

# State of Delaware 2015-2019 Child and Family Services Plan

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# 2015-2019 Child and Family Services Plan

## I. Introduction

### I.A. Program Administration:

The Department of Services for Children, Youth and Their Families (DSCYF) is responsible for administering the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart I), Promoting Safe and Stable Families Program (Title IV-B, subpart II), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV).

DSCYF, also known as the Children's Department, was created in 1983 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 long term costs of unrecognized and untreated problems.

### I.B. The Children's Department Authority and Core Services are:

#### **Core Service #1: *Child Protective Services*** (Delaware Code: Title 29, Chapter 90)

Child protective services include: investigation of alleged abuse, neglect, or dependency; out-of-home placement as necessary; in-home treatment; and adoption. The desired outcomes are a reduction of re-maltreatment, timely reunification with family when appropriate or timely achievement of permanency either through adoption, guardianship, or long-term foster care, and child and family well-being. These services are managed by the Division of Family Services.

#### **Core Service #2: *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 outcome is the reduction of subsequent rearrests/offenses (recidivism rates). These services are managed by the Division of Youth Rehabilitative Services.

#### **Core Service #3: *Child Mental Health Services*** (Delaware Code: Title 29, Chapter 90)

Child mental health services include: crisis services; outpatient treatment; day treatment; residential mental health and drug and alcohol treatment. The desired outcomes are to assist children, youth, and caregivers in resolving their presenting issues through treatment and

intervention provided in the least restrictive appropriate environment. These services are managed by the Division of Prevention and Behavioral Health Services.

**Core Service #4: *Prevention and Early Intervention Services*** (Delaware Code: Title 29, Chapter 90)

Prevention and early intervention services include: training, public education, and contracted community-based services aimed at preventing child abuse, neglect, dependency, juvenile delinquency, mental health disorders, and drug and alcohol abuse among children and youth. These prevention efforts are geared to help strengthen families and prevent their entry or reentry in one or more of the above three core services. These services are managed by the Division of Prevention and Behavioral Health Services.

**Core Service #5: *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. Licensing includes providers of family child care and child care centers, child placing agencies, and providers of day and residential treatment. The Criminal History Unit manages the 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 outcomes are that child care facilities meet *Delacare* Standards and children in child care, residential, health care, or educational facilities are protected from harmful acts of adults with criminal and/or child abuse histories. These services are managed by the Office of Child Care Licensing (OCCL) within the Division of Family Services.

**I.C. Organizational Charts**

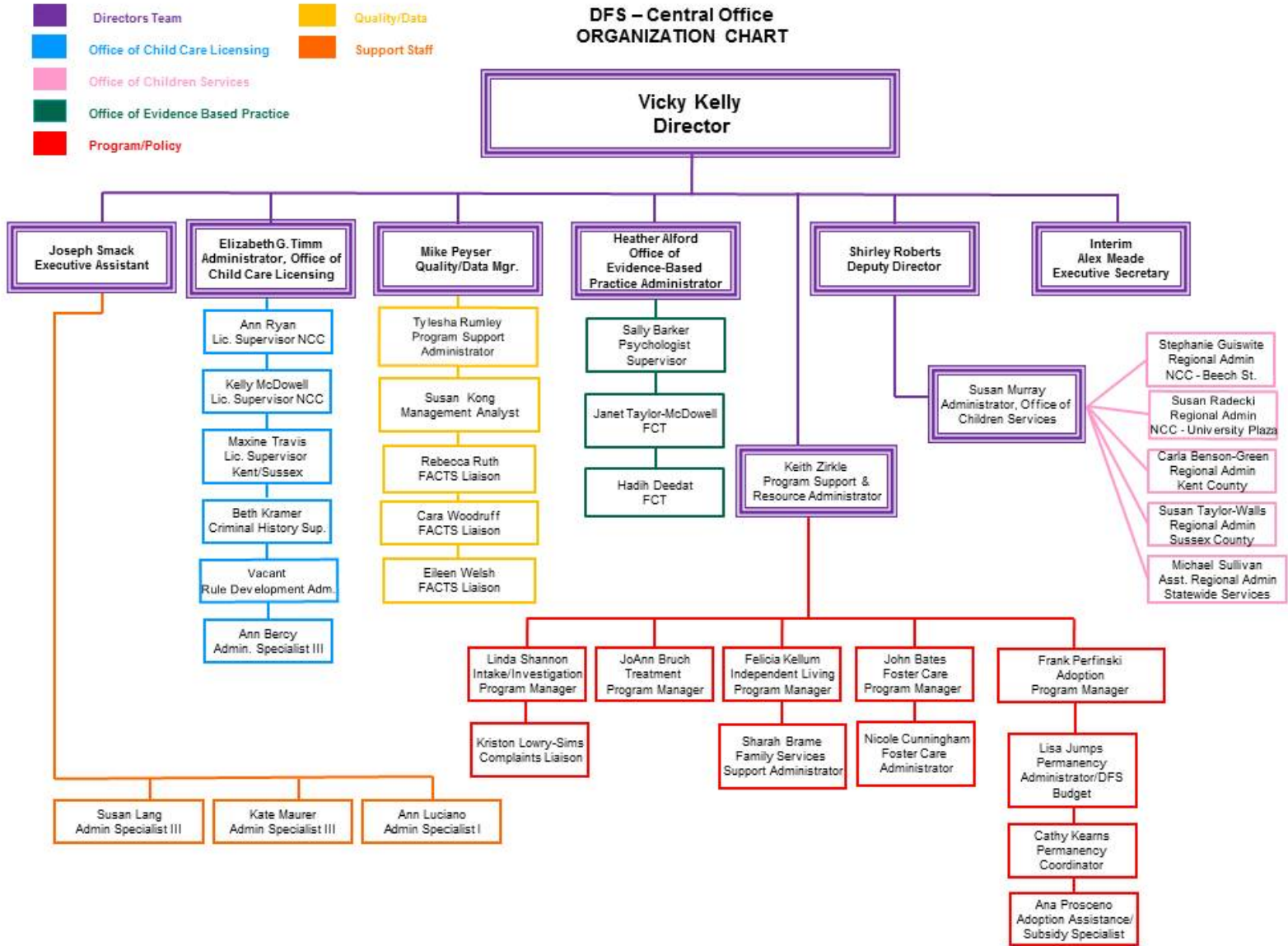
An updated organizational chart for the Division of Family Services is provided on page 6 of the report. A current Department of Services for Children, Youth and Their Families organizational chart is included within the plan on page 5.



## Department of Services for Children, Youth, and Their Families



Approved: \_\_\_\_\_ Date: \_\_\_\_\_



## **I.D. Collaboration**

Several major activities should be recognized in this section as early contributions to the development of the goals and objectives identified in Section IV. 2015-2019 Strategic Plan. First, the 2010 Child Abuse and Prevention Act reauthorization mandated states provide some type of differential response. This put in motion plans to implement a family assessment track as authorized by Delaware's Child Abuse Prevention Act of 1997. These plans led to planning and implementation assistance from the National Resource Center for In-Home Services. The planning group included Department representatives, community service providers, Annie E. Casey Foundation (AECF) representatives, DFS front line staff and program staff, and Region III Administration for Children and Families representatives. In early 2011, Delaware's Child Protection Accountability Commission members sanctioned the adoption of Structured Decision Making<sup>®</sup> (SDM) at the child abuse report line to improve consistency in accepting and assigning response priorities to abuse and neglect reports using an actuarial risk assessment model. Delaware contracted with the Children's Research Center of the National Council on Crime and Delinquency to implement SDM. This initial effort grew into adopting a new practice model - Safety Organized Practice. Also in 2011 Governor Markel and Department Secretary Rapposelli asked the Child Welfare Strategy Group of the Annie E. Casey Foundation to conduct a child welfare system wide assessment. This assessment used quantitative and qualitative methods to assess the system. The Casey team was asked to focus its assessment on SDM<sup>®</sup> implementation, differential response implementation, teens in foster care, emancipation rates, and permanency outcomes. The assessment covered data analysis, policy review, finance review, business process mapping, observations, case reviews, individual interviews, and surveys. A detailed overview of the assessment methodology, findings and recommendations are attached. (See Attachment A: AECF DE Assessment February 14 2012). These early efforts laid the foundation for developing this specific 2015-2019 CFSP.

The initial working meeting for the 2015-2019 Plan was held March 26, 2014 with a group of professional representatives from DFS (policy and operational staff) and its sister agencies within the Children's Department (Division of Youth Rehabilitative Services (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), and the Division of Management and Support Services (DMMS)); the Family Court of Delaware (including the Court Improvement Program and Court Appointed Special Advocate Office); Child Placement Review Board; the Office of the Child Advocate; Delaware Youth Opportunities Initiative, Region III of the Children's Bureau, Administration of Children and Families and several community service agencies representing home-based, foster care, prevention, foster parent training and adoption services. The session began with program updates and a multi-year review of system data and quality assurance results. A draft of goals, objectives and measures was presented as well. The session ended with stakeholders listing strengths and areas needing improvement in child welfare systems.

Since the initial planning session, the CFSP coordinator met with DFS managers, supervisors, caseworkers and foster care youth/young adults to identify system strengths and areas needing improvement. Foster parent comments were gathered via survey. Three attempts were made to meet with parents; circumstances prevented accomplishing this activity. DFS will continue to seek parental input at key points in the Child and Family Services Review (CFSR), Annual

Progress and Services Report (APSR) process and Continuous Quality Improvement (CQI) process. Approximately 130 stakeholders contributed by focus group or survey. This information contributed to the goals, objectives and measures for the next CFSP. In summary, over 300 comments were received; the major themes expressed by stakeholders are:

- Maintain strong child safety practices and outcomes
- Complete the set of initiatives to fully engage families and youth in assessment, planning and delivery of child welfare services
- Build capacity for community and out-of-home services within Delaware
- Support the workforce with training and retention initiatives
- Continue collaborative efforts with system partners

Letters sent to the Nanticoke Tribal Chief requesting time to discuss a partnering with this agency have not been answered. Letters sent for the past five years inviting tribal leadership to discuss partnership building have gone unanswered. DFS continues to correspond with the Nanticoke Chief of the Nanticoke Indian Association. The Association has 36 members according to Association's website membership page. DFS will continue with opportunities to discuss ways to partner regarding child welfare services for American Indians and share CFSP and APSR documents. DFS will attempt to engage the Nanticoke via foster care recruitment exhibit at the Nanticoke Powwow and by re-establishing points of contact. There are no other viable tribes in Delaware. (See Attachments Supporting Documents A: 2014 Letters #1 and #2 to Nanticoke Chief)



## **II.A. Practice Model – Mission and Vision**



### **Mission Statement**

Our mission is to promote the safety and well-being of children through prevention, protection and permanency.

### **Vision Statement**

Our Children.  
Our Future.  
Our Responsibility.

## II.B. Guiding Principles

Framework for the Child and Family Service Plan is grounded in the following vision statements:

- The focus on child safety is paramount at all stages of a case from prevention to permanency.
- Effective engagement promotes more comprehensive sharing of information and perspectives, which increases the effectiveness of best practice tools, strategies, and models.
- Every child deserves to grow up in a stable, nurturing family.
- Families involved in the child welfare system have experienced various traumas both from the circumstances that led to the maltreatment and the separation of removal to foster care. Unresolved, these traumas can continue to impact their reactions, behaviors and development.
- Family interventions should be proportionate based on risk and protective factors.
- Children and families are more likely to actively engage in a plan in which they had a key role in designing. Key decisions include family and youth voices.
- When plans recognize and build upon families' strengths and achievements, they are more likely to accept the interventions and internalize the positive changes.
- Decisions about specific interventions for children and families are more relevant, responsive and effective, when the team involved with the family helps make them.
- Plans that are individualized and needs-based, instead of service-driven, are more likely to promote positive outcomes in safety, permanency, stability and well-being.
- Older youth transitioning from foster care into adulthood are more successful in achieving independence when they have established relationships with caring adults who will reliably support them.
- Child welfare systems are strongest when partners share common goals and resources.
- A skilled and experienced workforce is supported by competency based training, facilitative supervision, community-based services and technology.

“It is the intent of the General Assembly that the primary purpose of the child welfare policy of this state shall be to ensure the best interest and safety of the child, including preserving the family unit whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide for comprehensive protective services for abused and neglected children by mandating that reports of such abuse or neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services.” --- *Child Abuse Prevention Act of 1997, State of Delaware*

Based on the enabling legislation, the Division of Family Services (DFS) and the larger child welfare system in which it operates, have historically made the protection and safety of children as the primary priority. While the DFS has focused on promoting the well-being and safety of children and their families through prevention, protection and permanency, the safety focus has been paramount.

DFS has operated its child abuse and neglect services based largely on long-standing policies, as found in the *DFS Policy and User Manuals*. These policies have traditionally comprised guidance based on statutes, regulations, and various internal and departmental policy statements. Consequently, these policies have largely focused on legal duties related to child protection (e.g.,

the components of safety assessments) and specific guidance about types of intervention and services [e.g., parental substance abuse impacting the care of the child(ren)]. These policy manuals are under revision, as DFS is in the process of moving from a policy-driven system to one that is driven by a practice model, in which policy manuals are supplemental.

Family Engagement is the central unifying theme that supports the *Outcomes Matter* Initiative, the current system transformation effort led by DFS, which is discussed the section below. In this initiative, DFS is elevating family engagement as an overarching value, philosophy and practice, based on the belief that such engagement is fundamental in achieving improved outcomes for all children in safety, permanency, and well-being.

### **II.C. Outcomes Matter Initiative**

Delaware's Child Protection Accountability Commission's endorsed the DFS's Office of Children's Services implementation of Structured Decision Making<sup>®</sup> for Intake early in 2011. The Child Welfare Strategy Group of Annie E. Casey Foundation (AECF) then conducted a comprehensive assessment of the child welfare system from September 2011 through January 2012. Based on findings of the assessment and recommendations by AECF, initiatives and strategies were identified to reform the agency's safety, permanency and well-being mandates. As a result of all this, Delaware is implementing sweeping reform efforts to revitalize child protective services through implementation of a host of best practices. The Children's Research Center (of the National Council on Crime and Delinquency) and the National Resource Center for In-Home Services partnered with the Division of Family Services to develop and implement approaches to enhance practice.

DFS is early in what will likely be a multi-year process of system change. This comprehensive system transformation effort involves the implementation of many different tools, strategies and models to bring best practice approaches to the entire child welfare continuum of services. This system transformation initiative has been branded as "*Outcomes Matter: Enhancing Practice and Transforming Lives*". The overarching goal is to create a best practice system that balances safety, stability, permanency, and well-being. The initiative represents a strategic plan in which these various approaches are thoughtfully integrated over several years. The various components of this initiative will be discussed in greater detail throughout this report.

The primary objectives are:

- Preventing unnecessary placements by strengthening families to safely care for their children.
- Increasing the number of children and youth initially placed in safe kinship care.
- Increasing the timely exit to permanency for all children and youth in care.
- Increasing placement stability for all children and youth in care.
- Decreasing the number of teens who enter care, by safely and effectively serving them in their own homes.

