as a strength. Safety national standards have been exceeded for more than 6 years. Quality assurance data also indicates a strong positive performance. Treatment contractual performance data is also reporting success in working with families. The lower successful closure rate for parent aide services indicates this population is more challenging. The 60-80% success rate for home based services may lend a possible explanation for the focus group disagreement. There are cases that are not successfully closed, these cases take more time and work by front line case managers and subjectively, carry more weight when discussing effectiveness.

The Governor and the Department made child safety its number one priority by Executive Order. The Department has a wide range of prevention and intervention services. DFS has a thorough risk and safety assessment process. DFS workers are thoroughly trained to constantly assess the safety of the children in their caseload. This assessment occurs during every face-to-face contact with the child or caregiver. Workers recognize that the single most effective way to assess risk, regardless of where the child is residing, is by maintaining frequent face-to-face contact. Workers are required to see every child in foster care at least monthly. Regarding the statements made by youth that abuse occurs in foster homes, the focus group leader states the youth did not make specific allegations but will follow up with the youth’s case manager to interview the youth. If an allegation of abuse is disclosed, the Report Line will be notified to initiate an investigation. Foster parent training specifically addresses no physical discipline and safety assessments are done throughout the life of a case.

QA case reviews for SFY06 find that 64% of cases are compliant with completing a safety assessment prior to returning children home. The Division must make an effort to improve on the number of safety assessments workers are completing prior to reunification. To be clear, DFS workers do an excellent job of assessing the safety of children during every face to face contact. However, a “formal” Safety Assessment form must only be completed:

- At the time of the initial face to face contact with the identified victim and household caregivers. All children **MUST** be seen in order to complete a Safety Assessment
- Within seven (7) days prior to returning home
- Within thirty (30) days prior to case closure
- Whenever circumstances suggest the child’s safety may be jeopardized

Supervisors and workers must be held accountable to ensure that Safety Assessments are completed at all of the designated points listed above. As refresher trainings are offered, supervisors as well as workers are expected to participate. In addition, all supervisors are expected to complete training designed specifically to enhance their ability to effectively supervise their staff.

During Round 1 of the CFSR, a concern was noted that DFS workers were prematurely closing cases before risk was assessed. This issue seemed to stem from workers closing cases in which clients were uncooperative. As a result of that finding, DFS developed a new protocol for addressing cases in which the client is uncooperative. In addition, DFS modified their case closure guidelines so that cases are not closed prematurely. The concern identified in Item 4 (only 64% of cases are compliant with completing a safety assessment prior to returning children home) is a completely separate issue.

Overall, this area is a strength. Challenges remain with statewide consistency, case manager workload and resources.

PERMANENCY

PERMANENCY OUTCOME 1 – CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

Policy

Whenever DFS places children in foster care, it is always with the intention that services will be provided to reduce risk and successfully reunify families permanently. To facilitate that process, accurate assessments and effective services are critical. Unfortunately, there are instances when reunification is not possible. In those instances, DFS must establish another permanency goal for the child.

As previously mentioned, DFS starts a thorough assessment process that begins as soon as the family's case is open for investigation. That assessment process is continuous throughout the life of the case. Based on the results of the assessments, the DFS worker selects the most appropriate services for the family. By connecting the family with the most appropriate services possible, and by providing on-going case management, it is expected that the issues which resulted in the children being removed from the home will be rectified, thereby allowing the children to be successfully and permanently reunified.

Concurrent planning begins from the time of placement into foster care until permanency has been sanctioned by the court. Concurrent planning occurs in all stages of service provision to families active in child protective services. For intact families, concurrent planning includes the provision of rehabilitative services while exploring family resources for safety and support or for possible placement if that should become necessary.

Once placement occurs, concurrent planning is used to explore other permanency options for children if they cannot return home. The social worker must make diligent efforts to plan with both parents of the child. The social worker is also required to diligently explore the possibility of placement with family or kin members.

All cases with children in care are scheduled for a case review before the Permanency Planning Committee after they have been in care for 9 months. The purpose of this review is to assess the progress the family is making towards reunification, to ensure that all viable relatives have been explored, and to review the Division's plan for a permanent placement if reunification is unlikely. When the Permanency Planning Committee has approved the decision to terminate parental rights, the child's caseworker shall identify, recruit, process and approve a qualified family for adoption or another permanent plan.

The Division has instituted policy which requires all workers to complete an "Early Screening Tool" for all children birth through 12 that enter foster care within one month of placement. The intent of the Early Screening Tool is to serve as a prognostic indicator of how successful reunification efforts are likely to be. If the social worker identifies items on the tool that indicate reunification is unlikely, the case is immediately referred to the Permanency Planning Committee for review. In those instances, termination of parental rights is pursued expeditiously after consultation with the Deputy Attorney General and in accordance with ASFA deadlines.

Permanency options that exist for children are as follows and are listed in order of preference:

- Reunification with parents
- Custody and guardianship with a relative/kin caretaker
- TPR and Adoption
- Permanent Guardianship
- Guardianship with an approved non-relative caretaker
- Alternative Planned Permanent Living Arrangement with Agreement
- Alternative Planned Permanent Living Arrangement

When children enter foster care, their needs are formally assessed and assigned a level of care rating that aids in matching the appropriate placement setting. Least restrictive settings are a priority. Family foster homes, shelters, group homes and child specific contracted placements are available settings. When children needs warrant a higher level of service, steps are taken to appropriately place the child in a service that will best meet their needs. Collaborative efforts by all divisions make all the Department's placement resources available for the child.

Children age 14 and older who are in the custody of DFS and in placement are eligible for Independent Living services. This includes youth in non-foster home relative placements as well. In the State of Delaware, contracted Independent Living (IL) services are individually designed through a referral, assessment and Plan for Independence for youth 16 or older and in care. Services can include mentoring, educational planning and employment assistance. Providing independent services is

viewed as a partnership between providers, youth, foster parents, and any other adult that has a positive influence on the youth referred.

The Child Placement Review Board (CPRB) fulfills part of the requirements established under Public Law 96-272. The CPRB, an external citizen's review system, was created by legislation for the purpose of reviewing cases for children in foster care. The Division of Family Services is required by law to participate. At the conclusion of the Review, the CPRB makes a recommendation as to what the permanent plan should be for the child. Often the Board agrees with the direction of DFS; however, there have been instances in which the Board disagrees. The Child Placement Review Board reviews the cases of children in foster care at the 10th month of placement, the 18th month of placement, and the 30th month of placement. Following the conclusion of a Review, the CPRB sends their recommendations to DFS. After DFS reviews the CPRB recommendations, notice is sent back to them indicating whether we agree or disagree. If we disagree with the recommendations, the case is presented to the CPRB Executive Committee. DFS is notified of all cases that are presented to the Executive Committee. The process usually ends there.

In addition to the oversight provided by the Child Placement Review Board, children in foster care are represented by either a Court-Appointed Special Advocate (CASA) or a Guardian Ad Litem (GAL). In either case, the CASA or GAL is aware of the progress the family is making. DFS is required to notify the CASA or GAL prior to making any permanency decision for the child. These advocates provide additional oversight prior to reunification or goal change. A GAL must be a lawyer appointed under the Office of the Child Advocate statute, 13 Del. C., section 701(c). When determining whether a child will be appointed a CASA or GAL, the judge should assign the most complex and serious cases to the Office of the Child Advocate. Other than that, CASA and OCA work together to determine who has a particular resource to represent a child. GALs and CASAs are informed of the family's progress by independently investigating the situation as well as having regular contact with the DFS worker(s) assigned to the child's case. Independent investigations include the requesting of records from providers and the interviewing of persons involved in the family's life. [29 Del. C. section 9007A(c)(3)]. CASAs are lay people with 40 hours of training who are supervised and attend court with an attorney.

Additionally, all placement cases are also frequently reviewed by Family Court. At every hearing the Court is advised of the progress the family is making towards reunification.

Department Policy #209, Department Services Coordination, was implemented in October 2003. This policy placed the responsibility for dependent children in the Department with the Office of Children's Services. This has increased the number of older foster youth with special needs. These youth are more likely to have limited permanency options. Policy #209 has provisions for convening the Placement Resource Team with state office representatives from CMH, YRS and DFS; this team is charged with locating placements for youth with special needs. When regional staff cannot identify a placement through our normal placement procedure, including referrals to contract providers, a staffing is convened to recommend an appropriate placement utilizing the

entire Departments' resources. These meetings occur about once every other month. It has been very beneficial in stabilizing current placements by having mental health assessments completed or using short term inpatient mental health placements.

Procedures

As the worker and the family develop the Family Service Plan, it is always done with the intention of providing the necessary supports and services to permanently resolve the areas of concern or risk that a family experiences. Workers complete individual and family assessments and then with the family, select the most appropriate services to assist the family in eliminating or reducing risk and ultimately, to work towards permanent reunification. The Family Service Plan is developed immediately after the Family Assessment Form is completed or within 8 weeks. For foster children, the Plan for Child in Care III is completed within 30 days of placement. Family and Child Plans are presented at Adjudicatory Hearings in Family Court. Family Service Plans are reviewed every 3 months. The Plan for Child in Care is reviewed every 6 months or every 3 months for contracted foster care providers.

In order to ensure that children return safely to their own homes, case managers are required to complete a safety assessment of the family's home 7 days prior to reunification. This process requires workers to re-assess the issues that originally resulted in placement.

Children under the age of 12 who enter foster care placement are reviewed by the permanency supervisor and regional administration. The information is recorded on the Early Screening tool. This tool is for children who can be fast tracked to permanency and should be referred to the Permanency Planning Committee (PPC) for further discussion and case direction. This item was part of the 2001 Program Improvement Plan. This process contributes to finalized adoptions in less than 12 months. Since the development of the Early Screening Tool, the Division has identified about 12 children per year who can be fast tracked for permanency. This process is being used statewide. One of the issues that needs to be addressed by the worker involves the absent or unknown father which may delay the process or this number would be greater. The 3 children who were adopted within the 12 months were not as a result of the Early Screening tool. In these cases, the parents signed a voluntary to TPR, they were young children and the children were placed in a legal risk foster home that was interested in adoption if the goal for the children was changed to adoption.

If children are in foster care for nine consecutive months, caseworkers must present the case to the PPC for review. The permanency committee consists of the Regional Administrator, Assistant Regional Administrator, Permanency Supervisor, Foster Care Supervisor, Adoption Program Manager or designee, Permanency Coordinator, representatives from Child Mental Health and Youth Rehabilitative Services, the CASA or GAL and a Deputy Attorney General. The purpose of the PPC is to review the case, assess family progress towards reunification, and to recommend a goal for the child. If the family is making progress towards reunification, the PPC may recommend that efforts towards reunification continue. However, if the family is making little to no progress towards reunification, the Committee may recommend a goal change to:

- TPR and adoption
- Custody and guardianship with a relative
- Guardianship with an approved non-relative caretaker
- Alternative permanent planned living arrangement with agreement
- Alternative permanent planned living arrangement

The permanency option recommended by the PPC becomes the Division's recommended goal for the child and must be presented to Family Court at the next scheduled permanency hearing. All subsequent recommendations by the worker for a goal change will be presented and approved by the PPC. When the Division recommends the goal of reunification and this goal is approved by the court, the Division monitors these cases. These cases will be tracked by the permanency coordinator and the cases are returned to the permanency committee at the 3 month and 6 month mark if the child has not been returned to the parent as planned. If there are current issues or services where the parents have not followed up on or there has been no progress in the case plan, the Division may again recommend a change in goal for the worker to present at the next court hearing.

Youth in staff secure, level 4 YRS programs have a Plan for Child in Care which is written within 6 weeks of entering placement and reviewed every 3 months with the youth, family and service providers. Permanency goals are determined and reviewed in this process. Youth are reviewed by a local Permanency Planning Committee at month ten of their placement. Permanency goal options are reunification, relative placement or APPLA. Most of these youth are sex offenders that require extended treatment. YRS have FACTS events for the Plan for Child in Care, Permanency Planning Committee results, Child Placement Review Board results and Permanency Hearing findings. Petitions for these youth are initiated by YRS and forwarded to the appropriate Deputy Attorney General for processing and scheduling of a Permanency Hearing. Upon completion of treatment, a determination that returning home is too risky, and there are no relatives available for placement, a referral is sent to DFS per Department Policy #209. Case planning, permanency reviews and family court reviews are then continued through DFS policy and practice.

Monthly averages of 146 youth are in YRS level 4 placements either in-state or out of state for CY2006. This population would be subject to Plans for Child in Care, Permanency Planning Committees and Permanency Hearings depending on time in placement.

The Department's FACTS system does not allow for multiple permanency goal choices thus, automated tracking of concurrent permanency goals is not available. Efforts to pursue concurrent plans are located in case progress notes, supervisory notes and planning document texts.

Since January 2004, Delaware has used the dual application for foster and adoptive parents. They receive the same training from the Pride training model. For current foster families within DFS who want to adopt, the workers will provide the additional 12 hours of adoption preparation

training to each foster parent. This process has decreased the waiting time so children exit foster care to adoption timely. For children in the DFS foster care resources, agency staff completes the home study, provide the additional adoption related training, criminal records checks and other requirements for adoption. In Delaware, about 60% of adoptions are by foster parents. There is no data available as to how many or what percent of the adoptions are by Division foster parents.

For families who only want to adopt, they are referred to one of the licensed private adoption agencies in Delaware for a home study and to work with the family to address issues that arise before, during and after adoption finalization. Whenever the opportunity arises, workers recruit for both foster and adoptive families. There are 240 adoption cases as of November 2006. Of that number, Delaware is recruiting for adoptive families for 112 children. The remaining 128 children are in an identified resource.

The 2001 Governor's Foster Care Task Force recommended improvements in the foster care system. Additional foster care coordinator, supervisor and volunteer coordinator positions were approved and filled. A new leveling and payment system for DFS foster parents was implemented. A child's level of care is matched with a provider's level of care which is based on experience and training. Local foster parent clusters were implemented statewide to provide grass root support. The Division of Child Mental Health began a contracted mental health screening for all children entering care ages 4-17 in February 2006. Children receive a screening and are connected to a mental health service provider within 30 days.

Programs

The Court Improvement Program is a grant program established in 1994 by the federal government in response to the dramatic increase in child abuse and neglect cases, and the expanded role of the Court in achieving safe, permanent homes for children in care.

Highlights of our progress since engaging in CIP include but are not limited to:

- Every DFS case assigned to a judge.
- One judge hears all stages or proceedings for a case.
- Hearings and reviews are held in a sequence consistent with resource Guidelines to facilitate quicker movement to reunification or permanency.
- Findings are more consistent with ASFA requirements.
- Case plans are more meaningful.
- More children and parents have representation.
- CASA services meet national standards.
- Procedure and documents were revised and clarified.
- Orders consistently include key information and decisions.
- Collaboration is occurring at the County level amongst partners in the child welfare system.
- The Court is collaborating in the Child and Family Services Review with the Delaware Children's Department and
- More timely permanency has been achieved for children. Half of the dependency and neglect cases closed within eight months compared to eleven months before the Court Improvement

In support of these efforts, the CIP has been a vehicle for the Court to:

- Add case managers
- Participate in and offer education and conferences;
- Expand video conferencing resources; and
- Dedicate a CIP coordinator to support our efforts.

CIP has identified areas to improve, including but not limited to:

- Timeliness of hearings (scheduling and continuances are drivers);
- Consistent procedure for referrals to DFS;
- Data collection;
- Greater participation in CFSR; and
- More communication and collaboration which are necessary for the success of children.

Next steps include:

- Establishing monthly statewide judges meetings with agendas, minutes to consider barriers and implement solutions as well as enhance communication and idea exchange.
- Enhance the existing local and statewide stakeholders meetings to consider barriers and implement solutions as well as enhance the communication and idea exchange.
- Entering into an MOU with the agency, which outlines ongoing and meaningful collaboration between the Court and the agency (already underway) to enhance the safety, permanency and well being of abused and neglected children.
- Revise strategic plan to reflect input from activities listed here, and apply for additional grants as necessary to support strategic plan (June) for enhancing the safety, permanency and well being of abused and neglected children.

DFS currently has several contracts that provide in-home parenting support services to the family. These are the same services previously identified in the Program section of Safety Outcome 1. These services are designed to either prevent children from coming into care or to help reunify them once removed from the home.

Foster parents are provided with free purchase of care (POC) for children who enter their home who can benefit from daycare. Respite care is available. Foster parents have access to home based behavioral consultants who develop behavior management plans when challenges arise. Respite and behavioral consultants are also available to relative caretakers provided the children are in the custody of DFS. Child Mental Health has provided training to foster parents for several years on psychotropic medication and behavioral disorders.

In 2004, a partnership with Victory Church outreach ministry designated a closet in their facility called "Abraham's Attic" that offers new clothing to children and teens entering foster care. They have also allowed us to use their facility to provide pre-service trainings. Beginning in 2003, the International Quota Club Delaware Chapter has

provided children who enter care a personal care bag filled with personal need items and a stuffed animal.

In a collaborative effort with Delaware's Office of Child Advocate we developed a document titled "Our Commitment to Children in Foster Care"; this document outlines eight commitments to children in foster care.

Purchased foster care services were bid in 2005 resulting in increased capacity for a total of 225 slots for challenging children and youth. As of August 2006, 338 children were placed in family foster, group, or shelter care, with an additional 82 children in child specific special placements. Special placements are child specific contracts to serve challenging youth whose needs cannot be met within our publicly bid foster care contracts. DFS maintains final decision making authority for children placed in contracted services although the contractor performs primary case management activities.

Children with a goal of adoption who are legally free are listed on the AdoptUSKids and the National Adoption Center websites. The use of the internet has expanded the resources for waiting children. Delaware has placed children with adoptive families in 31 different states. Each year, about 17% of adoptions are by families in other states.

For youth with a goal of APPLA, all youth 14 years of age and older are provided with Independent Living (IL) services. From 14 to 15 years of age, IL services are provided by the caseworker and the foster placement. For youth 16 and older, IL services are coordinated and provided by community-based contractors.

Focus Group Results

Caseworkers and supervisors generally felt that DFS was effective in preventing multiple entries of children into foster care. They felt that the use of transitional reunification plans and increased visitation improved the family's chances of successfully reunifying. A transitional reunification plan is one in which the amount of time a child spends with the parent gradually increases from day visits to one overnight, then two overnights, then a weekend visit, etc. As the amount of visitation increases, the amount of support offered to the family through contracted services also increases. Additionally, if the family has multiple children in foster care, a transitional reunification plan does not necessarily mean that all of the children are reunified at the same time. Rather, children may be reunified in a staggered manner to allow the parent(s) and children time to adjust. Although there has not been a formal evaluation for transitional reunification, workers anecdotally report that this practice seems to be more effective. DFS workers stated that we are not very good about locating permanent placements for older children. Although we may be good about changing the goal in a timely manner, we are not good about locating lasting, permanent families for children.

Families provided some interesting feedback. Two families mentioned that their children have been in placement with DFS prior to this current episode. One parent was concerned that he will be forced to have his child back in his home even though he does not feel that he is ready for that to happen.

The review bodies' focus group felt that DFS did a good job of preventing multiple entries into foster care when working with issues of physical abuse. However, they felt that re-placement was more likely to occur when neglect was the issue because that is harder to address. In their opinion, the biggest issues leading to re-placement are substance abuse and housing. This group also agreed with caseworkers that DFS does not provide permanent placements for older youth. They felt that the system as a whole does not serve older children well.

Foster parents in general felt that DFS was too quick to reunify families, sometimes disregarding the concerns of the child. They also felt that DFS could improve upon their efforts to locate relatives as placement resources.

Youth felt DFS did enough to prevent multiple entries into foster care. These same youth also reported that they were not sure what their permanency plan was. All of the youth, except two, felt that their families were not involved in the development of their plan.

Case managers/supervisors, review bodies, adoptive families, stakeholders and policy managers/administrators all agree permanency goals are established timely when children enter foster care. Many participants from various groups commented that barriers exist to achieving permanency goals, court hearing delays were noted by several. Concurrent planning, frequent court reviews and the early screening protocol were seen as improvements to achieving permanency goals. Youth were asked if their permanency goal was discussed with their case manager and if they understood the goal. The majority of youth did not know their goal; 35% knew their permanency goal. Of that 35%, only one youth thought their plan was not appropriate.

The Policy and Administration stakeholders group felt that DFS does a good job of permanently reunifying families. They believed that CASA's and GAL's have been effective in preventing re-entry into foster care. One participant stated that "permanency isn't a place – it's a person."

Stakeholders felt that DFS does not pursue relative resources often enough and we do not pursue informal resources. They also felt that we are not serving older youth well. Their concern was that DFS is not doing enough to prepare youth to become successfully independent.

Regarding placement stability, families, stakeholders, and review bodies thought the agency did a good job keeping children stable. Early intervention with support services will strengthen stability. Case managers identified stability as a problem. Youth see stability connected to their own emotional stability and view the relationship and commitment of foster parents and case managers as important. Positive efforts to keep siblings together and children in geographic proximity of removal were noted by most groups; however, limited placement resources are a barrier. Some thought there are times when siblings have to be separated or children needed to be removed from their community in their best interest. Some highlighted the challenges teens present with

placement resources. Stakeholders, youth and case managers suggest foster parent training can be strengthened. Youth noted that frequent contact with their case manager is important to stability.

Focus group participants agree there has been significant improvement in getting children adopted in a timely manner. Foster parents complimented case manager efforts to place children in adoptive homes. Court scheduling delays or lengthy litigation was identified by case managers, adoptive parents, policy managers and administrators, and review bodies. Child mental health resources are lacking according to review bodies, policy managers and administrators, stakeholders and youth. Recruitment and foster parent training can be improved according to stakeholders and youth. Stakeholders stated that additional support for adoptive families will help to reduce disruptions. Some youth do not want to be adopted. Several groups commented that younger children are adopted faster than older youth.

Focus group responses regarding other planned permanent living arrangements generally centered on independent living services for older youth. Practically all agree this area needs improvement. Review bodies and stakeholders see this as the state's problem, not DFS's. Youth without permanent homes age out of care, returning to their dysfunctional families and the cycle continues. Current independent living services are effective but are limited in scope and budget. Youth aging out of care need better choices for medical care, mental health, and housing and support services. Review body participants believe APPLA is chosen too soon and attempts to locate permanent placements are minimal. Youth were asked about their involvement in developing their permanent plan and most were unaware of their initial plan within 30 days of entering care. Youth also commented that when plans change from reunification it is because case plan goals are not met, case managers determine it is not in the youth's best interest to return home or the youth chooses a different plan. Most youth agreed that their families did not participate in permanency planning meetings.

Data Analysis

The Point-In-Time Permanency Profile report for FFY05 reports reunification (36.1%), adoption (23.2%) and APPLA (25.1%) as the most frequent permanency goal choices. The FFY05 Entry Cohort data indicates reunification (53.3%) to be the most frequent choice. Entry Cohort data for the goal of adoption indicates a rise from FFY03 (4.2%) to FFY05 (10.4%).

The Point-In-Time Permanency Profile: Number of placement settings in current episode, reports 80.3% of foster children had fewer than 3 settings for FFY05, 78.9% for FFY04 and 76.7% for FFY03. Children experiencing 5 or more settings are 9.5% for FFY05, 10.3% for FFY04 and 10.6% for FFY03.

Permanency Composite 1: Timeliness and Permanency of Reunification reports Delaware to exceed the national standard for FFY05 by 5.9%. For Measure C1-1: Exits to reunification in less than 12 months, Delaware exceeds the 75th percentile by 13.3% for FFY05 and 12.4% for FFY04. For Measure C1-2: Exits to reunification, median

stay; the state exceeds the 25th percentile by 2.4% for FFY05 and 2.5% for FFY04. For Measure C1-3: Entry cohort reunification in <12 months, the state exceeds the 75th percentile by 11.2% for FFY05 and 14.5% for FFY04. For Measure C1-4: Re-entries to foster care in less than 12 months, the state misses the 25th percentile by 12.9% for FFY05 and 15.6% for FFY04.

Permanency Composite 2: Timeliness of Adoptions reports Delaware to miss the national standard by 5.7%. For Measure C2-1: Exits to adoption in less than 24 months, the state exceeds the 75th percentile by 6.1% for FFY05 but misses the 75th percentile by 9.2% for FFY04. In examining the county level detail for C2-1, there is a steady performance in New Castle County although below the national 75th percentile. Sussex County shows a 70% increase from FFY04 to FFY05 credited to stability of permanency staff. FFY04 was a year of high vacancy for Sussex. Kent County shows a decrease from FFY04 to FFY05 for C2-1 of 23%. There was permanency staff turnover that impacted performance. Higher caseloads also impacted timely permanency for children with adoption goals. A change in Deputy Attorney General for Kent County may have also delayed finalized adoptions. For Measure C2-2: Exits to adoption, median length of stay, the state misses the 25th percentile by .6% for FFY05 and exceeds by 5.2% for FFY04. County level analysis for C2-2 reveals that Kent County's performance fell from FFY04 to FFY05, appears consistent with the same reasons for C2-1's performance – staff turnover and rising caseloads. For Sussex County, the improvement in performance is related to staff stability. New Castle County's performance for C2-2 improved from FFY04 to FFY05. Further analysis of practice in New Castle County is needed to understand the improvements in median lengths of stay. For Measure C2-3: Children in care 17+months, adopted by the end of the year, the state exceeds the 75th percentile by 2.5% for FFY05 but misses the 75th percentile by 1.2% for FFY04. This measure's performance supports the theory that children that stay in foster care longer have less success at being adopted. Kent County was the only jurisdiction to improve performance. Improving performance is related to recruiting resources for challenging youth. For Measure C2-4: Children in care 17+ months achieving legal freedom with 6 months, the state misses the 75th percentile by 1.2% for FFY05 and exceeds the 75th percentile by .1% for FFY04. Performance is essentially stable for this measure and hovers at the 75th percentile. Kent's performance increased by 6% from FFY04 to FFY05; however New Castle's performance dropped 7%. Sussex's performance improved by 2%. This good performance is the result of consistent permanency reviews by local Permanency Planning Committees and Family Court resulting in timely termination of parental rights hearings for children with longer lengths of stay. For Measure C2-5: Legally free children adopted in less than 12 months, the state misses the 75th percentile by 14.8% for FFY05 and 7.9% for FFY04. Children in this category are most likely exiting to their established foster home. Delaware does not wait for permanent resources to be identified prior to seeking termination of parental rights. Delaware is aware of the shortage of resources for challenging and minority children and has an active marketing and recruitment team in place. The county detail analysis reveals only New Castle County to be below the 75th percentile for FFY04 and barely misses the mark for FFY05. Sussex is the only county to be above the 75th percentile for both federal years. While the state's performance is impacted by lacking resources, minority

children and children's challenging behaviors, further analysis of the characteristics of each county's legally free population and the percentage of foster home adoptions will be helpful in targeting recruitment efforts.

Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time reports a state score that exceeds the national standard by 14.9% for FFY05 and 16.5% for FFY04. For Measure C3-1: Exits to permanency prior to 18th birthday for children in care for 24+ months, Delaware misses the 75th percentile by 3.7% for FFY05 and 5.9% for FFY04. For Measure C3-2: Exits to permanency for children with TPR, Delaware misses the 75th percentile by 2.9% for FFY05 but exceeds the 75th percentile by .8% for FFY04. For Measure C3-3: Children emancipated who were in foster care for 3 years or more, the state exceeds the 25th percentile by 14.6% for FFY05 and 15.5% for FFY04.

Permanency Composite 4: Placement Stability reports a state score that exceeds the national standard by 20% for FFY05 and 17.5% for FFY04. For Measure C4-1: Two or fewer placement settings for children in care for less than 12 months, Delaware exceeds the 75th percentile by 10.3% for FFY05 and 11.1% for FFY04. For Measure C4-2: Two or fewer placement setting for children in care for 12 to 24 months, the state exceeds the 75th percentile by 17.2% for FFY05 and 16.6% for FFY04. For Measure C4-3: Two or fewer placement settings for children in care for 24+ months, the state exceeds the 75th percentile by 11% for FFY05 and 4.6% for FFY04.

According to the FFY03-04-05 Foster Care Population Flow Data Element "Children in care on the last day of the year", there has been an increase of 128 children or a 15% increase between FFY03 and FFY05.

An indicator of seeking other permanency options for foster children, a November 1, 2006 point-in-time internal report on foster care placements states DFS had 886 children in placement. Of those 886 youth, 13% (111) were placed in relative or non-relative homes. Thirty-six youth (4%) were placed with non-relatives while 75 (8%) youth were placed with relatives.

Three out of 74 children during SFY06 were adopted in less than 12 months. Delaware does not have a tracking mechanism for disrupted or dissolved adoptions.

From the SFY06 QA reviews, reviewers found that 100% of the children reviewed had a permanency goal and 84 (38.5%) of 218 had a goal of "planned permanent living arrangement." Reviewers believed that 94% of the established goals were appropriate to the child. Reviewers also felt that DFS was making reasonable efforts to achieve those goals in 98% of the cases.

The Family Court conducted a two-year assessment of its practices, outcomes, and relevant external relationships from 1995 to 1997. From 1998 to 1999, a multidisciplinary Steering Committee guided six work groups through the development of plans for implementing the recommendations. Court Improvement Project (CIP)

recommendations were implemented in August 1998 in Sussex County, in October 2000 in New Castle County, and in January 2001 in Kent County. A reassessment of Family Court’s handling of child welfare cases was conducted from 2004 through 2005. Data was collected from file reviews of dependency neglect cases, file reviews of termination of parent rights cases, and court observations, focusing on key issues and recommendations that were identified in the original report as being important to achieving timely permanency. The results were compared to baseline statistics developed in the original assessment as well as federal standards.

The reassessment determined that more timely permanency has been achieved for children. Half of the dependency neglect cases closed within eight months in the reassessment compared to eleven months in the original assessment. There may be a trend emerging in which children in TPR cases are reaching more timely permanency as seen in Figure 1.

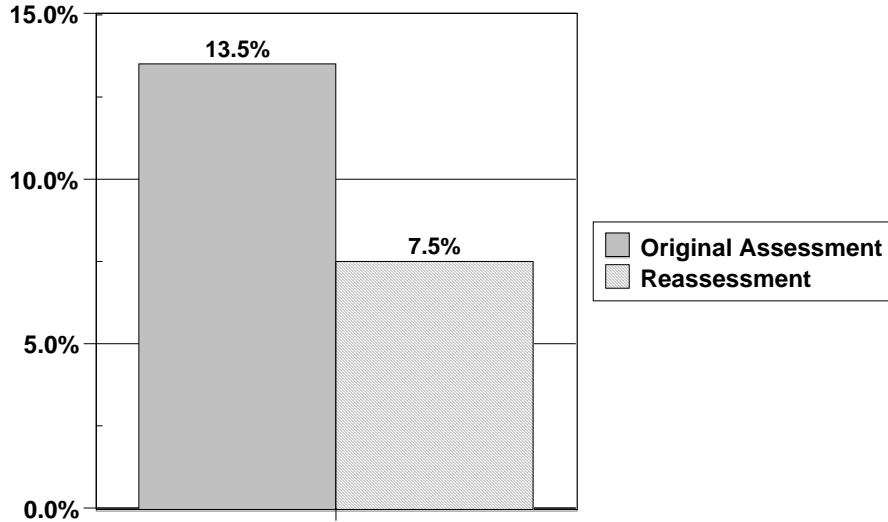
Figure 1.

	TPR cases with D/N petitions filed in 2001 or before	TPR cases with D/N petitions filed in 2002 or 2003
Days from TPR petition to decision	258.7	178.1
Mean days from Dependency Neglect petition to granting of adoption (where adoption is goal)	1034.0	746.0

One concern raised during the original assessment was whether the emphasis on timely permanency would result in cases being closed too quickly so that DFS would have to file a new petition to protect the children. Such a result would save no time and involve more disruption to the children. This concern has not been realized following the implementation of the Court Improvement Project recommendations. As shown in Figure 2, dependency neglect cases are less likely to be re-opened.

Figure 2.

Percentage of Closed Dependency Neglect Cases Reopened with a New Petition Within One Year



The Office of the Child Advocate (OCA) administers training and management of the state’s Guardian Ad Litem (GAL) Program. Family Court Administration manages the Court Appointed Special Advocate (CASA) Program. Together, these programs represent 91% or 966 of 1062 youth in custody as of October 31, 2006, according to the OCA. These parties are strong advocates for placement stability and achievement of permanency goals. There are simply not enough GALs or CASAs to represent all of the children. The OCA and CASA programs have produced a joint database to track each child in DFS legal custody. The database shows a disparity in the downstate counties. In terms of OCA, there are simply not as many lawyers downstate rendering the volunteer pool even smaller. OCA provided documentation showing the need for three more full-time Deputy Child Advocates, one in each county. The judiciary, in which OCA is financially housed, has included one Deputy for Sussex County in its budgetary request to the Governor. It is hopeful that this position will be approved; however, one position will not result in legal representation for all children statewide. Currently, 28% of children in Sussex county are unrepresented. There has not been an evaluation of the GAL program to determine the effectiveness of outcome achievement such as reunification, placement stability, well-being or permanency achievement.

Another strong advocacy organization is the Child Placement Review Board. According to the Child Placement Review Board’s (CPRB) annual report, in SFY06, DFS had 1,469 unduplicated children in foster care. Of those children, the Board reviewed 715 children. Three hundred twenty-four children exited foster care before they were eligible for a review and 430 had not been in care long enough for a review. Slightly more than half the children in foster care (53%) were placed in foster care homes, 14% were in a de facto placement, and 9% were in specialized foster care. When looking at the permanency goals for children reviewed by the CPRB, 37% had a goal of APPLA, 33%

had a goal of reunification, 25% had a goal of adoption, 3% had a goal of guardianship, and 2% had a goal of relative custody. Comparing the percentage of children with a goal of reunification over the past three years, it is apparent that DFS has begun to emphasize reunification more. While 33% had a goal of reunification in SFY06, 28% had a goal of reunification in SFY05, and 24% had a goal of reunification in SFY04.

During SFY06, the CPRB reviewed 64 cases of adjudicated youth in alternative placements or out-of-home care; detention or incarceration facility settings are not reviewed. Placements for these youth focus on the problems that brought them into the judicial process in the first place, and 90% of them are remanded to treatment for sex offenses or behavior management.

DFS has a large amount of data available regarding youth receiving independent living services and the effectiveness of the programs. In SFY06, 260 youth received Independent Living Services. Demographic data for those youth is as follows:

- 116 of the youth served resided in New Castle County, 72 in Kent County, and 72 in Sussex County. Of the 260 youth served, 110 were male and 150 were female.
- 17 year olds accounted for approximately 43.7% of the age group being served by Independent Living services. 45.3% of the youth were 16 years of age; 1.2% were younger than 16 years of age; 8.7% were 18 years old; 1.9% of the youth were 19 years old; one youth was 20
- 152 youth served were Black/African American; 101 were White; 7 were listed as Other
- Approximately 249 of the youth were reported as Not Hispanic/Latino; 11 youth were reported as Hispanic/Latino

Information on the current living status of youth who were active with the Independent Living program on June 30, 2006 was available for 160 of the participants.

- 56.3% of the youth were residing in a foster home
- Group homes accounted for 13.75% of youth living arrangements
- 7.5% of the youth resided with relatives
- 5% resided with non-relatives

Information on the educational status of youth receiving Independent Living Services is as follows:

- 100% (112) of the youth were reported as attending a High School or GED program.
- 11.6% (13) of the youth were reported as having obtained their high school diploma.
- 1.8% (2) of the youth were reported as having participated in an internship or on the job training.
- 5.4% (6) of the youth have assessed post-secondary opportunities.
- 33.9% (38) of the youth were employed either part-time or full-time.
- 28.6% (32) of the youth were reported as being employed part-time; 6 youth were full-time.

Outcomes for 74 young adults (out of care) active and receiving services on June 30, 2006:

- 77.0% (57) of the young adults were employed either part-time or full-time.
- 43.2% (32) of the young adults were reported as having part-time employment.
- 33.7% (25) of the young adults were reported as having full-time employment.
- 8.1% (6) of the young adults had the financial support of Social Security
- 4.1% (3) had financial support from scholarships
- 13.5% (10) had financial support from TANF
- 35.1% (26) were also reported as having some other type of financial resources other than employment.

Looking at the educational/vocational data for young adults:

- 16.2% (12) of the young adults were reported as having a high school diploma/GED.
- 60.8% (45) of the young adults were reported as enrolled in high school, GED classes, vocational training or college.
- 45 young adults had received Room/Board Assistance.
- 27 young adults had received Educational Training Vouchers (ETVs).

Known outcomes for the 176 eligible young adults as of June 30, 2006:

- 62.5% (110) of the young adults were reported as having at least one adult in their lives for emotional support.
- 3.4% (6) of the young adults were referred for alcohol or drug abuse assessment or counseling in the past year.
- 6.3% (11) of the young adults were reported as having some type of incarceration in the past year.
- 75.6% (133) of the young adults were reported as having medical insurance.
- 75.6% (133) young adults have medical insurance with mental health benefits.
- 75.6% (133) young adults have medical insurance with prescription drug benefits.

An independent living survey was conducted during the spring of 2006 as part of a DFS strategic plan for IL services. In general, youth rated their preparedness for independent living higher than adults. These themes were identified as major concerns by both youth and adults: housing, education, employment and having a caring adult in a youth's life. The current resources provide strong support but the demand exceeds the supply.

DFS currently tracks the effectiveness of Independent Living services in four distinct domains: Housing, Employment, Education and Community Connections. Data for all four of the domains are listed above. Unfortunately, as youth exit out of the system, it is often difficult to track their long-term progress.

Individual Item Analysis and Conclusion

Item 5: Foster care re-entries

Focus group responses from professionals indicate generally good performance in preventing re-entries. Youth and family responses were mixed.

A point in time service was conducted in July 2006 to determine the prevalence of substance abuse issues for families receiving DFS treatment services. Of all of the families open for treatment on that date, 51% had an identified substance abuse problem. DFS has a strong substance abuse policy that runs across risk assessment, planning, support services and permanency decision making.

The data profile for FFY05 indicates a high 22.2% re-entry rate. AFCARS Improvement Plan activities will likely reduce this measure. Sussex County's data indicates better performance than the statewide score. The conflicting data and focus group responses for this item warrant further study. Further analysis will include looking at the role Family Court has played in the various counties regarding the decision to reunify families. Additionally, the Division must evaluate the factors social workers and supervisors consider before reunification occurs. Specifically, how workers in Sussex County measure change and determine whether a family has made significant substantive changes before they reunify a family versus the same questions for social workers and supervisors in Kent and New Castle Counties. The Treatment Program Manager will initiate the analysis by July 2007.

Item 6: Stability of foster care placements:

Delaware has worked to improve the stability of children in foster care. With strong support from community partners, advocates and state administration, significant improvements to the foster care system have been accomplished. Focus group responses indicate strong policy and effort by case managers to maintain children in least restrictive and stable placements but with limited placement resources, children experience frequent replacements. DFS case managers believe the agency could improve in this area by adding more foster homes, increasing training skills, and adding supports for foster parents. Families had mixed responses.

The perception that instability is dominant is not supported by data measures and indicators. Permanency Composite 4: Placement Stability has Delaware exceeding the national standard by 20%.

The Point-In-Time Permanency Profile reports 80.3% of children with fewer than 3 settings and 9.5% of children with more than 5 settings for FFY05. There are improving performance trends with these 2 elements from FFFY03 to FFFY05 despite a 15% growth in the foster care population. Over utilization of the purchase care slots demonstrates the need for intensive placement settings. These children and youth are placed appropriately according to their needs and are not placing additional strain on limited, less intensive resources. A challenge is reducing multiple placements of older children in care. The high profile of children with multiple settings and the workload that accompanies these challenging youth gives weight to the stability misperception. DFS has requested and reviewed proposals for foster care services for this challenging population. Contract awards are pending; one million dollars has been marked for expanding our service array. This item is a strength with known improvements to be made for special populations.

Item 7: Permanency goal for child

Permanency goals are established within 30 days of entering out of home care for foster children. Goals are reviewed, per policy, at least every 6 months. Expedited permanency committee reviews occur when criteria are met such as prior involuntary TPR actions against the parents, criminal convictions, voluntary relinquishments and past history with DFS. Reunification, by policy and practice, is the most frequent choice of permanency goals when children enter foster care. Focus groups agree permanency goals are established timely for children entering foster care. Adoption as a goal is occurring more frequently from FFY03 to FFY05. Early identification of children, timely permanency committee reviews and family court agreement of adoption as a goal contribute to the rise in adoption goals. This item is a strength.

Item 8: Reunification, guardianship, or permanent placement with relatives

Reunification is by policy the priority permanency goal and is supported by permanency goal and Composite 1 data. Family Court, Child Placement Review Board, Office of the Child Advocate, Guardian Ad Litem (GAL) and Court Appointed Special Advocates (CASA) all play an important role with DFS in identifying and achieving permanency goals. Nine percent of foster children do not have a GAL or CASA assigned. In general, this item is a strength but based on mixed focus group responses, there is opportunity to improve relative placements. FFY05 profile data indicates 3.1% of children have guardianship as a goal. Concurrent planning activities are not easily reported in FACTS; there is no option to report two permanency goals; however case managers are pursuing alternative permanency options.

Item 9: Adoption

Focus groups and data support diligent efforts by Family Court, child advocates and DFS to improve the timeliness of adoption. Barriers to future improvements include demands on court time, recruitment for special populations, and mental health and support services for adoptive families.

Delaware has made significant progress with timely adoption. For FFY05, 42.7% exited care to adoption within 24 months. This is more than a 34% increase over FFY1999. Getting legally free children adopted in less time will improve this composite score. This is an area of strength for Delaware.

Several factors contribute to this improvement. Through 2002 legislation, the period of supervision for an adoptive placement reduced from 1 year to 6 months. TPR petitions are filed in a timely manner. All children entering care are reviewed by the permanency committee at 10 months to review the progress in the case or to make a goal change. Children entering foster care are screened for permanency decisions early. Also, our partnership between Family Court, adoption agencies and child advocates has improved this percentage tremendously.

Further improvements can be made. Overdue home studies and completion of required training are causing delays in permanency. The Court Improvement Project actions will

continue to address hearing timeframes. Agency efforts to finalize adoptions for legally free children will improve the composite score. Additional analysis of county specific data may indicate targeted county actions.

Item 10 – Other planned permanent living arrangements

Based on focus group responses, independent living services and achievement of permanent placements are areas needing improvement. The Point-In-Time Permanency Profile report for FFY05 reports APPLA is the chosen permanency goal for 25.1% of the population. The Child Placement Review Board reports APPLA was the permanency goal for 37% of reviews for SFY06. QA SFY06 case reviews report APPLA occurs in 38.5% of the sampling. QA reviewers also agree with the choice of all permanency goals in 86% of cases and that reasonable effort to achieve the goal occurs in 98% of cases. Delaware's performance on Permanency Composite 3, Measure C3-3: Children emancipated who were in foster care for 3 years or more is above the 75th percentile by 14.6% for FFY05. This indicates that young children are not growing up in foster care. While the number of APPLA cases is roughly a third of the cases, these youth have likely entered care later in age.

Contracted independent living services have an abundance of data supporting effective interventions for older youth and young adults. Resources are limited and do not meet the demand. There is concern over the growing choice of APPLA as a permanency goal. It is not sufficient to merely change a child's goal in a timely manner. DFS must also help children achieve permanent placements, regardless of the youth's age. As one DFS Administrator said "Permanency isn't a place – it's a person." Housing, education, employment and mentoring are major themes identified by youth and adults that will prepare youth for adulthood.

PERMANENCY OUTCOME 2 – THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR FAMILIES

Policy

The Division of Family Services has taken several steps to ensure that important connections are maintained for children when they are removed from their home.

Workers from the Division of Family Services place special emphasis on developing consistent, meaningful visitation plans between children in foster care and their families. It is the Division's belief that consistent visitation is necessary to help maintain family relationships, maintain psychological ties between the parent and child, and to help prepare the family for reunification. When developing a visitation plan with the family, workers must consider the child's sense of time and the parent's circumstances, as well as the continuity and improvement of the parent and child relationships. Weekly visitation is encouraged unless otherwise directed by the court. Workers are required to present the Family Service Plan to the Court by the Adjudicatory Hearing (40th day). Visitation is always included in the Service Plan. Once presented to the Court, it becomes court-ordered.

In the event that DFS must remove a sibling group from the home, the caseworker and foster home coordinator always try to locate a placement that will keep the siblings together. Unfortunately, that is not always possible. Recognizing that the sibling relationship is the longest lasting relationship a person will ever have, DFS policy requires workers to arrange sibling visitation at a minimum of monthly if the children are not placed in the same foster home. The sibling visitation is above and beyond any visitation that occurs between the parents and children.

DFS policy requires that visitation details be captured in both the Plan for Child in Care series and the Family Service Plan. On both documents workers include all details of the visitation including who will be present for the visits, the location, duration, and any special conditions (supervised, no contact orders). Families are required to sign both the PCIC series as well as the Family Service Plan indicating that they are in agreement with the proposed visitation plan. Policy also requires that DFS supervisors review visitation requirements and schedules during monthly supervision. This information is then captured in the Directed Case Conference notes that supervisors maintain for every case.

The single most important task DFS workers do to maintain relative connections is to explore all familial resources for children prior to placing them in foster care. If the caseworker is unable to locate parents for a child, the worker is expected to follow DFS policy on locating missing parents. According to DFS policy, if a parent's whereabouts are unknown workers are required to:

- Determine if the parent is listed in the current telephone and cross-reference street directories
 - Contact the school, if applicable, where the child(ren) last attended
 - Contact all significant relatives, if known
 - Complete Delaware Justice Information System (DELJIS) search
 - Complete a search of DHSS Programs (TANF, Medicaid, Child Support)
 - Complete a Department of Motor Vehicle search
 - Send an Address Information Request form to the Postmaster of the last known residence of the parent
 - Utilize the Division's Special Investigators to see if they can locate the missing parent
- DFS has the most success in locating missing parents by contacting relatives and by utilizing the Special Investigators.

In addition to trying to locate absent parents, it is the policy of the Division to try to locate other possible relatives for placement. In the event that the Division is able to locate relatives interested in caring for the children, DFS ensures that relatives understand their responsibilities and ability to protect the child from the parents and to discuss their willingness to care for the child both long and short term.

If relatives are unable or unwilling to care for the children, policy requires that workers select the least restrictive setting in close proximity to the parents or family. On-going marketing and recruiting efforts are geared towards faith-based organizations in the community. By recruiting in this manner, the Division is able to recruit foster families

from diverse cultural, racial and religious backgrounds to meet the needs of the children that enter foster care, thereby allowing children to remain in their own community.

Policy also requires workers to maintain any positive relationship the child may have had with family members and their community prior to placement if those relationships are considered to be in the best interest of the child.

Supervisors are required to have regular conferences with all staff. Supervisors are responsible for an average of seven (7) frontline staff per unit. The supervisor must review in conference all cases with each caseworker per the following schedule:

Staff Experience	Treatment	Investigation
New Staff (under one year)	Weekly	Weekly
Senior Family Service Specialist/Master Family Service Specialist	Every other week	Every other week
Family Crisis Therapists and Permanency Workers (Experienced)	Monthly	Monthly

The Department has several avenues for insuring a culturally competent workplace and provision of services. All supervisors are required to complete two different courses. The first course addresses how to create a respectful work place, the second course addresses sexual harassment prevention. All new employees hired by any of the Divisions in Delaware’s Children’s Department are required to complete a course on establishing a respectful workplace and embracing diversity for co-workers and clients alike. For the past 5 years, the Department has held study circles in which individuals voluntarily come together to discuss differences and how to create a more embrative environment. Finally, one of the Department’s System of Care Principles requires that all services to families be culturally competent. To do that, workers must be aware of family traditions, values and beliefs, workers must be willing to ask the family about their culture, their actions must be respectful and sensitive to the family’s culture, and agencies must reach into the communities served to find qualified staff.

Procedures

Preserving family relationships and connections is central to the operational procedures for DFS staff. If children have been removed from the home, DFS sets a visitation schedule for children and their parents. Visits generally occur at least once per week; however, there are many instances when visitation is more frequent.

DFS workers are encouraged to be creative when scheduling visitation between children and their families or between siblings. Visits can occur in the family’s home, community-based locations, or the DFS office. If there is a special milestone in the child’s life such as birthdays and holidays, the social worker supports the family’s celebration with the child.

In addition to regular visitation, it is important for the family to maintain a significant role in the provision of medical and educational needs. To that end, it is important that DFS invite parents to any medical or educational appointments, seek their opinions and thoughts about services, and in general, keep them informed about every aspect of their child's care.

The DFS case worker must explore all relative placements for a child. If family members are agreeable to taking the child into their home, the caseworker meets with the relative to complete the first part of a two part home assessment. This assessment includes a physical inspection of the home, criminal background checks, and an interview with the proposed caretakers to discuss how they plan on meeting the needs of the child in question. After placement occurs, the Foster Home Coordinator meets with the relative to ensure that they understand the options available to them, up to and including DFS getting custody of the children and them becoming foster parents. The Foster Home Coordinator explains Temporary Assistance to Needy Families (TANF) as well as foster home qualifications and expectations. Once the child has been placed in the home of the relative, it is up to the social worker to ensure that the relative caregiver receives all of the support they need to care for the child.

DFS recently met with representatives from the Nanticoke Indians to discuss ways in which the tribe could support Indian children coming into care. The Nanticoke Indian representatives agreed to serve as foster parents for Indian children if they need to be placed in out-of-home care. Currently there are no known Nanticoke children in foster care. In the event that an Indian child needs placement, DFS will notify the Nanticoke representative and a member of the tribe will initiate and complete the process to become a licensed foster parent. Until that process is complete, DFS will follow the protocol for assessing the home of a non-relative caregiver so that placement can be made immediately.

Youth in staff secure, level 4 YRS programs have a Plan for Child in Care which is written within 6 weeks of entering placement and reviewed every 3 months with the youth, family and service providers. Visitation for YRS Level 4 youth is addressed in the Plan for Child in Care.

Programs

Upon hire, 100% of all new workers are required to complete a four-day course offered by DFS's Professional Development Unit (PDU) entitled "Separation, Placement and Reunification." The focus of this class is on defining permanency planning, defining and assessing attachment, understanding attachment disorders, the effects of traumatic separation on children, and pre and post placement strategies that prevent trauma. A second two-day training is also required entitled "Family Visiting in Out-Of-Home Care." The key purpose of this training is to understand the value of visitation, the importance of sibling visitation, and how to develop meaningful visitation plans that consider the strengths and limitations of children and their families.

In order to support DFS's emphasis on visitation, in SFY06, contracts were developed to specifically address visitation. DFS currently has three community-based contractors to provide supportive visitation services to families throughout the state. Workers from these three agencies are required to coordinate, transport and monitor visitation between birth families and their children. At the conclusion of each visit, they must complete a Visitation Observation Checklist which details the highlights of the visit as well as any concerns the worker may have observed. This document is then forwarded to the assigned DFS caseworker.

The contracted worker is required to use the visitation time as an opportunity to provide a continuum of parent education services initially focusing on the behaviors and conditions which resulted in the child being removed from the home. These activities include teaching parents how to play with their children, how to set limits, how to discipline appropriately, what is developmentally realistic, how to prepare and provide nutritious snacks, etc. The expectation is that the input from the parent aide contributes to a more meaningful, sensitive visit while at the same time providing the parent with an opportunity to practice their skills. Once the children have been reunified, the focus of the contractors' services then shifts to continuing the educational process in the home and, ensuring that parents are able to utilize the skills they have been taught. DFS staff has found this service to be a welcome relief as they are now able to schedule more frequent, meaningful visitation between parents and their children.

In addition to the DFS policy regarding visitation, Family Court oversees the frequency and quality of visitation. Workers are required to submit completed Service Plans to the court at the various court hearings. As a result, Service Plans then become part of the court order, including the visitation component of the document.

There are some instances in which visitation is so contentious that a neutral third party must oversee the visitation or the exchange of children. At those times, DFS workers may utilize the Family Visitation Centers located throughout the state. These facilities are staffed by contracted agencies and have protocols in place to protect individuals in the event that there is a threat of physical violence. In addition to the contracted staff members located at the visitation centers, each center also has a security guard on the premise. All visitations that occur at the Visitation Center are videotaped.

The 21st Century Fund for Delaware's Children is a public/private partnership to address the special needs of at-risk children in Delaware. The intent of the fund is to provide experiences that help children to define their strengths, improve their self-esteem, and their sense of hope for the future. Examples of such experiences include sports camps, music lessons, prom tickets, and other opportunities to achieve a child's potential in a particular talent or interest that otherwise might not be affordable or available to them. Children receiving services from DSCYF or other agencies across the state are eligible for funding. This opportunity allows youth to remain connected to their community, school, and friends in a positive, meaningful way.

Focus Group Results

Focus groups indicate an effort by staff to place children close to home and community but it does not always happen. Family responses were mixed; one child remained in their home school, while others were placed out of county. Review bodies, stakeholders, case managers, foster and adoptive parents say DFS tries to make community placements, but there are not enough local placement resources. Case managers, policy managers and administrators, and a foster parent comment that safety prevents closer to home placements. When out-of-state placements are necessary, administrators try to keep youth within a 3 hour distance. A stakeholder commented that younger children are placed locally in New Castle County. Stakeholders and case managers agree that the Milford community has children from across the state. Educators indicate the McKinney-Vento protections have kept more children in home schools. Four of 13 youth felt they were placed close enough to their community. Eleven of 16 youth felt living in their home county was close enough.

Responses to the agency's effectiveness in placing sibling together were generally positive in terms of effort but again, there are not enough resources. One parent said her request for a joint placement was made but could not be maintained due to behavior problems between siblings. Several groups commented that placing siblings together is not always in their best interest. One foster parent stated that older siblings often enter placement in the role of the parent and this disrupts the foster household. Youth were split on this item, most felt not enough effort is made to place siblings together. One youth said some foster parents only take one sex so siblings must be split. Several groups said that age and gender are factors that prevent sibling placements.

Focus group participants were asked how effective DFS was in coordinating visits between children in foster care and their parents as well as visitation between siblings. Caseworkers and supervisors, foster parents, review bodies, stakeholders and policy managers and administrators all felt that DFS was doing a good job in ensuring that children had regular visitation with their parents and siblings. However, when the same question was posed to families and youth they did not necessarily agree. One parent reported that there are times when the children arrive for the visit late or they are not all brought for the visit due to illness. This parent also acknowledged that when she changed jobs, her new work schedule made it difficult to schedule regular visitation. Sixteen youth were asked about visitation with their parents and siblings. Ten felt that visits were not frequent enough. One of 3 adopted youth reports contact with siblings.

When asked how effective DFS was in preserving important connections for children placed in foster care, all of the focus groups felt that there was room for improvement. Case managers and supervisors stated that if parents or youth make them aware of a special relationship, such as a church connection, the social worker tries to maintain that relationship. Review bodies were concerned with the frequency with which children switch schools. On the other hand, stakeholders said McKinney-Vento has helped stabilize educational placement. In addition, members of the review bodies group reported that they do not hear about children going to an old friend's birthday party or play date. One foster parent commended the case manager for doing everything possible

to keep the child connected; however, this same foster parent also said that sometimes it is simply not in the best interest of the children to maintain those connections.

Focus groups were asked to assess how effective DFS was in identifying relatives as possible placement resources. Caseworkers, foster parents and adoptive parents felt that DFS has done a good job of locating relatives. However, the DFS workers noted that in many instances, DFS must rely on the parents to provide information about relatives. Often, parents are reluctant or unwilling to provide this information. Review body participants felt that although DFS was effective in locating relatives, there is room for improvement. The review bodies did acknowledge, however, that many times parents wait until the last minute to provide relative information. When these same questions were posed to youth, their answers were very different. Of the 12 youth that answered this question, ten felt that DFS could have done more to locate relatives. Of the families that responded to this question, two families said that DFS made adequate attempts to locate relatives. However, one parent said that DFS never explored relatives even when she provided information to her DFS worker.

Focus groups were asked to assess how effective DFS was in maintaining the parent-child relationship once children enter foster care. One parent reported that she was only invited to school or doctor meetings if her signature was needed. She also expressed a great deal of frustration with the fact that once her children entered foster care, doctors, therapists and the school refused to provide her with any information regarding her children. When she would contact these resources, she was informed that she would need to get all of her information from DFS. Half of the youth reported being able to talk to their family and friends, but half lost ties with friends, school mates and family when they entered care. Case managers, foster parents, and stakeholders report good effort to maintain contact. These groups also state that parent contact can have a detrimental effect on children when parents do not show for visits or their interaction is inappropriate. Parents need more help in parenting skills, motivation and mental health intervention.

Data Analysis

When asked “During the period under review, if the child was removed from home and placed in foster care, were there efforts to place the child with siblings in the same home?”, QA reviewers agreed in 78.6% of cases for CY05 and 91.38% of cases for SFY06.

In response to “How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?”, QA reviewers saw visitation between foster children and siblings in 86% of cases and visitation with parents in 81% for SFY06. For CY05 visitation between foster children and siblings was seen in 85.8% of cases and visitation with parents in 84.4%.

In response to, “Was a kinship placement considered at any point when the child required foster care?” QA reviewers found kinship care was considered 94% of the time in SFY06 and 93% for CY05.

In SFY04, the Family Visitation Centers oversaw 263 supervised visits or exchanges. Of those 263 visits, 16 cases were referred from DFS. In SFY05, the Family Visitation Center oversaw 266 supervised visits or exchanges, 23 of which were referred by DFS. Finally, in SFY06, the Family Visitation Center oversaw 334 supervised visits or exchanges, 23 of which were referred by DFS. The vast majority (87%) of cases referred by DFS were referred by workers in Kent and Sussex Counties. This disparity in referrals can be attributed to the fact that DFS workers in New Castle County have more alternative resources readily available.

The value of the enhanced parent aide contract for visitation services can be seen by reviewing its utilization. As previously mentioned, this contracted service was first introduced to DFS staff for SFY06. During that period, staff referred 301 families for this enhanced visitation service. For the first three months of SFY07, staff referred 192 families. The projected utilization of this service, based on current referral patterns, predict that by June 30, 2007, 768 families will have been referred for this service, a 156% increase in referrals. To date, 60% of the cases referred for enhanced parent aide services have been successfully closed, indicating that reunification was achieved.

Individual Item Analysis and Conclusion

Item 11: Proximity of foster care placement

Policy is in place prioritizing sibling placements whenever possible and in the children's best interest. Focus groups generally report strong effort to place children close to home and to maintain home school enrollment when in the child's best interest; most participants report mixed success with achieving sibling placements. Local community placement resources are limited, but considering Delaware's size, any state placement is within 2 ½ hours from home. There is no direct data available supporting this item's effectiveness. There has been a 15% increase in the foster care population since FFY03; this trend is expected to continue. More placement resources are needed in localities across the state.

Item 12: Placement with siblings

Policy is in place supporting sibling placements when in the children's best interest. Focus group responses indicate there is good effort on behalf of case managers, but there are limited placement resources. Quality assurance data indicates a 78% compliance rate demonstrating efforts to place siblings together for CY05 and 91.38% for SFY06 – an improving trend over a short review period. The 15% growth in foster care has strained the available resource capacity. Availability of additional placement resources is needed.

Item 13: Visiting with parents and siblings in foster care

Policy and Family Court outline regular visitation schedules for foster children. Contractual and community resources help DFS provide parent visitation services. Professionals and consumers disagree on the agency's effectiveness with this item. Families and youth report visits are not frequent enough or are inconvenient. The Division of Family Services' quality assurance placement tool incorporates a series of questions regarding attempts to facilitate visitation between children in foster care and their siblings, and children in foster care and their parents. According to the SFY06 QA

report, documented efforts to facilitate visitation between children and siblings was 86% and visitation with parents was 81%. DFS has set an internal goal of 95% compliance for this item. QA results are favorable but results can be further improved.

Item 14 – Preserving Connections

The Children’s Department has embraced a system of care approach that values child-centered and family-focused practice. Focus group responses indicate the need for a stronger effort to keep foster children connected to community, faith and friends. Data indicators for this broad item are QA results for visitation and relative placement. For SFY06, documented efforts to facilitate visitation between children and siblings was 86% and visitation with parents was 81%. Kinship care was considered 94% of the time for SFY06. A promising practice is implementing Delaware’s McKinney-Vento protections for all foster children. Procedures for these protections are included in the pending revision of the MOU with DOE, charter schools and school districts. This is an area of strength but has opportunities for further improvement.

Item 15 – Relative Placement

Relative placements are considered prior to children entering care and when permanency decisions are reviewed. Most focus group responses indicate the agency is effective in pursuing relative resources when known; however, youth disagree. QA reviews for SFY06 find that kinship care was considered in 94% of cases. Reviewers look at level of care, progress notes, supervisory case conferences, permanency referrals and the investigation case to answer this item. When determining whether a kinship placement was “considered” this must be more than simply asking if the child has relatives, it must be a true consideration of who these relatives are, their relationship and history to the child/ family, their location and suitability. Consideration of a relative does not require that a Home Safety Assessment was completed. Response to this question covers the duration of the most recent removal from home and entry into foster care, including beyond the 12 month period under review. Relative care assessments may also include non-custodial parents. Youth may not consider the same criteria as the agency when identifying relative resources. Whenever DFS removes a child from the home it is the policy of the Division to ask the parents for any relatives that may be placement options for the child. The worker is then responsible for contacting the relatives, conducting criminal background and FACTS checks, and completing home assessments if it is determined that the relatives are suitable placement options and they express an interest in caring for the child. Youth are not aware of the efforts that DFS makes to locate relative resources, nor are they aware of the criteria used to determine if a placement is suitable. From their perspective, they know they have aunts, uncles and grandparents in the area. What they do not know, and what DFS does not tell them due to confidentiality issues, is that sometimes individuals are ruled out due to criminal background findings or FACTS findings. There is no data available to evaluate the permanency of relative placements or the rate of relative adoption. This item is considered a strength for DFS.

Item 16 – Relationship of child in care with parents

DFS policy and procedures value maintaining and improving the quality of parent-child relationships. Case planning is a family-focused activity. Parents have responsibility and

opportunity to make medical, educational, and permanency decisions. Successful reunification is dependent upon quality time between parents and children. Visitation is monitored by DFS and Family Court. Families and youth report quality interactions to be lacking. It is not surprising that families and youth report quality interactions to be lacking. In many instances, the only acceptable interaction is that which takes place in the home on a daily basis. Instead, visitation is scheduled on a regular basis, most frequently weekly (unless the court has directed otherwise). Families would state that that is insufficient. Workers would indicate that is reasonable. Review bodies believe more frequent contacts are needed with parenting support services. QA reviews for SFY06 found that DFS documented sufficient efforts to facilitate visitation with parents 84% of the time. DFS has set a 95% compliance goal for this QA item. Since visitation is court-ordered this result indicates that although workers are conducting regular visits, they may not be documenting them in a timely manner. In addition, if a contracted agency is responsible for facilitating the visits between families and children in care, visitation notes are contained in the contracted agency records as opposed to the DFS record. When QA reviewers are reviewing cases, they do not have access to the contracted agency records so they are unaware of the visitation that may be occurring through the agency. The QA results indicate a need to educate staff about the importance of documenting all visits, even if they are attempted but the parent fails to show. It also indicated a need to educate the QA reviewers to ask about visitation that is occurring through the contracted agency. This item is a strength with performance expected to improve on QA measurement.

CHILD AND FAMILY WELL-BEING

WELL-BEING OUTCOME 1 – FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS

Policies

The family assessment process begins with the very first contact a family has with DFS. During the investigation phase of a case, the social worker is constantly assessing the family, including all of the children in the home, as well as their caretakers. This assessment process includes an assessment of the immediate safety of a child as well as an assessment of on-going risk that may be present in the home. If abuse, neglect or dependency is substantiated, or risk has been identified by the investigation worker, the case may be transferred to treatment for on-going services.

Once the case is transferred to the Division’s treatment program for on-going services, a more in-depth assessment of the family takes place. The treatment worker has up to six weeks to meet with the family and gather enough information that will allow them to complete the Family Assessment Form. This assessment includes a thorough evaluation of the parents including their current level of functioning and how they interact with each other and their children.

If the children are residing in the home, workers are required to complete individual assessments of each child using the Service Entry Needs and Strengths Screen (SENSS).

Based on the results of the assessments, the worker and family jointly develop the Family Service Plan. If the children have been removed from the home, their needs are assessed using the Plan for Child in Care (PCIC) series. The PCIC series is developed at a joint meeting with the birth parents, the foster care provider, social worker, and the youth if applicable.

Regardless of where the case happens to be in the continuum of DFS services, it is the expectation that the DFS social workers have regular, meaningful contact with the family. The only exception to this is when Family Court has approved the goal of TPR and reunification efforts are no longer necessary. Supervisors determine the frequency of contact based on the issues with the family, the result of the assessments, and the risk in the home. Contact for intact families is generally once per month unless the supervisor or worker feels that it should be more frequent. When determining the frequency of the contact schedule, supervisors review the hotline report which brought the family to the attention of DFS, the results of the investigation, any past history the family may have had with DFS (or the Children's Department), and the current situation of the family. If the supervisor identifies multiple areas of concern, they may choose to assign a more frequent contact schedule although policy does not dictate that they must. If the children have been placed in out-of-home care, DFS is required to have monthly contact with each child. At least quarterly, that contact must take place in the foster home. This policy is in revision to be in compliance with new federal laws requiring most contacts be in the child's residence.

The Division of Family Services recognizes that foster parents are an integral part of the planning team for foster children and youth. To best serve the needs of the children, it is essential to provide the necessary support and guidance for foster parents as well. DFS policy requires a foster home coordinator to meet with each foster family within 5 working days of a new placement. The purpose of the visit is to determine how both the child and the foster family are adjusting to each other and to offer support as necessary. Annual reviews occur to review training needs, update criminal history checks and identify appropriate supports.

The Department of Services for Children Youth and Their Families recognizes that a holistic integrated approach is essential for the success of children and families. The intent of the Department's policy is to ensure the integration and coordination of all services and resources available within the Department, the family and community. To truly embrace a holistic approach to working with families, the Department has adopted a "System of Care" philosophy. The "System of Care" philosophy is a strengths-based, family-centered, child-focused, culturally competent model. It is based on the belief that the best care and protection for children can be achieved when the strengths of the families are aligned with community and Department supports.

One mechanism the Department utilizes to achieve a true system of care is the development of an Integrated Service Plan (ISP) for families active with more than one division within the Department.

The purpose of the ISP is to achieve the consolidation of services to children, youth and their families within the jurisdiction of a single agency in order to avoid fragmentation and duplication of services and to plan, develop and administer a comprehensive and unified service delivery system to abused, neglected, dependent, delinquent and mentally ill or emotionally disturbed children and youth within a continuum of care which shall include the involvement of their family, within the least restrictive setting possible.

Department policy #201, implemented in November 2004, states that every child and family active with more than one service division of the Department of Services for Children, Youth and Their Families (DSCYF) is required to have in place a comprehensive, coordinated service plan, which designates a primary case manager. Whenever DFS has an open case they are the assigned primary case manager.

The primary case manager will facilitate team meetings and the development and review of an Integrated Service Plan (ISP, formerly the Interdivisional Service Plan) that coordinates both formal and informal services to support the child and family. In addition to DSCYF case managers and family, teams should also include contracted providers, informal supports identified by the family (i.e. extended family, clergy, and friends), and educational representatives.

The Service plan will follow the DSCYF vision to provide services that are consistent with the system of care principles. It is believed that the best care and protection of children can be provided when family strengths are aligned with department and contracted services. Plans will be:

- Individualized built on the strengths of the child and family;
- Child centered and family focused;
- Community based;
- Culturally competent;
- Seamless within and across organizations; and
- Developed by a team of partners working with families.

Supervisors continue to randomly review cases on a monthly basis to determine if assessments were completed in a thorough manner.

As previously mentioned, DFS staff is required to see intact families at least once per month. In order to ensure compliance with this measure, each regional office is provided with a monthly report identifying any missed contacts for investigation and treatment staff. The reports are categorized according to “Treatment Cases with No Contact Schedule”, “Past Due Treatment Contacts”, “Investigation Cases that May Become Overdue Within the Next 10 Days”, “Investigation Cases with Overdue Dispositions”. Supervisors are provided with these reports so that they can address any past due contacts and monitor the frequency with which families are being seen.

The vast majority of questions posed to focus group participants explored the relationship between DFS and the family when the children have been removed from the home.

Family focus group participants were composed exclusively of families who had their children removed from their care. As a result, their knowledge was very limited as to how frequently DFS had contact with intact families. In reality, for SFY06, 88% of initial treatment contacts occurred on time and 94% of on-going monthly contacts with the family occurred on time.

Procedures

It is only through a thorough and accurate assessment of a family that DFS can truly help resolve issues of abuse, neglect or dependency. The most effective way to work with a family is to understand their values, beliefs and needs. To help workers develop more inclusive skills, all DSCYF employees completed phase one of the System of Care training in 2004. Phase one of the training focused on helping workers understand and internalize Delaware's seven System of Care principles. Training was mandatory for every DSCYF employee. Phase two of the training occurred in the summer and fall of 2005. This phase was more advanced, providing workers and their supervisors with the skills necessary to facilitate and manage a family meeting, while at the same time, developing a comprehensive plan with the family. Forty-five DFS frontline workers attended this training. The third phase of the System of Care training took place from June 2006 through September 2006. This session taught front line staff how to use a strength based approach with families and to teach change management strategies. Fifty-seven DFS frontline staff participated in this training. The Professional Development Unit has also completed all three phases of the System of Care training so that they can provide the same instruction for all new hires and provide refresher classes for seasoned staff when needed.

The following Department guidelines clarify the process and content for creating and documenting Integrated Service Plans which serve as a blueprint for treating the child and family:

1. The ISP is consistent with system of care principles:
 - a. Individualized built on the strengths of the child and family;
 - b. Child centered and family focused;
 - c. Community based;
 - d. Culturally competent;
 - e. Seamless within and across organizations; and
 - f. Developed by a team of partners working with families.
2. The ISP should be based on a complete assessment of the child and family's strengths and needs (the child and family should be included in the assessment process).
3. The ISP includes all services and supports to be provided to the child and family and the responsibilities of all parties involved including the child and family.
4. A meeting is convened and an ISP developed within 6 weeks of a second case opening.
5. The ISP will be reviewed every 90 days at a minimum, or more frequent as determined by the Team.

6. The ISP includes independent living skills for every child 14 years of age and older.

In a team based approach, the ISP provides clarity and structure to the process of engaging children and families in working collaboratively. The ISP should assist with the following:

1. Establish a clear link between the child and family's needs, the professional's assessment and the planned intervention;
2. Ensure that all parties are clear about responsibilities and activities;
3. Identify and resolve disagreements about the plan before they interfere with service delivery;
4. Avoid duplication of effort or incompatible approaches;
5. Establish a basis for evaluating progress;
6. Establish a basis for evaluating both the adequacy and quality of services provided; and
7. Establish a clear basis for closing the case when goals have been achieved.

Youth in staff secure, level 4 YRS programs have a Plan for Child in Care which is written within 6 weeks of entering placement and reviewed every 3 months with the youth, family and service providers. Parents of youth in Level 4 YRS placements are seen monthly to review service planning coordinated with service providers.

Programs

OPEI's Early Intervention Unit has Family Crisis Therapists (FCT) collocated in public elementary schools. By doing so, the FCTs partner with educators to provide prevention and early intervention services to children and families with the goals of preventing abuse and neglect and strengthening family functioning. Although the Early Intervention FCTs do not work with families that are receiving services from the Division of Family Services, their work keeps intact families from entering deeper Department services.

Beginning in February 2006, DSCYF began initial behavioral health assessments for children ages 4-17 entering foster care for the first time. This is managed by the Division of Child Mental Health (CMH) in partnership with a behavioral healthcare provider experienced in providing services to foster children. The intent of this initial behavioral health screen is to identify children who may benefit from behavioral health treatment and link them directly to providers who can provide that treatment. This service is expected to stabilize placements and be a support to foster parents.

As of mid-September 2006:

- 47 children (94% of children screened) were recommended for out-patient mental health treatment
- 45 (92%) of those entered treatment prior to discharge from the screening project

Providing planned relief to caretakers from the daily stress, demands, and pressure of caring for a child with special needs is deemed necessary by DFS. Children active with

DFS are eligible for respite care. This includes children in foster care as well as children in their own homes.

Delaware's August 2006 IV-E Review recommended improvements in managing and documenting annual reviews for foster parents. A Performance Improvement Plan is due December 2006.

DFS contracts for four certified substance abuse counselors serving the state. The substance abuse counselors provide a variety of services to DFS. It is expected that they will provide substance abuse consultations to DFS staff, complete substance abuse evaluations for DFS clients, link clients with appropriate substance abuse treatment, provide intervention when needed, help clients plan for discharge from treatment programs, help workers engage resistant clients, and help ensure the safety of children.

Focus Group Results

When the question was posed to the various focus groups regarding how effective the agency is in assessing the needs to children, parents and foster parents, and then providing those needed services, all of the focus groups felt that this was an area that could be improved. Although case workers felt DFS did a good job of assessing the needs of parents and children, they felt that there was room for improvement. One participant in the family focus group stated that at times he feels like the victim. His DFS worker has added a variety of activities that are difficult to keep up with and that he did not feel were warranted. In addition, he mentioned that none of the services he was supposed to participate in were conveniently located. A parent in Kent County does not want DFS to assess her needs. She felt that DFS should concern themselves with assessing the needs of her children and leave her alone.

Review bodies cited the following concerns with the assessment and subsequent provision of services, including:

- Timeliness to get services
- Quality of services
- Children waiting too long to receive mental health services
- Waiting for parenting classes to begin, and available slots
- Flexibility of services – available times should be convenient to parent schedule
- Too few adult mental health screenings
- Utilization of family insurance may impact getting services
- Need services to address separation and loss
- Providers should have the capacity to acknowledge and provide services based on parent's functioning, motivation, circumstances

Several youth felt that all youth in care are provided with the same services, regardless of their circumstances. They felt that planning and practices were very generic. However, the majority of youth acknowledged that they were asked about the types of services they wanted or needed.

When the focus groups discussed how effective DFS was in involving parents and children in the case planning process, the general sense was that the case plan and plan for child in care is not developed with the client. Instead, both plans are developed by the social worker in the office and then presented to the client for review and signature. Workers noted that it is difficult, if not impossible; to develop the plans with the clients due to the fact that the parent attorneys will not let the client sign anything until after they have reviewed it. Participants in the review body focus group confirmed this issue as well. Workers also mentioned that it is difficult to develop the case plan and plan for child in care with the clients because both forms are FACTS documents.

Focus groups were asked how effective DFS is in conducting face-to-face visits with children. Workers reported that they see children in foster care far more regularly than children residing in their own home. Some of the families reported that they had almost no contact with their worker unless the worker needed something from them (i.e., signature). However, one family reported that she saw her worker frequently. Review bodies, adoptive parents, and policy managers and administrators see good effort to visit children monthly. Foster parents and youth would like to see more contact with children by DFS staff. Stakeholders believe private child placing agencies see children more frequently than DFS case managers. DFS case managers note that resistant families have fewer contacts with children and parents. YRS has a rigid and frequent contact requirement for youth.

Youth were asked how frequently they see their worker. The responses ranged from daily to quarterly. Some noted that it was only tied to Court hearings or when they were in trouble.

When these same groups were asked about contact between the DFS caseworker and the parent, the responses were similar to responses to contacts with children. One family reported that they haven't seen their worker in months. One parent admitted that she saw her worker frequently however; minimal amount of time was spent discussing issues. One parent reported seeing her social worker on a regular basis however, she would prefer to have no contact with her worker. Stakeholders, policy managers and administrators, and review bodies see diligent effort to see parents. Some parents are unwilling or unavailable for contact.

Data Analysis

When other Divisions are involved with the child the Interdivisional Service Plan was completed 58% of the time for SFY06. Completion of ISPs in a timely manner has been a major focus of the current administration. Reports are provided on a monthly basis showing which cases are in need of an ISP. Completion of ISPs in a timely manner has also been included in Performance Plans for all social workers and supervisors. Finally, the Office of Case Management reviews completed ISPs for the entire Department to ensure that they are completed in a timely manner and that they are thoroughly completed.

Early Intervention contact data from September 2004 through April 2005 shows FCT's conducted 63,143 visits with children on their caseloads. These visits were with individuals, small group sessions, individual counseling, group activities and observing children during a routine school activity.

The QA case review system uses a composite of 12 questions in the Treatment and Placement program areas to address this item. Questions include the assessment of substance abuse, domestic violence, adult mental health and other family issues. It also asks if the case plan addresses current needs and an assessment of whether the services are appropriate to meet those needs. The QA tool also looks at efforts to engage clients in the treatment process and whether there is documentation to show that there is regular contact between the DFS worker and the service providers. The composite score for SFY06 was 89.4% compliance. The goal for this measure is 95% compliance. Within the composite, for the item pertaining to adequate substance abuse assessment in the FAF, reviewers scored 85.88% compliance. For the item asking if domestic violence concerns were adequately addressed in the FAF reviewers rated 98.73% compliance. For the item asking if mental health issues were adequately assessed in the FAF, reviewers rated 99.4% compliance. For the item asking if the most recent Family Case Plan reflects appropriate service selection, reviewers agreed 86.32%.