## **Brief Overview of the Components of the Outcomes Matter Initiative**

### **Family Engagement Approaches:**

- **Safety Organized Practice (SOP)** - A frontline practice model, adapted from *Signs of Safety* developed in Australia, which uses strengths-based approach, child-centered principles and tools to ensure inclusion of youth voice and Structured Decision Making<sup>®</sup> to support rigorous safety assessment and planning. SOP includes specific activities such as the Three Houses (i.e., Good Things, Worries, and Hopes) to help bring children's voices into the assessment and planning process; safety mapping to help integrate and organize information about harm, risk and protective factors into comprehensive assessments; and the Framework for Critical Decision Making for group supervision to help organize and prioritize assessment information, distinguish between harm and risk issues versus other complicating factors for the family (e.g., mental health issues that do not contribute to the child protection concerns). SOP includes 12 modules of training. This effort has been co-led by a team combining regional and central office staff. DFS made the commitment to train all staff in SOP in 2014. DFS worked with the Children's Research Center, the disseminator of this model, to train a cadre of 22 trainers. Most of these trainers are DFS staff, while several of the trainers are from private contract agencies. The final modules are scheduled to be completed in November and December 2014. Lead trainers from the Children's Research Center have worked with local trainers through 2014, in a series of Train the Trainer sessions, with additional coaching sessions provided in each of the regional offices. This extensive investment in a well-executed Train the Trainer approach will help ensure the sustainability of this model, as local trainers will continue to provide training to new staff and refresher training to existing staff. SOP training has already been integrated into new worker training. The use of SOP activities is being tracked in ongoing Quality Assurance case reviews.
- **Family Search and Engagement (FSE)** – FSE is an adaptation of Kevin Campbell's Family Finding model disseminated by the Child Welfare Strategy Group of the Annie E. Casey Foundation (AECF). Strategies and tools including mining records, interviewing youth and family members, and using internet search approaches provide the foundation for locating adults who have been involved in the child's life. Additionally skills are taught for how to approach estranged family members and re-engage them in consideration about how they might support the child in foster care. This is different from diligent search efforts, which are primarily focused on identifying potential placement resources in the family system. FSE utilizes a structured family meeting to help families together consider the needs of the child, what roles they might play in offering support, and how they might work collectively to build a stronger support network for the child. This approach establishes/reestablishes relationships to play a variety of roles - from safety planning, to support and placement. FSE was initially launched as a pilot in a New Castle County regional office. The pilot was led by a team of regional and central office staff, who developed a statewide work group to plan for statewide implementation. Planning for statewide FSE began April 2013; local technical assistance and training ran into May 2014. The use of FSE strategies are also tracked in ongoing Quality Assurance case reviews.
- **Differential Response System (DRS)** - DFS has developed a varied DRS since 2012. The first approach was to formalize a two-tiered investigation track. Tier I investigations allowed for an investigation to convert to a Family Assessment and Intervention Response (FAIR), when the initial contact indicated that the information reported did not in fact meet the

statutory requirements for a child protection investigation. Tier II investigations are full child protection investigations as required by statute. In 2013, DFS launched another FAIR program for screened-in cases. This pathway is an alternative to traditional child protective services investigation that uses family engagement and assessment, coupled with referrals to community services for low-risk cases. The initial FAIR program was focused on addressing concerns about growing referrals and entries into foster care involving teens and their families. Internal research indicated that 79% of these teens were entering foster care for the first time as teens—often at age 16 or 17—due to escalating parent-child conflict. Their issues were significantly different from younger children. The FAIR program has now served over 350 teens and their families with a range of community- and evidence-based programs including screening, Family Keys™, and Functional Family Therapy™. This approach has helped DFS safely reduce teen entries by 40%. DFS worked with the National Resource Center for In-Home Services to access consultation support for this implementation.

In 2014, DFS implemented a pilot FAIR program for screened out referrals involving children 0 – 3. These referrals are managed by the Infant Caregiver Project at the University of Delaware, where a team reaches out to the parent and offers voluntary, community-based services through several evidence-based programs including A Bio-Behavioral Check-Up, Parent-Child Interaction Therapy, or one of the Home Visiting Programs. The first 1,000 referrals to these community programs demonstrated the significant prevention value, as only 5 of these cases had subsequent referrals to DFS that resulted in substantiated cases of child maltreatment.

- **Team Decision Making™ (TDM)** - DFS has worked with AECF to implement Considered Removal Team Decision Making (TDM). This approach utilizes a structured meeting with family, child (if appropriate), family allies and supports, which is led by a specially trained and dedicated facilitator. This version of TDM is now required by DFS policy to occur prior to or within 48 hours of entry into foster care. TDM helps focus the family and extended support network on comprehensive safety planning to avoid unnecessary placements in foster care. TDM has helped DFS safely reduce overall entries into foster care by 43% and resulted in a 66% increase in teens initially being placed with relatives (which research demonstrates significantly supports placement stability and improved outcomes), TDM is managed statewide by a work group that includes both regional and central office staff, who review monthly data reports, provide training and consultation to DFS staff, and continue to refine policies and procedures.
- **Recruitment, Development and Support of Families (RDS)** - RDS is another approach disseminated by AECF to improve child welfare practice. RDS has been managed by a work group that combines regional and central office staff statewide. The first component, “Recruitment” focuses on increasing the number of skilled resource families to meet the needs of current foster children and youth. DFS has worked with AECF to develop targeted recruitment efforts focused on teens, sibling groups, and medically fragile children. DFS also hired a contract provider to develop statewide strategic plans for targeted recruitment and collaborate with staff on its implementation. The second component, “Development”, involves the pre-service training for foster parents. DFS invested in a new training disseminated by the Institute for Human Services (IHS) in 2014, which has a strong focus on family engagement, promoting active engagement between foster and birth families, to

support permanency outcomes. The IHS curriculum also provides a strong focus on trauma-informed approaches and attachment. The third component, “Support”, involves creating meaningful supports to caregivers to ensure successful and stable placements. DFS has created a Screening and Consultation Unit that screens all children entering foster care, providing triage to connect to needed services and consultation to foster care staff and foster parents in understanding and responding to children’s needs. DFS has also developed a Resource Line for foster families, staffed by counselors to help de-escalate behavioral issues that might disrupt placements. DFS has also partnered with several community agencies to provide additional continuing training for foster parents that focuses on trauma and attachment issues. These combined efforts have resulted in dramatic reductions in placement instability (e.g., 60% reduction in children having 2 or more placements in the first 100 days; 69% reduction in 3 or more placements during that time).

### **Other Processes that Improve Practice:**

**Structured Decision Making (SDM<sup>®</sup>)** - Safety, Risk, and Needs Assessment Tools and decision guidelines to provide greater consistency and confidence in all child welfare decisions.

Research-based assessment criteria are considered through structured procedures utilizing decision trees. DFS is one of only a handful of jurisdictions that has implemented the full suite of SDM tools across all child welfare functions from intake to investigations to ongoing child protective services to permanency. DFS has worked with the Children’s Research Center, the disseminator of these tools, to ensure implementation with fidelity by contracting for ongoing case readings to track implementation. This effort was also led by a workgroup of DFS regional and central office staff. SDM tools for intake and investigation were built into the existing Statewide Automated Child Welfare Information System (SACWIS) system and will be included in the new system. The other SDM tools are currently paper forms, awaiting inclusion in the new SACWIS system.

- **Effective Screening** - Creation of the Screening and Consultation Unit within the Office of Evidence Based Practice of DFS to support comprehensive screening and triage of children and youth entering foster care. All children entering care are now screened by a team of behavioral health professionals. The screening data is reviewed by a licensed psychologist, who integrates the information into an accessible guide for the case worker and foster parent to identify needed services and understand challenging behaviors demonstrated by the child. The unit then provides ongoing consultation to the foster care team as needed.
- **Kinship Diversion Policy/Practice** - DFS convened a statewide workgroup led by regional and central office staff to study ways the extent to which kinship placements were occurring (either in initial safety planning or other diversion from foster care), as well as to guide development of policy, practice, and tools that would support expansion of safe kinship placements. The work group has developed a policy and procedure guide that will guide the expansion of kinship placements beginning in late 2014.
- **APPLA Work Group** - DFS has had a work group of regional and central office staff working with a number of external stakeholders including the Family Court, CASA, Office of the Child Advocate, and community providers to study and address APPLA issues. This work group has been focused on the development of policies and procedures to guide decision making in individual cases, both from within DFS and in court actions on the use of

APPLA for foster youth. The goal is to improve permanency outcomes for all youth, by reducing the designation of APPLA. In April 2010, DFS had over 230 youth designated with APPLA. Through continued work, there are now approximately 120 youth under age 18 who are designated as APPLA. The workgroup continues to analyze data quarterly on the number of children and youth designated as APPLA. This analysis includes both quantitative and qualitative data, which is reported to the Permanency Committee for Adolescents, of the Child Protection Accountability Commission.

- **Permanency Planning Committee** - Internal to DFS: Revising committee process to include elements from the Permanency Roundtable Approach, disseminated by Casey Family Programs. External System Approach: Collaborating with the Child Protection Accountability Committee (CPAC) Committee on Permanency Outcomes for Adolescents to remove statutory or other system barriers to permanency or successful transition to adulthood.

#### **Approaches to Strengthen Infrastructure:**

- **FACTS II** - Development of a new DSCYF multi-agency client information (Family and Child Tracking System and SACWIS) system with a one child, one case, one plan approach. FACTS II was originally scheduled for launch in mid-2014. That launch has been indefinitely postponed due to the significant number of system defects identified, which require continued development and testing.
- **Financing/Reinvestment** - DFS has worked with external consultants to explore opportunities provided for innovation and reinvestment through the Title IV-E Waiver Program. DFS is one of the jurisdictions with proportionately the most state versus federal funding. Consequently, there was much less flexibility to fully utilize the waivers to support innovation. However, DFS has been able to implement innovated strategies at the front-end of the system through state general funds.
- **Cross Agency Collaboration** - Work with the juvenile justice and child behavioral health systems to improve collaboration and maximize resources, especially around preventing unnecessary teen entries into foster care. DSCYF is working with AECF to support a year-long engagement focused on improving coordinated services for children involved with child welfare, behavioral health and/or juvenile justice systems. DSCYF has developed guiding principles for this work and is now focused on developing a structure and blended funding mechanism to support individualized service needs for identified multi-divisional youth.  
DFS is also working with courts to provide viable alternatives to help families referred for dependency concerns be served in the community to avoid unnecessary foster care placements.
- **Policy Development** - DFS has focused attention to policy revisions or development in support of family engagement and outcomes-focused practice. DFS has updated Performance Plans for all staff in 2014 to capture emerging skills in the new practice models. The Performance Plans will be further revised for 2015 to capture achieved skills in these areas. The DFS Policy Manual is currently undergoing a complete revision to ensure that all policies are congruent with current practices. Policies to support new and/or expanded approaches

such as Team Decision Making and Kinship Placements are also being developed and included in the manual.

- **Outcome Performance Management** - A framework and set of tools that measure agency performance toward achieving key child welfare outcomes. Ongoing measurement of how well services are leading to desired results can be used to help manage and improve services and outcomes. DFS worked with the data team of AECF to develop internal capacity to support use of an Entry Cohort Longitudinal Database (ECLD). The ECLD has significant advantages over other child welfare data collection methods. The typical point-in-time reporting measures are aggregate measures that combine new entries as well as long-stayers in foster care, in which the average scores reported fail to discern significant differences between subgroups of children in care. The ECLD creates statistical profiles of individual children in care and then groups these profiles into a cohort for analysis against other cohorts. This approach allows for the quickest and most reliable statistical method of assessing the impact of program changes. For example, in tackling the problem of placement instability, the point-in-time reports include long-stayers who may have already amassed multiple placements. By using the ECLD and comparing children who entered care in an earlier specified period against a more recent period in which practice changes were implemented, it is possible to track the different experiences and trajectories of these two cohorts over time. ECLD also provide a statistical way for agencies to parse large aggregate data sets to track the experiences, trajectories and outcomes for various subgroups of children in care, thereby facilitating the targeting of specific groups that would benefit from more in-depth qualitative case reviews.
- **Strategic Communication** - Development and implementation of a comprehensive communication plan that focuses on sharing information, gathering feedback, gaining support and engaging staff in the ongoing process of system change. DFS has utilized a series of *Outcomes Matter* Newsletters that have been widely distributed within DFS to all staff, as well as within DSCYF, and with external partners. DFS has also held numerous training opportunities at statewide conferences, judicial retreats, and other focused trainings (e.g., for Deputy Attorney Generals, CASA, Guardian ad Litem, and schools.)
- **Service Array Adjustments** - Continued expansion of evidence-based treatment and support services to children and caregivers with the goal of improved child and family outcomes. DFS is working with the Divisions of Prevention & Behavioral Health (DPHS) and Youth Rehabilitative Services (DYRS) to identify service gaps within DSCYF. Each of the divisions has an Advisory Council comprised of community partners and families, who are providing input into these decisions. DPBHS is working with the State Medicaid Office on a revised state plan to support expanded community-based services.
- **Delaware Youth Opportunities Initiative (DYOI)** - Statewide effort to ensure successful transitions for youth aging out of foster care. Includes leadership by a Community Partnership Board, involvement of the statewide Youth Advisory Council, and a potential policy focus on extending supports to alumni until age 21. DFS has implemented the Achieving Self Sufficiency and Independence through Supported Transition (ASSIST) Program providing monthly stipends to transitional age youth. DYOI has also led training for the Family Court in 2014 on expanding youth involvement in court. In 2014, new legislation



created a designated position on the Child Protection Accountability Commission for a young adult who experienced foster care.

### III. Assessment of Performance

The state’s information system provides data on population characteristics, demographics and location. The past five years performance as measured by system data and quality assurance case reviews indicate a consistent and strong performance on child safety. Measures for permanency and well-being indicate both strengths and areas needing improvement. As for systems, there has been much activity in recent years to improve the infrastructure. Challenges remain for several systems and will be targeted strategically.

#### III. A. Outcomes

**Safety:** National standards for recurrence of abuse and neglect, and maltreatment in foster care are consistently met.

<i>National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.</i>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
	97.0%	96.1%	96.4%	97.11%	96.9%
<i>National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.</i>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
	99.44%	100%	100%	99.84%	99.57%

Family Services’ case review measure for assessing child safety in investigation and treatment cases is consistently above 90%.

<i>Quality Assurance: Measurement for child safety is a composite of questions in investigation and treatment assessing safety in the child’s residence. Goal is 100% will be assessed as safe.</i>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Investigation</b>	98.8%	99.2%	98.5%	100%	97.9%
<b>Treatment</b>	86.3%	94.0%	97.13%	91.18%	93.15%

DFS reports quarterly to the Child Protection Accountability Commission (CPAC) on a number of key data elements. The CPAC system dashboard includes key data elements from DFS that focus on safety (e.g., recurrence of maltreatment, re-entry to foster care, and case load averages); permanency (e.g., exists from foster care, time to adoption); and well-being (e.g., children served by other systems, screened upon entry to foster care, and educational attainment). CPAC is comprised of governor-appointed commissioners from a variety of public and private agencies, as well as various citizen groups (e.g., CASA, Grassroots Citizens for Child Protection, Child Placement Review Board). This is the primary and most regular data reporting by DFS. Community professionals and DFS caseworkers agree via focus group participation that child safety is paramount and agree with the system data. (See March 26, 2014 professional meeting representation, page 7). Delaware will maintain the emphasis on child safety using Structured Decision Making<sup>®</sup> tools and Safety Organized Practice. Caseload reports as of March 2014 indicate state investigation caseloads average 13.3 per worker. In comparison, the December 2010 investigation caseload averaged 12.7. As of March 2014 state treatment caseloads average 15.8 per worker. In comparison, the December 2010 treatment caseload averaged 16.0. With the decreasing foster care population (11% from April 1, 2013 to April 1, 2014), the treatment caseload average has maintained over time indicating a growth of intact family cases. The

agency's addition of a Differential Response System and considered removal Team Decision Making strategy helps operationalize the agency's principle that children should grow up in stable, nurturing families while ensuring safety with formal and informal supports. Stakeholders are concerned about the impact of an increasing case workload and of implementing a new information system. DFS agrees with the safety data profile, caseload data accuracy and stakeholder comments. The regular and extensive oversight of a broad spectrum of community stakeholders is a strength of the Delaware system. The agency and partners will monitor performance to maintain current safety performance while enhancing the quality of family contacts, assessment of needs and service delivery.

**Permanency:**

Delaware's performance on national standards for placement stability, reunification and adoption are mixed. The state's information system provides foster care population attributes, placement stability data and permanency goal measures.

<i>National Standards</i>					
<b>Last FFY available</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Of those children in care less than 12 months - % with 2 placements or less. Goal is 86% or higher.	81.5%	84.0%	82.1%	79.4%	83.3%
Of those children in care for 12 but less than 24 months - % with 2 placements or less. Goal is 65.4% or higher.	62.6%	61.3%	62.6%	62.6%	61.3%
Of those children in care 24 or more months - % with 2 placements or less. Goal is 41.8% or higher.	28.2%	26.4%	28.2%	35.5%	33.6%
Reunification within 12 months from the most recent removal from home. Goal is 75.2% or higher.	68.1%	67.9%	76.7%	64.6%	68.2%
Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.	35.2%	35.8%	34.7%	31.9%	43.2%

Focusing on youth aging out of foster care, there are 2 measures to examine; APPLA goal choice appropriateness is a case review measure:

<i>Quality Assurance: Measurement is the percent of placement and permanency case reviews agreeing with APPLA (Another Planned Permanent Living Arrangement) goal selection. Goal is 95% or higher.</i>					
<b>CY</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
	100%	98.3%	91.7%	100%	92.86%

The companion permanency national measure is: Children Emancipated Who Were in Foster Care for 3 Years or More. The standard is lower than 37.5%. For the past 3 federal years, 2012-2014, Delaware has scored 31.1%, 36.8% and 30.8% respectively.

For national standards of placement stability, Delaware has not met the standards for cohorts (in care 0-12 months, 12-24 months, >24 months) for the 5 available reporting years. Placement stability is a continuing concern to be addressed in the 2015-2019 CFSP. The data demonstrates overall consistent performance and improvement in the >24 month cohort. Additionally, DFS has analyzed this issue extensively and was able to determine that the children who experienced multiple placement changes in the first 100 days in care were those most likely to continue to experience multiple placement changes over their time in care. Consequently, screening and additional supports have been focused on stabilizing placements in the first 100 days of placement. By using the Entry Cohort Longitudinal Database, DFS has been able to demonstrate that children entering foster care in the last two years are having 60% fewer placements in the first 100 days. There has been a 64% reduction in the number of teens with more than 2 placement moves in the first 100 days of placement.

For the national standard of reunification within 12 months of removal, Delaware met the goal once (2011) over the 5 year reporting period. Delaware is slower to reunify but the companion measure for foster care re-entry for these years meets the standard except for 2009. This suggests strong assessment and service provision to ensure a safe and stable return home.

For the national standard of adoption within 24 months, Delaware met the goal once (2013) during the reporting period. Delaware was within 2% for 3 of the remaining 4 years. The 2013 score of 43.2% is the best on record.

The case reviewers agree an average of 96% with APPLA goal selection over the past 5 years. For the national measure for long-term foster youth aging out of care has been met for the past 3 years. The fluctuation in ratings 2012-2014 is concerning. Sampling and rater reliability are possible factors driving the fluctuation. The Plan includes an objective to review the Quality Assurance case review tool content, sampling and reliability. The number of foster children with the goal of APPLA has reduced from 233 in April 2010 to 146 in June 2014. Along with more attention to achieve permanency for teens by the agency and Family Court, the drop in foster care population, reduction in teen entries and increase in kinship initial placements are possible factors contributing to the reduction of APPLA permanency goal selection.

Permanency Planning Committees are held monthly in all three counties. Permanency goals must be reviewed at the tenth month in preparation for the twelve month permanency hearing. Case reviews are scheduled any time a goal change is considered by the caseworker and supervisor or ordered by the court.

Children under the age of 5 are reviewed by the supervisor, CASA/GAL and local Permanency Planning Committees for fast tracking to permanency if early indications are the child cannot return home. These Permanency Planning Committees include staff from DFS, Office of the Child Advocate, Department of Justice, and community providers. The committees review all children for whom the plan is adoption and permanent guardianship. These meetings occur at least monthly in each regional office. Young children are prioritized for reviews (which could be

monthly) until permanency is achieved. Of the 97 children exiting to adoption during CY2013, 68 were age 5 and younger. There were 118 children ages 0-5 with the goal of adoption for the same period.

Community professionals and caseworkers agree the 2015-2019 CFSP should include strategies to improve placement stability and timely permanency. Specific concerns were raised about transitioning teens back to Delaware from out-of-state placements to foster homes or biological homes. DFS agrees with these concerns and is targeting resources and supports for foster teens such as targeted recruitment for special populations, enhancing support for foster caregivers and expanding the service array to divert unnecessary foster placements and provide alternatives to residential placements. Team Decision Making provides opportunity to avoid unnecessary foster care entries and shorten foster care episodes. Delaware desires to lower the rate of APPLA goal selection and the number of youth exiting foster care at age 18. Strategies to conduct searches for and engage family members and to support kinship care address these concerns. DFS has implemented both Family Search and Engagement and the Considered Removal Team Decision Making models, as discussed earlier in this report. These approaches are identifying and engaging a broader group of relatives in case planning than occurred in the traditional approach to child protective services investigations alone. DFS is tracking data to demonstrate the number of maternal and paternal relatives participating in family meetings, as well as the number of initial placements achieved with relatives. Both are improving.

**Well-Being:**

For Monthly Caseworker Visits, Measure 1, the original benchmark in 2007 was 43%. Delaware implemented a plan to incrementally reach the federally set goal of 90% by 2011. For FFY2012 and 2013, Delaware has exceeded the standard and is well poised to meet the 2015 goal of 95%. For Measure 2, Delaware has exceeded the 50.1% standard since tracking began in 2007. The progressive drop in Measure 2 needs further evaluation. Potential factors driving the change could be data entry, change in calculation methodology for the reporting population or caseload shift between foster care and intact families.

<i>Caseworker Foster Care Contacts. Measure 1: Percent of foster children visited each month; and, Measure 2: Percent of those visits occurring in the child's residence.</i>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Measure 1	64% (Goal - 60%)	75% (Goal - 75%)	81% (Goal - 90%)	95.66% (Goal - 90%)	94.37% (Goal - 90%)
Measure 2 (Goal is 50.5%)	90%	86%	84%	82.48%	79.74%

Family Services' Quality Assurance case reviews are the source for data on assessment of needs and service delivery. The reporting periods are aligned with annual federal progress reports and cover 12 month periods ending March 31<sup>st</sup>. Sampling and rater reliability are possible factors driving fluctuations. The Plan includes an objective to review the Quality Assurance case review tool content, sampling and reliability.

<i>Quality Assurance: Measurement is a composite score of 13 questions from the QA Case Review tools for treatment and placement on identification of needs and services provided. Goal is 90% or higher of case reviews agree needs were identified and appropriate services provided.</i>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
	72.67%	78.4%	81.3%	84.39%	75.51%
<i>Quality Assurance: Measurement is composite score of 2 questions from each QA Case Review tool for investigation, treatment and placement for identification of needs and services provided for education, physical and mental health. Goal is 95% or higher of case reviews agree educational and health needs were identified and appropriate services provided</i>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<i>Investigation</i>					<i>95.12% (Scores are combined for Investigation, Treatment and Placement)</i>
Education	95.5%	98.0%	94.03%	100%	
Physical Health	93.95%	96.7%	94.04%	100%	
Mental Health	93.2%	95.1%	94.16%	100%	
<i>Treatment</i>					
Education	84.4%	91.1%	90.0%	92.0%	
Physical Health	86.6%	89.3%	91.2%	96.1%	
Mental Health	88.4%	90.0%	91.8%	93.6%	
<i>Placement</i>					
Education	96.4%	97.0%	96.4%	100%	
Physical Health	98.0%	98.0%	98.9%	99.0%	
Mental Health	98.5%	98.3%	100%	100%	

Another case review data set measures assessment and service combining items targeting children, parents and foster parents.

<b>CY</b>	<b>2011 (April 2011-March 2012)</b>	<b>2012</b>	<b>2013</b>
% of reviewers agree there were concerted efforts to assess the needs of children, parents and foster parents, and provide the appropriate services.	81.30%	85.54%	75.42%
QA Case Reviews	*		

As for education, physical health and mental health, case reviewers score assessment and service delivery consistently improving in the last 5 years in treatment and foster care cases while investigation scores are consistently high across all 5 years. Case review data indicates needed improvements in assessment of needs and service delivery for children, parents and foster parents. Sampling and rater reliability are possible factors driving fluctuations. The Plan includes an objective to review the Quality Assurance case review tool content, sampling and reliability.

DFS has not conducted additional analysis of this data. With the many changes underway in implementing a host of best practice models, there are multiple variables impacting these qualitative assessments. Focus groups with staff and supervisors have revealed that perceptions and expectations about what family engagement actually involves are still changing. Historically, DFS has focused on involvement with the primary caregiver, who was most often the mother; as expectations about more comprehensive family engagement develop, the assessment of casework is also changing and the bar is being raised as to what constitutes “concerted efforts”. The priority for 2014 was the full implementation of the SDM tools including the new Child and Family Needs Assessments. These tools provide a more objective measure of whether these needs are identified and addressed. Additionally, DFS has been guided by implementation science and work at the University of California, Davis campus, specifically on the implementation of practice models in child welfare, structured the performance plans for 2014 on “emerging skills”. DFS believes that a well-developed and –implemented practice model will help improve well-being outcomes more broadly. Consequently, the other priority for 2014 was to support staff in trying new practice skills. In 2015, DFS will resume monitoring and analysis of data in these areas based on the new components of the data.

Youth adults receiving independent living services are the population for proxy indicators of education achievement and employment readiness for foster youth. Data indicates areas needing improvement in all three areas currently tracked. Fluctuations in percentages need further evaluation. Possible drivers could be changes in the served population, initiation of financial assistance for youth aging out of foster care or additional purchased service units for young adults. DFS has implemented the ASSIST stipend program in 2013, which is providing additional financial supports to transitional age youth who are receiving Independent Living Services. As of June 2014 there are 141 youth enrolled in ASSIST program. The early analysis of this program demonstrates that as the youth are able to stabilize living arrangements, they are more likely to stay in school. In The Education Committee of the Child Protection Accountability Commission, in which DFS is a lead participant, has sponsored training and outreach efforts to all school districts in DE, to promote more active collaboration in supporting foster children in their local schools. The Family Court is also including information about Best Interest Meetings in court reviews of children in care, to help support stable educational placements. One of the barriers to high school graduation has been that school districts have different graduation requirements. As children move foster care placements, which have sometimes resulted in changes in school placements, they have missed required pre-requisites or not been able to complete certain requirements. New legislation passed in the spring of 2014 provides that graduation requirements for youth in foster care are the minimum requirements of the DE Department of Education; no additional requirements of a specific district can be a barrier to graduation.

<i>Independent Living Services Report: Measurements for young adults receiving independent living services are percent youth graduating high school or GED program, percent youth employed and percent youth enrolled in post-secondary/vocational programs.</i>					
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
High school diploma/GED. Goal is 60%	<b>32%</b>	<b>39%</b>	<b>36%</b>	<b>34%</b>	<b>40%</b>
Employment. Goal is 70%	<b>24%</b>	<b>20%</b>	<b>23%</b>	<b>29%</b>	<b>38%</b>
Post-secondary enrollment. Goal is 35%	<b>40%</b>	<b>29%</b>	<b>20%</b>	<b>45%</b>	<b>29%</b>

Family Services’ staff note contacts contribute to child safety. Professional stakeholders note trauma-informed assessments and focus on psychotropic medications as strengths. Foster parents identify staff support, training and teamwork as both strengths and areas needing improvement. Youth appreciate independent living staff and services, foster caregivers and financial supports. Community professionals, DFS staff, and youth are concerned about services for special populations and youth aging out of care. DFS agrees with these strengths and areas needing improvement. Permanency and services for teen foster youth were identified as a focus area by AECF and DFS in 2012. The CFSP includes actions to improve foster care services, foster parent training and supports, building service array with community partners for all at-risk families and improving educational supports for foster youth. Monthly caseworker contacts with children contribute to child safety and are correlated with assessing needs and service provision.

### **III. B. Systems**

#### **Information System:**

Delaware’s Family and Child Tracking System (FACTS) has been the state’s SACWIS system since 1994. This system is the source database for NCANDS (National Child Abuse and Neglect Data System), AFCARS (Adoption and Foster Care Analysis and Reporting System) and a list of internal management reports on service populations, demographics, characteristics, case management and case status. The data builds reports shared with the Child Protection Accountability Commission, Child Placement Review Board, Office of the Child Advocate, Court Appointed Special Advocates, Department of Health and Human Services and Department of Education. A new system, FACTS II, is under user testing. This system is web-based allowing for off-site access. Next steps will be user training, data conversion and implementation. Stakeholders note the collection and sharing of information as strengths and like the new system’s web-based access. Concerns expressed by DFS staff at multiple levels include learning the new system and the impact of increased data entry. The 2015-2019 Plan includes actions to implement the new information system.

#### **Case Review:**

Delaware’s case review system has judicial and administrative components. The Delaware Family Court issues custody decisions, adjudicates abuse, neglect and dependency findings, and authorizes case plans and permanency goals. The Court Improvement Program (CIP), in consultation with DFS, has established key performance measures for DFS cases. Key measures are reviewed at joint agency and CIP judges meetings where strengths and improvements are discussed. The report states for state fiscal year 2013, Family Court judges averaged 36 children in 31 cases. (See Attachments B: Delaware CIP Final Performance Key Measures Annual Report FY13) The national profile FFY2013 permanency composites for reunification, adoption

and permanency for children in foster care for long periods of time are indicative of court and agency coordination and collaboration. Delaware scores high marks for these composites. The Child Placement Review Board conducts administrative reviews no less than once during the first year of placement and no less than annually thereafter. During FY2013, the CPRB held 720 individual reviews on 608 unduplicated foster children and held 39 Youth Rehabilitative Services reviews. DFS and Family Court hold local and state level meetings to share information and problem solve. Stakeholder comments note strengths in Guardian ad Litem and CASA representation and a positive court-agency relationship. Improvements to this system are included in the permanency section.