QA reviewers found documentation indicating efforts were made to include the parent/caretaker in the development of the case plan in 87.3% of the cases for SFY06. Reviewers found documentation indicating efforts to include all significant parties in the PCIC III 55.7% of the time.

For SFY06, 88% of initial treatment contacts occurred on time and 94% of on-going treatment contacts occurred on time.

QA review of worker visits with child consists of 2 questions, one for intact families and one for foster children which asks if the contact focused on issues related to case planning, service delivery or goal attainment. Quality of contacts with children in intact families for SFY06 scored 96%. Quality of contacts with children in foster care for SFY06 scored 99%.

QA reviews use a composite of questions to address the effectiveness of contact with parents. Questions include meeting the minimal contact schedules and engaging the parent in the treatment process and specific family issues. The outcome for this measure was 86.58% for SFY06. In addition the QA reviews address the overall 'quality' of the documented contacts when they occur, with an outcome of 96%.

All home-based support contractors are required to complete case plans with DFS clients. Contract audits in SFY06 revealed that case plans were developed with families in 80% of the cases. In other cases, families were uncooperative or refused to sign. In most cases, the case plans were developed by the fourth week of service and then reviewed quarterly thereafter.

In CY05 each contracted substance abuse counselor carried an average monthly caseload of 23.5 clients. Of those clients, 44.7% had children in foster care. Fifty-eight and five-tenths percent were referred to a substance abuse treatment agency for on-going treatment services. 39.8% of the clients had mental health issues and 26.2% had domestic violence issues. Outcome measures indicate that of the clients referred for substance abuse treatment approximately 23.5% successfully completed the treatment program.

Individual Item Analysis and Conclusion

Item 17 – Needs and services of child, parents and foster parents

DFS's needs assessment and case planning policies and procedures are clear and inclusive of many dimensions of family and child functioning. Early Intervention programming provides support services to keep intact families out of Department services. New programming by CMH to screen children entering foster care is a promising practice. According to focus group responses, this is an area that needs improvement, especially in access, quality and variety of resources for families. The Department conducted a survey of DSCYF staff, families and contract managers to identify services that would be most beneficial for staff and families. All information was then entered into a data base maintained by the Department's Service Array committee. The Committee has also begun the process of developing a Department-wide resource list so that workers are aware of, and know how to access, resources available throughout the Department as opposed to limiting themselves to resources available through the Division. DFS has made a concerted effort to ensure that each regional office has access to appropriate services for their families. If transportation is an issue, workers have access to transportation providers that will get clients to their various appointments. If language is a barrier, workers have access to interpretation contracts that can help provide services. DFS has contracted with a Spanish-speaking agency in New Castle County and agencies in Kent and Sussex Counties have access to Spanish speaking workers in contracted agencies. In the event that the worker or family identifies a service that is needed but that we do not have a contract for, workers can present the service to the Service Integration Committee for payment authorization. All treatment contracts offered by DFS require providers to have evening and weekend hours so that they can better accommodate the schedules of our clients. Early Intervention staff made over 63,000 contacts for the 2004-05 school year. QA data suggests good assessment and services for domestic violence and mental health issues. Substance abuse assessment is below expected performance. One possible reason is that substance abuse liaison entries are not clearly labeled in FACTS and may be missed by reviewers. This issue will be resolved by having all of the AOD liaisons clearly label their notes as AOD notes. By doing so, any reviewer will be able to quickly determine what efforts the AOD liaison has made to address substance abuse issues with the family. Review of the CY05 substance abuse liaison caseload characteristics reveals complex risk factors for these cases. Less than a quarter successfully complete substance abuse treatment. The AOD liaisons, supervisors and Treatment Program Manager continue to meet quarterly to discuss ways to improve the success rate for clients admitted into drug and alcohol treatment programs. The IV-E Review has identified weaknesses in managing and documenting annual foster home reviews. This is an item needing improvement.

Item 18 – Child and family involvement in case planning

Department policy is clear and detailed regarding inclusion of youth and families in case planning activities. Focus groups identified barriers to accomplishing this task. QA reviewers found documentation indicating efforts were made to include the parent or caretaker in the development of the case plan 87% of the time. Reviewers found documentation indicating efforts to include all significant parties in the development of the Plan for Child in Care 55% of the time. Clearly this is an area that DFS must continue to address.

Beginning in 2007, the Office of Case Management will begin reviewing cases to ensure that workers are internalizing the System of Care principles when working with families. This includes completing thorough assessments of all family members, viewing the parents as equal team members, and making the entire family feel empowered and supported. This will be an area of focus for the Treatment Program Manager. This issue will be put on the Treatment Workgroup agenda for discussion and recommendations regarding how to improve upon our efforts to truly collaborate with families in the development of service plans. Additionally, collaboration will become part of the routine audits that the Treatment Program Manager conducts on contracted in-home treatment services.

Item 19 – Caseworker visits with the child

DFS policy requires monthly contact with foster children with one visit per quarter in the residence. Monthly contact with any member is the current policy for intact families. Focus groups indicate foster children are seen more frequently than children at home. More frequent visits were requested by many participants. For SFY06, 88% of initial treatment contacts occurred on time and 94% of on-going treatment contacts occurred on time. When contacts were required by workers with a child, QA reviewers believed the focus of those contacts (focus on issues of case planning, services and goal attainment) was appropriate 96% of the time for children in intact families and 99% of the time for foster children. New federal law will require states to contact 90% of foster children monthly by 2011. Delaware is planning to implement measures to ensure compliance and has developed a work plan to change policy, track contacts in FACTS and report compliance by October 2007. This item needs improvement.

Item 20 – Worker visits with parents

Contact schedules are established by case and set by supervisor. Focus group responses generally compliment case manager effort to contact parents. While some families report contact, one parent wished for no contact. Data from the QA system regarding the effectiveness of contact with parents indicate 86.6% compliance for SFY06. In addition, the QA reviews rate overall quality of the documented contacts when they occur, 96% of cases were in compliance. Improvement in these measures is desired, and case manager documentation is an item to explore. Workers must clearly document their contacts with clients, what was discussed, and next steps. The fact is that our monthly reports indicate that workers are doing a good job of seeing their clients on a monthly basis. This information is tracked by having the worker enter the date of their face to face contact with the client into a specific data base in the record. This database then automatically

enters the next due date for face to face contact. The discrepancy between what the QA reviewers indicate versus what the monthly reports indicate can be explained by the fact that workers are diligently entering the date of their face to face contact into the database but they are not as timely with entering the details of the contact into a treatment note.

WELL-BEING OUTCOME 2 – CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

Policies

The process to assess the educational needs of youth begins as soon as the case is accepted for investigation. It is the policy of DFS to contact school personnel if the victims are of school age. If the child is not yet in school but is enrolled in a day care facility, the investigation worker will contact the day care to discuss any concerns or observations the provider may have. The investigation caseworker is required to assess whether any child from birth to three appears to be developmentally disabled or delayed. If the worker has reason to believe that such condition exists, a referral to Child Development Watch shall be made.

Once the case is transferred to treatment for on-going services, if the child resides in their own home, the worker is required to complete a Service Entry Needs and Strengths Screen (SENSS). The SENSS looks at a variety of needs that the child may have, including any educational needs. Any needs identified in the SENSS are then incorporated into the Family Service Plan. If the child has been removed from the home, the educational needs of the child are assessed and captured in the educational section of the Plan for Child in Care.

In 2005 the Delaware Code was amended to extend protections under the McKinney Vento Homeless Act to all foster children. Under this Act, foster children are considered homeless and thus, the school district has an obligation to maintain the child in his or her home school. The school district will make the necessary transportation arrangements so that the child can remain in the same school regardless of the school district or feeder pattern he may be residing in. This legislation was sponsored by the Child Protection Accountability Commission, the Office of the Child Advocate, and the Department of Education. In the 2004-2005 school year, The Department of Education paid \$501,000 in transportation costs for students under the McKinney-Vento Act. According to DOE data, 1,342 students were identified as homeless and in need of protections offered under the McKinney-Vento Act.

In the event that the child does switch schools, DFS policy requires foster parents, school counselors, and case workers to hold a meeting when a foster child is enrolled in the new school. The purpose of this meeting is to support the child's transition into a new surrounding and to discuss any special needs the child may have.

DFS requires that a child in Division out-of-home care who does not have a parent available and willing to advocate for special education services is entitled to receive the services of an authorized Educational Surrogate Parent.

Procedures

Educational services provided to children should be appropriate for age and emotional development. The case manager is responsible to:

- Ensure that the child is enrolled in the appropriate school. Children that have been removed from their home are able to remain in their home school due to provisions in the McKinney Vento Act for Homeless Children. If the decision is made to enroll the child in a new school, it should be based on the caregiver's address.
- Notify in writing the principal of the school of a child in placement entering, leaving or transferring into the school.
- Advocate with the Department of Education for appropriate educational placement. This includes: private placement when an appropriate program is not available in the public school system; provision of tutors; participation in special education; remedial, gifted or vocational training; GED; and other related programs as indicated.
- Provide access to educational opportunities for each child beyond the high school level by referral to and coordination of available resources based on the child's ability.
- Periodically, but no less than once per year, request information from the child's school about the child's behavior and grades. This report should be filed in the child's record.

The Division has worked collaboratively with the various school districts to ease the transition of children in foster care that may be moved into or out of their school. One procedure that was adopted was that DFS staff are required to have a face-to-face contact with the school after children are enrolled. This allows the school to understand some of the emotional or personal challenges the child may be facing, how to address those challenges, and who to contact if there should be any questions or concerns. DFS workers also participate in the development, implementation, and review of the child's IEP.

The educational needs of children residing in their own home are assessed via completion of the Service Entry Needs and Strengths Screen. This tool is completed on every child residing in their own home and looks at not only their educational needs but their medical, psychological, emotional, social and legal needs. Any needs identified on the SENSS are then incorporated into the Family Service Plan and Integrated Service Plan (if applicable).

The case manager is expected to attend school conferences and encourage the parent and caregiver to attend as well.

Foster children are generally expected to attend school within the regular public school system. If the caregiver wishes to send the child to a private or parochial school, the caregiver is responsible for all expenses involved. Approval for such a placement must be given by the case manager in conjunction with the supervisor and legal parents and recorded in the case record.

A case manager or a caregiver cannot sign Individual Educational Plans but may assist the school in obtaining the parent's signatures. If a child's parents are unknown or unavailable and the child has been determined to have special educational needs, the case manager must request that an Educational Surrogate Parent be appointed.

Youth in Level 4 YRS placements have educational needs addressed by the Plan for Child in Care. Probation officers gather information on educational level and performance, needed services and progress when preparing or reviewing planning documents.

Programs

Child Development Watch (CDW) is the statewide early intervention program for children ages birth to 3 offered through the Division of Public Health. The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of their young children. The Division of Family Services currently employs two social workers that are linked directly to Child Development Watch. These two social workers are responsible for coordinating services for all families that are active with the Division of Family Services and in need of early intervention services through the Child Development Watch program. They provide an important link between the Division of Public Health, the Division of Family Services, and the family. On March 31, 2006, 67 families active with DFS also received services through CDW.

The Office of Prevention and Early Intervention directs services and programming to support children and families in educational settings. The Families and Centers Empowered Together program offers educational programming in child care centers that are pertinent to parents involved in the FACET Center. These include skill building workshops on different topics like GED classes, parenting classes and defensive driving. This program is provided for children from birth through age 5 and as such, is not designed to meet educational needs of children. Rather, the intent of the program is to enhance the parenting skills of the parent which will ultimately enable them to better identify and address the educational needs of their children.

The Promoting Safe and Stable Families Consultation and Support Program offers Positive Behavioral Intervention to families with children who are experiencing behavioral problems at home or in a school setting. In addition, the Families and Schools Together (FAST) program is a collaborative early intervention and prevention program for youth who are vulnerable to school failure, alcohol or drug abuse, and juvenile delinquency. The goal is to foster a sense of confidence and competence in youth and parents to increase the likelihood of success at home, in school, and in the community.

As a new initiative, the Promoting Safe and Stable Families Program has partnered with Parents as Teachers (PAT) of Delaware to provide family support services to first time parents. The Parents As Teachers program provides services to first time parents throughout the State of Delaware using the PAT curriculum. Parents are given information on how children learn and grow as well as how they can enhance the child's learning in the home. PSSF program works with first time parents of PAT who are seeking assistance to address family stressors as related to the safety and healthy development of their child within their homes; the families need of a support service to advocate for appropriate family resources; families needing to establish informal and formal support networks to address the self-identified needs, as well as parents or families who are at risk of child maltreatment. The two program services continue to collaborate in its efforts to successfully provide the educational services and the family support services to this at-risk population.

Child Care Center licensing regulations are currently undergoing revisions. It is expected that the revisions will be complete by January 2007. In accordance with best practices, the revised rules have been worded to strengthen the ties between parents and centers, with centers providing information on children in care and encouraging parental access to the center. The regulations include requirements that parent visits and parent monitoring of the programs are welcomed and that parents have access to the center to observe their children at any time without prior approval; procedures for ensuring that parents are kept informed concerning the program and their children's development and educational progress; information about procedures used by the center to assess children's accomplishments and needs, and when there are concerns, to refer parents for additional help in the community; opportunities for involvement of parents in the center; procedures for a minimum of one conference annually between center staff and parents, a clear procedure for making and handling complaints regarding the center; a statement of the center's developmental and educational goals for children, and a typical daily overall schedule of the center's programs and activities. Currently, a network of State and private entities is working together to support the identification of appropriate assessment instruments for children in child care.

The Educational Surrogate Parent Program (ESP) provides trained volunteers to represent the interests of special education children in state custody whose parents are not available. The ESP program has authority to act on the child's behalf in all decision making processes concerning the child's educational placement and services. The program also provides volunteers to advocate for early intervention services for children ages birth to three who have some type of developmental disability. In SFY06, 285 children in care received advocacy services through the Educational Surrogate Parent Program.

Focus Group Results

When the focus groups were asked how effective DFS was in assessing and addressing the educational needs of youth, there was a range of comments. DFS workers acknowledged that they are better at assessing the educational needs of youth in foster

care. One worker reported that if the family comes to the attention of DFS for educational issues then DFS is more likely to aggressively assess and address those issues.

When this question was posed to the family focus group, the results were varied. One mother felt that the assessment process was not long enough. However, she admitted that she did not know anything about how DFS assesses the educational needs of children or how long that process takes. This same mother acknowledged that DFS did obtain educational information from her son's previous school.

Foster and adoptive parents in general felt that DFS did a good job of assessing the educational needs of children and then in ensuring that services are put into place to address identified needs.

Youth were asked if DFS did a good job of helping them get good grades. Six youth said DFS did help, 5 youth said DFS did not help, and 5 youth were undecided. When they were asked what DFS could do to help them succeed in school one youth stated that when their DFS worker is involved with their teachers they do better in class. One youth stated that DFS workers should help youth find tutors.

Educators wanted more frequent contact with the DFS workers. Others comment that Child Development Watch was 'fantastic' and that case managers were good advocates for foster children.

Data Analysis

Data from September 2004 through April 2005 shows Early Intervention FCT's provided 13,084 consultations from their positions in educational settings. These consultations were conducted statewide in 13 school districts and two charter schools.

Individual Item Analysis and Conclusion

Item 21 – Educational needs of the child

Department policy states educational needs should be identified at service entry. Educational needs are included in assessment of risk and case planning. Child Development Watch provides services for pre-schoolers with developmental delays. A promising practice for foster children is the application of McKinney-Vento protections to stabilize educational placements for foster children. Focus group responses to this item are generally positive; case managers are adept at assessing educational needs. The educational needs of children residing in their own home are assessed via completion of the Service Entry Needs and Strengths Screen. This tool is completed on every child residing in their own home and looks at not only their educational needs but their medical, psychological, emotional, social and legal needs. Any needs identified on the SENSS are then incorporated into the Family Service Plan and Integrated Service Plan (if applicable). QA reviews cover three program areas for educational needs and services asking if enough information was gathered to address risk and were service needs addressed with caregivers and schools. In investigation, 87% of cases were compliant; for treatment, 88% of cases were compliant and 96% of placement cases were compliant.

Combined, the compliance rate is 90%. The expected outcome is 95% compliance. DFS does an excellent job of identifying and addressing educational needs for children in foster care. DFS must do a better job of documenting efforts to support what we are doing to assess and document the educational needs and services rendered for children in their own home. DFS does not currently track how many children were able to remain in their home school district as a result of the McKinney-Vento legislation.

WELL-BEING OUTCOME 3 – CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

Policies

The Division of Family Services has developed a Medical Examination Protocol that must be followed whenever the agency receives a report of abuse or neglect. The protocol is as follows:

- Any infant or child from birth to 8 years of age who is the alleged victim of a physical abuse report must receive a medical examination by a pediatrician or family practitioner as soon as possible. A DFS supervisor may waive the examination when there are no visible injuries, significant bruises, and the infant or child does not appear to be in physical discomfort.
- A child from 9 to 18 years who is the alleged victim of a physical abuse report with observable injuries must be screened, at minimum, by a registered nurse or a physician's assistant to determine if more in-depth medical care is needed. A supervisor may waive the screening if there is minor bruising and the child does not indicate they are in physical pain. The child may be screened by a school nurse, a school-based well-child clinic, a state service center, or a Managed Care Organization.
- Any infant or child from birth to 8 years of age who is the alleged victim of sexual abuse which involves external contact, fondling, penetration, intercourse, or when injury is alleged or suspected must receive a medical examination by a trained pediatrician or physician as soon as possible.
- A child from 9 to 18 years of age who is the alleged victim of sexual abuse which involves external contact or fondling and injury is not alleged or suspected, must be screened, at minimum, by a registered nurse or physician's assistant to determine if more in-depth medical care is needed. A child is the alleged victim of sexual abuse which involved penetration, intercourse or where injury is alleged or suspected must be examined by a trained pediatrician as soon as possible.
- Any infant or child from birth to 18 years of age who is alleged to be the victim of a report of physical neglect that may be life threatening must be examined by a pediatrician or family practitioner as soon as possible. In addition, if the child is age 0-3 years of age, DFS must also make a referral to the Child Development Watch program.
- Any infant or child from birth to 18 years of age who is the alleged victim of a medical neglect report that may be life threatening must receive a medical examination by a pediatrician or family practitioner as soon as possible.

If the family is intact but the DFS worker has identified physical or mental health needs for a child, the worker will include a plan for addressing those needs in the Family Service Plan.

When children are placed in foster care, the Division will make reasonable efforts to inform parents about their child's health care including obtaining the proper consents for treatment. However, in the parent or legal guardian's absence or unavailability, the Division is able to consent to routine medical care, counseling or out-patient mental health treatment, emergency medical treatment including surgical procedures, and non-routine medical treatment including surgery. This policy was established as a result of legal guidance provided by the Department's Deputy Attorney General.

The Division will not provide consent for in-patient psychiatric admissions, involuntary substance abuse treatment, or voluntary substance abuse treatment if the child is over the age of 12. DFS will also not authorize consent for necessary treatment including psychotropic medication if the parent is opposed to the intervention. This policy was established as a result of legal guidance provided by the Department's Deputy Attorney General.

All medical and mental health information for children in out-of-home care is contained in the Plan for Child in Care series. This series of documents includes the current status and needs of the child in a variety of domains including physical and mental health.

Department Policy #204 'Transfer Instruction Sheet' requires that whenever a child moves from one placement to another, regardless of what the sending and receiving placement is, the sending caregiver should complete a "Transfer Instruction" form. This policy was issued August 13, 2004 and updated July 6, 2006. The purpose of this form is to provide the receiving caregiver with the most current information on the youth, including information regarding the medical and mental health status of the youth.

Procedures

When a medical examination or screening is indicated, the medical examination or medical screening should be obtained as soon as possible after the alleged occurrence of the injury and while it is still evident. Although policy and procedure do not define "as soon as possible", the reality is that when DFS receives a report on the report line alleging physical abuse with marks, workers are required to respond within 24 hours. Part of their response includes obtaining a medical examination according to the protocol identified in the Policy section listed above. DFS staff is required to obtain a written copy of the medical examination or medical screening for inclusion in the record.

Any physician, and any other person in the healing arts including any person licensed to render services in medicine, osteopathy, dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner or any other person who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. In addition to and not in lieu of reporting to the

Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition. (16 Del. C. 1953, § 1002; 58 Del. Laws, c. 154; 60 Del. Laws, c. 494, § 1; 72 Del. Laws, c. 179, § 4.) While each clinic or office may have their own protocol for whom make the report to DFS, the process is always the same. The reporter makes the call to the DFS Report Line. The reporters are also asked to complete a standardized Mandated Reporter form that is located on the Department's Intranet Website.

The Division will ensure that all children in care receive routine preventive medical and dental care as well as prompt, appropriate medical attention for illness or debilitating conditions.

Delaware maintains its policy of no pre-authorization needed for child behavioral health out-patient treatment. By adopting this policy, Medicaid eligible families are able to obtain treatment for their children earlier, thus reducing the need for deeper-end treatment.

Although it has been common practice that all children in foster care receive an initial medical examination, this practice is not presently captured in policy. Recommendations made by a workgroup will be presented to the Division's Senior Leadership Team for approval. Following their approval, policy will be written and disseminated to staff. This policy should be completed by March 2007. Following the initial medical examination, children in foster care are seen for routine visits on an annual basis (except newborns which are seen on a monthly basis). If a child has any medical needs, they are seen by a physician as often as needed.

Although there are adequate providers in New Castle and Kent Counties, DFS staff report that there is a shortage of physicians in Sussex County willing to accept Medicaid patients. Statewide there is a shortage of dentists that are willing to accept Medicaid. As a result, children are seen at Public Health clinics that have dentists on site, despite waiting lists for appointments.

Youth in Level 4 YRS placements have medical and mental health needs addressed by the Plan for Child in Care. Probation officers gather information on physical and mental health, needed services and progress when preparing or reviewing planning documents. Substance abuse needs and services are also addressed in the process.

Programs

Beginning in February 2006, a mental health screening is completed for every child 4 years of age and older who enter out of home care for the first time. This will ensure that the child's mental health needs are identified early and services implemented quickly. This initiative by the Division of Child Mental Health Services will provide support to

foster parents and increase placement stability. The screening and referral to counseling is completed within 30 days of referral.

Over the past year, the Division of Child Mental Health has been collaborating with the Division of Youth Rehabilitative Services to enhance the work of the psychologists in the various detention facilities. From July 2005 through May 2006, under the leadership of Dr. Diane Amery, the following were put into place:

- Psychologist staff in the YRS facilities now meet on a monthly basis to share information
- Implementation of a mechanism for cross-coverage if one of the staff needs to be away from their facility
- All the psychologists share responsibility for New Employee Orientation rather than having only one of the staff conducting all of the trainings
- There was a review of the policies across facilities regarding the process for addressing youth self-harm behavior and strategies to enhance the process

The Division of Mental Health and the City of Wilmington collaborated to develop the Child Development – Community Policing Program (CD-CP). The CD-CP was designed to provide an immediate mental health response to youth that have witnessed, been exposed to, or been effected by violence. If the City of Wilmington police respond to a call of violence and they know that children were present, they notify the Child Priority Response Team from the Division of Child Mental Health. A clinician from the Response Team responds with the Police and provides immediate frontline intervention services.

DFS continues to contract with A.I.Dupont Hospital for Children to provide physical examinations on children active with DFS. By contracting with the hospital to meet this need, doctors are more familiar with the signs of abuse and neglect and are able to make better diagnosis.

DFS continues to utilize the Children’s Advocacy Center (CAC) to reduce the devastating long-term effects that child abuse has on children. The CAC provides a child friendly setting to coordinate services that expedite the investigation and prosecution of child abuse cases while ensuring that victims receive effective, immediate and sensitive support. The CAC offers forensic interviewing for child victims and witnesses, medical examinations with specially trained medical staff, therapeutic intervention services, and child-friendly interview and medical examination rooms.

The Division of Child Mental Health Services received a federal grant to study and provide treatment services to children experiencing emotional difficulties following exposure to a traumatic event such as abuse and neglect, exposure to violence and loss of a loved one. This 2006 initiative targets Department children and is another treatment resource for foster children and children living at home.

Focus Group Results

Responses from all of the focus groups were very positive when asked if DFS was effective in assessing and addressing the physical health needs of children. However, DFS case managers did acknowledge that they are better at assessing the needs of youth in foster care than youth residing in their own home. Absence health insurance is a barrier to assessing physical health.

When this same question was asked regarding mental and behavioral needs of youth, the responses were similar. DFS still felt they did a better job for youth in care than for youth residing in their own home. One caregiver felt that DFS did not address the mental and behavioral needs of her grandchildren.

Review bodies felt that DFS did a good job of assessing needs. In their opinion, the problem is that there is a shortage of resources. Review bodies were also concerned about youth that refuse services.

Foster parents expressed some frustration in getting mental health needs addressed. In their opinion, workers do not always believe what they say about a child's behavior until they experience it first-hand.

Youth had very strong feelings about this question. Their responses are as follows:

- Doctors overanalyze child and make them feel like there is something wrong
- Doctors just want to pump children full of medication
- Clinicians make different diagnoses or inaccurate diagnosis
- Counselors in residential treatment homes seem to have a conflict of interest. The youth do not trust them because they work for the same company that they live with and fear confidentiality will not be maintained
- They cannot relate to counselor
- Afraid of being institutionalized or sent to Rockford Center

Data Analysis

Since February 2006, the Child Development – Community Policing Program has received 207 referrals. Of those 207 referrals, only 50 families did not have an ongoing case opened with DSCYF for follow-up services. At the time of the referral to the CD-CP program, 10% had an active case with DFS and 5% had an active case with YRS.