### **Quality Assurance:**

DFS uses case review instruments for intake, investigation, treatment, placement and permanency cases. Case reviews are assigned monthly from a random sample. Reports on performance are produced quarterly and shared with managers, supervisors and workers at the supervisor's discretion. In past years, the tools have been revised to meet Program Improvement Plan measurement requirements or monitor new federal or state mandates. During 2013 DFS modified the Intake and Investigation Quality Assurance (QA) case review instruments having adopted the SDM<sup>®</sup> report line and risk assessment tools. DFS has also been actively changing many of its practice standards through *Outcomes Matter* initiatives, including the incorporation of Safety Organized Practice, Family Search and Engagement, Team Decision Making, as well as, a differential response strategy. Delaware has also adopted additional SDM<sup>®</sup> tools to be used for treatment and permanency services. The option to adopt the Child and Family Services Review tool is under consideration and may impact the plan to activate these tools when FACTS II goes live.

DFS also relies on system data to monitor progress on key indicators of performance. This includes internal management reports and federal national profiles. With technical assistance from the Annie E. Casey Foundation, a foster care Entry Cohort Longitudinal Database provides a fresh analysis of foster care data focused on early placement stability, relative caregiving and timely exits to permanency. Professional stakeholders compliment the strong performance of key data measures while caseworkers are concerned the current system does not adequately represent their case level activity. In addition, in response to ACYF-CB-IM-12-07 and the upcoming third round of the Child and Family Services Review, Delaware will review the current structure, function, policy, tool and use of case reviews as an activity to design a continuous quality improvement system. This initiative is included in the Plan.

### **Staff and Provider Training:**

The practice of frontline workers is central to DFS achieving identified goals and objectives, therefore, training is focused on guiding day-to-day practice and the acquisition of necessary skills of those workers. The Center for Professional Development (CPD) within DSCYF provides staff development opportunities and competency-based training to DFS front line caseworkers, supervisors and managers as well as to DFS contracted in-home service providers, thus promoting and supporting best practices, a teaming environment, and integrated service planning and interventions. The focus on safety, permanence and child/family well-being is thematically integrated in all training. Ongoing curriculum updates and periodic revisions and effective training designs are used to continually deliver training to develop core knowledge and casework skills need to produce positive outcomes.



*Pre-service training:* CPD delivers training in the skills and knowledge needed by new casework hires to understand and implement the DFS practice model. Twelve competency-based, sequenced pre-service core trainings are delivered to cohorts of newly hired workers in the Office of Children’s Services (OCS) of a four month period. Providers and other community partners such as Community Legal Aid, Delaware State Troopers, Delaware Coalition Against Domestic Violence, mental health and trauma specialists present at pre-service and in-service trainings. New worker training is coordinated with an established mentoring program as well as an emerging coaching program thus increasing the likelihood of the transfer of knowledge from training to field work where practice can be honed with the assistance experienced internal practitioners who can coach in a “just-in-time” manner. CPD trained mentors are paired with new workers to shadow and facilitate learning in the field which includes required OJT field experiences. A graduated caseload assignment is applied to facilitate increased practical application of knowledge and skills trained in this period of learning. It typically takes six months for a trainee to complete new worker training, shadow experienced workers, manage an initial case with intensive supervision, and be prepared for joining rotation to build a full caseload. Depending on the demonstrated competence during the training process, a new worker may take from one to four cases.

Foster Home Coordinators are trained to present pre-service orientation to current and prospective foster parents and pre-adoptive parents orienting them to their roles and responsibilities in those areas. A trained contracted provider delivers a 32 hour training developed by CPD geared towards individuals and families interested in fostering teens. Contracted providers are trained to deliver in-service modules provided by the Institute of Human Services.

*In-service training:* In-service training offers opportunities for developing higher levels of skill in the domains of safety, permanency and child/family wellbeing and other developmental needs of experienced staff. In-service training focuses on building knowledge, practice approaches and skills geared to the full implementation of **Outcomes Matter** Initiatives. All levels of staff participate in training, from senior leadership to supervisors to frontline caseworkers, and, in the instances of Family Search and Engagement and Safety Organized Practice (SOP), support staff as well.

Beginning December 2013, skilled lead caseworkers and supervisors teamed along with experienced contract providers, and were trained as trainers with assistance by CRC to deliver a twelve module in-service series focused on SOP principles and developing practices for casework staff. Training presented by credible peers is well received. In addition to traditional classroom training, field based learning experiences, such as Family Team Meetings initially facilitated by CRC, are observed by workers to build their competence and confidence in family engagement, facilitation, and SOP casework practices. Training in becoming a facilitative supervisor, using a defined framework for supervision, group supervision and coaching practices promotes more effective staff supervision of such and ongoing overall skill development. The implementation of SOP is being supported through the use of coaching, by trained peer coaches and supervisors, as well as coaching technical assistance workshops in regional offices focused on particular skill acquisition.

Refresher in-service training traditionally delivered annually, is suspended temporarily. This general refresher training will resume following the full implementation of the new casework practice model and several other practice initiatives. DFS staff participated in an extensive training process from 2012 through 2014 on the new tools, strategies and models.

Contracted providers including domestic violence and substance abuse liaisons embedded within regional offices, sister divisions within DSCYF and in-home service providers attend new worker pre-service training and in-service training alongside with DFS employees. Approved providers that care for children receiving foster care or adoption assistance are trained in knowledge and skill areas needed in working with foster and adopted children. In some instances providers train and present with DFS staff in trainings. A teaming approach to training in blended classrooms composed of DFS casework staff and providers aid in clarifying individual and desired agency roles and responsibilities. This also serves as a platform for building an understanding and utilizing *Outcomes Matter* principles and practice approaches with consistency and fidelity. This approach to training also facilitates integrated service planning and fosters effective interventions within DFS and across multiple service providers.

The attached training chart provides descriptions of the content and scope of the classroom training experience in both pre-service and in-service areas. The On-The-Job (OJT) training table lists the on-the-job experiences required during the pre-service training period. (See Attachments Targeted Plans C: CFSP 2015-2019 Training Plan Final 6-19-14 and Staff Training Chart 2014-2015; Attachments Supporting Documents B: On-The-Job Training Table)

*Technical Assistance:* The Center for Children’s Research, the Annie E. Casey Foundation, National Resource Center on In-Home Services, Dr. Darla Henry ( 3-5-7 model of preparing children for permanency), and the Institute for Human Services have provided the vital technical assistance needed to shift practice in areas of opportunity within DFS. Key activities, as noted in the Training Plan Section, are taking place to support the full implementation and sustainability of all of the new *Outcomes Matter* principles and practices. For example, CPD is revising DFS training curricula to include Structured Decision Making®, Safety Organized Practice and Family Engagement values and skills. CPD is also training existing and new mentors using the SOP mentor training curricula. CPD will update the current surveys to collect data on training effectiveness for new skills and competencies.

Data from classroom training evaluations, a formative survey mid-way in new worker training, a post new worker training summative survey focused on elements of the training system design, as well as formal and informal mentoring, supervisor and manager feedback, and DFS outcomes data inform CPD decisions. With this data, the CPD is able to determine, adjust and refine its curriculum and training plans. In doing so, the CPD can develop supports focused on improving outcomes in safety, permanency and well- being in the learning-while-doing environment of active implementation of *Outcomes Matter* initiatives in DFS.

*Training System Strengths:* As the DFS training system matures, especially through the implementation of a new practice model, CPD recognizes a number of related elements that are essential to a mature training system. There is an effort to evaluate the training system and outcomes of its work through the use of multiple levels of assessment to track and monitor attendance, trainee satisfaction, trainer competency, and content efficacy, transfer of learning and

impact on DFS organizational outcomes. CPD partners with contract /program managers within DFS to assure the evolving case practice model is supported in training. There is also a strong relationship between CPD and DFS contractual partners. Supervisors and workers have access to training policy, procedures, core training competencies, transfer of learning activities and pre/post assessment through the Transfer of Learning Manual. To ensure that training is connected to operations, CPD is represented on the DFS Strategic Leadership Team, and in ongoing workgroups focusing on each practice area.

Comments of DFS caseworkers in preparation for the CFSP identified several themes: 1) DFS staff training is a strength contributing to an experienced and confident workforce, 2) Training would improve using technology such as telecasts and web-based sessions, 3) Communication and teaming with caregivers and system partners are important training topics. In their focus group, youth would like caseworkers to receive training on communicating with teens.

The 2015-2019 Plan includes professional staff training supporting new practice principles, tools and strategies.

### **Service Array:**

Supporting family focused and child centered interventions, Delaware's child welfare system offers a continuum of services to at-risk families and children from prevention to permanency, provided by public and community based agencies. (See IV. Services and Addendum for detail) Evidence of effectiveness of the service array is visible in system measures, quality assurance case reviews and stakeholder comments. Delaware performs well with absence of maltreatment recurrence, absence of abuse and neglect in foster care, reentry to foster care, adoptions for legally free children and children emancipated who were in foster care for 3 years or more. Delaware's performance on national standards for placement stability, reunification and adoption are mixed. (See III. Assessment of Performance on page 17; See Attachments Targeted Plans D: DE 11-12-13 Data Profile) Entry cohort data shows promising results since 2012 for placement stability in the 1<sup>st</sup> 100 days of placement, foster care entries, teen entries and initial placements with relatives, and congregate care placements. (See Attachments Targeted Plans E: Systems Outcomes Report Data thru June 2014). Quality Assurance case review data indicates reviewers agree with safety assessment consistently more than 90%. Reviewers also agree with APPLA permanency goal choices consistently more than 90%. Case reviewers agree more than 90% that education, health and mental health needs were identified and services were provided. Reviewers agree with assessment of needs and provision of services to children, parents and foster parents an average of 81%.

Professionals and DFS staff agree the service continuum is expanding but note weaknesses in access and capacity of home based treatment and support services, special needs foster care, and independent living services. Other concerns raised are the lack of substance abuse services for teens, community-based domestic violence services, and subsidized child care. Professionals also identified several system issues as concerns, including minority disproportionality in foster care, high rates of school suspension of foster children and the impact on placement stability, and the lack of permanency options for older teens, especially those served in out of state residential facilities. Teens in foster care raised concerns about their need for additional assistance obtaining driver's licenses. Related to service array, professionals note emphasis on teaming and family engagement support better assessment of needs and matching of services.

DFS agrees with stakeholders and desires to fill gaps in service to compliment implementation of Safety-Organized Practice. Purchasing community based services is only a part of a comprehensive service array. Building staff and community service provider competencies to fully engage families and youth within a strength based practice model is key to enhancing the service continuum. Providing strategies and tools (SDM<sup>®</sup>) to front-line staff to better assess and match services produces more efficient use of available services. Trauma-informed screenings, targeted services to young children and implementing monitoring and consultation of psychotropic medications add valuable resources for family preservation and permanency achievement. Kinship care programming empowers families by providing supports and financial aid, preventing deep end placements. Goals and objectives for the next five years aim to improve the child welfare system continuum through Safety-Organized Practice, appropriate service capacity for targeted populations and collaborations with child welfare partners. Addressing minority disproportionality in foster care and high rates of school suspension of foster children are very broad, system wide issues. DFS is committed to working with system partners on these issues through existing forums such as the Child Protection Accountability Commission.

#### **Agency Responsiveness to Community:**

Prevention services are reliant upon community input to define services. Under the Promoting Safe and Stable Family Program (PSSF), the Delaware Fatherhood and Family Coalition (DFFC) was established to create a statewide group of shareholders referred to as the County Leadership Committee (CLC) to embark on broader goals. The collaborative partnership between PSSF and DFFC CLC's effort is to inform and engage the community, informing them of the importance of re-engagement of fathers into the lives of their children, their family and the community. PSSF family consultants provide support and technical assistance to its statewide coalition of shareholders (CLC) in becoming a driving force behind responsible fatherhood and healthy adult relationships throughout the state of Delaware.

The Division of Family Services as a member of the Child Protection Accountability Commission responds to recommendations from member agencies. Del. C. Title 16, Chapter 9, §912 sets the Commission's membership as: The Secretary of DSCYF, the Director of DFS, 2 representatives from the Attorney's General Office, 2 members of the Family Court, 1 member of the House of Representatives, 1 member of the Senate, the Chair of the Child Placement Review Board, the Secretary of the Department of Education, the Director of the Division of Prevention and Behavioral Health Services, the Chair of the Domestic Violence Coordinating Council, the Superintendent of the Delaware State Police, the Chair of the Child Death, Near Death and Stillbirth Commission, the Investigation Coordinator, 1 youth or young adult who has experienced foster care in Delaware, 1 representative from the Public Defender's Office, and 7 at-large members (1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 1 person from a law-enforcement agency other than the State Police, and 4 persons from the child protection community). The agency also sits on and responds to findings and recommendations of the Child Death, Near Death and Stillbirth Commission. DFS also has a Community Advisory Council that reviews agency programming and provides input at quarterly meetings. Council members represent the following: A Friend of the Family, Inc., Community Legal Aid, Foster Parent, Prevent Child Abuse Delaware, North East Treatment Center, A Better Chance for Our

Children, Mt. Pleasant Elementary, Peoples Place II, New Behavioral Network, Red Clay School District, Child Inc., citizen advocate, Division of Family Services Director, Grassroots Citizens for Children, Office of the Child Advocate, Wraparound Delaware, Children & Families First, Child Placement Review Board, DE State Housing Authority, DE Coalition Against Domestic Violence, Court Appointed Special Advocate Program, Adoptive Families with Support and Information, A.I. DuPont Hospital and Jewish Family Services. Annual Progress and Services Reports, coordinated by DFS, credits approximately 25 contributors to the report. Both the annual report and the Child and Family Services Plan are reviewed annually at meetings convened by DFS with representatives from sister Divisions, prevention, family support, foster care and independent living service agencies, Family Court, Office of the Child Advocate, Child Placement Review Board, Delaware Youth Opportunities Initiative, and Region III Administration of Children and Families. Annual reports and CFSPs are posted on the agency's website.

Stakeholders note the many collaborations between public and private agencies as a strength. Stakeholders also recognize a strong communication plan, approachable leadership and consistent messaging to community partners as strengths. Stakeholders also say DFS includes family and youth voices more at the case and system level. Stakeholders ask for more data driven, shared decision-making, a stronger family and youth voice, and more communication.

### **Fost/Adopt Home Licensing, Approval and Recruitment**

Delaware has approximately 500 foster homes split between state and child placing agency oversight. DFS recruits and supervises foster homes under internal policy and procedures, and staff two foster care coordinator units statewide. Pre-service training, in-service training and home studies are provided by community agency contractors. Child placing agencies operate under license and requirements of *Delacare* Regulations administered by the Office of Child Care Licensing. In the past year, OCCL has promulgated Child Placing Agency Regulations to update requirements for private agency foster and adoptive home agencies. Items under review include agency licensing, applicant background check references, home approvals, annual reviews, training, service plan requirements, nutrition and tracking of medication and visitation. Once regulations are finalized, DFS will align internal policy and procedures for foster home approvals to standardize practice standards for private and public foster caregivers. The Division of Family Services changed the state supervised foster parent pre-service training to the Institute of Human Resources' model, hired a contracted statewide recruiter and continued initiatives started as a result of Annie E. Casey Foundation's assessment and recommendations supporting foster caregiving. AECF's assessment revealed resource gaps for teens and recommended improved recruitment, development, and support for resource families for teens. DFS is responding with an initiative to recruit for targeted populations of teens as well as children with special needs and sibling groups. The needs of these children and youth challenge the current available resources. The statewide recruitment plan maps specific messaging and activities to recruit specific target groups such as teachers, professional organizations and faith-based organizations to fill resource gaps for teens, sibling groups and special needs foster children. (See Attachments Targeted Plans F: Recruitment Plan and Timeline Role Responsibilities). As of May 2014, there are 219 state supervised foster homes. During CY2013, 55 new homes were approved.

DFS staff report better coordination of supports for foster parents. Foster parents note training, communication and assistance from Foster Care Coordinators as strengths. Areas identified as needing improvement are training, financial aid and social supports for relative caregivers. DFS staff recommend support groups for relative caregivers with information and referral (i.e., domestic violence, mental health, substance abuse) resources at those meetings. DFS responds to kinship caregiver concerns with plans to implement kinship care programming with training, case management and financial aid for relative caregivers of children and youth in DFS custody.

#### **IV. Services:**

##### *Child and Family Services Continuum and Description*

Supporting family focused and child centered interventions, Delaware's child welfare system offers a continuum of services to at-risk families and children from prevention to permanency, provided by public and community based agencies. (See Attachments Targeted Plans G: Service Continuum Addendum 9-24-14 for detailed descriptions) Services to infants start with the Delaware Maternal and Infant Early Childhood Home Visiting (MIECHV) program. The Office of Child Care Licensing monitors and supports child care serving over 50,000 children annually; the Office also coordinates with the Office of Early Learning and Department of Education on quality improvement efforts for early care and education providers. The Department of Public Health and DFS partner to administer Child Development Watch to assess and serve developmentally delayed young children.

Housed within the Division of Prevention and Behavioral Health Services (DPBHS), there are several community based prevention, family preservation and family support programs available to the public. Prevention Services has the responsibility for providing training, public education and consultation services aimed at prevention child abuse, dependency, neglect, juvenile delinquency, mental health disorders and drug and alcohol abuse among children and youth. The Prevention Unit responds to community needs by implementing universal, targeted and indicated approaches. Programming includes these initiatives and activities:

- The Delaware Fatherhood and Family Coalition (DFFC) is an initiative derived from the Promoting Safe and Stable Families Family Support services operating under the Family Support component. The operation of the coalition is a shared collaborative effort involving the state, contracted services and the community addressing Responsible Fatherhood and Healthy Adult Relationship statewide.
- Families and Centers Empowered Together (FACET) Program is a family support and empowerment program which uses an asset based prevention approach that focuses on identifying, building on, and maximizing family strengths; with a strong emphasis placed on parent empowerment. The program is located in an Early Learning Center setting and the services are designed to strengthen families by providing a variety of supportive services, parent workshop, and stress relieving activities to encourage parent involvement and parent/child bonding.
- After School, Summer and Extended Hours Programs provide academic, cultural, artistic, agricultural or recreational activities and reduce youth violence and suicides. The Center for Disease Control and Prevention (CDC) reviewed and reported that the 2012 Adolescent Suicides in Kent County pointed to a lack of after-school activities for youth in Kent and Sussex Counties. As a result, the state awarded \$2.9 million for After School and Summer Programs. An additional \$200,000 was awarded to community centers to extend summer

program hours on nights and weekend for community centers in high risk areas in the city of Wilmington.

- Substance abuse prevention provides primary prevention services statewide to children and youth ages 0-17 and their families through community collaborations.
- Separating and Divorcing Parent Education (SDPE) is provided for divorcing parents with children up to age 17. The SDPE program has 2 components: Basic (6 hrs.) and a Domestic Violence component (8 hrs.).
- Early Intervention K- 5 Family Crisis Therapist Program (EIP) is an innovative collaboration between the Department of Services for Children, Youth and Their Families (DSCYF) and the Department of Education (DOE). EIP provides services to students displaying behavioral problems which impede their learning processes, or the learning process of others.
- Middle School Behavioral Health Consultants (BHC) provides interventions to address mental health and substance use issues experienced by middle school students, grades 6-8. The services include: screening for mental health/substance abuse and for trauma, crisis assessment, clinical interventions, psycho-educational groups, and training and consultation for parents, teachers and administrators. BHCs also assist families and schools to access community mental health, substance abuse and prevention services.

DFS operates a Differential Response System for reports of child abuse and neglect. There are three pathways once reports are accepted by a state centralized report line unit:

- Pathway One is screened out reports involving infants and toddlers. Parents and caregivers are assessed to determine which of three levels of intervention is appropriate including Infant Caregiver Program (University of DE), BEST (Bringing Evidenced-Based System of Care and Treatment) Project or an appropriate home visiting program through the State's Help Me Grow Program.
- Pathway Two is a Family Assessment and Intervention Response (FAIR) which provides a family assessment intervention track. FAIR is available from a community agency, Children & Families First, and DFS Adolescent Units in New Castle County.
- Pathway Three is traditional investigation conducted by DFS staff.

When investigations identify abuse, neglect, or dependency or the family is at risk of abuse, neglect, or dependency, DFS opens treatment cases. Services include:

- Family preservation case management for intact families provided by DFS caseworkers.
- Early reunification case management for families with children in foster care provided by DFS staff.
- Parent education, home-based services, substance abuse screening/referral, and domestic violence screening/referrals are provided through contracted community agencies. Substance abuse and domestic violence liaisons are co-located in DFS offices.
- Community services provide health, mental health, social and parenting services for at-risk families. These agencies include publicly funded Medicaid Managed Care Organizations and their network of medical and mental health care providers, non-profit service organizations, child care facilities, the Delaware Maternal and Infant Early Childhood Home Visiting (MIECHV) program, Infant Caregiver Program, Child Development Watch and Promoting Safe and Stable Families' supported family preservation and support programs.

Foster care is a public-private agency partnership and offers a range of placement settings and supports:

- Shelter care provides safe urgent care for children and youth entering foster care or transitioning to another placement.
- Family foster homes are the most utilized placement setting for all foster care age groups.
- Group care and residential care facilities are available for children whose needs can't be met in a family-based setting.
- Recruitment and training of foster parents are shared activities between DFS and partnering child placing agencies.
- Children entering foster care receive screening for trauma and mental health needs.
- DFS foster parents are supported by two teams of foster care coordinators that offer support, referrals for child care, training and approvals.
- DFS provides a Support Line for after-hours calls from foster parents experiencing a difficult or challenging circumstance with a foster child in their home.

Kinship care programming is an emerging issue for Delaware. While financial support has been available through Temporary Aid to Needy Families to families caring for minor relatives, DFS does not provide additional financial supports or formalized social supports. DFS recognizes the value of extended family care and has plans to provide a distinct track of programming with financial, training and case management components.

Adoption services range from pre-adoption resource recruitment, child-specific recruitment, training, home studies, MY LIFE programming, pre-adoption supervision and case management. Emphasis is placed on children under the age of 6 to expedite exit to permanency through early goal review at local Permanency Planning Committees. Post-adoption services are available from a contracted private agency for crisis intervention, case management, training, bonding workshops and other supports. Post-adoption services are for families who adopt from foster care or privately, including international adoptions.

Foster teens receive formal independent living services from community agencies at age 16. Many of these youth have APPLA (Another Planned Permanency Living Arrangement) permanency goals. There were 115 youth 16 and older as of June 30, 2014 with an APPLA goal; representing 79% of all APPLA foster children. Services build life skill, financial, educational and employment competencies. These services continue for teens aging out of foster care through age 20. Foster youth at age 17 choose participants for a transitional planning meeting called STEPS (Stairways To Encourage Personal Success). Education and Training Voucher support is available through age 23. New programming, Achieving Self Sufficiency and Independence through Supported Transition (ASSIST), provides needs based financial support to young adults with an active independent living service plan.

### *Service Coordination*

The continuum of services provided by the Title IV-B/IV-E agency is coordinated with a variety of other federal, state and local programs. Eligible foster children receive Medicaid benefits. The state Health Care Plan for Foster Children is coordinated with the Division of Medicaid and Medical Assistance. Social Security benefits are applied for when eligibility exists. Promoting Safe and Stable Families services are available to families, including young adults aging out of



care with children. Title IV-B Subpart II funding is shared between the Division of Prevention and Behavioral Health and the Division of Family Services. Nemours A. I. DuPont Hospital for Children developed the Foster Care Health Program, providing a medical home for foster children. Child care for eligible foster children and intact families is coordinated with the Division of Social Services. Child Development Watch programming for children age 3 and younger is coordinated with the Division of Public Health. Public housing programs, federal and state funded, are offered to DFS families and young adults receiving independent living programming. The agency has Memorandums of Agreement with the Department of Education, Law Enforcement Agencies, Division of Developmental Disabilities, Delaware Family Court, Dover Air Force Base, Division of Substance Abuse and Mental Health and the Division of Child Support Enforcement. DSCYF also coordinates placement and supervision of cross-jurisdictional children per Interstate Compact Agreements.

Delaware's Child and Family Services Plan is a collaborative effort facilitated by DFS. The Plan and the Annual Progress and Services Report are reviewed annually with contributors and partners. The FFY2014 planning meeting was held March 26, 2014. Representatives from the following agencies participated in this planning kick-off meeting: DFS (policy and operational staff) and its sister agencies within the Children's Department (Division of Youth Rehabilitative Services (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), and the Division of Management and Support Services (DMMS); the Family Court of Delaware (including the Court Improvement Program); Child Placement Review Board; the Office of the Child Advocate; Region III of the Children's Bureau, Administration of Children and Families and representatives of various community service agencies representing family support, foster care, adoption and independent living service providers. This session included a review of program activities and data metrics. This year, a total of 30 contributors, representing both agency and department staff and community partners, (See list of representatives, page 7) were invited to collaborate on the 2015-2019 Plan. The CFSP coordinator met with DFS managers, supervisors, caseworkers and foster care youth/young adults to identify system strengths and areas needing improvement. Foster parent comments were gathered via survey.

The identified goals, objectives and benchmarks in Section V sustain strengths, such as positive safety outcomes, and address areas needing improvement such as placement stability, timely permanency, foster parent support and service array were identified as appropriate by community professionals, DFS staff, foster parents and foster youth. DFS identifies continued collaboration among the child welfare community partners to:

- Implement a Differential Response System
- Enhance knowledge and skills of caseworkers in investigation and treatment
- Provide system partner training
- Research and implement best practices in maltreatment investigation
- Promote comprehensive assessment and service planning, especially with domestic violence and substance abuse service providers,
- Improve timely permanency
- Reduce the number of youth exiting foster care at age 18
- Improve services to youth served by child welfare, juvenile justice and behavioral health
- Build connections and maintain supports to youth aging out of foster care
- To develop a continuous quality improvement system

Coordination of services is monitored by annual review of the CFSP and APSR by community professionals and Department representatives. CPAC monitors an established DFS data profile to monitor performance indicators identifying strengths and areas needing improvement. CPAC’s committees are comprised of system partners that coordinate training, services and infrastructure from different perspectives. Administrative and legislative bodies provide policy and funding support such as ASSIST and shared housing opportunities for needy youth aging out of foster care and families served by the agency. Future opportunity to enhance coordination of services will occur with implementation of a continuous quality improvement system where parents, youth, foster parents, child advocates, health providers, caseworkers, supervisors, community service agencies, Family Court and others will review data informed performance, identify service gaps and recommend practice changes.

Invitations for the Nanticoke Tribe to participate in child welfare planning and review have gone unanswered for several years, including 2014. FACTS provides for case managers’ identification of Indian children. Indian parents are notified of court proceedings as other non-Indian parents are notified. In the event that an Indian child is taken into custody, the tribal leadership is contacted for notification and placement assistance. The agency has a list of contacts supplied by the Nanticoke Tribe leadership. Indian children and families have access to any and all services available in their community and in the state. The Department will provide independent living services to assist youth, ages 14 and older that are in foster care, and young adults who exited care upon their 18th birthday but have not reached age 21. Youth who leave care after age 16 for adoption or kinship/permanent guardianship are eligible for independent living program (ILP) services. These services are available to American Indian children. The Nanticoke is not a federally recognized tribe and does not have jurisdiction. Notice of internet addresses for the CFSP and APSR documents were provided to Chief Daisey via mail. (See Attachments Supporting Documents A: 2014 Letters #1 and #2 to Nanticoke Chief)

*Service Decision-Making Process for Family Support Services*

The 2010 PSSF Request for Proposal awarded contracts to community-based organizations that successfully proposed to provide family support and family preservation services through the PSSF Consultation Model to “at risk populations for child maltreatment” in zip code areas with high levels of abuse and neglect referrals. The chosen community based organizations offered an array of services needed to support families experiencing stressors that could lead to child maltreatment. These services included family counseling, adult and youth mental health services, substance abuse services, youth programing, employment training/placement, housing counseling, emergency services and other related services designed to address the stressors experienced by care-givers of children birth – 18 years of age. The awarded community based organization’s service array supported the mission and vision of the Consultation and Support Case Management Model and demonstrated the organizational structure to reduce stressors identified during the PSSF Consultation Process. The zip codes with the highest abuse and neglect referrals are the following:

<b>Zip Code</b>	<b>Location</b>
<b>19701</b>	Bear
<b>19702</b>	Newark
<b>19703</b>	Claymont
<b>19709</b>	Middletown

Zip Code	Location
19711	Newark/Christiana
19713	Newark/Christiana
19720	New Castle
19801	City of Wilmington/Southbridge
19802	Wilmington/Northeast
19804	Wilmington
19805	Elsmere/West Wilmington
19808	Wilmington
19901	Leipsic
19904	Dover
19947	Georgetown
19952	Harrington
19956	Laurel
19963	Milford
19966	Millsboro
19973	Seaford

*Populations at Greatest Risk:*

Identification of at-risk families and children range from Promoting Safe and Stable Families’ programs serving areas with high incidents of child abuse and neglect reports, referrals from child care providers for behavioral health and parent strengthening services, referrals from school personnel and parents for school based early intervention services, and referrals from mandated reporters and the general public of suspected abuse and neglect.

*Services for Children Under the Age of Five*

- *Delaware Thrives* is the statewide, multi-agency initiative to identify young children at risk for health or developmental challenges and ensure that these children and their parents and families have easy access to information and services. Several programs of this initiative specifically focus on the population of children under age 5:

*2-1-1 Help Me Grow*

The United Way of DE, with funding from the Division of Public Health (DPH) implemented the Help Me Grow Initiative in 2012. Help Me Grow (HMG) was first started as a pilot in Hartford, CT, in 1998 as a community effort to identify at-risk children and effectively and efficiently link them to services. Its effectiveness has led to 13 states now adopting this approach.

The core service of HMG is the statewide free 2-1-1 call center, which is staffed by case managers who are specially trained to assist parents of young children identify and connect with appropriate resources and services. HMG 2-1-1 also serves as the central point of entry to the State’s expanding continuum of Evidence-Based home visiting programs, which include the Healthy Families America, Parents As Teachers, and Nurse Family Partnership Programs. The case managers provide triage to help families determine the program that most appropriately meets their needs and then facilitates their connection to that program.

Another component of HMG is to promote developmental screenings statewide. As part of this initiative, DE has developed capacity through the HMG website for pediatricians and primary care physicians to utilize the PEDS Screening online. Additionally, HMG has provided training for all home visiting programs and DFS to utilize the Ages &

Stages Questionnaire (ASQ) as the developmental screening tool for non-medical providers. Widespread dissemination of the ASQ is also occurring throughout DE STARS Program, the Quality Rating System for early child care. The goal is to have standard assessment measures that can be shared as children move through the system, to both inform the planning for their needs and to track progress over time.