In CY05, the Children's Advocacy Center interviewed 816 children regarding sexual abuse, 128 children regarding physical abuse, 20 children for sexual and physical abuse, 5 children for neglect, 3 for emotional abuse and 1 for physical and emotional abuse. They also interviewed 106 children that witnessed some sort of violence in their home. Of the children that were interviewed, 613 were Caucasian, 373 were Black, 70 were Hispanics, 21 were Other, and 2 were Asian. There were 718 females interviewed and 360 males interviewed. Of the 1,079 interviews that took place, 39% (419) were referred by DFS.

QA reviewers determine compliance with assessing and addressing physical health needs with caregivers and service providers for treatment and placement program areas. The

overall composite compliance is 91.20% for SFY06. In investigation, the score is 87%; in treatment, the score is 87% compliance and in placement, the score is 95% compliance.

QA reviewers determine compliance with assessing and addressing mental health needs with caregivers and service providers for treatment and placement program areas. The overall composite compliance is 91.55% for SFY06. In investigation, the score is 87%; in treatment, the score is 86.6% and in placement, the score is 96.5% compliance.

Individual Item Analysis and Conclusion

Item 22: Physical health of the child

DFS has clear and detailed policy for assessing physical health needs and seeking services. Child Development Watch, mental health foster care screening, Child Advocacy Center and A.I. Dupont programs provide community supports. Focus groups agree this is a strong element but foster children receive better services. QA data supports the focus group responses. There is a discrepancy between identifying and addressing physical health needs for youth in their own home versus youth in care. DFS does an excellent job of identifying and addressing physical health needs for children in foster care. DFS must improve assessing, addressing and documenting the physical health needs of children in their own home. Although physical and mental health needs are assessed for children residing in their own home using the SENSS, the challenge has been to incorporate that information into the Family Service Plan and the Integrated Service Plan (if required). This can be accomplished through training offered by the Professional Development Unit. In addition, supervisors must be more cognizant of the physical and mental health needs of children residing in their own home and in ensuring that those needs are adequately addressed. The QA tool utilized by DFS has all reviewers evaluating whether the physical and mental health needs of all youth have been adequately assessed and addressed.

Item 23: Mental/behavioral health of the child

Mental and behavioral health issues are considered in assessing risk, case planning and service delivery. CMH's foster care entry screening project is a promising practice. Medicaid eligible families have access to outpatient counseling without pre-authorization. The Children's Advocacy Center provides comprehensive assessments that include mental health. The Child Development – Community Policing Program provides a valuable community service for traumatized youth. CMH's Trauma Project is a new resource for youth receiving Department services. Focus group responses indicate foster children receive better services than children at home. Stakeholders, review bodies, and foster parents express concern about accessing mental health services. Stakeholders are concerned that foster parents receive support services for challenging children. Youth present a general resistance and distrust of mental health counseling and reinforces one professional's concern that youth refuse counseling and do not get better. The trepidation expressed by youth regarding mental health services is not surprising. Their thoughts and feelings would be mirrored by a large portion of youth not residing in foster care. It is always painful to deal with personal issues, particularly with a stranger or someone that

the youth may perceive to be in a position of authority. When making referrals for counseling, workers are likely to request counselors that they think the youth will be able to trust and relate to. Often this relationship takes a long period of time to develop. Even after the trusting relationship has been developed, it still takes a long time to address issues. It is difficult for the youth to recognize the internal changes that may be taking place as the changes occur gradually. If the youth does report that he/she is not comfortable with the counselor they are seeing, the DFS worker will request that the case be assigned to a new counselor. It is also important to acknowledge that in a lot of instances, families of origin may share the same cynical feelings about counseling and the use of medication. In many instances, these cynical feelings have been passed on to their children. In any case, it is important that the client feel comfortable with their counselor and in the event that medication is recommended, that the client makes an informed decision. QA data supports focus group comments that foster children receive better services than children at home. DFS must do a better job assessing, addressing and documenting the mental health needs of children in their own home. Although mental/behavioral health needs are assessed for children residing in their own home using the SENSS, the challenge has been to incorporate that information into the Family Service Plan and the Integrated Service Plan (if required). In addition, supervisors must be more cognizant of the mental/behavioral health needs of children residing in their own home and in ensuring that those needs are adequately addressed. The QA tool utilized by DFS has all reviewers evaluating whether the mental/behavioral health needs of all youth have been adequately assessed and addressed.

IV. SYSTEMIC FACTORS

A. Statewide Information System

Policy/Procedure

The Family and Child Tracking System (FACTS) is the information system used by DSCYF to record client demographics and case work activities. FACTS is used to capture client information regardless of which division or program first becomes active with a client and to share information with other DSCYF staff also serving that same client. DSCYF contracts with 'Maximus' to provide development and maintenance of FACTS and, maintain the FACTS General User Manual and 'help' guides. The purpose of FACTS is multi-fold:

- To provide a single database for DSCYF clients, thus providing a complete picture of services being provided by all divisions and programs for all clients.
- To replace most paper documents, thus relieving staff of much of the manual record keeping burdens.
- To improve the quality of client records by capturing detailed information on clients and providing a work listing system to keep workers advised of what items must be completed, with due dates, in the work flow of activities.
- To provide the ability to create both standardized and customized reports in an automated manner using data from FACTS.
- Data is security profile protected and available to all appropriate staff on a professional need to know basis.

DSCYF has been extremely effective in maintaining permanent operations of FACTS statewide since its inception in 1994. Redundancy has been minimized through development and periodic reengineering ('version' changes). As a result, communication and collaboration among divisions has improved dramatically. Data accuracy and timeliness are emphasized and supported.

DSCYF utilizes a variety of mechanisms to ensure the information entered into the FACTS system is timely and accurate. The FACTS General User Manual and 'help' guides are available to staff to assist in understanding the structure and data entry requirements for all events. All DSCYF Divisions have 'FACTS Liaisons', experts in the FACTS system and available to assist staff with data entry and workflow issues. Staff who are new to the Department participate in FACTS training and, refresher training is available to all staff upon request. Prior to any FACTS version, staff is provided training as to the key enhancements included in a version and implications to workflow's and data entry requirements.

Division Data Managers and FACTS liaisons are routinely involved in data maintenance (i.e. duplicate identification number) and corrective actions to minimize or eliminate errors. Prior to the submission of the AFCARS extract, corrective actions are sought on those items found to be out of compliance. Specific cases identified with missing or inaccurate information is submitted to operations for corrective action. Finally, many FACTS events have validations built in to prohibit incorrect data entry.

The FACTS Information System undergoes approximately two significant ‘versions’ or enhancements per year. Every version includes changes initiated by the divisions to improve data quality, comprehensiveness of information gathered on an individual in the system, general maintenance, security, reduction of redundancy, and ease of use.

Programs

All divisions within DSCYF have developed a myriad of reports, either available within the FACTS system, or reports which query the FACTS database for details. Reports may be utilized at all levels of DSCYF system or may be shared outside of the Department for public consumption. Following are some examples of report utilization:

- Submission of NCANDS and AFCARS reports
- DFS shares the FACTS ‘DFS Placement and Custody Tracking Report’ with the Child Placement Review Board (CPRB), CASA program, and the Office of Child Advocate (responsible for assigning GAL’s) to monitor foster care populations.
- Internal management reports addressing ‘Weekly Caseloads’, Timeliness of initial and on-going contacts, Completion rates for ISP’s, Department ‘Venn’ population reports, Office of Child Care Licensing (OCCL) annual reviews, OCCL criminal history unit ‘Child Protection Registry’ and DFS ‘Annual Statistical Fact Sheet’
- DFS quarterly Report Card, which includes the six National Standard items, annual ‘Kids Count’ data, data provided for surveys requested by the Federal Office of Management and Budget , General Accounting Office, Child Welfare League of America and other national advocacy organizations
- Data interfaces with Child Support, Medicaid, TANF, IV-E eligibility and Child Development Watch

Enhancements since last CFSR

In 2001 DSCYF initiated a request to the National Resource Center for Information Technology in Child Welfare for assistance in evaluating and improving the FACTS system. As a result of this request an Adoption and Foster Care Analysis and Reporting System (AFCARS) review was conducted. While DSCYF had been meeting the Statewide Automated Child Welfare Information System (SACWIS) reporting requirement to AFCARS since 1995, the result of the review identified items needing enhancement to improve the quality of data being reported. Delaware subsequently formed an intra-Departmental workgroup which developed and submitted an AFCARS Improvement Plan. Following are key changes incorporated to date:

- Ability to identify multi-race selections per individual
- Enhance list of medical and psychological conditions consistent with AFCARS disability resource table
- Adjust data capturing for element #24 “number of previous placement settings” to include current placement setting

A key continuous quality assurance tool is the ‘Directed Case Conference’ event, utilized by OCS supervisors in all three key program areas (Investigation, Treatment, and Placement) to ensure safety, permanency and well-being are being addressed and

monitored, ensuring goals and plans are consistent and timely given the needs of the family. Since 2001, major enhancements were incorporated to these events to ensure supervisors respond to key prompts in the events to be used as guides during face-to-face conferences and quality of documentation in the content sections of these events.

DSCYF Policy # 201 “Integrated Service Planning” (ISP) was implemented in March 2004, followed by the creation of a FACTS ISP event and staff training. This change enhances the Department’s capacity to reduce fragmented services provided by multiple divisions and the involvement of all relevant participants in a case (division representatives, families, children, service providers, informal family support representatives) in case planning and monitoring. Monthly management reports have been developed using the FACTS data to update staff as to due dates and completion rates.

The Service Entry Needs and Service Survey (SENSS), an initial assessment and decision-support instrument, designed for Delaware based on John Lyons’ CANS-MH, was incorporated into the FACTS system in October 2003. Staff in all three divisions complete SENSS events. For DFS, this event is completed on every child in open treatment cases, within 30 days of the case assigned. The SENSS has specific questions that look at the safety and well-being needs for each child. If an area has been identified as one of concern, it is then incorporated into the FACTS Family Service Plan and if appropriate, the Integrated Service Plan.

Planned Improvements

DSCYF has a variety of initiatives now in place for enhancement to the FACTS Information system:

- In adopting an integrated System of Care (SOC) business model for the 21st century, the Department of Services for Children, Youth and Their Families (DSCYF) needs to replace the existing Family and Child Tracking System (FACTS) system with a new system that will support SOC. The Department’s goal is to put into place business rules and supporting technology to implement a case management model of “*One Child, One Plan, One Team*”. This initiative is now known as FACTS II.
- In order for FACTS II project to be considered for ACF funding it is necessary for the Department to meet all SACWIS requirements. The DSCYF Division of Management Support Services has been working with State of Delaware sister Departments to improve interfaces regarding Child Support, TANF and Medicaid. The end result of improved data exchanges involving these areas will be the ability to map this information to the respective AFCARS elements, furthering our efforts to complete the AFCARS Improvement Plan requirements, as well as, meeting all SACWIS requirements.
- In January 2005, an AFCARS work plan was submitted for cost estimate and development. The content of this proposal will further the efforts of the Department to include all children in the AFCARS reporting population, specifically those in the Division of Child Mental Health and the Division of Youth Rehabilitative Services and, incorporate such changes as the use of “Trial

- Home Visits”. DSCYF is now collaborating with Maximus in the design and development of these changes with an anticipated early 2007 version change.
- Enhanced data reporting regarding Independent Living client needs and service delivery.
 - Upgrading the FACTS Quality Assurance Case Review System (See Section C. for additional information).
 - Compliance with federal Interstate Compact on the Placement of Children Act of 2006 (ICPC).
 - Compliance with federal Child and Family Services Improvement Act (CFS), requiring states to track monthly contact of children in foster care.

Data Quality Analysis

As a result of the 2001 Children and Family Services Review, DSCYF was found to be in compliance with all aspects of its FACTS Information System and its ability to provide detailed information regarding the “...status, demographic characteristics, location and, goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care”. Regardless, DSCYF has continued to evaluate the systems capacity to meet these criteria and seek improvements where possible.

Delaware is confident with the overall quality of the data entry process and the accuracy of data mined from this system for reporting purposes. Delaware’s AFCARS submissions have consistently met or exceeded the threshold for error of 10% or less for each reportable item. Manually calculated monthly foster care activity reports compiled from the DFS regional offices are compared to the FACTS ‘Foster Care Activity Report’ and are consistent. Generally, what differences that are identified are based on data entry delays by operational staff. There have been other reports developed outside of the FACTS system in which manual validation has resulted in high confidence in the data entered into FACTS.

In the most recent ‘Delaware Child and Family Services Review Data Profile’ dated November 2, 2006, DSCYF did well under the sections titled NCANDS data completeness information for the CFSR and AFCARS data completeness and quality information. However, of note was the section indicating “file contains [dropped cases] between report periods with no indication as to discharge”. DSCYF responded to ACF as follows:

“The AFCARS batch dropped the 32 children because these children either exited care while in a non-reportable AFCARS placement (such as detention), or were replaced into a non-reportable AFCARS placement. We have made plans to correct our batch to accurately reflect these children’s exits and/or replacements, and expect changes to be implemented with our FACTS upgrade in early 2007. “

Focus Group Responses

Responses ranged from DSCYF staff clearly aware of and using the FACTS system to external groups indicating an awareness of the information system, but little familiarity of the internal workings of the system. Specific comments of note:

- There may be some problems but, the state is good at addressing them.

- DFS is very willing to share data.
- Aware of instances in which DFS staff were not aware of a child's history.

Individual Item Analysis and Conclusion

Item 24: Statewide Information System

Since 1994 the Children's Department has maintained an automated case management system. This system replaces a paper driven model and provides electronic sources for building automated reports valuable to internal and external partners. DFS's quality assurance system uses FACTS as its data source. The system is capable of reporting demographics, location and characteristics of foster children statewide, historical information on children and families and is linked to the fiscal division to facilitate automated payments to foster parents. Focus group responses support objectives to automate child and family case management and share data with external partners. Data quality is good according to the CFSR Data Profile. An existing workgroup is exploring a comprehensive shared adoption database between DFS and the Family Court. This is still under consideration. One of the recommendations is to research other agencies and states to explore available technology to capture this information. The Division has representatives on the committee. Continuous improvements will maintain this item's strength rating.

B. CASE REVIEW SYSTEM

Policies

The Children's Department recognizes that a holistic integrated approach is essential for the success of children and families. The intent of the Department's policy is to ensure the integration and coordination of all services and resources available within the Department, the family and community. To truly embrace a holistic approach to working with families, the Department has adopted a "System of Care" philosophy. The "System of Care" philosophy is a strengths-based, family-centered, child-focused, culturally competent model. It is based on the belief that the best care and protection for children can be achieved when the strengths of the families are aligned with community and Department supports.

One mechanism the Department utilizes to achieve a true system of care is the development of an Integrated Service Plan for families active with more than one division within the Department. The purpose of the Integrated Service Plan is to clarify planning requirements for the family as well as any other formal or informal support that may be providing services to the family.

In addition to the Integrated Service Plan, a written DFS Family Case Plan must be developed for each family opened for treatment services after the Family Assessment Form has been completed. The plan is a direct outgrowth of the Family Assessment Form and the SENSS and should be completed by the eighth week after a treatment case has been open. The Family Case Plan outlines the activities that the case manager, client and others undertake to resolve the problems that place the child at risk. The Family Case Plan will attempt to resolve the areas of concern that were identified in the Family Assessment Form and the SENSS. The contact schedule is re-evaluated when the Family

Case Plan is developed and should be based on the strengths, needs and risks in the family.

All families active with DFS have a right to a written plan that clearly spells out goals and objectives in positive, measurable terms. Case managers must involve family members in the development and implementation of the Family Case Plan. The plan should always be developed with the family and should be written in language that the family can understand.

The case manager shall attempt to have the client sign the Family Case Plan. This does not necessarily indicate their agreement but that they have discussed and understand the plan. If the client elects not to sign the plan, the caseworker is required to document this on the plan, stating the client's reason for refusing to sign. The client may prepare a written response explaining why they have chosen not to sign the plan.

Each plan includes written information describing the appeal process and right to a Fair Hearing. If a client is represented by an attorney, it is the client's responsibility to ensure that their attorney has reviewed the Family Case Plan prior to signing it.

When children are removed from their home and placed in out-of-home care, the Division is required to complete the Plan for Child in Care (PCIC) series. The PCIC series begins with the PCIC II. The PCIC II must be completed within five days of a child being placed in a new home. The purpose of this document is to identify the tasks that need to be completed in order to stabilize the placement and ensure that the child's immediate needs are met. This plan captures the child's medical conditions and current medications, if any, current health care provider information and current school information, including grade and educational classification.

The Plan for Child in Care III addresses the child's needs while in placement and until permanency is achieved. The areas specifically addressed are medical, dental, educational and vocational, social and emotional needs, behavior management, preparation for independent living, court requirements, visitation, and efforts to locate a permanent goal. This plan should be developed jointly with the case manager, the parent, the foster parent, and the youth (when appropriate). The PCIC III specifies who is responsible for the various tasks and when those tasks should be completed. A new PCIC III must be completed within 30 days every time a child moves to a new placement. This plan is updated annually.

The PCIC IV documents progress in all of the areas addressed in the PCIC III. It should address goals and objectives that were met, progress or problems in meeting goals, any new goals that have been set, and strategies to achieve the goals. The review should be completed at least every six months and should be done jointly with the social worker, the foster parents, the birth parents and the youth if applicable. For children placed in contracted foster care, the PCIC IV must be completed every 3 months.

If a youth is active in more than one Division within the Department, an Integrated Service Plan (ISP) must be developed. The ISP is developed collaboratively with the parents, the youth, any formal or informal supports the family may want present, division case managers, and any service providers. The ISP is a “blueprint” for the team, identifying what tasks must occur to help the family and who will be responsible for those tasks. The ISP must be completed within six weeks of the second division opening their case and must be reviewed every 90 days thereafter.

The inclusion of youth in developing any of the above listed plans (Family Case Plan, Integrated Service Plan, Plan for Child in Care II, Plan for Child in Care III, and Plan for Child in Care IV) is always considered best practice. However, there may be times when it is inappropriate to include youth in the development. Workers take into account the age, developmental level and functioning of the youth when determining whether or not they should be included in the development of the plans.

There is a regular sequence of hearings and reviews from filing of the initial abuse or neglect petition to the court granting custody, guardianship or adoption to a caregiver; court action also ceases when youth reach age 18. The Division of Family Services and Family Court have policy and procedures on the above process to support the different court hearings or reviews and requirements for each. Hearings are conducted by Family Court judges and the Child Placement Review Board.

There is law, policy and procedure in place for terminating parental rights. Adoption and Safe Family Act requirements are incorporated in these provisions.

Procedures

The case manager has responsibility for planning with the caretakers of all children in the family unless a decision has been made and documented in the record that services to a portion of the family are no longer needed. Caseworkers will develop a Family Case Plan for all families immediately following the completion of the Family Assessment Form. The Plan should be developed jointly with the family and should include other service providers during the planning process to ensure their full cooperation in implementing the plan.

Focusing on safety and permanency, the Family Case Plan will attempt to resolve the problems that were identified in the Family Assessment and the SENSS. The Family Case Plan should be considered a working document used to move a case to closure, protect children from abuse or neglect, and protect the rights of parents. It must clearly identify the changes parents must make and how the Division will measure those changes.

When parental substance abuse is indicated, the Family Case Plan focuses on behavior related to substance abuse and parenting. Substance abuse treatment will be an integral part of the plan.

The Plan for Child in Care series must be completed for every child in out-of-home care, and should be done as part of a joint planning meeting between the foster parent, the birth parent, the DFS case manager, workers from any other DSCYF division, and the youth. It is during this joint meeting that any areas of concern are noted. It is up to the team to develop a plan on how those needs will be addressed. The plan clearly identifies the tasks that must be accomplished and who is responsible for those tasks. At the conclusion of the meeting, all parties should be provided with copies of the signed plan.

Child Placement Review Board and Family Court rules supporting federal and state laws provide for a timely succession of hearing and specific findings as foster children move towards permanency goals. From the Dispositional Hearing, the Court reviews the case every 3 months. The Permanency Hearing is held before the 12th month from the date the child entered foster care. Permanency reviews are held annually thereafter. The Child Placement Review Board reviews cases at 10 months and at the 6 month mark between the scheduled Permanency Hearings until the child exits foster care. The court can at any time request a court hearing to review permanency or new issues brought to the court's attention. The Division gives notice of the hearing or review to the foster parents or caregiver via a written letter or phone call. The date for the next court hearing is usually discussed at the end of the hearing.

The permanency coordinator and permanency supervisor monitor children entering foster care for review by the permanency committee at the 10th month of the foster care placement. This process has been very effective in notifying case managers and scheduling the children for review by the permanency committee. Youth in YRS facilities for 10 months are tracked and reviewed by the DFS permanency committee.

When DFS plans to recommend a goal change at the permanency hearing, a motion is filed with Family Court within 30 days of the next scheduled court hearing. This process is in place to provide notice to the court and other parties of the Division's plan.

Termination of parental rights (TPR) proceedings begins with a case review and recommendation by local Permanency Committees or by court directive. Procedures require petitions to be filed within 3 months of the Permanency Committee meeting or as ordered by the court. A TPR petition must be filed for a child in foster care for 15 out of the last 22 months, absent compelling reasons not to file. Absence of an adoptive resource is not a compelling reason.

Programs

Copies of the Family Case, Integrated Service Plan and the most recent Plan for Child in Care must be submitted to Family Court prior to any court review/hearing. These plans must also be submitted to the Child Placement Review Board prior to the Review Hearing.

All contracted foster care agencies are required to complete the Plan for Child in Care series for all children in foster care through DSCYF. They are also required to review their plans every 90 days. Copies of all plans and reviews must be forwarded to the

assigned DFS worker. That information is then entered into the family's DFS FACTS case.

The Court Improvement Project has been in effect statewide in Delaware since 2002. This initiative provides for case assignment to specific judges, timeliness of hearings and requires rulings of safety, permanency and well-being of foster children before the court.

The Child Placement Review Board has legislated authority to review the status of safety, permanency and well-being factors for Delaware's foster child population.

Focus Group Results

Parents and foster parents report that PCICs and case plans were not developed jointly with DFS but instead, were developed by the DFS case manager and presented for signature. Both foster parents and adoptive parents reported that they do not always get copies of the completed PCICs. Most youth had seen and half had participated in their plan development. Case managers report that their workload simply does not afford them the luxury of being able to meet with all families individually to develop the Family Case Plan or the Plan for Child in Care. The fact is that in addition to the workload issues, both of these documents are computer generated documents that do not easily lend themselves to being completed with the family. Policy managers feel plans are completed timely as they are work listed for case managers. Review bodies report a reduction in the number of plans presented.

Regarding periodic hearings, the feedback from case managers, families, adoptive parents, stakeholders and policy managers and administrators acknowledged that there are provisions and procedures in place for periodic reviews and they are held timely. Educators stated they have never been invited to participate in a CPRB or court hearing, but have been contacted by the CASA, GAL or parent's attorney for input prior to a hearing or review. Some of the concerns related to Family Court are not receiving the court orders timely, hearings being rescheduled and the frequency of the hearings. Review bodies report hearing coordination issues between the Court and CPRB and that scheduling court hearings are difficult to coordinate with so many parties participating. Youth may be aware of a court hearing or review; they may not be aware of what took place.

Everyone responded that there is a process in place for TPR proceedings in accordance with the ASFA guidelines. Review bodies noted petitions are filed in court, but there can be a 3-6 month delay in scheduling the TPR hearing. These hearings can take from 1 to 3 days which can be spread out for a period of time. There is a need for more legal resources to make improvements in timeliness.

When asked if caregivers receive timely notice to attend hearings and reviews, most participants agreed although some disagreed. Kent and Sussex foster parents report better compliance than New Castle foster parents. Review bodies noted that some foster parents attend hearings.

Data Analysis

The DFS QA system monitors the completion of case plan events. From the QA reviews for DE FY06:

- A child having a completed case plan was found to be true in 76% of the cases reviewed.
- A signature page in FACTS was completed for all participants in 55% of the cases.
- When other Divisions are involved with the child the Interdivisional Service Plan was completed 58% of the time. Performance Plans for workers and supervisors require that Integrated Service Plans be completed on 90% of cases active with more than one Division.

Family Court’s Court Improvement Program has sponsored independent reviews for desired outcomes such as timeliness of hearings. At the November 2006 ‘Joining Forces’ Conference, a research consultant presented findings from an initial assessment from 1995 to 1997 and the reassessment from 2004 through 2005. The data showed the courts are doing a much better job facilitating permanency for foster children. As one judge concluded, “It’s a good system now but it continually needs change. It’s a work in progress but it’s making a difference.”

The August 2006 IV-E Review covered 80 cases and noted only one that did not meet required timeframes. The federal report noted “We saw great strengths in the court orders which were child specific and discussed the child’s and family’s circumstances. There is a high frequency of court hearings which indicates that the State agency and courts are working together to move these cases promptly through the system. Generally, case documentation showed that permanency hearings were occurring more frequently than once every twelve months.”

The Court Improvement Program evaluated the timeliness of hearings held within one year of the adjudicatory hearing to approve a permanency plan for the child:

Mean Days to from the Adjudicatory to the Permanency Hearing	331.8
Range of Days	50 – 559
Percent held within 365 days (Compliance with court rules)	71.1

Permanency Composite 2: Timeliness of Adoptions, Measure C2-4: Children in care 17+ months achieving legal freedom with 6 months, the state misses the 75th percentile by 1.2% for FFY05 and exceeds the 75th percentile by .1% for FFY04. See Permanency Outcome 1 for further discussion of this item.

Individual Item Analysis and Conclusion

Item 25: Written Case Plan

DFS has clear and detailed policy and procedure, for case planning. FACTS supports timeliness of completing case planning events. The DFS QA system attempts to monitor the completion of case plan events. Focus group responses indicate problems with engaging youth and families in the case planning process. QA data reports 76% of the cases reviewed in SFY06 had a completed case plan for the child. A signature page in FACTS was completed for all participants in 55% of the cases. When other Divisions are involved with the child, the Interdivisional Service Plan was completed 58% of the time. DFS recognizes that improvements need to be made in this particular area. This will be an area of focus for the Treatment Program Manager. Further discussion and recommendations regarding how to improve upon our efforts to truly collaborate with families in the development of service plans will be the focus. Collaboration will be a part of the routine audits that the Treatment Program Manager conducts involving contracted in-home treatment services. This is an area needing improvement.

Item 26: Periodic Reviews

Delaware has provisions, policy and procedures to ensure timely periodic reviews of foster children in Family Court and by the CPRB. Strong collaborative effort is evident between Family Court, CPRB and the Children's Department to implement the provisions. Focus groups report this item is a strength. Data also supports this item's strength although there is not a direct measure of effectiveness. While there are process improvements that can be made, this item is rated a strength.

Item 27: Permanency Hearings

Delaware has provisions, policy and procedures to ensure timely permanency hearing. Collaboration between Family Court and DFS, assisted by Court Improvement Program has facilitated the implementation of these provisions. Focus groups agree hearing are held and held timely. IV-E Review findings supports hearings are held and are timely. This item is a strength.

Item 28: Termination of Parental Rights

Delaware has provisions, policy and procedures to ensure ASFA compliance for TPRs. Focus groups agree there are provisions but identify barriers to timely completion of hearings. Within Permanency Composite 2, Measure C2-4: Children in care 17+ months achieving legal freedom with 6 months, reports the state misses the 75th percentile by 1.2% for FFY05 and exceeds the 75th percentile by .1% for FFY04. This is an indicator of success in achieving timely TPRs. This is an item of strength.

Item 29: Notice of Hearings and Reviews to Caregivers

By policy and agreement with Family Court, DFS gives notice of the hearing or review to the foster parents or caregiver via a written letter or phone call. New federal law providing for the right of caregivers to be heard needs clarification and study prior to implementing any change in current procedure. Focus groups agree that adequate notice is provided caregivers for Court and CPRB hearings. There is no data supporting this item. This item is considered a strength.

C. Quality Assurance System

Policy

The Children's Department is dedicated to improving services to internal and external customers. The Delaware Quality Award is presented to companies and organizations that have made customer service and management excellence their highest priorities in seven criteria categories—leadership, strategic planning, customer focus, measurement and analysis, human resources focus, process management and results. In 2002, The Delaware Children's Department was the first recipient of the Commitment Award and the third state agency to receive a Delaware Quality Award since the awards inception. The Commitment Award recognizes organizations getting started on their quality journey. In 2003 and 2004 the Children's Department received the Merit Award. The Merit Award recognizes organizations that demonstrate significant progress in their efforts to provide quality performance. The program is based on the Malcolm Baldrige National Quality Award criteria. Each division has outcomes, goals and measurements that contribute to quality improvement.

In November 2004, DSCYF updated Department Policy # 204 Departmental Quality Improvement Process. The policy intends to achieve the following:

“This policy provides a means to certify and document that internal Review and Quality Assurance methods are consistent with the Department's legal mandate, federal requirements, case management best practices in a System of Care, DSCYF Report Card Measures, and a comprehensive overview of all elements that touch on opportunities for quality improvements.”

The Office of Child Care Licensing (OCCL) is responsible for developing and implementing Delaware Regulations for Child Care, Residential Group Care and Child Placing Agencies in Delaware. OCCL also conducts criminal history and Child Protection Registry checks for all DSCYF employees, foster care parents, adoptive parents, employees of DSCYF contracted client services, licensed child care providers, licensed child care provider employees, licensed child care provider household members, and health care and public school employees with direct access to children or vulnerable adults. The desired goals of these services include: quality child care: child care facilities that meet Delaware Standards; and the protection of children in child care, residential, health care, or educational facilities from harmful acts of adults with criminal or child abuse histories.

Family Services has established extensive policy and procedure to ensure quality services for foster and pre-adoptive parenting. The policies cover approvals, criminal history checks, Child Protection Registry checks, home environment studies, training requirements, annual reviews and corrective action planning for foster and adoptive parents.

Policies and procedures are also in place to assess safety and health of foster children through formal assessment and planning protocols, regular face-to-face contacts, and collaboration with schools, child advocates, review bodies and service providers.

There are several contributing parts to Continuous Quality Improvement (CQI) system within the Division of Family Services, Office of Children's Services:

- DFS Quality Assurance Case Review System
- Child Death, Near Death and Stillbirth Case Reviews – These reviews are conducted by local panels that review all child death and near death incidents in the state. Local panels and the Governor appointed Commission recommend system changes to address child safety. The Commission has the authority to expedite reviews and issue preliminary findings, prior to a final report, to the Governor. The Commission's membership contains child advocates, medical professionals and child welfare representatives.
- Child Protection Accountability Commission (CPAC) Case Reviews – These reviews are assigned to an appropriate sub-committee determined by the Commission. Commission membership consists of Code mandated state agency representatives (including the Children's Department, Department of Health and Human Services, Office of the Child Advocate and Family Court) and Governor appointed child advocates and child welfare professionals. This body is the state's Citizen Review Panel.
- Safety Counsel Case Reviews – The Children's Department has an interdivisional committee that examines cases that meet the criteria for critical incidents such as client deaths, near deaths or escapes from secure facilities. Chaired by the Office of Case Management, the Council can recommend internal reviews or Root Cause Analyses, reviews and recommends improvements for consumer safety.
- Office of Case Management Reviews – The Department's Office of Case Management has the function of conducting reviews for specific or general topics throughout the Department. Implementation of the Integrated Service Plan is monitored by this team.
- Management Reports

DFS Quality Assurance Case Review System

The flagship for DFS CQI is the Quality Assurance Case Review system. In its 2001 CFSR statewide assessment, DFS indicated that the most recent iteration of the QA system, some form of which had been in place for several years, had been in use for less than a year and had not produced sufficient data as to assess the reliability and validity of the new system. The QA system went beyond the focus of children in out of home care and looked at the continuum of services provided to families in the three major operational programs: Intake/Investigation; Treatment (intact families); Placement/Permanency). While still "in development", DFS was pleased with the feedback it had received from staff, in particular workers and supervisors, as to the potential of the new case review system. Having shifted the focus of the reviews in line with the federal goals of 'Safety, Permanency and Well-being', the positive feedback from staff was primarily due to the new systems focused on system performance, rather than, a "worker performance" determination. At that time the QA case review system had been developed and was managed from within the FACTS Information System.

Following receipt of the Children and Family Services Review final report in June 2001, in which Quality Assurance System was found in 'substantial compliance', DFS embarked on an initiative to improve the Quality Assurance Case Review System in order to:

- 1) Better align the system with performance outcomes identified in the federal on-site case review tool
- 2) Better align the system with changes in Policy and Procedures, which had occurred during and subsequent to the 2001 CFSR
- 3) Improve the system sufficiently to utilize the resulting data in order to report on performance outcomes identified in the Program Improvement Plan (PIP) and
- 4) Improve reviewers' capacity to complete the case review tools minimizing issues of 'inter-rater reliability'

It should be noted that in its design of questions regarding client activities, some attempt to evaluate the case workers "effort to engage" clients in the helping process, thus placing less emphasis, in some cases, on the lack of participation a client demonstrated and more on the quality of efforts the worker demonstrated to involve the client in services. DFS implemented the revised version of the QA Case Review tool in June 2002 and used this version until November 2004, which included the period the agency reported on its progress to achieve all PIP items.

Subsequent to the achievement of and release from the PIP, DFS again completed a major review of the QA Case Review system and, in November 2004 put into place the version of the tool which continues to be used to date. Key improvements in this last version included further enhancement of questions and directions consistent with the federal on-site review tool; incorporation of questions addressing elements related to CAPTA requirements; review of the 'digital recording' of hotline calls for professionalism and completeness by staff; increase the pool of QA case reviewers to include supervisory staff; Improved quarterly and annual QA outcome reports. Significant amongst these changes was the inclusion of supervisors in the case review process. This change enabled DFS to achieve two goals:

- 1) Increase the sampling size in the three program areas and improve overall confidence that the results of the sampled cases were representative of the entire population of cases. The increase in sampling sizes were as follows: Investigation- went from 10 reviewers completing 20 reviews a month to, 15 reviewers completing 30 reviews a month (30 reviews represent approximately 7% of the total population); Treatment- went from 8 reviewers a month completing 8 reviews to, 16 to 18 reviewers completing 16 to 18 reviews a month (18 reviews represent approximately 10% of the sampled population. Note, the sampling for these cases include date opened parameters which reduces the sampled population down from the approximately 700 plus treatment cases the agency may have open at any given time); Placement- went from 10 reviewers to 16 to 18 reviewers completing 16 to 18 reviews a month (18 reviews represent approximately 12% of the sampled population.) Note, the sampling process includes date open parameters which reduces the population sampled down from

the approximately 800 plus children in foster care at any given time. Also note reviewers of treatment and placement cases switch assignments each month.

2) Including supervisors in the review process enhances their understanding of the ‘best practice’ recommendations identified in the case review tools and improve their communication to staff the benefits of incorporating many of these efforts into day to day practice; ultimately improving the outcomes for children and families. Associated with this benefit is the continued distribution of completed case reviews to regional offices and the expectation that supervisors and workers will review the individual case reviews and be aware of acknowledged good work reflected in the reviews and identify areas where casework practice can be improved.

The Quality Assurance Case Review tool remains a valid method of monitoring outcomes for children and families active in Delaware’s child welfare system. The results of the QA system have been used to inform staff of case specific and, overall performance toward achieving positive outcomes for our families on a case specific, regional and statewide basis and, provide Program Managers with information to support enhancements to DFS policy and procedures. Along with the quarterly and annual QA outcomes reports, QA system results are used in a variety of management reports, most notably providing supporting data in the PIP, the Children and Family Services Plan and the second round CFSR Statewide Assessment.

The need for continued improvements to this system exists and following are items which will be addressed for future improvements:

- Address the sampling process with focus on sampling date parameters of cases reviewed in Treatment and evaluate for ‘over-sampling’ in all program areas.
- The existing QA system is a FACTS case review only. Evaluate a multi-tiered approach in which a small sample of cases are reviewed to include all available information to include; FACTS case record information, hardcopy documents, interviews with supervisors, workers, families, foster care and services providers and other case participants.
- Refresher training with reviewers to further reduce errors and enhance rater reliability.
- QA system is presently maintained in an Access Database; evaluate opportunities to update the FACTS QA placeholder.

Child Death, Near Death and Stillbirth Case Reviews

Citizen Review Panel Case Reviews

Safety Counsel Case Reviews

Office of Case Management Case Reviews

Critical incidents, child death and near death cases are reviewed in a variety of forums, internally and externally. These reviews are extensive and can include record reviews, policy and procedure review and personal interviews. The goal is to identify system deficiencies, recommend system changes and prevent recurrence of the incident. The Department responds to these recommendation and tracks corrective actions.

Management Reports

DFS continues to utilize data extracted from FACTS and formatted into reports which have been developed either with a repetitive frequency in which the data is updated periodically or, on an ad hoc basis. Some are 'process reports' with an identifiable relationship to client outcomes, such as, the monitoring of initial and on-going contacts with families active in Investigation or Treatment, monthly reports identifying cases with an ISP due date upcoming or ISP completion rates. Other reports include the six National Standards. Most of the standardized reports are distributed to the DFS regional offices for evaluation and, shared either directly with staff, such as weekly caseload, investigation due dates and treatment contact schedule reports, or posted in the regional offices, as with the Division Report Card. Other reports are shared with community partners and stakeholders for informational and joint improvement efforts. A monthly 'Foster Activity Report' of children entering and exiting foster care each month is shared with OCA and the CASA program, who in turn, update their database of represented and unrepresented children and share that information back with DFS.

While development and monitoring of 'process' reports may still be necessary at times, efforts to develop reports which are more outcome driven remains the division's goal. Planned short term improvements include:

- Migrating the National Standard 'Composites' into reports which can be generated on monthly, quarterly, and annual schedules, including county level data.
- Department wide initiative to re-write standard reports in an 'Oracle Reports' format and stored in a portal, allowing individuals to run reports using own preferred data parameters.
- Department wide initiative at using 'Oracle Developer'; a 'desk top' managers tool in which 'workbooks' of key data elements are developed, allowing a manager to organize the data to meet individual, unit, region or program area requirements with drill down data.

Focus Group Responses

Focus group responses indicate internal and external knowledge of quality standards for foster parents but several participants wonder if those standards are consistently met. Case managers say annual reviews, home visits and foster parent clusters contribute to quality services. A stakeholder thought that case manager workload is a barrier to quality interactions that are necessary to plan and implement foster care services. Foster parent should be involved in a child's counseling.

In terms of DFS's quality assurance reviews, department employees are aware of and receive reports. External partners are not aware of the QA system. One stakeholder commented that foster care contracts contain child outcome measures.

Data Analysis

The Office of Case Management (OCM) developed a case review tool to be used in evaluating the performance in all three operational divisions. The sample process used in

2004 included reviewing two cases already reviewed by the DFS QA system, as well as, two which had not been reviewed. The result of the case reviews supported the outcomes identified by DFS, OCM has not been able to fully implement its strategy regarding comprehensive case reviews department wide due to redirection into reviewing cases regarding very focused areas such as the SENSS, ISP's, and SOC implementation.

Individual Item Analysis and Conclusion

Item 30: Standards Ensuring Quality Services

The Department has provisions, policy and initiatives for quality services and improvement. Foster care standards are directed by Delacare and Family Services' policy and procedure. Focus groups agree standards exist but express doubt that standards are met for foster care services. The source of this doubt is not known. Further information is needed. It may be that participants are unaware of the training requirements, curriculum, supervision and support services offered to foster parents. Heavy workload is viewed as a barrier to quality case planning and service delivery. This item is determined a strength. Focus group comments regarding quality of foster parenting and family engagement are more closely related to case planning and foster care resources.

Item 31: Quality Assurance System.

The Children's Department is committed to quality improvement. Statewide services detailed in the Child and Family Services Plan are monitored and reviewed using DFS' QA Case Review System. The QA results measure the Child and Family Services Plan and Statewide Assessment elements. OCM has completed a small but favorable quality review of the QA findings. Focus group responses indicate employees are aware of and receive QA findings. QA results are not formally shared with external partners; DFS is open to discussing this with external partners to determine the appropriate format and forum. This item is a strength for the state.

D. Staff and Provider Training

(This section separates Staff and Provider Training)

Staff Training

Policy

DFS provides 147.5 hours of new social worker training focusing on child safety, permanency and well being within the curriculum. Case managers are required to complete month 1 (Orientation, Abuse and Neglect, Risk Management, FACTS) and month 2 (Legal, Interviewing, Domestic Violence and Field Safety) sessions before receiving cases. Months 3 – 6 new social workers participate in additional domestic violence training, child development as it relates to abuse and neglect, field safety training, alcohol and substance abuse, separation-placement-reunification, and a day devoted to treatment. The OCS Management Directive –“Fully Functioning Status”, issued October 12, 2004, sets out the above sequence of required training for new workers.

DFS Supervisors were required from 2002 to the present to complete the twelve day Institute for Human Services (IHS) Supervisory Training, a companion to IHS new worker training curriculum. Cores are Managing Within a Child and Family Serving System (501), Managing Work Through Other People (502), Transfer of Learning: The Supervisors Role (503), Supervising/Managing Group Performance: Productive Teams (504). In addition to these trainings, supervisors complete other departmentally required trainings.

For ongoing DFS staff, all DFS staff is required to complete 18 hours of annual training. This requirement was first published in a Director's memorandum of 12/3/99. This training directive was updated September 14, 2006.

Annual Refresher Training is a direct outgrowth of the 2001 PIP. Some specific Refresher Training topics have been Assessment and Planning for Child Safety, History Training, Comprehensive Decision Making Training, Domestic Violence Refresher Training, Engagement Training, Treatment Plan Refresher Training and Case Documentation Training. All of these topics directly relate to child safety, permanency and well being.

The Department of Services for Children, Youth, and Their Families (DSCYF) issued Policy #201, Integrated Service Planning on November 9, 2004. This policy requires a collaborative approach with the child (where age appropriate) and family including DSYCF Divisions active with the child, school, community agencies, and supporters identified by the family. Policy intent is to ensure the integration and coordination of all services and resources available within the Department, the family and community. A "System of Care" is a strengths-based, family-centered, child-focused, culturally competent. It is based on the belief that the best care and protection for children can be achieved when the strengths of the families are aligned with community and Department supports. To date, three training phases have been conducted on SOC, beginning in the summer of 2004 including community partners and all DSCYF staff members.

Certain modules of core training are required for employees of some contracted treatment family support contracts. Regardless of the contracted service being provided to clients, all contractors are asked to send their staff to different components of the Division of Family Services' new worker training. Specifically, staff is required to attend

- Recognizing child abuse and neglect
- Risk management (this includes safety assessments)
- Substance abuse and Child Abuse/Neglect
- Separation and Loss
- Legal training

In addition to the new worker training offered to contractors, each contracted agency has established their own training protocol that their staff is required to complete. The training offered by DFS enhances the training they receive internally. Finally,

contractors are invited to participate in regional meetings with DFS staff for cross-training purposes.

Procedures

Subject knowledge and the beginning of mastery occur in training classes. DFS has a two-fold system for transferring learning to practice. One, mentors are trained to work directly with each new worker. Two, in New Castle County where the rate of turnover has historically been the highest, new workers begin their DFS careers in units supervised by coaching supervisors who specialize in coaching new staff.

DSCYF began a comprehensive cultural change practice in 2004 with all employees in the Department participating in foundation training for System of Care implementation. The years 2005 -2006 continued with specific practice training for 245 workers, supervisors, and managers. In 70% of cases, DFS workers lead the child and family inclusion system meetings. Therefore, DFS workers and supervisors particularly benefited from the SOC training in practice exercises of leading the team, engagement and alignment, managing the team, coaching, support and ensuring progress. These training topics target personnel who are involved with providing or overseeing service provision and case management of Integrated Service Plans (ISP). Training focused on identifying and practicing the skills needed to run effective ISP meetings and engaging families in the process. Exercises looked at determining interest, underlying motives and dealing with conflict and negotiation.

Programs

Curriculum changes since 2001 include the addition of a day of training in Child Abuse and Neglect (from 3 to 4 days), in Legal Training (from 1 to 2 days), in Domestic Violence (from 1 to 2 days), and in Separation, Placement and Reunification (from 3 to 4 days). Also, Field Safety training has increased from 1 day to 1 ½ days and a day of Treatment Training has been added.

Core DFS Training for social workers and supervisors is the Institute for Human Services Training Curriculum that is carefully researched, field tested, and endorsed by the Child Welfare League of America. The IHS Curriculum is competency based.

Additional training topics, as well as all refresher trainings are decided upon by a DFS joint management and training team and developed by members of the DFS training unit. Analysis of embedded evaluations of class exercises and simulations in the new worker core curriculum, especially toward the end of new worker training, are used to identify training needs. Also, refresher training serves a two fold purpose. While a particular subject is trained for managerial, supervisory, and direct service staff development, additional training needs are identified from responses and interactions observed during exercises and discussions among participants in refresher trainings. Legislation and policy changes that require changes in practice or procedure provide training topics. Areas needing improvement are identified by Root Cause Analyses, Quality Assurance Case Reviews or OCS work groups. Direct service and supervisory staff have opportunity to recommend training topics through their chain of command or directly to

the Professional Development Unit. As trends are identified, Professional Development Unit members collaborate with managers and other staff to develop Refresher Training. Additionally, the System of Care collaborative, family focused approach to the Department's work with children and families is developed by the Department's Workforce Development Group. Direct service staff, supervisors, trainers, and administrators from DFS and all Department divisions are members of this group. Members actively plan and participate in development and execution and evaluation of feedback from SOC training. In 2006, SOC Training III was completed for direct service staff.

The four principal DFS trainers have supervisory and specialized field experience pertinent to their specific areas of expertise. Additionally, all have MSW or other Master's Degrees. The Program Administrator holds a Master's Degree in Adult Education. All trainees perform evaluations of each training session. These qualifications and experiences are the vital foundation in DFS training capacity. Additionally, DFS trainers provide feedback to supervisors where special needs of new worker trainees are observed or demonstrated in training sessions.

All Delaware private and public agencies with training needs matching DFS training offerings are invited to attend DFS trainings at no charge for the classes or materials. Where regional differences are present, topics reflecting regional training needs are managed by local invitation to appropriate presenters and/or by DFS trainers working with staff needing particular training that is not common to all areas of the state.

Regarding collaboration, in addition to the training inclusion already mentioned directly above and in the SOC section, the DFS Division Director chairs a Child Protection Accountability Commission (CPAC) Training Subcommittee composed of representatives from partner public and private agencies (i.e., DFS training representative, police, Office of the Attorney General, Office of the Child Advocate, Prevent Child Abuse Delaware) to share curriculum and to develop training for the broad Delaware child welfare community.

Promising approaches include new technical capacities to query and tabulate questionnaires regarding training needs and effectiveness. Additionally, the idea of a training blog has been raised as a forum for information sharing.

Data Analysis

The DFS Professional Development Unit (PDU) keeps records of staff training. For the years 2005 and 2006, all training participation is tracked in Compliance Suite, the DSCYF computerized training system.

The Division registers all new social workers and supervisors for training and checks registration against attendance records in a computerized training records system. Supervisors are notified if discrepancies are found. In 2004, 24 new workers attended 130 training hours. In 2005, 26 workers attended 147.5 training hours. From January through June, 2006, 29 workers attended 147.5 training hours. Note: numbers reflect

dropping out in training, repeating sessions upon supervisory direction, some support staff attending per supervisory request, and attendance by staff from partner agencies.

PDU also tracks Refresher Trainings. In 2004, approximately 200 attended Comprehensive Decision Making including history training. In 2005, 205 attended Child Sexual Abuse. In 2006, 216 attended Documentation or (Professional Records Keeping) Training which also included history training. Also, in 2006, 83 staff attended Treatment Plan Refresher Training. Additionally, 60 staff participated in Mentoring Training in 2005 as well as 62 in 2006.

In 2005, DFS conducted a competency-based evaluation by trainees of child sexual abuse refresher training. The purpose of the training was to assist OCS staff in defining child sexual abuse, identifying associated behaviors, and recognizing dynamics of child sexual abuse. On a scale of 0 – 10, trainees evaluated the usefulness of training in the subject areas stated above. The mean average score of all assessments of the training presented by a locally recognized child sexual abuse therapy expert was 8. Two sessions of make-up classes were conducted where staff viewed a videotaped recording of one session. The mean average score for those two sessions was 4. Trainees did not appreciate the videotape as much as live sessions.

In 2006, DFS went a step further by conducting a post training evaluation for Refresher Documentation Training. PDU surveyed supervisors and workers to determine if classroom learning was being applied on the job within 60 days after training. Of 216 supervisors and workers surveyed, 205 responded. Eighty percent of participants completed the Training Evaluation. Variables surveyed were satisfaction with training objective, time in training, skills taught, training exercises utilized, reference handouts, and level of confidence at the end of the training day. The likert scale used to measure the responses was from 1 – 5, with 1 being poor and 5 being high. The mean satisfaction rate identified across all the variables indicated that participants assessed the training as good to very good. Most valuable to participants were classroom exercises on recording format and delineating between facts and judgments in professional record keeping.

Sixty percent of participants completed the Transfer of Learning Surveys for workers and supervisors. By group, 43% of workers completed it and 72% of supervisors completed it. Key findings were 90% of workers reported applying what they learned in training towards their jobs. Workers reported what helped them to apply the training were their own efforts (70%), handouts (31 %), practice in training (23%), co-worker assistance (19%) and supervisor assistance (15%). As for barriers to applying training on the job, workers identified factors mostly related to learning new behaviors.

Key findings for the supervisors who responded to the survey were that pre-training and post-training ratings was nearly identical. Supervisors reported that 56% of their staff is competent, with the remaining falling equally in the emerging skill category or demonstrating mastery category. For seven performance variables supervisors rated their workers as competent on 5 variables and emerging on 2 variables. Supervisors cite

competing responsibilities (39%) as a barrier to the transfer of learning. The next highest response (30%) identified no barriers.

Focus Group Responses

Caseworkers and supervisors stated much information is provided in initial training, yet workers do not have real cases. DFS staff values the importance of field experience and shadowing. The mentor link is vital to the transfer of learning from classroom to field skill. Comments also reflect the concern “there can be a safety issue as new workers are not as aware of clients’ potential volatility”. Refresher and other training were rated as good by the focus groups. Stakeholders recognize the value of experiential learning and that DFS training contains very large experiential components. Stakeholders also noted there is a CPAC supported statewide training consortium for child welfare professionals. Review bodies were aware that some workers struggle with documentation and that refresher training was recently provided on this subject. This group also noted court training could be better.

Individual Item Analysis and Conclusion

Item 32: Initial Staff Training

DFS has a strong competency based training curriculum for new case carrying staff. Core training stresses Child and Family Services Plan elements for safety, permanency and well-being. The curriculum is flexible and changes as policy, practice and requirements change. Classes are open to community child welfare parties and required for some family support contracted employees. Classroom learning is supported by assigning peer mentors and New Castle County has coaching supervisors. New case managers complete training before caseload assignment. Focus groups agree this is a strong program. Improvements can be made with legal components. Registration and attendance is tracked. This item is a strength.

Item 33: Ongoing Staff Training

The Children’s Department has continuous training events to support new federal and policy initiatives. In recent years, trainings have been offered for system of care principles, Integrated Service Planning and IHS supervisory training. DFS staff is required to complete 18 hours of annual training. In recent years sessions covered documentation, decision making, child sexual abuse, mentoring, and treatment planning. Focus groups all recognize on-going training for staff and community partners. Stakeholders comment that content and use of experiential learning is good. Registration and attendance is recorded. PDU has methods to evaluate training effectiveness and report good ratings. A promising approach is new technical capacities to query and tabulate questionnaires regarding training needs and effectiveness. Evaluation of sessions indicates child sexual abuse and documentation training were effective. A transfer of learning survey indicates case managers are using training skills in the field and that supervisors report 56% of new staff has demonstrated competencies. The main challenges in training and transfer of learning is the complexity of child welfare work. Case managers must use keenly developed interviewing and assessment skills, engage families, record relevant information, know the legal system, insure their own personal safety, navigate community resources and collaborate with all concerned parties. For

new DFS social workers to be proficient, approximately two years of training and experience, coupled with skilled supervision, is necessary. This item is a strength.

Provider Training

Policy

Any prospective foster or adoptive parent must be approved by DFS or a child placing agency in the state of Delaware. DFS foster parents receive pre-service training using a competency based curriculum; Foster PRIDE. Delaware was one of the 13 states which developed this curriculum with the Child Welfare League of America (CWLA). The training is based on five competencies:

- Protecting and nurturing children
- Meeting the developmental needs and addressing developmental delays
- Supporting children's relationship with their birth families
- Connecting children to safe and nurturing relationships intended to last a lifetime
- Working as a member of a professional team

Child placing agencies follow Delaware regulations for approving foster and adoptive parents. Delaware specifies pre-service and on-going training requirements. DFS requires 27 hours of pre-service training for foster parents.

In addition, foster care and adoptive parents are required to have a designated minimum number of supplemental training hours each year based on their level of care. The required supplemental hours range from 5 to 20 hours based on the assigned level of service.

Procedures

DFS foster home coordinators provide orientation and pre-service training sessions. Foster parents are asked to co-lead sessions. Training registration and attendance is tracked by coordinators. Training hours and needs are discussed with foster parents during annual foster home reviews.

Delaware regulations require child placing agencies to track and record training requirements. As part of the yearly compliance review, DFS Licensing Specialists review foster parent files and specifically look for documentation of required training hours by reviewing a 20% sampling of foster parent records. The policy and procedure manual for the Child Placing Agency is also reviewed to document that the Agency has the required written foster parent training plan.

Programs

Prior to January 1, 2002, the Division of Family Services would refer DFS foster parents to private child placing agencies for adoption training. This practice was identified as an area needing improvement in the 2001 CFSR as it delayed the adoption process. In 2001 a training curriculum called, "Making a Commitment to Adoption," was purchased from Spaulding for Children. Beginning in 2002, DFS began to conduct this training for the DFS foster parents. This has cut the time to complete training and home study requirements by an estimated 50%. This training is done by a foster home coordinator, a

permanency worker and an adoptive parent. This training is done statewide. There have been times when Kent and Sussex counties combined the training in order to have a full class.

DFS implemented foster parent levels as recommended by the 2001 Governor's Foster Care Task Force on Foster Care. Five levels are defined, each with its own skill, experience and training requirements. Higher levels require more annual training hours, experience and specific training sessions focused on challenging children. Foster care board payments are based on the child and foster parent's level. The Governor's Task Force recommendations included leveling foster parents based on experience and skills. Foster children are leveled based on needs and behaviors with levels 4 and 5 presenting the most challenges. All new foster parents are leveled as zero. After the first year of parenting and completion of required training (module 1-12 hours, FirstAid/CPR), they receive level 1. After the first year there are additional training requirements to move up as high as level 5. Achieving level 5 foster parent status is most difficult due to the required experience, training and skill requirements. Level 5 foster parents are required to participate in monthly team meetings, possibly change household routines and attend counseling with the child. Children who are level 4 and 5 have drug and alcohol problems, aggressive behavior towards peers and adults, mental health issues, sexually inappropriate behavior and conduct disorders. Children and foster families can move up or down in levels.

The Division of Child Mental Health Services now provides in-service trainings to foster parents on mental health issues. Training topics are: Psychotropic Medications; Caring for the Sexual Abused Child; Caring for a Child with Attention Deficit Hyperactivity Disorder; and Mental Health Issues in Children and Youth, Part 1 & 2.

Data Analysis

Over the last 6 fiscal years, DFS has opened an average of 69 foster homes per year. This number has not kept pace with the closure rate, averaging 82 per year over the same period. The number of children who entered out of home care increased 15% from FFY03 to FFY05.

Since beginning the DFS foster care and adoptive parents training in January 2002 an estimated 60 foster families completed the course.

Foster parents are surveyed on a variety of subjects every 2 years. One item in the survey is "I have adequate opportunity to increase my knowledge". For 2005, 87% of foster parents are satisfied with training opportunities, 11% are somewhat satisfied and 2% express dissatisfaction.

Focus Group Responses

Case managers and supervisors say foster parents are prepared and need training for special populations. Foster parents say they are satisfied with training and would like more information on strategies to integrate foster children into their home, dealing with verbally aggressive children, child development, attachment and separation or loss. Review bodies indicate unspecified gaps and that foster parents receive better supports

than adoptive parents. Adoptive parents enjoy the adoption preparation. Youth say there needs to be unspecified improvements in foster parent training and identify confidentiality as a topic for discussion. Stakeholders believe training is good and can improve with topics on child mental health and medications.

Individual Item Analysis and Conclusion

Item 34: Foster and Adoptive Parent Training

DFS Policy and Delacare regulations are clear and detailed regarding pre-service and annual training requirements for both foster and adoptive parents. Training requirements are tracked and reviewed with foster and adoptive parents at least annually. DFS foster and adoption training has supported timely adoptions. Training is enhanced through collaboration with CMH. Focus groups generally state the pre-service training curriculum and on-going sessions are good. Improved or additional training is desired for challenging children, mental health issues, attachment, separation or loss, child development and confidentiality. New foster homes are not keeping pace with foster homes that close. The foster care population has increased 15%. Foster parent survey indicates 87% satisfaction with training opportunities. While improvements can be made, this item is a strength.

E. SERVICE ARRAY AND RESOURCE DEVELOPMENT

Policies

The Delaware Code Title 29, Subsection 900l(b) states:

"The policy of the State is to achieve the consolidation of services to children, youth and their families within the jurisdiction of a single agency in order to avoid fragmentation and duplication of services. . . (and) to plan, develop and administer a comprehensive and unified service delivery system to abused, neglected, dependent, delinquent and mentally ill or emotionally disturbed children and youth within a continuum of care which shall include the involvement of their family, within the least restrictive setting possible..."

Department Policy # 201 "Integrated Service Planning" states "The Department of Services for Children Youth and their Families recognizes that a holistic integrated approach is essential for the success of children and families. The intent of this policy is to ensure the integration and coordination of all services and resources available within the Department, the family and community. A "System of Care" is a strengths-based, family-centered, child-focused, culturally competent model. It is based on the belief that the best care and protection for children can be achieved when the strengths of the families are aligned with community and Department supports."

Along with the services offered throughout the agency, the Children's Department contracts with a variety of agencies to provide a wide range of services to the families and youth active within the Department.

Procedures

All families open for treatment services with the Division of Family Service must have a Family Case Plan. When DFS and the family develop the Family Case Plan, any service that the team feels would be beneficial to the family should be included in the plan. The same is true when developing the Plan for Child in Care. Even though DFS does not have a contract for tutoring services, a case manager can still include that service in the plan if that is what the child needs. The case manager would then access that service through non-contracted sources.

The process to access services has been simplified for DFS staff. The case manager fills out a one-page referral form identifying the service they would like for the family. If it is a contracted service, the “gatekeeper” in each regional office prepares the necessary documentation from the family’s file. The gatekeeper then contacts the appropriate agency and provides them with the necessary information from the file they need to get started. The contractor is then responsible for contacting the client and the DFS worker to initiate services. In the case of services offered through the Intensive Home Based Support service, the contractor must have face-to-face contact with the client within 24 hours of accepting the referral. All other home-based contracted services must initiate services within 10 days of receiving the referral.

From the point of initial contact on, there is frequent communication between the DFS worker and the contractor. The contractor is responsible for informing DFS of progress the family is making, any issues or concerns, and an assessment of the family’s level of functioning. All DFS treatment contracts require that the initial meeting between the family and the contractor also include the DFS caseworker. By holding a joint initial meeting, all parties are aware of the areas that need to be addressed, how the contractor proposes to meet the needs, and how the family’s progress will be measured. As a result of this meeting, the contractor develops their own service plan with the family. This service plan is independent of the Division of Family Service’s plan. However, areas of concern that the contractor must address are as a direct result of meeting with the family and DFS worker, reviewing the DFS service plan, and completing an assessment of the strengths and needs of the family. After services have been initiated, there is constant communication between the service provider and DFS. All contractors are required to contact the assigned DFS worker at a minimum of once per month, however, if the situation warrants it, communication is expected more frequently. All contact made with the client or on behalf of the client must be documented in the contractor’s case record. The provider is required to request a reauthorization of services every 12 weeks. At the time of the request, the provider must advise the DFS caseworker about the family’s progress and the proposed next steps. This authorization process begins with the contractor sending the DFS worker a written summary of the client’s progress to date. If DFS feels that continuation of services is warranted, the contractor is expected to either update the service plan or develop a new plan if warranted. The contractor provides the assigned DFS case worker with copies of all service plans and updates. When the contractor closes a case, a joint meeting between the family, the contracted worker and the assigned DFS case worker is held. Following that meeting, the contractor must submit a closing summary to the DFS worker within two weeks of closure. As the DFS

worker continues to assess the family, the information provided by the service provider is critical to the on-going assessment.

In addition to the contracted services DFS offers, families may also receive the benefits of services through the Division of Child Mental Health Services and the Office of Prevention and Early Intervention.

Programs

Contracts provided by the Division of Family Services include a variety of home-based family support contracts available to clients. All services are provided statewide. A special emphasis has been placed on all contracted agencies to have the ability to provide Spanish-speaking services. Unfortunately, most contractors have had a difficult time attracting Spanish-speaking staff. It should be noted that one agency is completely staffed by Spanish-speaking staff. Another agency does have a Spanish speaking staff member that accepts all cases for Kent and Sussex Counties. However, all agencies are still encouraged to continue recruiting for Spanish-speaking staff. Providers have tried to recruit staff from Hispanic community centers throughout the state. They have also offered potential applicants a higher hourly rate than English-speaking applicants. Nonetheless, they are still having a difficult time hiring qualified applicants. In spite of the challenges agencies face in fulfilling this aspect of their contract, they are still expected to continuously recruit for qualified applicants. All of the home-based family support contracts also require contractors to have the ability to provide services seven days per week, during day and evening hours. This requirement allows families the flexibility to utilize services when it is most convenient for them. To qualify for any of these services, the client must have an open treatment case with DFS and a referral must be completed by the assigned caseworker. Due to the number of contractors available statewide, there are no waiting lists for home-based services.

DFS contracts with a licensed psychologist to provide psychological evaluations for parents. Although DFS only has one contract for this service, the provider is centrally located in the state and is very flexible with his hours. The psychologist that DFS contracts with provides evaluations to workers throughout the state. To refer clients, DFS workers provide historical information as well as a list of questions they would like to have answered. The psychologist completes the evaluation and recommends what services would be most beneficial to the family. This information is then incorporated into the family's Service Plan. In SFY04, 52 full or partial psychological evaluations were completed on DFS clients. In SFY05, 109 clients received either full or partial psychological evaluations. In SFY06, 110 clients received either full or partial psychological evaluations. So far in SFY07, 43 clients have received psychological evaluations. If referrals continue at the current rate, DFS can expect to refer approximately 104 clients for evaluations. Although the psychologist is centrally located in the state of Delaware, in the event that he is unable to see a client in a timely manner or the client feels that his office is not conveniently located, staff also have access to two other psychologists that are willing to see DFS clients and testify in court. DFS does not currently have contracts with these psychologists so payment for services is arranged through other funding streams.

DFS contracts with 2 community-based substance abuse counseling agencies to co-locate 4 certified substance abuse counselors within DFS regional offices. These certified Alcohol and Other Drug (AOD) counselors provide case management services exclusively to DFS clients.

DFS currently contracts with 4 community-based agencies to provide independent living service to youth 16 to 21 years of age that are residing in foster care. New Castle County has two providers while Kent and Sussex County each have one provider. All four providers are required to provide services days, evenings and weekends. Transportation is critical to this service. The purpose of the contracted substance abuse counselors is to provide consultation, evaluations, referrals, linkages and case management services to adult DFS clients that may have a substance abuse problem. The primary responsibilities of the substance abuse counselors are:

- To work with treatment units in their assigned region
- Provide consultation services to investigation units in their assigned region
- Identify clients with suspected or documented substance abuse problems
- Conduct home visits either with the DFS worker or alone
- Refer clients with suspected or documented substance abuse for an evaluation to a substance abuse treatment agency and for continued substance abuse services
- Link and monitor substance abuse services provided by substance abuse treatment agencies
- Provide continued support to clients while the client is engaged in a treatment program
- Coordinate services and case monitoring with the DFS social worker
- Keep DFS informed of activities and status of the client
- Participate in child safety decisions
- Participate in case conferences
- Enter notes summarizing client contact in the DFS FACTS system
- Conduct or arrange for random urine screens of clients as needed
- Testify in court as needed
- Provide quarterly “brown bag” seminars to DFS staff covering a variety of substance abuse related subjects

The substance abuse counselor must have current certification in drug and alcohol counseling and receive clinical supervision by a credentialed supervisor. In addition to any training provided by the substance abuse treatment agency, the counselors must also complete the DFS New Worker Training Program. By attending the DFS New Worker Training Program, the substance abuse counselors will become versed on child welfare and safety issues as well as DFS policies and procedures.

DFS also contracts with 7 transportation companies. The purpose of this service is to provide clients with transportation to any appointments they may have, thus eliminating transportation as a barrier to accomplishing tasks. Transportation services are available 7 days per week, statewide. Hours of availability vary according to the contractor.

DFS contracts with 3 translation contractors and two contractors to provide interpretation services for the hearing impaired. All five contractors are available statewide and are available 24 hours a day, 7 days per week.

DFS contracts with 9 foster and group care in-state agencies. Services are for family foster care, group care and shelter care. Levels of service range from regular family foster homes to treatment level group care. Children are placed according to their needs.

DFS contracts with 6 in-state agencies to provide adoption services. Four are child placing agencies and 2 offer support or recruitment services for adoptive families. The Adoptive Families with Information and Support (AFIS) has expanded statewide. They have scheduled monthly support groups to service the children and families in the southern part of the state. Additional post adoption services are a recognized expansion area in terms of support to children and families.

In addition to all of the contracted services, DFS staff also has access to services in the community such as food banks, clothing closets, tutoring services, neighborhood centers, etc. In the event that there is a service that is needed for a client that is not available via contracted services, caseworkers have access to various funding streams to pay for non-contracted services.

DFS partners with the Delaware State Housing Authority to provide DFS with 9 Unification Vouchers – 4 in Kent County, 4 in Sussex County and 1 that floats between Kent and Sussex Counties. To qualify for these vouchers, housing must be the only issue preventing reunification from occurring. Currently, all 9 vouchers are being utilized by DFS families. Considering the fact that housing has been identified as a pressing issue for families active with DFS, 9 vouchers are clearly not enough. In order to help families meet their housing needs, DFS routinely pays security deposits or first months rent if a client has located affordable housing and has a means of paying subsequent months' rent. Workers throughout the state have also developed relationships with various landlords that are willing to work with DFS clients to provide them with affordable housing.

Focus Group Results

When focus groups were asked about the service array available to clients the responses were varied. In general, workers were pleased with the DFS contracted services. They did notice different styles among different providers. Review bodies noticed a difference in how seasoned workers develop plans and services for families versus how newer workers develop plans. They felt that newer workers are more likely to have a “cookie cutter” approach whereas seasoned workers are more likely to tailor a plan to meet the needs of the child or family. Review bodies also felt that there are times that relatives would consider taking a child if we just offered better resources and supports. When asked about the availability of services, adoptive parents resoundingly said “No”. Adoptive parents said there is a lack of services for post-adoption support groups and respite statewide. Adoptive parents in Sussex County did not feel that they had doctors,

dentists or therapists available to see these children. More families would go to support groups but there needs to be someone with experience to watch the children. Stakeholders and policy managers and administrators identified the need for more mental health professionals, especially downstate and Spanish speaking. Independent living services are good but need more capacity. Regarding individualized services, review bodies say it depends on the worker and that a team approach is better. Youth did not feel services were individualized. Stakeholders stated services were individualized considering the available resources.

Data Analysis

The Department has about 200 contracts. DFS has 80 service contracts to support or provide direct services.

There are 225 contracted foster care slots; however about 325 children are placed with private providers. Approximately 80 children are placed in contracted foster care and treatment agencies known as special placements, both in and out of state.

DSCYF conducted a survey October 2005 of families, staff and contract managers to assess the adequacy of the services that are available to staff. The two areas that continually came up as needing to be enhanced were specialized foster placements and housing for families.

Individual Item Analysis and Conclusion

Item 35 – Array of Services

State law, Department and Division policy require a unified, coordinated array of services for children and families served by the Children’s Department. Assessment of need and identification of appropriate services is a foundation for case planning activities. Services are available within the Department and with external community based organizations for a variety of services. Focus group responses generally acknowledge a good array of services but there are shortages. Gaps were identified for mental health professionals, independent living services, medical services and adoptive family supports downstate. The Office of Children’s Services holds over 80 contracts for various services to support front line staff and the families they work with. These contracted services cover an enormous range of services and needs for families and youth. DFS purchases over 400 private foster care slots. The effectiveness of these services has already been discussed in prior items. DSCYF conducted a survey of families, staff and contract managers to assess the adequacy of the services that are available to staff. The two areas that continually came up as needing to be enhanced were specialized foster placements and housing for families. Public and Department expectations are that children and families served receive quality and available services. There will always be gaps to be filled. Despite the vast and varied services available, improvement is indicated.

Item 36 – Service Accessibility

All services offered by DSCYF are available to clients regardless of race, ethnicity, or income. DFS has tried to ensure that providers are able to provide services that are culturally competent. However, contractors have a difficult time attracting Spanish-

speaking applicants. Focus group responses are similar to item 35 reporting poor access to services in Sussex County. This is strength but needs improvement.

Item 37 – Individualizing Services

The Department's system of care approach to assessing needs and identifying services strives to individualize services. A review bodies' participant states newer case managers use a "cookie cutter" approach to planning and service selection. Stakeholders report good individualization considering the availability of services. DFS's Professional Development Unit strives to individualize treatment planning and seasoned peer mentors are assigned to new case managers to model and teach individualized planning. Also, individualized treatment planning is a strong component of the Department's Integrated Service Plan training. The Professional Development Unit offered Treatment Plan refresher training in June 2006 for all treatment workers and their supervisors to educate them as to how to develop individualized service plans. In addition to the training provided by the Professional Development Unit, staff is also learning new skills when developing service plans when they attend the various Systems of Care/Integrated Service Planning trainings that the Department schedules. The Department is in the process of developing a Service Manual so that workers from the entire Department are aware of, and may possibly utilize services provided by other Divisions. Finally, in 2006, the Department developed Community Youth Mapping (CYM). CYM was designed to help workers, families and youth identify resources and opportunities that exist in their community. There is no direct data regarding this item. This is a strength with needed improvement.

F. Agency Responsiveness to the Community

Policy/Practice

The Department depends on Delaware's child welfare partners to meet requirements and maintain quality services for children and families. Within a system of care framework, the Department and community stakeholders work together to meet federal, state and agency mandates to provide leadership and advocacy for Delaware's children and families. The Child Protection Accountability Commission (CPAC) regularly reviews child welfare policy and practice. This commission has representation from the broad child welfare community and has legislated oversight authority. Currently there are subcommittees reviewing case manager workload, child mental health, professional training, and foster care. All these items are included in the CFSP. Since 2005, as the Citizen Review Panel, the Commission provides recommendations for system change. The Child Death, Near Death and Stillborn Commission reviews critical cases and provide recommendations for system improvement. The Division of Family Services and the Division of Child Mental Health Services both have Advisory and Advocacy Councils that consist of stakeholders that review respective agency policy and practice. These bodies serve as advocates for program and budgetary initiatives. Regular meetings with local judges and Office of Children's Services staff occur in all three counties as a Court Improvement Plan initiative. Family Services also has regular meetings with the Office of the Child Advocate. The Department meets regularly with contracted service

providers. Foster care providers have federal safety and permanency measures incorporated in contractual agreements.

While not a federally recognized tribe, the Nanticoke Tribal leadership has provided for several years upon DFS's request, contact information and have recently committed to helping Family Services serve Native American children entering foster care. Tribal leadership was sent a draft of Delaware's five year coordinated plan in 2005; however, no response was returned. In addition, Sussex County has recently hired a Native American case manager.

To maintain standard operating procedures and communication protocols, there are Memoranda of Understanding (MOU) with schools, law enforcement agencies, Department of Justice (DOJ), Children's Advocacy Center (CAC), Dover Air Force Base, Division of Substance Abuse and Mental Health, Department of Corrections, Division of Social Services and the Division of Public Health. An MOU with the Division of Child Support Enforcement and Division of Developmentally Disabled Services is pending. The school, law enforcement, and DOJ/CAC MOUs are under revision. The law enforcement/DOJ/CAC/DSCYF MOU is reformatted for easier reference for field workers. It re-enforced the mandate for joint investigations between police and DFS. The revised MOU added the CAC as part of the MOU itself and added a recommended medical protocol.

The agency's 2005-2009 Child and Family Plan (CFSP) contains the same goals and performance objectives for safety, permanency and well-being as the Child and Family Services Review. It also includes provisions to ensure an inspired workforce, reduce staff turnover and provide collaborative quality training for the state's child welfare professionals. These items have been identified by both the Department and community stakeholders as provisions, requirements and goals for an effective statewide child welfare system. Evaluation of agency's progress towards goals and objectives is reviewed with community stakeholders at least annually using existing forums, meetings or the CFSR process. The CFSP is reviewed annually and the Annual Progress and Services Report is posted on the Family Services website.

Collaborative efforts to achieve goals in the Plan include these agencies or organizations:

- Family Court
- Office of the Child Advocate
- Division of Child Mental Health Services, DSCYF
- Office of Child Care Licensing, DSCYF
- Office of Prevention and Early Intervention, DSCYF
- Division of Youth Rehabilitative Services, DSCYF
- Office of Case Management, DSCYF
- Foster care and treatment service providers
- Citizen Review Panel (Child Protection Accountability Commission)
- Child Placement Review Board
- Governor's Office
- Educators

- Foster parents
- Independent Living Youth Advisory Council
- Abuse Intervention Committee
- Child Advocates
- Domestic Violence Advocates

Annual Progress and Services Reports are completed by a large Departmental workgroup starting several months prior to the June 30th deadline. Recent efforts to include more information from a broader perspective have been a rewarding challenge. It is an opportunity to review the child welfare system in totality. Items of the CFSP are under constant review by committees and review bodies.

Coordination with other federal programs is a priority for the Children's Department. While a requirement of federal child welfare funding, it is more important to Delaware as resource management. The Department actively coordinates shared missions and services with Court Improvement Plan, the Division of Child Support Enforcement, Delaware Department of Health and Human Services, Medicaid, Department of Education, child mental health, child care and juvenile justice federal funding. Efforts are under way for improving coordination with the Department of Labor's Workforce Initiative to improve employment services for older youth. In 2005, changes to the Delaware Code broadened the McKinney-Vento Homeless Act protections for foster children, a program supported by federal funds. The November conference 'Joining Forces' sponsored by Family Court and the Children's Department highlighted the Child and Family Services Review and the coordinated efforts to meet common goals and outcomes for children and families.

Focus Group Results

Responses from focus groups were mixed on these items. Review bodies, stakeholders, case managers, policy managers, and administrators were aware of planning and operational collaboration and how smaller, specific activities fit the larger plan. The current agency leadership was complimented for embracing collaboration with community partners. Knowledge of specific items in the Child and Family Service Plan varied among participants. Specific items or strategies are discussed in a variety of settings but the total plan and annual report is not promoted and can be improved with a targeted collaborative effort to draft and update the State's coordinated plan. It was suggested this is also a communication issue and that the CFSP should be presented and discussed more formally with stakeholders. Website postings were suggested as also improving communication. Coordination with other federal programs was seen as a strength. Caseload size was described as negatively impacting case manager effectiveness at finding community resources supported by other federal programs.

Data Analysis

There are no independent measures for these items. Delaware's general good performance in the federal profile is evidence of a statewide collaborative effort with providers and agencies sharing our consumers to address child and family outcomes and systemic factors. Delaware's performance on permanency measures are strong indicators

of a shared mission and effort with Family Court. Our Child and Family Services Plan is approved by Administration on Children and Families for 2005-2009. The Annual Progress and Services Report was accepted by the Administration on Children and Families for the period under review.

Individual Item Analysis and Conclusion

Item 38: State Engagement in Consultation Stakeholders.

Delaware's Children's Department provides access to stakeholders across the state in a variety of settings. Focus group responses suggest that the CFSP is a state office function but case managers are familiar with the CFSP. Federal approval of the 2005-2009 CFSP is a positive performance indicator. The State's Child and Family Services Plan is in agreement with the Department and child welfare community's values and goals. Currently, the CFSP is primarily a Division of Family Services' management responsibility. Collaboration occurs at the state planning level and at the case manager level. Annual Progress and Services Reports, with State Coordinated Plan detail have been posted on the Family Services website for the past two years but not seen by some focus group participants. Website information should be constantly promoted. A request has been sent by the Director of Family Services to the Department Community Relations Coordinator to have a Children and Family Services Review section created on the Department's internet website. Materials will be reviewed monthly and replaced as current material is ready. While it is a strength that safety, permanency and well-being are agenda items in many forums, improvements can be made to strengthen collaboration and communication in the actual development of the total plan.

Item 39: Agency Annual Reports Pursuant to the CFSP.

The Annual Progress and Services Report contains information on Delaware's child welfare system, not just Office of Children's Services' activities. Focus group responses are mixed and suggest a stronger communication plan across professional and public sectors. Federal approval of the annual reports is a positive performance indicator. This item is considered a strength although there is opportunity to strengthen collaboration with community partners by participating in the gathering of information and submitting annual progress reports.

Item 40: Coordination of CFSP Services with Other Federal Programs

The Children's Department coordinates programs with a variety of agencies supported by federal funds. This effort is recognized by case managers, stakeholders, review bodies, and policy level professionals. Coordination with Family Court and the Division of Child Support Enforcement are priorities for the Department. The MOU with the Department of Justice, law enforcement agencies and the Children's Advocacy Center is under revision to enhance child safety. Viewed as both a federal mandate and valuable resource management, coordination of CFSP services with other federal programs is an area of strength for Delaware.

G. Foster and Adoptive Home Licensing, Approval and Recruitment

Policy

The State of Delaware, DSCYF developed Delacare “Requirements for Child Placing Agencies” in 1986. The requirements are currently under review; a draft for public comment will be issued this winter. Delacare governs both foster care and adoption child placing agencies. These regulations are being revised and updated. While a collaborative workgroup, including OCS program managers and Child Placing Agency representatives, had prepared revisions for public comment, recent federal legislation regarding background checks and Delaware’s IV-E Review necessitated a delay. The process of rule revision will continue in early 2007 now that the impact of those events is known. To this point the areas under revision include:

- Foster Care and Adoption - Criminal history record checks for foster and adoptive parents to be compliant with Delaware Code and federal law.
- Adoption - Intercountry Adoptions (orientation, information, evaluation procedures, clarification of responsibilities), post-placement period (adoptive parent’s rights, assistance through finalization process, cross-state placements).
- Foster Care - Handling of complaints against foster homes, health and safety issues (nutrition, food, physical environment, transportation, sanitation, emergency planning), behavior management (accepted practices), care of children, foster parent and child interactions.

These requirements govern all agencies which place children for foster care or adoption. In June 1990, Foster Family Care standards” were developed by DSCYF and private providers with the assistance of the Council on Accreditation to further delineate standards for regular and specialized foster care.

Governor Minner’s 2001 Foster Care Task Force recommended establishing a new leveling system to better match difficult children and youth with foster parents who have the skills and experience to manage them. DFS Policy Manual requires foster parents to be leveled and establishes standards for DFS foster care homes.

DFS policy declares the Division will strive to place a child with the best adoptive resource available in order to achieve permanency without undue delay. When the risk to achieving the termination of parental rights is minimal, a child may be placed with an adoptive family before the adjudication of parental rights. Legal risk placements are good options when children must move from a foster family placement and TPR/Adoption is the goal.

DSCYF developed Delacare “Requirements for Residential Child Care Facilities” in 1986 which were updated May 1999. In June 1990, “Group Home/Residential Child Care Standards” were developed by DSCYF and private providers with the assistance of the Council on Accreditation to further delineate standards for these types of facilities. The standards set practice guidelines above those set in regulation. Foster home standards are monitored with home visits and annual re-approval procedures by foster home coordinators.

Foster and adoptive standards apply equally to non-relative and relative applicants, including background checks, home studies and training requirements. Provisional homes require the Foster Care Manager's approval. The training requirement is the sole criteria for granting a provisional approval.

The State of Delaware enacted a law requiring criminal background check clearances including FBI checks on prospective foster families, adoptive families, and child care staff in the 1990 legislative session. Regulations were promulgated in July 1992. After passing of ASFA in 1997, ASFA standards regarding prohibitive offenses were used when applicable.

Procedures

DFS foster home coordinators are responsible for foster parent orientation, training, approvals and the general quality of care in family foster homes. Using PRIDE principles, home studies are conducted during the course of a 27 hour pre-service training curriculum. Home studies include home environment evaluations, interviews with family members, medical examinations, criminal background checks, Child Protection Registry checks and unannounced home visits. The average length of time to approval is 3-6 months, depending upon receipt of criminal history information. Private child placing agencies report about the same time to approval.

The same application and home study is used for foster parents deciding to adopt. Home studies are updated as appropriate.

Foster care is discussed with relative and non-relative placement resources when families facilitate these placements as an alternative to legal removals. Foster home coordinators visit the family when notified of the placement.

Foster parent levels are determined by established criteria, documented by coordinators and entered into FACTS. These levels, matched with a foster child's level determine the board payment structure. Levels 3, 4, and 5 receive payments of \$35, \$45 and \$55 per day respectively. Higher level criteria include more training hours, specific training topics, more years of experience and advanced skills for challenging children and youth.

The foster home coordinators (14 statewide) are required to do a minimum of 3 recruitment activity per their performance plan. These activities can be speaking engagements, presentations to the faith community or community fair booths. Many giveaways are available to promote recruitment.

DFS foster home coordinators monitor quality of care in family foster homes through regular visits, discussions with case managers and annual reviews. Corrective action planning and monitoring occurs when issues are identified. Abuse and neglect allegations are reported to the Report Line. State criminal record checks are conducted annually.

Criminal background checks are conducted by the Criminal History Unit in the Office of Child Care Licensing for all foster, pre-adoptive, and residential care, and child care facility applicants. Youth, ages 13 and older, receive state criminal history checks for DFS foster homes. The check includes Delaware Criminal Justice Information System (DELJIS) database searches, fingerprint analysis by the FBI and Child Protection Registry searches. Applicants are ruled suitable or unsuitable based on established criteria consistent with national standards, federal and state laws. Adam Walsh Child Safety Act of 2006 requirements for five year residency checks have been implemented effective October 2006. Foster care applicants sign releases for criminal background checks early in the application process. New technology for electronic fingerprinting is available at State Police facilities. Releases are sent to the Criminal History Unit for processing. FBI and state clearances are issued solely by this unit. Indications are that the electronic files result in faster turnarounds from the FBI. The Department receives notice of new criminal charges in real time for foster care providers.

Delacare requirements for child placing agencies set forth rules for criminal history record checks, including FBI Criminal background checks for foster and adoptive applicants. During yearly compliance reviews a representative of the Office of Child Care Licensing will review the policy and procedures manual to validate the agency has a policy that complies with Delacare rules for checks on foster and adoptive applicants. The OCCL representative also reviews a sampling of case records to validate that checks have been completed in accordance with agency policy, Delacare licensing requirements and state law.

The Client Payments Unit claims IV-E funding for approved foster and pre-adoptive payments only. Approved placement resources must have met the approval standards of DFS or Delacare, both requirement criminal history searches and suitability determinations by the Criminal History Unit...

All children who are legally free are listed on the AdoptUSKids and National Adoption Center Website.

Programs

On going marketing and recruitment efforts are geared towards all faith based organizations to recruit foster parents from diverse cultural, racial, ethnic and religious backgrounds to meet the needs of our children who enter care. A marketing team chaired by the foster care administrator meets monthly to identify strategies to recruit for additional resources. The team's current initiative with the faith based community include cold calls (over 20 to date) to engage them to team with us to identify resource families within their faith based family, these cold calls are geared within zip codes with the highest percentage of children entering foster care. In recent years, Public Service Announcements have sponsored Governor Minner and Secretary DeSantis promoting foster and adoptive parenting. Bus boards, movie preview advertisements and the internet have been used to promote recruitment.

The state office adoption unit sends out a monthly Deladopt listing of all legally free children or where the goal is TPR and the Division is waiting for a court hearing to the local adoption agencies in and around the State of Delaware. The waiting children have been presented on Wednesday's Child on Philadelphia's NBC-10. Also, the children needing an adoptive family have been listed in the local newspapers and magazines through the National Adoption Center. Most recently, some of the waiting children were presented at the Child Placement Review Board conference through a Heart Gallery initiative. The pictures will also be displayed at various community events in November. The adoption program is coordinating a Heart Gallery schedule for 2007 statewide.

DFS has a Foster Care Program Manager and an Adoption Program Manager with support staff in both areas. Both of these managers and their staff perform recruitment activities, manage contracts for in-state and out of state providers, assist in budget and strategic planning and write policy and procedures for DFS staff. Both programs act as consultants to front line staff on difficult cases and system issues.

The Department has an Interstate Compact unit that manages interstate placements for DFS and YRS children and youth. Home study and monitoring functions are by contract and DFS staff. Steps are in place to meet compliance with the 2006 Interstate Act. Additional staff has been requested to meet the timeframes of 30 day home studies.

Foster parenting and adoption information including contacts are available on Family Services website. Contracting private agencies are listed as recruitment is viewed as a collaborative effort.

A foster parent recognition event is held annually for all foster care and adoption child placing agencies. This statewide banquet is well attended and recognizes service years with certificates and gifts. Local and national speakers are featured.

The Division celebrates November as National Adoption Month with various activities statewide. One Church One Child sponsors a prayer breakfast during this time. The Division has been invited to do a 5 minute Public Service Announcement (PSA) on Comcast, a local media network for Delaware, Philadelphia, and Salisbury Maryland areas. This media coverage has generated a number of additional inquiries from families interested in fostering or adopting. The Division has an ad in the Wilmington Blue Rocks Yearbook and sponsors 70 PSA's for recruiting foster and adoptive families.

In May 2004 for National Foster Care Month (NFCM) we partnered with a number of businesses (FMC, Wal-Mart, BJs, and Pepsi) to sponsor a 'Walk for Kids' walk-a-thon. The walk raised awareness about children in foster care and their needs, and over \$12,000 was donated to provide supportive programming such as summer camps, class trips, and enrichment programs. In May 2005 for NFCM, we had children statewide in foster care submit art work and held viewings in various locations throughout the state culminating in a recognition reception at the Newark Art gallery in Newark.

Data Analysis

Our recent IV-E Review (August 2006) revealed weaknesses in our approval process in respect to consistency throughout the state in regards to period of approval, clearly identified approval dates, and method of documenting approvals. A Program Improvement Plan is due December 2006 and will correct this weakness.

The Division has been successful in recruiting and maintaining a culturally diverse foster parent program where racial or ethnic groups are proportionate to the foster child population. As of 3/31/06 56.8% (416) of the children in foster care were African American and 58.75% (155) of the available foster homes were African American. 42.7% (346) of the foster children were Caucasian, compared to 40.55% (107) of the foster homes. 7.0% of children in foster care are identified as having Hispanic or Latino background, compared to 6% of the foster parents.

Over the last 6 fiscal years the Division averages 69 new foster homes annually.

DFS contracts for 247 family foster and group care slots as of August 31, 2006.

Delaware places about 17% of the total number of children with a goal of adoption in out of state placements. Over the years, Delaware placed children for adoption in 31 different states.

The Criminal History Unit conducts a yearly average of 1,673 criminal history record checks for prospective foster and adoptive parents and adult household members living in Delaware. It is estimated that 20% of those individuals have lived in at least 1 other state within the past 5 years.

Focus Group Responses

Groups overwhelmingly agreed our standards for foster and adoptive homes including private providers are high. In addition they believe standards are equally applied to all who foster and adopt whether by the state or private provider. It is widely known that criminal background checks are required by all who foster, adopt or work in a child care facility. In regards to recruitment and marketing many express knowledge of the marketing recruitment team but felt more needed to be done acknowledging how difficult it is to recruit. Stakeholders mentioned the need to recruit bilingual families from the Hispanic community, specifically in Sussex County. There needs to be improvement in targeting specific populations. The Division makes the effort, but there needs to be more resources for older and challenging youth.

Regarding interstate placements, there were mixed responses. Caseworkers are aware of the AdoptUSKids recruitment campaign for foster and adoptive families. Adoptive families know children are listed on the National Adoption Center website. Stakeholders and review bodies thought the ICPC process took too long to complete. Review bodies report a feeling of uneasiness when the other states are supervising the placement and providing supportive services during and after finalization.

The youth mentioned the fact that there are not enough foster care or placement resources for children who want to be adopted. They also mentioned the lack of quality for the existing resources.

Individual Item Analysis and Conclusion

Item 41: Standards for Foster Homes and Institutions

Standards for foster homes and residential care facilities have been established by Delacare regulation and DFS policy. Delacare regulations were established in 1986. Delacare regulations for Child Placing Agencies are under revision. Clear procedures are used to apply and monitor application of the standards. Focus groups are aware of and agree with the standards in place. There is no data supporting this item. This item is a strength.

Item 42: Standards Applied Equally

Delaware does not have different of standards for different classifications of foster homes or child care facilities. Relative foster homes are held to the same standards. Focus groups agree the standards are applied equally. There is no data supporting this item. This item is a strength.

Item 43: Requirements for Criminal Background Checks

Delaware has Code, regulations and policy regarding criminal background checks since 1990. Delacare and DFS policy requires background checks prior to foster home approval and for all child care employees. ASFA requirements have been applied. Focus groups are aware of and have no concerns with criminal history checks. The CHU performs over 1,600 background checks on foster and adoptive families per year. This item is a strength.

Item 44: Diligent Recruitment of Foster and Adoptive Homes

Delacare regulations require child placing agencies to have policy on recruitment. DFS has policy on recruitment and is an employee performance plan requirement. Recruitment activity is a collaborative effort with private and public agencies using various methods to recruit foster and adoptive homes. Procedures are in place for pre-service and on-going training, background checks, and home studies. DFS has foster home and adoptive home application and approval procedures. Focus groups recognize the difficulty of recruiting and identify the need for more resources for Hispanics and older youth. On average 69 homes are approved by DFS yearly. With an increasing foster care population, supply is not pacing with demand. Corrective action is pending to improve approval effective dates. This is an item needing improvement.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements

The Children's Department has an Interstate Compact unit that manages interstate placements. Efforts to meet new timeframes for home studies are underway. DFS has procedures that allow adoptive families across the nation to adopt without bias. Children are promoted via AdoptUSKids, the National Adoption Center and Deladopt listings. Focus groups believe the ICPC process takes too long and express uneasiness with long distance monitoring of services. Delaware has placed children adoptively in 31 states.

About 17% of foster care adoptions are in these states. In round 1 of the CFSSR, a border state agreement was negotiated but not finalized with several bordering counties in New Jersey. Children's services in New Jersey experienced changes in leadership and organization during this time and the initiative was not continued. Delaware is still interested in making an agreement. This item is rated a strength.

V. STATE ASSESSMENT OF STRENGTHS AND NEEDS

Outcome Strengths

The following outcomes and items are considered strengths for Delaware's child welfare system. While some outcomes have elements of noted improvement needs, Delaware does not view this as negatively impacting the final determination of the outcome or item as being deemed as a strength overall.

SAFETY OUTCOME 1 – CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT

Safety is the Children's Department priority. This is evident in law, policy, procedure and programming. Data and focus group feedback for Items #1-2 support this finding. For FFY05, 97.1% of all cases closed by the Division of Family Services did not have a recurrence of abuse or neglect, exceeding the national standard by 2.5 %. Delaware has consistently exceeded the Standard in prior reporting periods as well: FFY03 – 97.0% and FFY04 – 98.0%. Delaware has exceeded the national standard (99.68%) for "Absence of Child Abuse and/or Neglect in Foster Care for FFY04 (99.81%) and FFY05 (99.88%).

SAFETY OUTCOME 2 – CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE

Delaware has strong data performance for this outcome. Permanency Composite 1: Timeliness and Permanency of Reunification reports Delaware to exceed the national standard for FFY05 by 5.9%. Permanency Composite 4: Placement Stability has Delaware exceeding the national standard by 20%. The relationship between reunification and foster care re-entries is a concern. Growth in caseloads and foster care has strained resources. Quality assurance case reviews for SFY06 indicate safety to be assessed continually. DSCYF has developed a comprehensive service array and has programs and policies focused on helping families remain intact or reunify.

PERMANENCY OUTCOME 2 – THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR FAMILIES

The Department and community strive to operate in a system of care environment that nurtures family, community and cultural relationships. Placement resources for foster children are needed in the state and impacts sibling placements and preserving connections. There has been a 15% increase in the foster care population since FFY03 and a 16% increase in treatment caseloads from SFY05 to SFY06. The agency has responded with increased foster care capacity and family supports.

WELL-BEING OUTCOME 2 – CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

Identifying and addressing the educational needs of children in care is a strength recognized by internal and external sources. A promising practice is the application of McKinney-Vento protections for foster children. Children living at home do not receive the same level of educational assessment and service. A QA overall result for this item is

90% compliance in addressing educational needs. Overall, this item is rated a strength with improvements needed for intact families.

WELL-BEING OUTCOME 3 – CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

Physical and medical needs of foster children are addressed across all program areas. Mental health screening is a promising practice for children entering care. QA results are over 90% for assessing and addressing physical and mental health with caregivers and service providers. DFS must improve assessing, addressing and documenting the physical and mental health needs of children in their own home. Accessing mental health services is identified as a concern. Overall, this item is rated a strength with enhancements identified to access and children in their own home.

Outcomes Needing Improvement

The following outcomes are considered outcomes needing improvement. Elements of strength are noted where applicable.

PERMANENCY OUTCOME 1 – CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

Delaware exceeds the national standards for reunification, permanency for youth in long term foster care and placement stability. The state missed the timeliness to adoption national standard by 5.7%. Although significant improvements have occurred, this is an item needing improvement. Focus groups indicate the need for more services for families and older youth.

WELL-BEING OUTCOME 1 – FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

Comprehensive risk assessment and an array of services supporting families are essential to well-being. The Department has strong tools to assess risk and case plan with families and youth. Extensive community based prevention and intervention services are available statewide. System of Care principles have been established and training provided to strengthen implementation. Focus groups identify capacity and variety of services are lacking for families. Case planning with families and youth needs improvement. Caseworker visits with children and parents need improvement.

Systemic Factor Strengths

All seven Systemic Factors are rated strengths. Some Factors have elements needing improvement not impacting the final determination.

STATEWIDE INFORMATION SYSTEM

The Children's Department started an automated case management system in 1994 and makes continuous effort to improve quality and application. The system meets federal requirements for the foster care population, is the source for the quality assurance system and is used to meet internal and external partnerships' data needs.

CASE REVIEW SYSTEM

The Department has strong case planning models. The Integrated Service Plan (ISP) has built upon system of care principles to coordinate internal and external resources for children and families. Improvements can be made in applying ISPs to eligible cases. Periodic reviews, permanency hearings, termination of parental rights and caregiver notice to hearings and reviews are all strengths. Overall, this factor is rated a strength with needed improvements.

QUALITY ASSURANCE SYSTEM

Foster care standards are clearly defined and are comparable to national standards. These standards are under review and there are processes for monitoring the quality of service. The Department has a vast array of programs aimed at evaluating and improving internal functioning and direct services to children and families. External review bodies play a significant role in continuous quality improvement. Since 2001, DFS has implemented changes to its case review system to meet CFSR and Child and Family Services Plan measurement requirements. This factor is a strength.

STAFF AND PROVIDER TRAINING

Initial and on-going staff training are both strengths for the agency. New case managers in DFS receive extensive training and supports prior to working full caseloads. Refresher trainings are offered annually and are coordinated with program managers and operations to identify areas of concentration. Delaware is certified by the American Prosecutors' Research Institute to teach, "Finding Words." Foster care provider training is defined by Delacare for private agencies and by policy for state administered homes. Foster Care and Adoption training has improved adoption timeliness and adoptive family support. This factor is a strength.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

The Department and community provide a vast array of services for children and families from prevention and early intervention to intensive residential settings. Services are culturally competent. New programming has been added in recent years. Contracted services for family services have been restructured to improve parent-child relationships and visitation. A promising approach is mental health screening for new foster children. Simultaneously, increased caseloads and a growing foster child population have stretched resource capacity. Services are not equally available statewide. While improvement is needed in service array, accessibility and individualizing services, for the state as a whole, this factor is a strength.

AGENCY RESPONSIVENESS TO THE COMMUNITY

The Department depends on Delaware's child welfare partners to meet mandates, requirements and to maintain quality services for children and families. Stakeholders are engaged with the Child and Family Services Plan and annual reports. Child welfare programs are coordinated with other federal programs. A stronger collaborative process and communication plan will improve responsiveness to the community. This factor is a strength.

FOSTER AND ADOPTIVE HOME LICENSING, APPROVAL AND RECRUITMENT

Standards for foster and adoptive home approval and recruitment are clearly defined by Delacare for child placing agencies and by policy for state administered homes. Procedures are in place to monitor compliance and quality of care. Standards are applied equally across the state. Criminal background checks are required and monitored. Recruitment efforts for foster and adoptive parents are on-going and targeted to areas of need. The faith-based initiative shows promise. DFS approves about 69 new homes per year but faces a growing foster child population. Children are placed for adoption in other states. This factor is a strength.

Delaware will conduct the on-site review in all three counties with Wilmington identified as the metropolitan site.

Delaware's Statewide Assessment presented challenges and opportunities to learn from. Compared to the 2001 Review, this Assessment is richer and more textured. A rigid assessment methodology structured by the Statewide Assessment Tool created a massive amount of detail. The inclusion of youth and adoptive families in focus groups adds a new dimension to community partner input. Use of the Statewide Assessment Tool's Items in facilitating focus groups leads to a more complete and comprehensive response to the entire array of Review requirements. Questions were tailored for specific groups to facilitate discussions. Focus group sessions were longer than expected, some lasting over 3 hours. Federal Profile, quality assurance and internal management data supporting the items provided depth and richness when evaluating effectiveness. The CFSR Internal Committee is members of the DFS Central Office team and carried the burden of organizing and conducting the review, no additional staff supported the Assessment; the process was exhausting. Steering Committee members provide high level oversight and provided input on organizing a plan to communicate the complicated composite data. This committee will continue to advise throughout the CFSR process. While there are no major surprises in the final analysis and conclusion, this Assessment is a valuable tool for child welfare system review.

VII. PARTICIPANTS

A. STEERING COMMITTEE MEMBERS

<u>Name</u>	<u>Affiliation</u>
Lisa DiStefano	Division of Youth Rehabilitative Services
Midge Holland	Division of Child Support Enforcement
Kathy Goldsmith	Department of Education
Mike Kersteter	Peoples Place II
Chris Kraft	Division of Management Support Services
Allison McDowell	Office of the Child Advocate
Meta McGhee	Division of Medicaid Managed Assistance
Julia Pearce	Child Placement Review Board; DFS Advisory Board
Mike Peyser	Division of Family Services
Shirley Roberts	Division of Family Services
Andrea Shaffer	Family Court Administration
Peggy Spiegel	Division of Child Mental Health Services
Karen Triolo	Office of Case Management; Office of the Secretary, DSCYF
Keith Zirkle	Division of Family Services

B. INTERNAL COMMITTEE MEMBERS

<u>Name</u>	<u>Affiliation</u>
John Bates	Division of Family Services
Truman Bolden	Division of Family Services
JoAnn Bruch	Division of Family Services
Laura Miles	Division of Family Services
Kevin Odwin	Division of Family Services
Frank Perfinski	Division of Family Services
Mike Peyser	Division of Family Services
Shirley Roberts	Division of Family Services
Linda Shannon	Division of Family Services
Joseph Smack	Division of Family Services
Keith Zirkle	Division of Family Services

C. STAKEHOLDER MEETING ATTENDEES

<u>Name</u>	<u>Affiliation</u>
Kim Allen	A Friend of the Family
Carla Benson-Green	Division Family Services
Laura Boxwill	Division of Family Services
Deborah Caruso	Citizen
Karen DeRasmo	Prevent Child Abuse Delaware
Dave (Charles) Desmond	Division of Family Services
Lisa (Elisabeth) DiStefano	Division of Youth Rehabilitative Services
Mary Lin Edgar	Upper Bay Adoption Services
Diana Fraker	Division of Family Services
Larry Haas	Child Inc.
Suchitra Hiraesave	Boys & Girls Club of DE
Midge Holland	Division of Child Support Enforcement
Robbie Hoosty	Child Inc.
Sharon Keen	Division of Family Services
Mike Kersteter	People's Place II
Alice Knott	Bayada Nurses
Christine Kraft	Division of Management Support Services
Ginny Lanczkowski	GrandParents United
Meta McGhee	Division of Medicaid Managed Assistance
Jim Nye	Elizabeth W. Murphey School
Julia Pearce	Child Placement Review Board; DFS Advisory Board

C. STAKEHOLDER MEETING ATTENDEES

<u>Name</u>	<u>Affiliation</u>
Denise Purnell	School Representative
Marc Richman	Division of Child Mental Health Services
Kristal Roberts	Upper Bay Adoption Services
Shirley Roberts	Division of Family Services
Carlos Santiago	Para-Plus Translations
Andrea Shaffer	Family Court Administration
Sharon Stephenson	Psychotherapeutic Children's Services
Karen Triolo	Office of Case Management; Office of the Secretary, DSCYF
Ione Truesdale	Division of Family Services
Patty Watson	Bayada Nurses
Mary Jo Wolfe	Adoptive Families with Information and Support
Dory Zatuchni	Jewish Family Services

D. FOCUS GROUP ATTENDEES

<u>Name</u>	<u>Affiliation</u>
Total participants = 15 (Identity of this group is being held confidential)	Adoptive Parents
Total participants = 5 (Identity of this group is being held confidential)	Adopted Youth
Total participants = 12 (Identity of this group is being held confidential)	Caseworker and Supervisors, Division of Family Services
Total participants = 3 (Identity of this group is being held confidential)	Families with youth in foster care
Total participants = 16 (Identity of this group is being held confidential)	Foster Care Youth
Total participants = 19 (Identity of this group is being held confidential)	Foster Parents
Total participants = 8 (Identity of this group is being held confidential)	Policy/Administration, Division of Family Services
Total participants = 7 (Identity of this group is being held confidential)	Review Bodies,
Total participants = 19 (Identity of this group is being held confidential)	Stakeholders