- Statewide Neonatal Abstinence Syndrome Workgroup

In response to growing concerns about the increasing numbers of infants being born with drug exposure, especially to opiates, the maternity hospitals in DE formed the Statewide Neonatal Abstinence Syndrome Workgroup. This workgroup includes physicians and nurses from Christiana Health Care Systems, Bay Health Hospital, Beebe Medical Center, St. Francis Hospital, and representatives from DFS. The workgroup has focused on researching treatment protocols for Neonatal Abstinence Syndrome and advocated for consistent implementation of these protocols statewide. DFS has participated in the workgroup to reinforce collaboration with the hospitals as they assess appropriate and safe discharge plans for these infants.

- Foster Care Screening and Consultation

Located in the Division of Family Services' Office of Evidence-Based Practice, the screening and consultation unit (SCU) provides effective screening for children who enter foster care, and these screenings are scheduled to take place within 4 weeks of entering care. Children under the age of 5 receive specialized screenings using the Ages and Stages Questionnaire, Child and Adolescent Needs and Strengths (CANS), and Trauma Symptom Checklist for Young Children (TSCYC) tools. Findings are shared with caseworkers, supervisors and DPBHS treatment coordinators to follow up on recommended services.

- Birth to 3/Child Development Watch

It has been the DFS' policy for many years to screen all children, not just foster children, from birth to age three for disabilities or developmental delays. Child Development Watch is the statewide early intervention program for children ages birth to 3 that is managed by the Department of Health and Social Services (DHSS)/Division of Public Health (DPH). 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 has a CDW Liaison located in the Division of Prevention and Behavioral Health Services who works directly with Division families. (See (original attachment to APSR 2014) Attachment Targeted Plans H: APSR 2014 Birth to Three (Child Development Watch Statistics))

Participants are referred to CDW through the central intake office. Referrals are completed by DFS workers, children's pediatricians, parents and caregivers. Delaware has created a special partnership in which dedicated CDW employees serve as liaisons to DFS to ensure that children involved in the child welfare system are identified and receive the appropriate level of case management. A multi-disciplinary team of CDW staff and DFS staff meet in bi-weekly triage meetings for review of cases with DFS

involvement. This approach ensures that information is appropriately collected and shared so that comprehensive case planning is supported while children are in their homes or if they are placed in foster care.

CDW has a family-centered focus and an integrated services approach. The needs and services of infants and toddlers and their families require a collaborative, multidisciplinary approach. Services and supports should occur in settings most natural and comfortable for the child and family. The development of a natural system of supports within a family's community is promoted at all times. Families of infants and toddlers with disabilities or developmental delays in all areas of the state receive comprehensive, multidisciplinary assessments of their young children, newborn through 36 months, and have access to all necessary early intervention services. The system maximizes the use of third party payment, and avoids duplication of effort. Services are provided at the highest standards of quality, with providers being required to meet appropriate licensing and credentialing guidelines.

CDW is a voluntary program and at times, parents, foster parents and relative guardians do not wish to pursue services, including initial evaluations. Overcoming these barriers includes parent education, which can include referrals to Parents as Teachers, the Parent Information Center. The program also has transportation services, as well as translator services for families who do not speak English. Data is collected and analyzed by Division of Public Health staff.

The CDW Program partners with DSCYF, other Division of Public Health (DPH) services, and the providers of CDW services, including Christiana Care Health Systems, Easter Seals, Bayada Home Nursing, and Res Care. These specific agencies have contracts for services through the DPH. DHSS monitors the program's outcomes and reporting for the IDEA/Part C for federal compliance.

- *Delaware's B.E.S.T. for Young Children and Their Families*  
Delaware's B.E.S.T.\* for Young Children and Their Families (\*Bringing Evidence-Based System-of-Care and Treatment) is administered by the Delaware Division of Prevention and Behavioral Health Services within the Department of Services for Children, Youth and Their Families. Just a few years ago, mental health services for young children (birth to 5 years old) were minimal and families in Delaware needing help for their children with severe challenging behaviors had nowhere to turn. Additionally, incidents of expulsions from public preschool setting were at an all-time high with Delaware ranked 4<sup>th</sup> in the nation for preschool expulsion. In 2008, DPBHS received a multi-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to address mental health services for Delaware's youngest population, children birth to 5 years. Over the last several years, a system-wide transformation has been underway to serve Delaware's youngest population through services and supports that promote social and emotional wellness.

The program's efforts center on creating a well-developed and sustainable statewide family-driven system of care for young children, birth to 5 years, with serious emotional disturbances and their families providing clinically appropriate services and supports that

address the individual needs of children and their family and use evidence-based interventions and practice. Enhancements to the clinical community and early learning programs that increase core competencies to serve young children with Serious Emotional Disabilities are critical. The goals of this initiative are two-fold:

1. Create capacity in Delaware's statewide public children's mental health system to serve young children aged birth to 5 years with serious emotional disturbances and their families in the community using SAMHSA recognized evidence-based practices: Parent-Child Interaction Therapy (PCIT), Trauma Focused-Cognitive Behavior Therapy adapted for the young child population (TF-CBT), and Attachment and Bio-Behavioral Catch-up (ABC)
2. Create a system of care for children in early childhood with a broad array of accessible, clinically effective, individualized and fiscally accountable services.

With the framework of system of care, the key elements of these goals are to increase access to mental health treatment for very young children and their families; use evidence-based practices; create a continuum of community-based services and support; and ensure services are provided within and across a seamless system. Services and supports are planned and managed within a team framework which includes the child and his/her family and whatever natural and multi-system supports are available to meet the unique clinical, functional and cultural needs of each child and family. Through the Delaware's B.E.S.T. for Young Children and Their Families initiative, therapists are receiving training in proven treatments; early childhood providers are learning new skills to address challenging behaviors; families are participating in effective treatments with their children; and most importantly, children and their caregivers are experiencing healthier family interactions.

PCIT is an evidence-based mental health treatment for young children (ages 2-7) with behavioral difficulties and their families. It is a short-term, assessment-driven intervention where parents and children are required to develop and master a set of skills. PCIT focuses on improving the quality of the parent-child relationship and changing parent-child interaction patterns through a live coaching format. The treatment is designed to reduce defiant and aggressive behavior in young children and to ultimately prevent future negative outcomes associated with antisocial behaviors.

TF-CBT is an evidenced-based mental health treatment intervention effective for children who have experience traumatic events such as sexual and/or physical abuse, neglect, witness to violence, incident of loss and tragic incidents. Working with a therapist over 12 – 16 weeks of office based sessions, children and families learn how to recognize trauma related problems, develop skills to manage troubling behaviors and ways to cope with difficult memories.

ABC is an evidence-based intervention with proven effectiveness for very young children, birth to 3 years and their families. ABC is a short-term, targeted, attachment-based intervention program designed to promote sensitive caregiving behavior. The intervention addresses developmental concerns of very young children who have experienced early adversity and includes parent training which has been proven to positively impact outcomes among these children. The parent-training includes ten

sessions conducted on a once a week basis. Specially trained Parent Trainers work with the family during each session, all of which occur in the family's home. During the training sessions, the caregiver learns strategies to enhance the child's development. ABC is available statewide for the infant and toddler population and their families. Foster families are a subset of those families eligible for services.

Delaware's B.E.S.T. continually pursues effort to expanding the birth-to-five system of care. This initiative provides on-going training to advance the evidence-based practices (PCIT and ABC) and system of care development along with training and technical assistance in adaptation to PCIT that strengthen staff competencies of professionals working in early care and education programs. It is critical that the early learning community can effectively, in an inclusive environment, serve children with behavioral challenges, support the healthy social and emotional development of all children and ensure children are well positioned and ready to learn when they enter kindergarten.

#### *Collaborative Efforts*

Delaware's B.E.S.T. is a collaborative effort across the comprehensive early childhood system, including work with the Division of Family Services, Office of Early Learning, Department of Health and Social Services, families, licensed early care and education providers and prevention, early intervention and mental health providers.

Help Me Grow, Statewide Neonatal Abstinence Syndrome Workgroup, Foster Care Screening and Consultation, Birth to 3/Child Development Watch and Delaware's B.E.S.T. for Young Children and Their Families will continue to serve children under the age of 5 for the 2015-2019 Plan period.

#### *Services for Children Adopted from Other Countries*

DFS contracts with a community-based agency, A Better Chance For Our Children, (ABCFOC) that provides adoptive families a 24-hour crisis hotline, information and referral, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers 5 or 6 times throughout the year. All of these services are available to international adoption families. From 2007 to 2014, 19 families were served that adopted from abroad. DFS will continue these services for the next five years.

#### **V. 2015-2019 Strategic Plan**

Based on the AECF 2012 assessment, *Outcomes Matter* initiatives, DFS evaluation of metrics, stakeholder comments, and partner collaboration, the following goals and objectives are established for 2015-2019. There are several broad principles and priorities supported by this strategic plan. The focus on child safety is paramount at all stages of a case from prevention to permanency. Children deserve to grow up in stable, nurturing and permanent families. Family interventions should be proportionate based on risk and protective factors. Key decisions include family and youth voices. Child welfare systems are strongest when partners share common goals and resources. A skilled and experienced workforce is supported by competency based training, facilitative supervision, community-based services and technology.

## A. Safety

### **Goal: At-risk children are safe and protected from harm**

Rationale: Child safety is an agency mandate and a core component of the agency's mission. Data indicates the agency has low rates of recurring maltreatment and abuse/neglect in foster care. The agency wants to continue to protect children with an appropriate and measured response, using evidenced- based decision making tools and family engagement strategies that strengthen the capacity of families to meet their own needs.

### **Objective: Implement Structured Decision Making<sup>®</sup> across all program areas.**

Rationale: SDM implementation must be completed to ensure consistent and accurate assessment of harm and risk throughout the life of a case. AECF assessment findings and *Outcomes Matter* initiative recommend use of SDM<sup>®</sup>. National Council on Crime and Delinquency international evaluation found evidence SDM<sup>®</sup> lowers maltreatment and maltreatment recurrence rates.

Outcome: Lower rates of child maltreatment and maltreatment recurrence.

### **Benchmarks:**

1. Implement SDM<sup>®</sup> tools across program areas from intake to permanency. Timeframe: January 2015. Measure: Percent and number of quality assurance reviews for intake, investigation, treatment and permanency cases indicating use of SDM<sup>®</sup> tools.
2. Continue technical support from Children's Research Center to support SDM<sup>®</sup> implementation with fidelity. Timeframe: September 2015 (Expected end date). Measure: Completion of contract deliverables for training, fidelity reviews and technical assistance resulting in termination of contract.
3. Use a continuous quality improvement framework to monitor and guide implementation of SDM<sup>®</sup> practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Continue to review performance. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SDM<sup>®</sup> data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.
4. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of SDM<sup>®</sup> data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

### **Objective: Implement Safety-Organized Practice across all program areas.**

Rationale: Agency must complete SOP training, strategies and tools to ensure implementation of the practice model across all functions. AECF assessment recommends family engagement strategies to produce effective family interventions. This objective completes training sessions already in progress.

Outcome: Lower rates of child maltreatment and maltreatment recurrence.



**Benchmarks:**

1. Train all front line case workers, supervisors and managers in SOP that uses strengths-based, child-centered principles and tools to ensure inclusion of youth voice and rigorous safety assessment and planning. Timeframe: March 2015. Measure: Percent of staff attending SOP modules.
2. Partner with Children's Research Center to support implementation of SOP with fidelity across program areas from intake to permanency. Timeframe: January 2015 (expected end date). Measure: Completion of contract deliverables for training, coaching and case reviews. Issuance of case review findings.
3. Implement supervisor Learning Circles. Timeframe: March 2015. Measure: Documentation of supervisor Learning Circle sessions.
4. Fully implement Consultation and Information Sharing Framework for group supervision. Timeframe: September 2015. Measure: Percent of case reviews with documented Framework utilization.
5. Use a continuous quality improvement framework to monitor and guide implementation of Safety-Organized Practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SOP data reports from case reviews. Meeting minutes documenting findings and recommendations.
6. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of SOP data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

**Objective:** Implement a Differential Response System for at-risk children and families.

Rationale: Based on CAPTA requirement, agency is building capacity to respond to reports of abuse and neglect proportionally according to presenting allegations. AECF assessment recognized the agency's continuum of interventions supporting families and protecting children.

Outcome: Lower rates of child maltreatment and maltreatment recurrence.

**Benchmarks:**

1. Develop, implement, and expand a differential response within DFS using Family Assessment and Intervention Response (FAIR) to accepted reports of child abuse and neglect. Timeframe: June 2016. Measure: Number and percent of accepted reports of abuse and neglect receiving FAIR response.
2. Continue the contracted community-based FAIR Program to prevent unnecessary entries of teens into foster care statewide. Timeframe: Ongoing to September 2019. Measure: Number and percent of children and youth receiving community-based FAIR and entering foster care.
3. Continue the voluntary, community-based pilot for screened out cases involving infants and toddlers, which connects their families to home visiting and Evidence-Based

parenting support programs. Ongoing to September 2019. Measure: Number of screened out cases referred to home visiting and parenting support programs.

4. Use a continuous quality improvement framework to monitor and guide implementation of differential response by reviewing DFS data, Quality Assurance case review reports and contractual performance measures with DFS staff and system partners. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of FAIR data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.
5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports, contract performance data and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of FAIR data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

**Objective:** Fully implement Team Decision Making model for at-risk children and families.

Rationale: Based on AECF assessment findings and early success, agency will continue to expand use of TDM model to prevent placement and support key decisions through family engagement.

Outcome: Lower rates of child maltreatment and maltreatment recurrence. Increased rate of diverted foster care entries.

**Benchmarks:**

1. Continue considered removal TDM meetings for DFS custody decisions; strengthen practice of using TDM prior to removal. Timeframe: Ongoing to September 2019. Measure: Number and percent of TDM meetings occurring before and after foster care entry.
2. Consider TDM at other key case decision points involving placement changes. Timeframe: March 2016. Measure: Documentation of discussion and decisions for using TDM at replacement.
3. DFS to continue to gather data on timing, attendees, decisions and outcomes of TDM meetings. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing to September 2019. Measure: Issuance of reports on timing, attendance, decisions and outcomes of TDM meetings.
4. Use a continuous quality improvement framework to monitor and guide implementation of TDM by reviewing DFS data, Quality Assurance case review reports and participant surveys with DFS staff and system partners. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of TDM data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

**Objective:** Continue to enhance the knowledge and skill of child welfare staff involved in investigation and treatment of child maltreatment.

Rationale: Training is a vital component of the agency's infrastructure to strengthen professional competencies to protect children and support families. Community professionals, DFS staff and CPAC support continuing training activities.

Outcome: A skilled and competent child welfare system workforce.

**Benchmarks:**

1. Participate in Multi-Disciplinary Teams through the Children's Advocacy Center, promoting collaboration of child welfare, law enforcement, criminal justice, mental health and medical professionals. Timeframe: Ongoing to September 2019. Measure: Data reports on use of Multi-Disciplinary Teams at the Children's Advocacy Center.
2. Support the education of Multi-Disciplinary Team members through joint training programs such as the Protection Delaware's Children Conferences, National Conferences on Abuse Head Trauma and related opportunities. Timeframe: Ongoing to September 2019. Measure: Documentation of training events attended by Multi-Disciplinary Team members.
3. Participate in the Joint Investigation Committee of the Child Protection Accountability Commission, which researches and implements best practices in investigation of child maltreatment. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes.
4. Participate in the Statewide Neonatal Abstinence Syndrome workgroup of the DE Health Mothers and Infants Consortium to address the needs of drug exposed infants. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes.
5. Continue collaboration with system partners, especially providers of services related to domestic violence and substance abuse (e.g. Division of Substance Abuse and Mental Health, Domestic Violence Coordinating Council, Children's Advocacy Center, Brandywine Counseling, Psychotherapeutic Services Inc., Child Inc., People's Place II) to promote comprehensive assessment of families' needs and integrated service planning. Activities include co-location of staff, multidisciplinary interviewing, community training and interagency agreements. Timeframe: Ongoing to September 2019. Measure: Documentation of collaborative efforts such as meeting minutes, collocation of staff, contracts, Memoranda of Agreement and training events.
6. Monitor effectiveness of child welfare training with participant evaluations. Use existing DFS leadership to monitor DFS training and CPAC Training Committee meetings to evaluate child welfare system curriculum development and topics. Ongoing to September 2019. Measure: Trainee surveys and evaluations.

**Safety Measures:**

1. Quality Assurance: Measurement for child safety is a composite of questions in investigation and treatment assessing safety in the child's residence. Goal is 100% will be assessed as safe.
2. National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.
3. National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.

Delaware reserves the option to revise measures based on release of new national standards and development of internal reports.

## **B. Permanency**

### **Goal: Children maintain or achieve timely permanency**

Rationale: Every child deserves to grow up in a stable, nurturing permanent home. Data for timely permanency goal achievement are mixed.

### **Objective: Implement family search and engagement practice.**

Rationale: AECF assessment and Outcomes Matter initiative identify family engagement strategies and tools vital to timely permanency outcomes such as family preservation, reunification and other permanency outcomes. System data on reunification within 12 months from the most recent removal from home indicates an area needing improvement. Community professionals and caseworkers agree the 2015-2019 CFSP should include strategies to improve timely permanency.

Outcome: Children remain safely in their own homes and exit to timely permanency when in foster care.

### **Benchmarks:**

1. Fully implement statewide strategies, tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and placement options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives. Timeframe: March 2015. Measure: 95% of Quality Assurance reviews for intake, investigation, treatment and permanency cases indicate family search and engagement activities.
2. Use a continuous quality improvement framework to monitor and guide implementation of family search and engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SDM<sup>®</sup> data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.
3. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of family search and engagement processes and outcomes. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

### **Objective: Improve foster care placement stability and support adoptive families.**

Rationale: Placement stability data indicates an area needing improvement. Early data indicators of *Outcomes Matter* show promising outcomes for early foster care episode placements. Professionals and DFS staff want to support in-state placements for teens. Recent data on children exiting to adoption within 24 months is best on record; the agency wants to continue timely adoptions.

Outcome: Foster children have lower rates of replacement.

**Benchmarks:**

1. Recruit in-state foster homes to meet the needs of minorities, teens, siblings groups and children with special needs. Timeframe: Ongoing to September 2019. Measure: Annual number of new foster parents serving minorities, teens, siblings groups and children with special needs.
2. Implement a statewide foster parent recruitment plan. Timeframe: Ongoing to September 2019. Measure: Issuance of plan and annual reporting of progress towards goals and objectives.
3. Fully implement a new foster parent pre-service and in-service training curriculum supported by the Institute of Human Services. Timeframe: January 2015. Measure: Completion of new pre-service and in-service training sessions.
4. Identify and promote foster family supports for all functions and levels in the Office of Children's Services. Timeframe: December 2014. Measure: Distribution of 'Support' Role Cards to all staff across program functions.
5. Receive technical assistance from the Annie E. Casey Foundation to train on recruitment and support activities for all levels of staff in in the agency. Timeframe: January 2015. Measure: Completion of Role Card Kick-Off events statewide.
6. Continue post-adoption services to strengthen bonding and prevent disruptions. Timeframe: Ongoing to September 2019. Measure: Number and percentage of adopted children re-entering foster care.
7. Use a continuous quality improvement framework to monitor foster care and adoptive placement stability by reviewing DFS data (foster parent recruitment/training and placement stability), foster parent surveys, Quality Assurance case review reports and adoption disruption/dissolution data with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of placement stability data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.
8. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports, contractual performance measures and feedback from DFS staff, trainers and system partners to monitor foster parent recruitment, training and placement stability. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

**Objective:** Improve timely exits to reunification, adoption and guardianship for foster children. Rationale: Data reports for timely permanency outcomes such as family preservation, reunification and other permanency outcomes are mixed. Agency wants to improve rate of reunification without increasing foster care re-entry rates. AECF assessment recommendations and *Outcomes Matter* identify kinship care programming as a strategy to achieve timely exits. Agency wants to continue strong performance for timely adoptions within 24 months of entering foster care. Outcome: Shorter lengths of stay in foster care for children exiting to reunification, adoption and guardianship.

**Benchmarks:**

1. Provide MY LIFE programming to all appropriate foster children and youth; prioritize children with a permanency plan of adoption or APPLA. Timeframe: January 2016. Measure: Number of children and youth by permanency goal receiving MY LIFE services.
2. Research, develop and implement kinship care programming. Timeframe: September 2017. Measure: Number of children placed in approved kinship homes.
3. Collaborate with the Family Court through local and state level meetings and review of DFS and CIP key measures to strategically plan strengthening legal processes to improve timely permanency. Timeframe: Ongoing to September 2019. Measure: Meeting minutes documenting review of data reports and actions taken.
4. Continue expediting permanency goal review by caseworkers, supervisors, child advocates and local permanency planning committees of children age 5 and younger. Timeframe: Ongoing to September 2019. Measure: Number of children age 5 and younger reviewed by permanency committees before the 9<sup>th</sup> month.
5. Use a continuous quality improvement framework to monitor exits to permanency by reviewing DFS data, CIP key measures and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency exit data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.
6. Until a CQI system is operational, use existing data reports, CIP key measures, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor timely permanency. Use existing DFS and CIP forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

**Objective:** Reduce the number of youth exiting foster care at age 18.

Rationale: The number of youth with APPLA goals was 321 for FFY2008, current DFS data states 120 youth with APPLA goals. The agency wants to continue to reduce the number of youth exiting foster care at age 18.

Outcome: Reduced number and percentage of youth exiting foster care at age 18.

**Benchmarks:**

1. DFS Strategic Leadership Team and Policy Review Team to review and assess permanency planning policy for older youth with the goal of APPLA. Timeframe: June 2015. Measure: Documented review of permanency planning policy for older youth with the goal of APPLA by the Strategic Leadership and Policy Review Teams.
2. Analyze system and case specific data on youth served by multiple divisions to make recommendations to improve services to stabilize in-state placements, support timely permanency and reduce the number of youth exiting foster care at age 18. Timeframe: January 2015. Measure: Documented review of data and recommendations for youth served by multiple divisions.

**Objective:** Strengthen permanency planning for children age 15 and younger.

Rationale: P.L. 113-183, Preventing Sex Trafficking and Strengthening Families Act, limits APPLA goal choices to youth age 16 and older.

Outcome: Increased number and percentage of children and youth age 15 and younger exiting foster care to reunification, adoption or guardianship.

**Benchmarks:**

1. Use family search and engagement strategies tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and permanency options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives. Timeframe: September 2015. Measure: Number and percentage of children exiting to reunification, adoption or guardianship.
2. Provide MY LIFE programming to all appropriate foster children and youth to facilitate permanency options. Timeframe: January 2016. Measure: Number of children and youth by permanency goal receiving MY LIFE services.
3. Review children and youth under the age of 15 at local permanency committees for appropriate goal selection. Timeframe: September 2015. Measure: Number of children and youth age 15 and younger with a goal of APPLA reviewed by local permanency committees.
4. Participate in the Permanency for Adolescents Committee of the Child Protection Accountability Commission, which leads policy efforts to reduce barriers to permanency. Timeframe: Ongoing to end of workgroup (June 2015 estimated). Measure: Meeting minutes documenting attendance and efforts to reduce permanency barriers.
5. Use a continuous quality improvement framework to monitor exits to permanency by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency exit data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.
6. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor timely permanency. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

**Objective:** Continue to work with system partners to identify and reduce barriers to permanency.

Rationale: Community professionals and DFS staff identify joint efforts as necessary to build infrastructure and enhance service array for improved permanency outcomes for children and families.

Outcome: System wide infrastructure and service array supporting timely permanency exits from foster care.

**Benchmarks:**

1. Participate in the Permanency for Adolescents Committee of the Child Protection Accountability Commission, which leads policy efforts to reduce barriers to permanency. Timeframe: Ongoing to end of workgroup (June 2015 estimated). Measure: Meeting minutes documenting attendance and efforts to reduce permanency barriers.
2. Participate in strategic planning efforts of the Department of Services to Children, Youth and Their Families to promote collaboration and coordinated service delivery to multiple division youth served by child welfare, behavioral health and/or juvenile justice systems. Timeframe: Ongoing to September 2019. Measure: Meeting minutes documenting attendance and coordination of service delivery.
3. DFS leadership to monitor meeting attendance and system partner feedback regarding collaborative effort to reduce barriers to permanency. Ongoing to September 2019. Measure: Meeting minutes and feedback from system partners.

**Permanency Measures:**

1. Caseworker foster care contacts. Measure 1: Percent of foster children visited each and every month; and, Measure 2: Percent of those visits occurring in the child's residence. Goal for Measure 1 is 95%. Goal for Measure 2 is 50.5%.
2. National Standard: Permanency Composite #4 with component scores.
  - Scaled state composite score. Goal is 101.5 or higher.
  - Of those children in care less than 12 months - percent with 2 placements or less. Goal is 86% or higher.
  - Of those children in care for 12 but less than 24 months - percent with 2 placements or less. Goal is 65.4% or higher.
  - Of those children in care 24 or more months - percent with 2 placements or less. Goal is 41.8% or higher.
3. National Standard: Reunification within 12 months from the most recent removal from home Goal is 75.2% or higher.
4. National Standard: Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.
5. Quality Assurance: Measurement is the percent of placement and permanency case reviews agreeing with APPLA (Another Planned Permanent Living Arrangement) goal selection. Goal is 95% or higher.

Delaware reserves the option to revise measures based on release of new national standards and development of internal reports.



### **C. Well-Being**

#### **Goal: Families are empowered to meet their own needs**

Rationale: Guiding principles for the CFSP emphasize family engagement in assessment, planning and service delivery to internalize positive change based on strengths and achievements. AECF assessment and *Outcomes Matter* promote teams to help families make decisions.

#### **Objective: Fully engage at-risk families in assessment, planning and service delivery activities.**

Rationale: Children and families are more likely to actively engage in a plan in which they had a key role in designing. Key decisions include family and youth voices. AECF assessment and *Outcomes Matter* promote family engagement strategies and tools.

Outcome: Successful and timely assessment, planning and services with parents and youth participation while maintaining safety of children of families served.

#### **Benchmarks:**

1. Continue Team Decision Making statewide for children at risk of removal from their homes. Timeframe: Ongoing to September 2019. Measure: Data reports on number, participants, recommendations and outcomes of TDM meetings.
2. Implement Safety-Organized Practice strategies, including family conferencing to be utilized at key decision points in child welfare cases. Timeframe: March 2015. Measure: Quality assurance case review reports on SOP activities.
3. DFS Program Support Team to conduct literature reviews, contact states' liaison officers, research evidence-based models as promoted by Child Welfare Information Gateway, Child Welfare League of America and American Humane Society and make recommendations for improving the continuum of family preservation, reunification and support interventions. Timeframe: June 2016. Measure: Documentation of research, findings, recommendations and action taken.
4. Use a continuous quality improvement framework to monitor and guide implementation of family engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SOP data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.
5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of TDM and SOP. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

#### **Goal: Youth are empowered to meet their own needs**

Rationale: Youth are more successful achieving independence when supported by individualized planning and services. Including youth in system wide planning has resulted in improved services. Rates of high school graduation and employment indicate areas needing improvement.

**Objective:** Promote timely permanence and increase opportunities available to young people in employment, education, personal and community engagement.

Rationale: Rates of teens aging out of foster care at age 18, high school graduation and employment indicate areas needing improvement. Early success with financial assistance for young adults needs to continue. Strong individual and system planning includes the voice of youth. Education and employment measurements indicate areas needing improvement.

Outcome: Lower rate of foster youth exiting foster care at age 18. Increased graduation and employment rates for young adults. Increased rates of youth reporting personal and community connections.

**Benchmarks:**

1. Use family search and engagement strategies (e.g. family meetings and record mining) to build connections and supports for foster youth and young adults aging out of foster care. Timeframe: June 2016. Measure: Quality Assurance case review and independent living data reports.
2. Conduct STEPS (Stairways To Encourage Personal Success) for all foster youth age 17 and older to plan a successful transition to adulthood. Timeframe: Ongoing to September 2019. Measure: Quality Assurance case review data reports.
3. Fully fund and implement ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) for young adults (ages 18-20) who are aging out of foster care. Timeframe: June 2017. Measure: Budget allocations for 3 years of ASSIST funding.
4. Continue Opportunity Passport™ programming to provide financial skills and match savings accounts. Timeframe: Ongoing to September 2019. Measure: Documentation of active training and match funds.
5. Partner with Delaware Youth Opportunities Initiative (DYOI) to achieve positive outcomes for foster youth and young adults aging out of foster care. Timeframe: Ongoing to September 2019. Measure: Minutes documenting joint participation in DYOI meetings.
6. Partner with the Youth Advisory Council (YAC) to achieve positive outcomes for foster youth and young adults aging out of foster care. Timeframe: Ongoing to September 2019. Measure: Documentation of joint participation in YAC meetings and events.
7. Support the initiative for Youth Involvement in Court and Youth Led Representation led by the Family Court and the DE Youth Opportunities Initiative. Timeframe: Ongoing to September 2019. Measure: Documentation of agency participation in court and DYOI meetings.
8. Review existing foster teen handbook for strengthening youth roles and responsibilities and edit as appropriate. This handbook will be used in the initiatives referenced above in #7. Timeframe: September 2015. Measure: Documented review of current foster teen handbook and appropriate actions to revise.
9. Use a continuous quality improvement framework to monitor timely permanency, employment, education and personal/community engagement by reviewing DFS data, Quality Assurance case review reports and youth feedback with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and

procedure. Production of permanency and independent living data reports; meeting minutes documenting findings and recommendations.

10. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, youth and system partners to monitor timely permanency, employment, education, and personal/ community engagement. Use existing DFS and DYOI forums to recommend and implement improvements through training, supervision, resource development and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS, case reviews and independent living; meeting minutes documenting findings, recommendations, actions taken and results.

**Goal: Foster children receive appropriate mental health assessment and psychotropic medications**

Rationale: Federal law and agency procedures provide mental health screenings and treatment, including assessment of emotional trauma associated with a child's maltreatment and removal from home. The agency is charged with oversight and monitoring psychotropic medication administered to foster children.

**Objective:** Assess and monitor foster children's health and mental health needs.

Rationale: Agency needs to continue foster care entry mental health screenings and implement tracking systems for individual and system use of psychotropic medications.

Outcome: Foster children's health and mental health needs are identified early and are matched with appropriate services.

**Benchmarks:**

1. Continue Screening and Consultation Unit's assessment of developmental needs and ensure connection to appropriate services to foster children age 5 and younger within 4 weeks of foster care entry. Timeframe: Ongoing to September 2019. Measure: Foster care entry and assessment compliance reports.
2. Continue Screening and Consultation Unit's assessment of foster children within 4 weeks of entering care for mental health services, using developmentally-appropriate and trauma-informed screening tools. Ensure connection to evidence-based interventions as appropriate. Timeframe: Ongoing to September 2019. Measure: Foster care entry and assessment compliance reports.
3. Partner on a consultation project with Tufts University Medical School, Casey Family Programs, DPBHS and DSCYF Office of Trauma Informed Practice on monitoring and managing psychotropic medications in foster care. Timeframe: November 2015 with option to extend. Measure: Documentation of findings, recommendations and actions taken.
4. Research and implement a tracking system to monitor and guide administration of psychotropic medications. Timeframe: September 2014. Measure: Documentation of a tracking system for psychotropic medications.
5. Establish baselines and standards for psychotropic medication oversight. Timeframe: September 2015. Measure: Documentation of baselines and standards for use of psychotropic medication.

6. Research, recommend and implement clinical monitoring of psychotropic medication prescribed to foster children. Timeframe: September 2015. Measure: Documentation of research, recommendations and status of clinical monitoring of psychotropic medication.
7. Office of Evidence-Based Practice to monitor and report to DFS' Strategic Leadership Team progress on developing psychotropic medication tracking and establishing oversight standards. Timeframe: Ongoing until September 2019. Measure: Meeting minutes document review of psychotropic medication tracking, standards and actions taken.
8. Use a continuous quality improvement framework to monitor mental health assessment and psychotropic medication by reviewing DFS data, Quality Assurance case review reports and DFS staff and system partner feedback. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of psychotropic medication data reports; meeting minutes documenting findings and recommendations.
9. Until a CQI system is operational, monitor Quality Assurance case review reports for identification of needs and provision of appropriate services. Use existing DFS forums to address areas needed improvement and implement corrective action. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from Quality Assurance case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

**Goal: Improve high school graduation rates for foster youth**

Rationale: High school graduation rates are low; agency wants to improve academic performance of foster children and youth.

**Objective:** Develop and implement a data-based initiative to improve academic performance.

Rationale: High school graduation rates for foster youth are low. DFS to establish system data baselines on academic performance of foster children; collaborate with system partners to identify needs and provide supports to boost academic performance.

Outcome: Improved academic performance for foster children and youth.

**Benchmarks:**

1. Collaborate with schools to share system level educational information on foster children and youth. Timeframe: Ongoing to September 2019. Measure: Documented production of academic reports.
2. Identify, recommend and implement supports for improving academic performance for foster children. Timeframe: December 2015. Measure: Documentation of review of data and resulting recommendations and actions taken.
3. Participate in the Education Committee of the Child Protection Accountability Commission that is focused on system collaboration to address educational needs of children and youth in foster care. Timeframe: Ongoing to end of committee. Measure: Documentation of participation and actions taken in meeting minutes.
4. Use a continuous quality improvement framework to monitor and guide foster children's academic performance by reviewing system level data and using appropriate forums (Department of Education Memorandum of Understanding or CPAC Education Committee) to recommend and implement improvements. Timeframe: June 2016 to

September 2019. Measure: Documentation of CQI policy and procedure. Production of academic data reports. Meeting minutes documenting findings and actions taken.

5. Until a CQI system is operational, monitor Quality Assurance case review reports for identification of educational needs and provision of appropriate services. Use existing DFS forums, CPAC Education Committee and Department of Education Memorandum of Understanding to address areas needed improvement and implement corrective action. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

### **Well-Being Measures:**

1. Quality Assurance: Measurement is a composite score of 13 questions from the QA Case Review tools for treatment and placement on identification of needs and services provided. Goal is 90% or higher of case reviews agree needs were identified and appropriate services provided.
2. Quality Assurance: Measurement is composite score of 2 questions from each QA Case Review tool for investigation, treatment and placement for identification of needs and services provided for education, physical and mental health. Goal is 95% or higher of case reviews agree educational and health needs were identified and appropriate services provided.
3. Independent Living Services Report: Measurements for young adults receiving independent living services are percent youth graduating high school or GED program, percent youth employed and percent youth enrolled in post-secondary/vocational programs. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.

Delaware reserves the option to revise measures based on release of new national standards and development of internal reports.

### **D. System Supports**

#### **Goal: Provide infrastructure supporting best practice child welfare principles and values**

Rationale: The agency identifies an automated case management, continuous quality improvement, workforce training and Quality Assurance Case Review systems as vital foundations to making improvements in outcomes for children, youth and their families.

**Objective:** Fully implement a new statewide data tracking system.

Rationale: Federal SACWIS requirements and DSCYF business needs drive the design and implementation of a new FACTS II automated system.

Outcome: A fully functional automated system that is SACWIS compliant and meets the business needs of the Department.

#### **Benchmarks:**

1. Fully implement FACTS II supporting an integrated child and family tracking system for the Department of Services for Children, Youth and Their Families. Timeframe: January 2015. Measure: Status reports of design, development and implementation of FACTS II.

**Objective:** Design, resource and implement a continuous quality improvement system that focuses on data driven monitoring of objectives and benchmarks, as indicated, of the Plan with participation by system partners to make adjustments to practice.

Rationale: Federal guidance and agency mission to improve outcomes for children, youth and their families need structured processes to use baseline data, stakeholder input and measured accounting of performance to drive safety, permanency and well-being practice changes.

Outcome: Improved safety, permanency and well-being outcomes based on data informed shared decision making with system partners.

**Benchmarks:**

1. Obtain technical assistance to provide processes, analysis of data, information and organizational structure supporting objectives of this strategic plan. Timeframe: January 2016. Measure: Documentation of technical assistance.
2. Draft policy and protocols to use data-based information for all levels of staff. Timeframe: July 2016. Measure: Issuance of policy and protocol documents.
3. Draft a communication plan supporting the distribution and use of data-based information. Timeframe: July 2016. Measure: Documentation of a CQI communication plan.
4. Develop training for staff at all levels of the organization on continuous quality improvement. Timeframe: September 2016. Measure: Documentation of a CQI training plan.
5. Implement stakeholder sessions to review data and recommend activities to improve progress towards goals. Timeframe: January 2017. Measure: Stakeholder sessions documented by meeting minutes.

**Objective:** Provide training and supports for a stable and competent workforce.

Rationale: Staff competencies and skills are vital to implementing Safety-Organized Practice as DFS' practice model.

Outcome: A trained, competent, experienced and stable workforce.

**Benchmarks:**

1. Review and modify new worker training to include Safety-Organized Practice principles, strategies, and tools. Timeframe: March 2015. Measure: Documentation of an updated new worker training curriculum.
2. Make provisions supporting caseworker coaching and facilitative supervision. Timeframe: December 2014. Measure: Documentation of coaching and facilitative supervision through Quality Assurance case reviews and staff interviews.

**Objective:** Review and update the Quality Assurance Case Review System

Rationale: Since the implementation of *Outcomes Matter*, DFS' Quality Assurance Case Review System needs to be reviewed and updated.

Outcome: A Quality Assurance Case Review System that includes measures for current practice model activities, processes and outcomes.

## **Benchmarks:**

1. Review option to adopt federal on-site Child and Family Services Review Instrument. Timeframe: September 2014. Measure: Documented decision regarding the case review tool.
2. Take appropriate steps to implement a new Quality Assurance system or review current system for sample size, reliability and inclusion of Safety Organized Practice measures. Timeframe: April 2015. Measure: Documented review of case review sampling methodology, inter-rater reliability and SOP updates.

## **Implementation Supports**

Implementation supports are included in Section V and include training, coaching and technical assistance for Safety-Organized Practice, Structured Decision Making<sup>®</sup>. Implementing a new automated data system and a continuous quality improvement system are distinct system objectives. Obtaining continued support from the General Assembly is needed to fully fund all three cohorts of ASSIST (I.e., youth ages 18, 19, and 20). Database development is important for tracking foster care psychotropic medications and academic performance.

## **VI. Other Targeted Required Plans**

### **A. Training Plan for 2015-2019**

The following staff development and training plan supports the goals and objectives of the 2015-2019 CFSP. Technical assistance activities planned to be undertaken in support of the goals and objectives are described therein.

At this juncture, no evaluative or research activities with a university or college or outside organization are underway or planned involving DFS training goals and objectives.

### ***Goal: Continue to provide training and training support for a stable and competent workforce***

Strategy: Update and revise DFS training curricula fully embed the values, the knowledge and the skill areas involving the day-to-day casework practices pertaining to the DFS *Outcomes Matter* practice model framework initiatives (e. g., Structured Decision Making<sup>®</sup>, Safety Organized Practice, Family Search and Engagement).

Activities:

1. Maintaining a digital library of training curriculum
2. Formal curriculum review bi-annually or as needed.
3. Update instructional practices, videos and training aides
4. Update on potential content changes at training monthly staff meetings

Strategy: Provide *Pre-service training* to new casework staff, sister division staff, and providers to promote an understanding and an emergent use of *Outcomes Matter* casework practices, SDM<sup>®</sup> assessments and tools to engage children and empower families to protect children from harm and/or risk of harm, promote permanence and address child well-being.

Activities:

1. Develop the annual training calendar in October for the next calendar year
2. Secure training spaces for next calendar year in October
3. Continue to provide pre-service training in monthly cohorts

4. Provide training to contracted providers, sister divisions in blended classrooms along with DFS staff

Strategy: Facilitate the use of newly trained coaches and CPD trained mentors paired with new workers to enhance learning through observation and practicing required field experiences during their four month pre-service training cycle.

Activities:

1. Train existing and new mentors using the SOP mentor training curricula
2. Survey mentors to determine if they are assigned to new workers and actively mentoring
3. Participate on the DFS workgroup focused on developing a coaching program
4. Assist in the launch of a coaches learning circle and participate as a member

Strategy: Assess training needs and provide in-service training to levels of staff, utilizing technical assistance as needed, and partnering with SOP trainers to build knowledge, practice skills and supportive attitudes geared to the full implementation and sustainability of *Outcomes Matter* casework practices.

Activities:

1. Conduct assessments and determine training needs on an annual basis
2. Provide training to contracted providers, DSCYF sister divisions in blended classrooms along with DFS staff
3. Solicit peer coaches and or SOP module trainers to provide training as subject matter experts and contingent faculty
4. Participate in the Child Protection Accountability Commission's Training Sub-committee

***Goal: Enhance supervisory capacity to implement the practice model.***

Strategy: Support DFS supervisors in learning and utilizing coaching practices and tools in the supervision of caseworkers on *Outcomes Matter* practice skills to create an environment where the practice model is being consistently applied.

Activities:

1. Obtain information, technical assistance and support from Children's Research Center and other jurisdictions with an established coaching program
2. Update the Transfer of Learning Manual to include coaching questions and tips for each core training
3. Find coaching resources and or develop coaching training aids to share with supervisors
4. Provide ongoing consultation to DFS supervisors in developing coaching skills

Strategy: Assist DFS in the establishment of supervisor learning circles to support supervisors in their role as agents for practice change, to effectively supervise *Outcomes Matter* practices, enhance their overall supervisory skills and to support their own professional development.

Activities:

1. Obtain information, technical assistance and support from CRC and other jurisdictions with an established supervisor learning circles
2. Train supervisors to facilitate learning circles



3. Participate in supervisor learning circles as appropriate
4. Provide ongoing consultation to DFS supervisors in developing supervision skills for new practices.

**Goal: Use data to make informed decisions regarding training effectiveness.**

Strategy: Update the current training surveys to inquire about exposure and utilization of skills, new practices and tools affiliated with *Outcomes Matter*.

Strategy: Develop a survey for supervisors to collect both quantitative data and qualitative data, with the focus of the inquiry on their experiences in training, their training needs as supervisors, their perception of the training system overall for their workers, what is working well and what they see as opportunities for improvement.

Strategy: Determine ways to utilize existing information technology infrastructure to support evaluation and outcome measurement of training.

Activities:

1. Obtain information, technical assistance and support in the area of quality assurance
2. Consult with Delaware Department of Education teaching and learning specialists
3. Determine how to utilize using existing training and survey software to its capacity

Strategy: Share training data and metrics with DFS leadership, managers and supervisors to collaborate with them in making decisions on staff competencies to strengthen, training outcomes to improve and how to promote continuous quality improvement

Activities:

1. Provide existing training data to Strategic Leadership Team
2. Determine what data and metrics are significant to them
3. Create a training dashboard
4. Compile training data and report out at determined intervals.

**Goal: Resource allocations**

Strategy: Locate and secure dedicated training space based on projected need to accommodate varying number of registrants, including our partners in service provision.

Activities:

1. Continue to bring this to the attention of Department leadership
2. Continue to identify and secure training space across the state adequate to accommodate up to trainings with numbers up to 40-50 participants

Strategy: Upgrade the existing Learning Management System (LMS) to meet an expanded need to collect additional data.

Strategy: Effectively utilize existing technology to support online/ web-based training, distance learning and other innovative approaches to training delivery.

Activities:

1. Identify existing online training that support the training goals for DFS
2. Using existing software to develop online training for DFS casework and supervisory staff

3. Seek additional resources and training in educational technology from DOE and elsewhere

### **B. Disaster Plan**

The Division of Family Services maintains an Emergency Preparedness Plan addressing procedures in case of a civil or natural disaster. The plan includes the care of unattended children and continuity of agency services. During the past five years, DFS has not activated the Emergency Preparedness Plan but has participated in 2 mock disaster scenarios. There were no edits to the plan resulting from the exercises. (See Attachment Targeted Plans I: Delaware DFS Emergency Plan)

### **C. Coordinated Health Care Plan**

Delaware's Coordinated Health Care Plan is attached. As actions are taken to strengthen psychotropic medication monitoring, or other policy and procedural changes regarding the medical care of foster children, the Plan will be updated accordingly. There are no changes to Delaware's Health Care Services Plan dated October 2010. Health of foster children is governed by Medicaid Managed Care Organizations and a network of primary care providers. The Office of Evidence Based Practice and the Division of Medicaid and Medical Assistance are collaborating on a model of psychotropic medication oversight. Revisions to the Plan will follow research, development and issuance of any new policy and procedure. The Division of Medicaid and Medical Assistance closed bidding for Managed Care Organization contracts April 2014 and are in negotiations with vendors. Updates to the Coordinated Health Care Plan will be aligned with final procurement terms. Plans are to review and update the Plan as soon as circumstances allow. (See Attachment Targeted Plans J: Coordinated Health Care Plan)

### **D. Foster and Adoptive Parent Diligent Recruitment Plan**

Delaware, in consultation with Annie E. Casey Foundation, wrote and implemented a statewide recruitment plan that is updated annually. For the planning period 2015-2019, Delaware seeks to target statewide and local foster child populations. For 2014, those populations are teens, sibling groups and medically fragile children. (See Attachment Targeted Plans D: Recruitment Plan and Timeline Role Responsibilities)

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### **Public Access:**

CFSR and APSR reports are posted to this webpage upon federal approval:

[http://kids.delaware.gov/fs/fs\\_cfs\\_review\\_plan.shtml](http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml)