

Child & Family Services Plan: 2005 Annual Progress and Services Report

**Division of Family Services
Department of Children, Youth and Their Families
State of Delaware**

Submitted June 2005

SAFETY			
Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children are, first and foremost, protected from abuse and neglect	1.1 Timely contacts in investigation and treatment (Internal Management Reports)	95% compliance with agency standards for contact schedules	<ol style="list-style-type: none"> 1. Maintain 02-03 average of 95% compliance with agency standard of responding within 24 hours for urgent and 10 days for routine accepted reports for each year, 2006-2009. 2. Maintain 2003 average of 95% compliance with agency standard of initial contact with treatment families within 10 days for each year, 2006-2009.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>Measurement of Performance: In an effort to ensure child safety, timeliness of initial contacts in investigation and treatment, as well as, on-going contacts in treatment, are monitored through management reports distributed on a monthly basis and, results are incorporated in the quarterly Division of Family Services (DFS) Report Card. Supervisory oversight is a part of the contact completion activity as seen through the ‘Diligent Efforts’ event. For the reporting period 4/1/04 to 3/31/05: Initial Contacts in Investigation was 96.89%. This outcome exceeded the goal by 1.89%. Initial Contacts in Treatment was 91.75%. This outcome missed the goal by 3.25%. In addition to the monitoring of contact achievement rates, the quality of the content of Safety Assessments and Safety Plans (if needed) is assessed in the DFS Quality Assurance Case Review tool, the results of which are also distributed on a quarterly basis for administrative and operational staff review. Monitoring Safety Assessments further enhances the reliability that children are protected from abuse and neglect.</p> <p>The Division continues to monitor the timeliness of both initial and on-going contacts in Treatment. Current policy dictates that initial contacts must be made within 10 working days after a case has been transferred to treatment for on-going services. Policy also dictates that the worker must complete a formal Safety Assessment during that first face to face contact. From that point on, the contact schedule is based on the needs of the family but is never less than monthly. Workers are instructed to assess safety during every single contact. Reports detailing the agency’s compliance with both the initial and the on-going contacts are reviewed monthly. Finally, the monthly quality reviews require the reviewer to assess whether contacts were made in a timely manner and if the assigned contact</p>			

schedule is sufficient to meet the needs of the family.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	1.2 Recurrence of maltreatment (Internal Management Report, NCANDS)	Less than 6.1% recurrence of maltreatment within 12 months	<ol style="list-style-type: none"> 1. Reduce risk of abuse and neglect through appropriate assessment, planning and service delivery. 2. Develop community and other agency resources to implement a system of care model. 3. Maintain 2002 AFCARS rating of 1.2% recurrence of maltreatment for FY05. Revised to maintaining target of 1.2% for each year 2006-2009. 4. The Department to reduce the percentage of children and youth who return to service within 12 months of case closure from 29% (FY 03 3rd & 4th quarter) to 27% (FY05 3rd & 4th quarter). Revised target is 27% for FY06 3rd quarter. 5. Study the feasibility of adding Institutional Abuse cases in FACTS by December 2005. Revised timeframe is June 2006.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The most recent NCANDS data available for reporting is CY04, which resulted in a 2.1% recurrence rate (17/ 828). The reporting period ensures that all investigations are completed before measuring results, consistent with NCANDS criteria of 90 days after the end of the reporting period. The CY04 results are significantly under the National Standards goal of 6.1%, reflecting positively on the results of service delivery to children and families having been active with the Division of Family Services.

The results for the Department of Services for Children, Youth and Their Families (DSCYF) ‘Return to Service’ measure for the 2nd and 3rd quarter FY05 were 29% and 31% respectfully. There are continuing efforts to analyze, through case reviews, the circumstances leading to a child or family’s return to service, as well as, the 3% increase seen through the two reporting periods. A return to service may not be the result of new incidents of abuse or neglect but, may be related to a child’s need for mental health services from the

Division of Child Mental Health Services (DCHMS) or directly related to a child's behavior such as committing a criminal offense requiring services from the Division of Youth Rehabilitative Services (DYRS).

The policies and procedures for Intake, Investigation, and Appeals were comprehensively updated and are under review. Among the changes, language was added to buffer CAPTA requirements and to address Fourth Amendment issues. Consideration of prior abuse/neglect history was also emphasized.

The Division is a member of a multi-disciplinary committee that applied to the American Prosecutor's Research Institute (APRI) to bring forensic interviewing training to DE. The application was accepted and the training will begin in January 2006. The training called "Finding Words" focuses on a specific process for interviewing children about sexual abuse. The committee is chaired by the Children's Advocacy Centers and other representatives include law enforcement, the Office of the Child Advocate, and the Department of Justice.

As mandated by statute in June 2002, the Division completed case reviews of all individuals placed on the Child Protection Registry dating to August 1, 1994. Over 12,000 cases were reviewed. Approximately two-thirds of the reviewed individuals were placed on one of four child protection levels impacting their ability to work in child care, health care, or a public school. Each reviewed individual was notified by letter about their level as determined by regulations. About one-third of the reviewed individuals were removed from the Registry.

The Domestic Violence Advocate Pilot Project was expanded to a second regional office in New Castle County in November 2004. This addition completed coverage for all major regional offices. The Domestic Violence Advocate Pilot Project is a collaborative project with two private agencies (Peoples Place II – Families in Transition and CHILD, Inc.) that are collocated within DFS regional offices to provide domestic violence services to adult victims. The Pilot Project began in January 2002 in Sussex County then expanded to New Castle County in October 2002 and Kent County in October 2003.

An evaluation report about the Domestic Violence Advocate Pilot Project was issued during the summer of 2004. The Division participated on a panel that presented information about the Domestic Violence Advocate Pilot Project at the 15th National Conference on Child Abuse and Neglect in Boston in April 2005. Peoples Place II – Families in Transition and CHILD, Inc. were also panel members.

Home Environment Screening Guidelines were revised by statewide Investigation supervisors and regional administrators for use while conducting an investigation. The guidelines provide minimum standards for assessing cleanliness and hazards in the home. DFS completed the fifth year of mandatory child abuse and neglect training of public school teachers. Delaware law requires that each

public school ensures that every full-time teacher annually receives one hour of training in the detection and reporting of child abuse and neglect. The training and all materials used in the training by statute were prepared by DFS.

In September 2004, the Institutional Abuse Unit presented Delaware's procedures for investigating abuse in out-of-home care settings at the National Association of Regulatory Agencies annual conference in Memphis, Tennessee.

The Special Investigators were incorporated as a core block of new worker training. The Special Investigators are DFS staff whose duties are described in statute. Their powers are statewide and the same as those conferred by statute on law enforcement (e.g., power to make arrests, serve writs, carry weapons). The Special Investigators assist workers by providing surveillance of children during parental visits, locating missing parents and children, assuring worker safety, and much more.

With the use of Children's Justice Act grant funds, contracts were developed with other child welfare agencies to develop and maintain system of care model resources. Prevent Child Abuse Delaware was contracted to develop a training consortium for training designed for a wide variety of audiences including school personnel, law enforcement, mental health professionals, Division of Family Services, Department of Justice, the medical community, courts, the Office of the Child Advocate (OCA), Court Appointed Special Advocates (CASA), community leaders, and representatives of the domestic violence community. The training consortium will identify common training needs and gaps among disciplines in the public and private sectors working together to handle cases of abuse and neglect and then develop and deliver cross-training to meet the need/gap.

A second contract was developed with OCA to hire a part-time Family Crisis Therapist in Kent and Sussex Counties. The Family Crisis Therapist will accompany the Deputy Child Advocates or pro bono guardian ad litem attorneys to interview the child. (The Family Crisis Therapist will be able to be subpoenaed to testify in court). The Family Crisis Therapist will also review all relevant records from various sources (e.g., Family Court, Division of Family Services, medical, police) for use by the attorneys representing the child. A third contract was developed to provide funding to the Court Appointed Special Advocate program to augment activities (e.g., recruitment and education) for the CASA program. The goal is to increase the capacity and skill to represent children in judicial proceedings.

The Treatment program has a thorough assessment process which focuses on the strengths and needs of the family as a whole and then each family member individually. The tools used for these assessments are the Family Assessment Form (FAF), the Service Entry Needs and Strengths Screen (SENSS), and the Plan for Child In Care (PCIC) series. The FAF is completed within the first six (6) weeks of receiving a new case and looks at the family's level of functioning as a whole and then at the parent's level of functioning individually. Any area identified as a risk is automatically entered into the Family Service Plan. The SENSS assesses each child individually. Any area identified as having "concern" should be addressed in the Family Service Plan as well. Random monthly

reviews are completed by all administrators and supervisors to determine if the assessments were completed in a thorough manner and whether or not the Family Service Plan adequately reflects the needs of the family members. In addition to the Assessment tools at the disposal of workers, the Division of Family Services also contracts with a psychologist to have psychological evaluations completed if workers feel it is necessary. Finally, each regional office in the Division has a dedicated certified substance abuse counselor and domestic violence liaison. The certified substance abuse counselors are able to accompany the DFS worker into the field to help them with their assessment of the family. They are able to complete a substance abuse evaluation and recommend treatment if needed. The domestic violence liaisons have expertise in the domestic violence field. They are also able to accompany workers into the field. They complete their own assessment of the family which is used to determine the most appropriate level of intervention for the victim.

During the past 12 months, all employees of the Division of Family Services were required to complete the first phase of our System of Care (SOC) training. This training focused on Delaware's 7 SOC principles. Staff are encouraged to seek formal as well as informal supports for the family.

The Office of Prevention and Early Intervention (OPEI) continues to design and select prevention programming that is community based to respond to the needs of families in their own communities as well as those families active within the department. OPEI established a prevention safety model using the approach of delivering services in the areas of Universal Prevention, Selective/Targeted Prevention, Indicated Prevention and Early Intervention. OPEI approaches safety through a continuum of services which are designed to increase individual, family and community protective factors in the areas of child maltreatment, substance abuse, and delinquency. These services focus on providing needed supports and services to high-risk families that are frequently on the "periphery" of the child welfare system. Every effort is made to engage and retain families for services. The Promoting Safe and Stable Family Program (PSSF) is one service that focuses on families in the child welfare system where safety is not a factor, but extenuating risk remains that may lead the family into deeper end services. A response to the receipt of a referral is made within two working days in an attempt to engage family participation for this voluntary service.

OPEI's service delivery philosophy falls right in line with the Department's System of Care initiative. OPEI implements community-based programs designed to ensure safety of children, improve the functioning of families to increase stability, improve both youth and parental self-esteem and provide an environment that fosters a sense of hope among participating children and families. OPEI is committed to programming that is child-centered and family focused and assures effective, timely and appropriate support for Delaware's children. Through a variety of programs, OPEI provides both direct service and manages contracts for services with community partners. OPEI seeks to implement a range of prevention and early intervention services specifically targeted to children and their families experiencing risk (i.e. poverty, abuse, neglect, substance abuse, delinquency, mental illness). Programs are holistic in their approach and employ a variety of strategies in numerous settings all designed to help children and their families reach their full

potential.

OPEI develops strategies to reduce the risk of future development of poor outcomes related to substance abuse, child maltreatment, behavioral problems, and inadequate parenting in their design and implementation of prevention and early intervention programs. Efforts to this end focus on increasing protective factors of children and families. The following programs are examples of the approaches employed through OPEI which are multi-level, multi-systemic, and multi-factor. The program levels are Universal, Selective/Targeted, Indicated and Early Intervention.

Beginning with the universal approach, through the OPEI Resource Clearinghouse, over 90,911 pieces of information including books and video loans on child development, stress management, budgeting, marriage, separation and divorce, parenting tips, drug and alcohol prevention, budgeting, resources, and a host of other topics, including preventing child maltreatment is expected to be distributed to over 35,000 individuals and organizations across the state free of charge.

A major selected/targeted prevention program is Creating Lasting Family Connections which is delivered in the community and focuses on increasing community, family, and individual youth protective factors. The program is offered to 11-15 year olds in an effort to delay the onset and reduce the frequency of substance use, a major issue for families in the child welfare system.

OPEI's indicated approach focuses on specific high risk groups that have frequent contact with more intensive Departmental services. The Strengthening Families Program is a nationally recognized evidence-based parent skills training program model. OPEI's application of the Strengthening Families Program is done so with the primary goal of reducing the incidence of child maltreatment. The objectives of the service are fourfold: to enhance parent-child and family relationships, to reduce incidents of child abuse and neglect, to maximize opportunities for both parent and child development and strengthen the capabilities of parents to draw upon formal and informal resources. Parents show significant improved parenting behaviors (i.e. clarification of substance abuse use rules and consequences, increased level of positive parent-child interactions). Parents gain specific parenting skills including: setting appropriate limits and building positive relationships with their youth, increased positive feelings towards their child, gains in general child management including setting rules and following through with consequences and having appropriate and consistent discipline. The Strengthening Families Program supports the strategy to reduce the number of children and youth who return to service within 12 months of case closure. One of the program objectives is that 80% of the participants who have their children residing with them will not have a new substantiated case of child abuse and/or neglect within 3 months of successful program completion as determined by conducting Family And Child Tracking System (FACTS) checks.

The Promoting Safe and Stable Families Program is a family preservation and family support combined effort that provides early

intervention services that focus on reducing child maltreatment by addressing four risk factors that have been associated with child maltreatment: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services and (4) crisis and stress. The Family Consultants provide the service and are trained in the principles and practices of Family Support and the PSSF Consultation process. They are expected to assist families assess their own needs under the four areas of risk; help families increase their formal and informal support network to address their concern; advocate for families for services; empower families to make the connection to appropriate services and resources; assist families in designing an intervention plan; and educate to increase a family's awareness of how to reduce stress in the future through this planned approach. Families are also connected to more intensive services and supports such as: Parenting, Substance Abuse, Healthy Marriage/Relationship or Positive Behavioral Support, and intensive Family Consultation, if needed. The frequency of family contact depends on family need; estimated family participation is four to six weeks with each session lasting up to two hours. More intensive services, increase frequency and extended participation occur with families with more intensive needs. The PSSF program served 435 families, a total of 1,127 adults and 1,426 children.

From June 2004 to April 2005, OPEI's school based Early Intervention (EI) Unit opened 518 new cases. These cases are in addition to the cases previously opened and carried over from the previous year. For each case opened within the Early Intervention Unit, two assessments are completed. The first is an Initial Assessment consisting of 19 questions. This form helps FCTs assess risk behaviors, significant clinical issues, determine differentiation between attention difficulties from other behavioral difficulties, and determines the appropriateness of the Early Intervention Program to meet the needs of the referred child. The second assessment is the Child and Adolescent Functional Assessment Scale (CAFAS). This assessment is conducted within 30 days of a family entering the program. After the first CAFAS is completed, additional CAFAS' are completed every three months until the case is closed. For each open case within the Early Intervention Unit, a service plan is completed within 30 days of the family entering the program. Service plans are updated monthly and a summary of each case is provided to the assigned supervisor. The plans mirror the CAFAS and address issues in the following areas: school/work, home, community, behavior towards others, moods/emotions, self-harmful behavior, substance use, thinking, material needs and family/social support.

Service delivery is provided by the Early Intervention Family Crisis Therapists (FCTs) collocated in elementary schools serving children in kindergarten through third grade. Services such as individual counseling, group counseling, consultations, family counseling and home visitation are provided to each family by the assigned FCT. Additionally, Early Intervention FCTs offer parenting and children's groups to all clients. Other services such as medical or mental health needs, monetary assistance, housing assistance or clothing and furniture needs are provided as an indirect service through resource linkage.

Early Intervention FCTs have embraced the system of care philosophy. They continuously partner with community, faith based and

other state agencies to ensure families are receiving appropriate services. During the past year, FCTs have partnered with Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt a Family, local community centers, homeless shelters, and mental health providers for children and adults.

A preliminary assessment was done during 2004 to determine the problem areas of Institutional Abuse case management in FACTS and, the approximate cost to make necessary changes for easier access and workflow. It was determined that a more comprehensive review is needed along with a detailed cost estimate, as initial indications were that changes may be very expensive (although no dollar amount was identified), perhaps even cost prohibitive. This modification will be made with FACTS II if determined cost prohibitive. However, modifications were made to the FACTS system in April 2005 to better report all identified perpetrators of institutional abuse and appropriate inclusion of those individuals in the Child Protection Registry batch report provided to the DFS Criminal History unit. This correction ensures that individuals who are restricted from or prohibited from working in any child care or health care facility are reported out consistent with HB528.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	1.3 Incidence of child abuse and/or neglect in foster care (Internal Management Report, NCANDS)	Less than .57% incidence of abuse and/or neglect in foster care	<ol style="list-style-type: none"> 1. Provide safe homes for children in care by annual reviews of DFS foster homes and child placing agencies. Explore FACTS revisions to track review compliance, by December 2004. Revised to 75% of annual reviews will be completed timely by FY 06 3rd quarter. 2. Provide specialized training for foster care providers; collaborate with CMH to provide specialized training. 3. Continue departmental practice of utilizing quality assurance case review methods to analyze critical incidents and implement corrective actions. 4. Strengthen the automated case management system (FACTS) to improve use of A/N information, study the feasibility of enhancing institutional abuse data access by December 2004. Action completed, see 1.2.

			<p>5. 2002 AFCARS rating is .12%. Maintain less than .50% incidence of abuse/neglect through FY 05 3rd quarter. Timeframe is revised to maintain less than .57% for every year 2006-2009.</p>
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PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: Finalization of the DFS internal data report for ‘Incidents of Abuse/ Neglect in Foster Care’ is pending validation and is therefore not available at this time. The most recent available data for this measure comes from NCANDS FFY03, which was reported to be 0.85% (12 of 1,419). This result misses the national standard by .28%.

Annual reviews occur for all child placing agencies and are conducted by staff of the Office of Child Care Licensing. Delacare Regulation # 156 for Child Placing Agencies states “Foster parent(s) will participate in an annual mutual review with the Agency to evaluate the strengths and weaknesses of the foster home and of the relationships of Agency representatives with foster parent(s)”. Agencies found to be out of compliance with Delacare regulations are subject to actions that include but are not limited to: time limited corrective action plan, extension of a license on a provisional status and warning of probation or revocation. These situations are closely monitored until such time as the provider comes into compliance or the facility is closed.

DFS foster home annual review forms have recently been updated to include effective dates and practice requirements for foster home coordinators statewide. Policy manual updates are being drafted. To establish baselines of performance measurements, a FACTS report was developed. For the reporting period 4/1/04 to 3/31/05 there were 206 foster home (of an approx. 248 total foster homes) reviews required (events work listed with due dates within this period). 66% were completed on time and 97% were completed within 30 days. This reporting period was prior to the change in the form and practice. Improvements are expected for next year. Reports are to be shared with regional staff to improve performance.

The DFS Quality Assurance (QA) tool, for the Placement/ Permanency program area, asks reviewers to determine if the current placement for a child in foster care was assessed for safety, consistent with the Division’s policy expectations. During the reporting period November 2004 through March 2005, reviewers found safety had been properly assessed 97.65% (83/ 85) of the time. Along with the training and periodic monitoring of substitute care providers, the assessment of safety contributes to the reduction of risk a child may experience in a foster placement.

The Department's Safety Council has representatives from all operating divisions and reviews child critical incidents for systemic changes to prevent reoccurrences. Special reviews or Root Cause Analyses are methods of reviewing incidents. Action plans are implemented to make recommended changes as appropriate and necessary. The Office of Case Management chairs the Safety Council and also conducts case and system reviews as directed.

Before placements are finalized, the foster care coordinators complete a safety assessment that looks at the strengths and needs of the foster home, the current foster children and the impact a new placement will have before making the placement. Additional supports can be identified to support a successful placement and reduce safety risks. Annual reviews of foster homes are required for DFS and private foster homes.

The Division of Child Mental Health Services (DCMHS) provided specialized training for foster care providers/parents focusing on Caring for Children/Youth with Challenging Mental Health Needs. The courses were designed to give foster parents a basic understanding of mental health issues, treatment, working with clinicians and the important role foster parents have in the treatment process. Also included is the importance of emergency planning and how to develop an emergency plan relating to mental health issues of the child. Another course, Child and Adolescent Development: Normal Stages and the Impact of Early Relationship Trauma," covers basic childhood and adolescent development and incorporates new research on the impact of early relationship trauma (e.g. profound neglect, abuse, multiple separations, etc). Information is presented on how trauma in childhood affects common behavioral/psychiatric conditions and how it impacts the normal developmental progression in children and adolescents. A DCMHS provider, Aquila, conducts training for foster parents around "Caring for Children/Youth from Substance Abusing Families: Preventing Substance Abuse in Another Generation." This course centers on what is and is not "normal," informing foster parents about how to learn to talk with children effectively about substance abuse and strategies to prevent substance abuse. DCMHS's child psychiatrist conducts information/training sessions for foster parents and providers on mental health diagnoses and also on psycho-pharmacology, specifically on medications typically used with children/adolescents with mental health issues and strategies for monitoring the child's behavior relating to the medication and how to help the child take the medicine reliably and correctly.

In a statewide newsletter "in a special child mental health edition of the statewide newsletter "Foster Family Network News," information about child mental health issues, how to access treatment for mental health and substance abuse for foster children, how to arrange for Medicaid-paid transportation to/from treatment, the role of the child mental health care manager, new child mental health services started in FY 05 and those proposed in the Governor's recommended budget for the FY 06 year was shared. Also, there is information on how to contact the Delaware Federation of Families for Children's Mental Health, a statewide organization that offers education, training and family supports for parents/foster parents with children with special needs. Such family supports can be helpful in preventing abuse/neglect by providing the supports that families need.

Performance measures on safety are included in all foster care and independent living service contracts; 100% of youth are expected to have safe and healthy living arrangements.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
<p>Children are safely maintained in their own homes whenever possible and appropriate.</p>	<p>1.4 Services to family to protect children in home and prevent removal (Quality Assurance Case Reviews, Dept. Report Card)</p>	<p>100% of children in home will be assessed as safe</p>	<ol style="list-style-type: none"> 1. Develop or utilize existing community/agency consortiums to provide prevention, early intervention and support services. Link with other State and community resources to prevent cases from entering the child protection system. 2. Continue the safety model in investigation and treatment cases. 3. FY04 2nd quarter baseline of 88% will be 100% by FY05 3rd quarter. Revised timeframe is FY06 3rd quarter for target of 100% compliance. 4. Continue administrative review of all children assessed as not safe. 5. Decrease the percentage of Departmental children in out-of-home care from 14% at the end of FY03 to 12% by the end of FY05. Revised timeframe is 12% by FY06 3rd quarter. 6. Study and propose strengthening referrals for children not in imminent danger to community based preventive services by March 2005. Revised to strengthen community based prevention services for the Department by June 2006.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The Division of Family Services staff is required to complete Safety Assessments upon initial contact

in both Investigation and Treatment, in order to determine if children can be maintained safely in-home. The Division monitors these determinations through its Quality Assurance system, in which reviewers, reviewing a randomly assigned case, indicate if they agree with the Safety Assessment finding that the 'child is safe and no plan is needed' or the 'child is not safe and a safety plan is needed' to keep the child in the home. The DFS Quality Assurance System was re-tooled in the fall of 2004 and the available data represents the period November 2004 through March 2005. Investigation reviewers agreed that the children were safe in 96.69% of the cases reviewed and in Treatment, reviewers agreed that the children were safe in 87.13% of the cases reviewed. This resulted in a combined 92.86% achievement rate. The individual case review forms are returned to regional offices as feedback to staff regarding the results of these reviews. All children identified as not safe are reviewed by the quality assurance manager for appropriate action.

The Department measure for 'Percent of Children in Out-of Home Care' was 14.7% in 2nd quarter FY05 and 14.9% during the 3rd quarter FY05. The goal for this measure is 12%.

The Licensed Child Care Centers have the potential to be an important piece of the continuum of services to support families and maintain children at home. Child care providers interact with parents at least two times during any day that a child is in child care - when they drop the child off and when they pick the child up. It is at these times that the Child Care provider can offer information on the child's progress and interactions. The provider can offer information on resources and services for children and families.

Child Care may be authorized to provide the parents with a safe place for their child(ren) to go when the parent works, or participates in activities as part of their individual plan. Child Care is the lowest level within the continuum of care and provides an alternative to a higher level of placement that allows the child(ren) to remain at home. All licensed child care staff are trained in their responsibilities as mandated reporters. Especially in the case of children birth through five, a child care provider may be the only adult, other than the parent, to have access to a child on a regular basis. This presents an opportunity to notice changes in behaviors, interaction with parents and to observe bruises of children in child care.

The Delacare Child Care Center regulations are currently in the revision process. In revising these regulations research and best practice has been taken into account. Findings from the Perry Pre-School Study (longitudinal) demonstrate the short and long-term benefits of a quality child care experience i.e. better school outcomes, higher median income as an adult, fewer arrests. Studies conclude that at-risk children can benefit most from a quality child care experience. The characteristics of "quality" child care are numerous but the most important is staff qualifications. In revising Delaware Child Care Center regulations, it is proposed in the "draft" that staff qualification be increased. A second significant factor in quality care is the group size. Again the "draft" regulations reduce the staff/child ratio in specific age groups moving closer to nationally recommended standards. A third characteristic of a quality program is the involvement of parents. Through Delaware First Professional Development trainings, techniques on engaging and working with

families have been a frequently offered topic.

Delaware contracts with providers who serve families throughout the state by offering early intervention services focusing on strengthening and stabilizing families. In FY 2004, the family preservation and family support component of the Promoting Safe and Stable Families Program (PSSF) empowers and assists families to learn a different way to strengthen their functioning through a family centered process and family consultative approach. Families identify and assess their needs, strengthen their support systems, develop appropriate plans to meet their needs and are assisted in connecting to appropriate resources and services.

The PSSF program incorporated three priority services into its family centered design: Healthy Marriages, Parenting Services and Substance Abuse Services. Families are directed to these services based upon the family's identification of need and the program's assessment of risk. The Healthy Marriage Service ranges from a marriage counselor leading groups and workshops on topics like healthy communication, conflict resolution and financial responsibility to family counseling working with families one on one. The Parenting Service ranges from parenting information to classes such as Parents Who Care Parenting Program and the Strengthening Families Parenting Program. The Strengthening Families Program is a science based parenting program focusing on improving family relationships, decreasing discord in the family, and age appropriate parental expectations. Contracted providers offer these services by establishing an agency partnership, through purchasing services or by providing the services directly.

In addition to providing these priority services to families, the PSSF program continues to distribute over 2,000 information booklets on the topic of Healthy Marriages to Delaware families. Program support funds are being used to increase the awareness of the importance of Healthy Marriages and available services.

This year, the statewide Prevention and Early Intervention Conference was held on two dates. The conference provides a forum that allows state and community workers access to prevention, early intervention and support services from the surrounding areas. Topics discussed at the conference include child abuse and neglect, organizing and mobilizing your community, the National Guard's role in prevention, the Delaware School and Delaware Youth Risk Behavior Surveys, mechanics of grant writing, signs and symptoms of behavioral health problems in youth, parent engagement, reducing gun violence, using positive behavior supports in a system of care, developing quality logic models, social marketing, and building durable effective coalitions.

The Early Intervention Unit conducted 14 parenting and children's groups throughout the state. These groups provided services to families in 51 schools throughout 13 districts and two Charter Schools. The parenting and children's groups increase the chances of children remaining in their homes.

Early Intervention FCTs in each county routinely make referrals to community based services. The types of services accessed include mental health agencies, housing agencies, food and clothing closets, domestic violence agencies, homeless shelters, drug and alcohol counseling agencies, job assist programs, and child care providers.

The Office of Children's Services offers a continuum of services to families. The least intrusive service available to families is a series of community-based parenting classes called Strengthening Families. Families do not need to have an open DFS case to attend this series of classes, however, frequently they are. Families may also receive other community based services such as Promoting Safe and Stable Families. The report line staff refer callers to appropriate community based services when their issues don't rise to the level of an abuse or neglect report.

All of the contracted treatment services available to families through DFS are home based. Intensive home based services are for families at imminent risk of placement due to abuse, neglect or dependency. Services are provided by a team consisting of a Master's level therapist and a parent aide. The team is available to the family 24 hours per day, 7 days per week. Home based services are geared towards families with an elevated level of risk but in which placement is not imminent. Under this contract, counseling services are provided to the family in their own home on a weekly basis by a therapist with the goal of preventing placement. Workers can also refer families for parent aide services. Parent aide services are also provided in the client's home. The focus of the parent aide is to help families address areas that might place their children at risk. All providers are aware that they must assess for safety at every contact with the family. DFS staff also have access to domestic violence liaisons and certified substance abuse counselors (collocated). Both professions are able to provide services to the clients in their own home.

New services provided by the Division of Child Mental Health Services in FY 05 are all community-based services. They include an expansion of home-based intensive outpatient mental health treatment, startup of home-based intensive mental health outpatient treatment for children with mild to moderate mental retardation/developmental delay and Individual Residential Treatment (step down from institutional, facility based residential treatment settings). Children in foster care system who meet clinical criteria were eligible for and served by these new/expanded treatment options.

DCMHS and DFS collaborated with the Delaware Federation of Families for Child Mental Health in the development and submittal of a grant application to Medicaid (CMS) for developing Family Psycho-education on children's mental health. DCMHS received a 3 year, \$300,000 grant award and is working with the application partners along with the University of Delaware's Center for Disabilities Studies to develop a curriculum and manual that will be useful to mental health and substance abuse providers of treatment as well as by families (including foster families).

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	1.5 Risk of harm to child (Quality Assurance Case Reviews, Dept. Report Card)	See 1.4	<ol style="list-style-type: none"> 1. Implement Holistic Service Team II by December 2004. Revised to review and implement plans for Holistic Services by June 2006. 2. Implement the Departmental Integrated Service Plan (ISP) by July 2004. Action complete. 3. Increase the number of children open in 2 or more divisions with ISPs from FY03 baseline of 22% to 50% by June 2005. Timeframe revised to FY06 3rd quarter for the 50% target.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: DSCYF Policy # 201 “Integrated Service Planning” (ISP) was implemented in March 2004, followed by the creation of a Family And Child Tracking System (FACTS) event and staff training. FACTS is the Department’s electronic case management system. For the first three quarters FY05 the completion rate was 36.18% (513/ 1418), almost 14 percentage points below the Department’s goal of 50% for FY05. An inter-divisional workgroup has been meeting to address the various problems associated with the low achievement rate including technical difficulties, clarification of policy language, use of conferencing tools such as teleconferencing and additional staff training in facilitation, consensus building and conflict resolution (presently scheduled for the fall 2005).

Training on system of care principles and philosophy was conducted department wide between April and December 2004. The intent of the ISP policy is to ensure integration and coordination of all services and resources available within the Department, the family and the community. The policy is representative of the Department’s commitment to a strength based, family centered, child focused, and culturally competent “System of Care” service delivery model. The training consisted of learning Delaware’s seven principles for the system of care as well as how to complete an integrated service plan. Phase two of the training, which focuses on developing facilitation

skills will begin in the fall of 2005.

Holistic Services Team II has not been implemented and plans are being studied for future action.

PERMANENCY

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency and stability in their living situations	2.1 Incidence of foster care re-entries (Internal Management Report, AFCARS)	Less than 8.6% re-entry rate within 12 months of prior episode	<ol style="list-style-type: none"> 1. Provide an array of services designed to reduce the risk of re-entry. 2. Study and revise data entry and reporting to establish baseline by July 2004. Goal for 2005 is 6.0% re-entry rate. Implement an action plan to reduce re-entry, if needed, by December 2004. Changed to implement AFCARS Improvement Plan by March 2006. Goal continues to be 6% re-entry rate for 2006. 3. Request revised AFCARS report for 1999-present based on #2 results, if appropriate by September 2004. Action pending AFCARS Improvement Plan and availability of reports.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: For the period 4/1/04 through 3/31/05 the re-entry rate was 18.6% (168/ 901). There are known data error issues with this information stemming from the AFCARS extract and, data entry errors requiring continued staff training. The Department has an AFCARS workgroup in place attempting to address the AFCARS Improvement Plan requirements and make corrections to the AFCARS extract and, in January 2005 submitted an AFCARS modification report in order to further the changes necessary in FACTS. Anticipated FACTS modifications are targeted for fall 2005.

As previously mentioned, staff have a range of services at their disposal to help families address issues which place children at risk. Immediately prior to reunification, staff are required to complete a safety assessment. This safety assessment is an attempt to evaluate whether the safety issues in the home that resulted in removal are still present prior to reunification. The Division of Family Services developed a request for proposal for State FY06 to provide enhanced parent aide services to families whose children have been placed in foster care. Successful bidders will provide intensive parent aide services to families during the course of visitation and when they return home. The premise is that they will address the issues that resulted in placement and then continue that educational process once the children are reunified, thereby preventing re-entry to foster care.

In the event a youth has entered a DYRS L4 program as a result of an adjudication, and cannot return home, efforts are made via the Department's Dependency Policy to find another family member willing to take the youth, and if this is not possible, a referral to OCS is made and they will work towards a foster placement for the youth. In that event, because permanency reviews are already being held, the case should be in compliance with the Adoption and Safe Families Act (ASFA) requirements.

All services provided to families through the EI Program are also available to foster children and their families. The criterion for working with these families is the same as for all other eligible clients. Families already receiving services from OCS are still able to access services from within the school as a non-caseload client.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	2.2 Stability of foster care placement (Internal Management Report, AFCARS)	86.7% or more will have two or fewer placement settings for those in care less than 12 months	<ol style="list-style-type: none"> 1. Maintain a diverse and culturally competent recruitment and retention program for foster care providers. 2. Provide specialized training and support to foster parents. Collaborate with CMH to provide specialized training.

			<ol style="list-style-type: none"> 3. Develop a child-centered system of care that meets the needs of all children in out of home placements. 4. Match children's needs and foster parents' strengths. 5. 99-02 AFCARS average rating of 97% to continue through FY05 3rd quarter. Revised timeframe to FY06 3rd quarter with target of 97%.
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PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The percent of children in care less than 12 months with no more than two placements settings for the period 4/1/04 through 3/31/05 was 96.7% (990/1024). This result exceeded the national standard by 10%.

The agency's focus is to keep children in their own community, school, faith organization and circle of support upon placement; staff attempt to first identify resources in a child's own community when removed. The system identifies a child's needs and foster parents' skills in an attempt to improve matching and stability of placements. Foster care services were bid during 2005 and 219 slots in family, group and shelter care were awarded to private providers. Capacity was increased for specialized, treatment, sex offender treatment, and group foster care. System of care principles and national standards, including stability of foster placement, were required of successful bidders.

Our ongoing and extensive foster care recruitment and training plan included a May 2005 Walk-a-Thon, movie theater advertisements, public bus bill boards and an active speaker's bureau. The faith based initiative aims to partner with churches across the state to recruit homes and support services for foster parents and children. Foster parents continue to be the best recruiters and geographical clusters of foster parents has strengthened grass roots support.

The Division of Child Mental Health now provides in service training for foster parents – trainings include Caring for Children/Youth with Challenging Mental Health Needs, Child/Adolescent Development: Normal States and the Impact of Early Relationship Trauma, Depression in Children and Adolescents, and Psychotropic Medications.

DCMHS and DFS collaborated successfully to develop a FY 06 budget initiative to establish Initial Behavioral Health Assessments for Children Entering Foster Care. The budget initiative is included in the Governor's Recommended Budget for FY 06 and is expected to be included in the final budget approved by the State's General Assembly in June 2005. Funding will provide for initial behavioral health assessments for each child (aged 4- 17 yrs) entering foster care and will provide supports to foster families as they seek to participate in and support the foster child in mental health treatment where the assessment indicates a need for treatment. The new

service will start in September 2005 and is expected to serve at least 375 children annually. With early identification of need for and provision of treatment for children, it is anticipated that symptoms will be reduced, behavior improved, thus supporting and improving the child's chances for permanency and stability in their living situations.

DCMHS has established a certificate program at the University of Delaware which is free to DCMHS' providers of mental health outpatient services and provides training and education in applied functional behavior analysis and positive behavior intervention. It is anticipated that, once competent and credentialed in this approach, the clinicians will provide the service for DCMHS as a new service in the Department's service array. Designed to identify triggers for undesirable behavior, strategies to reduce undesirable behaviors and increase good behaviors; it is expected that this new service will also provide strong support to foster children and foster families and increase children's chances of permanency and stability in their living situations.

New services provided by the Division of Child Mental Health Services in FY 05 are all community-based services. They include an expansion of home-based intensive outpatient mental health treatment, startup of home-based intensive mental health outpatient treatment for children with mild to moderate mental retardation/developmental delay and Individual Residential Treatment (step down from institutional, facility based residential treatment settings). Children in the foster care system who meet clinical criteria were eligible for and served by these new and expanded treatment options.

EI staff continue to express the needs of the foster care program to attract culturally diverse foster care providers. During the year, FCTs speak of the need for these providers at school open houses and district health fairs and events.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	2.3 Length of time to achieve reunification (Internal Management Report, AFCARS)	76.2% or more will achieve reunification in less than 12 months	<ol style="list-style-type: none"> 1. Emphasizing safety first, provide timely reunification services through agency and community based services. 2. Study the feasibility of adding family case conferencing for children in care. 3. 2002 AFCARS baseline of 85.2% will be maintained through FY05 3rd quarter. Revised timeframe to maintain 85.2% baseline for each year 2006-2009.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The length of time children achieved reunification within 12 months for the period 4/1/04 though 3/31/05 was 88.7%. This result exceeds the national standard by 12.5%.

The Office of Children’s Services has developed an array of services and protocols to provide timely reunification services. As previously mentioned, the Division has a continuum of home based services to work with families. The least intrusive service is parent aide services for intact families. These parent aides address a wide variety of needs for the family including helping them develop appropriate expectations for their children and helping them learn how to budget, grocery shop, etc. For families whose children have been placed in foster care, they may be referred for enhanced parent aide services. Under this program, the parent aide is responsible for coordinating, transporting and supervising a consistent visitation plan for the family. During the course of the visitation, the parent aides are expected to address the issues which resulted in placement. Once reunification has occurred, the parent aide will continue to work with the family in an intact capacity, continually assessing and addressing any areas of risk. It is believed that by providing this level of intensive in-home service, coupled with visitation, it is more likely that children will be reunified in a timely manner. The Court Improvement Project has also been instrumental in helping families achieve timely reunification. DFS workers are required to present the Family Service Plan to the court. It then becomes part of the court order. Since the case is reviewed by the court at frequent intervals, the court is able to determine the progress the family is making on their case plan. Whenever children are in care for 9 consecutive months, workers are required to present the case to the Permanency Planning Committee (PPC). The PPC reviews the history of the case, Family Service Plans, and progress that the family has or hasn’t made. If the family is making progress, reunification remains the goal. However, if the family is not making sufficient progress on the Family Service Plan, then the PPC recommends that the goal be changed to something other than reunification. The Department’s Deputy Attorney Generals are regular members of the PPC and offer legal advice.

See 2.2.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
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	2.4 Length of time to achieve adoption (Internal Management Report, AFCARS)	32% or more will have finalized adoption in less than 24 months from their latest removal	<ol style="list-style-type: none"> 1. Collaborate with Family Court and community partners to identify and correct obstacles to timely adoption. 2. Recruit and retain a resource pool of adoptive families both in state and across jurisdictional boundaries to secure permanent placements. 3. 2003 average rate of 31% to continue through FY05 3rd quarter. Timeframe revised to maintain 31% through FY06 3rd quarter. 4. Increase participation by 10% in fost/adopt training by March 2005. Revised to have a 10% increase from baseline of 30 participants.
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PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The length of time for children to achieve adoption; percent within 24 months from last entry into care for the period 4/1/04 through 3/31/05 was 35.1% (27/ 50). This outcome exceeds the national standard by 3.1%.

The first year for DFS fost/adopt training resulted in the participation of 30 families.

Approximately 65% of foster parents adopt; therefore as we increase our foster care pool our adoption pool also increases. Foster care marketing and recruitment activities throughout the year include community events, radio, television, movie ads, bus billboards, speaker bureau, and a statewide faith based initiative.

DFS and Family Court meet quarterly to discuss common issues or ways to better serve the children and families through the legal process. Delaware’s Child Protection and Accountability Commission (CPAC) assigned sub-committees to work on some issues common to the Family Court, the child welfare agency and other stakeholders one of which is the timeline to adoption. Representatives from DFS, Family Court, Children Placement Review Board (CPRB), Office of Child Advocate, and private adoption agencies are looking at the timeline to adoption and developing a tracking system that can be used by Family Court, DFS and CPRB.

The Adoption Program Manager attended the Child Welfare Conference from 11/7/04 to 11/10/04 and the National Association of State Adoption Program managers meeting in Washington DC from 9/19/04 to 9/22/04. Both of these events were very informative as to the national and regional trends and current issues across the country.

During National Adoption Month, November 2004, OCS partnered with the private adoption agencies for Culture Day events on 11/6/04 and 11/13/04. One Church One Child sponsored a Gospel Choir Concert on 11/6/04 at Delaware State University. During the events, there was media coverage to get the word out about adoption and the number of waiting children needing a permanent family. In January 2005, the National Adoption Center (NAC) received a grant from Wendy's Wonderful Kids to help states conduct child specific recruitment for older children or children with a goal of adoption who have been in foster care for years and want permanent, forever families. Delaware and the NAC are working together to complete updated profiles and videos for the children involved in this project. Delaware continues to recruit for and send children to adoptive families in other states. In the past year, about 12 children who were legally free had been placed for adoption in other states.

Adoptive Families with Information and Support (AFIS) services are available to any child and family touched by adoption, domestic or international. AFIS provides support groups for the children and families statewide. Some of these support groups are AFOCIS – Adoptive Families of Color with Information and Support, Parents of Older and Emotionally Challenging Children, and the Pre-Teen/Teen group. Several years ago, the Southern Delaware Support Group was formed to meet the needs of the growing adoption community. They meet regularly in Georgetown with the focus on parenting adoptive children with challenging behaviors. There is an increase in the need for these support groups statewide. Also, as these adopted children become older and adoption related issues surface, there is a greater need for therapists experienced in adoption issues and willing to work with these children and families.

With the increase in the number of adoptions in Delaware and across the country, states are beginning to see an increase in the number of dissolutions of adoption. In the past few years, there have been a few cases where an adopted child, international and domestic, re-entered the foster care system as a result of the child's behavior and the adopted parent's inability to continue to provide a safe home for the child. In one case of an international adoption, the adoption agency in Delaware completed the home study, but did not do any training of the prospective adoptive family in issues related to the adoption, i.e. child behavior, separation and loss, and attachment. This child subsequently has been adopted by another family. In other cases, the children are entering the teenage years, the adoptive families have been active with AFIS and Child Mental Health for awhile and the parents cannot deal with the child's behaviors any longer. Delaware is beginning to look at how to track the disruption of a placement and the dissolution of an adoption. This is difficult to track because the adoptive parents do not want to admit a failure or are not willing to contact the state agency until there is truly a crisis or does not share that the child has been adopted.

In the past year, Delaware did receive some adoption incentive payments. This stipend was used to recruit and provide adoption services such as placement and supervision for children placed out of state for adoption. Delaware continues to place about 20 children each year for adoption in other states. Due to the decrease in the number of adoptions from the initial baseline and the decrease in the number of older children adopted, Delaware will not be receiving any adoption incentive payments in the current fiscal year. The current focus is on meeting the national standard for children exiting foster care to adoption at 32% within 24 months.

Delaware had a demonstration project for assisted guardianship and substance abuse liaisons that ended in December 2002. Delaware made a commitment to continue to provide a monthly stipend to these families under the guardianship part of the project until the child reached 18 or graduated from high school. Currently, there are 52 children who are still active in this guardianship project. DFS continues to send an annual review to these families to identify the needs, changes, and successes for the child or guardian. This project was well received by the children and families as a permanency option for children in foster care.

In January 2004, OCS started the fost/adopt program for DFS foster families. This included a dual application for all new applicants inquiring about becoming a foster parent. The hope is to be able to place a child in foster care in a fost/adopt home where this would be the last placement for the child. In the past year, about 30 foster families have completed the fost/adopt training for DFS foster families.

See 2.2.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	2.5 Permanency goal for child (Quality Assurance Case Reviews)	100% case reviews have an approved permanency goal	<ol style="list-style-type: none"> 1. Provide timely and effective services to effect reunification or other permanency goals. 2. Continue review of permanency goals in conjunction with Family Court and Child Placement Review Board. 3. Continue FY04 2nd quarter baseline of 100% through FY05 3rd quarter. Revised timeframe is FY05 3rd quarter for 100% compliance.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA tool addresses the establishment of a current permanency goal. These goals are identified in the PCIC III (Plan for Child In Care III) and are updated every six months. During the period July 2004 through March 2005, of 125 Placement/ Permanency reviews completed, the achievement rate was 87.20% (109/ 125). While every child may actually have a permanency goal in place, the review question focuses on the timely completion of the PCIC III in order to keep the goal current.

OCS continues to track all children entering foster care in the adoption unit. For all children placed in foster care more than 9 months, the permanency committee will review these cases to recommend a permanency goal for the case manager to present to Family Court at the twelfth month permanency hearing. This committee has been able to expedite some permanency decisions or assist staff in recommending what services were needed for the child to return home to the family and be safe. This committee meets 5 days per month throughout the state. In the last calendar year, OCS had finalized 73 adoptions. Delaware is one of a number of states with more children receiving an adoption subsidy than there are in foster care.

Family Court continues to review children in foster care at the twelfth month. This allows OCS to move toward permanency and identify adoptive families timely for these waiting children. With the Court Improvement Project operating statewide for the past few years, timely permanency achievement is evident. Since birth parents are being represented by attorneys, the number of appeals has decreased in the past two years. This also allows the children to move to finalized adoption in a shorter timeframe.

The array of services available to families through the department contributes to placement prevention, reunification and permanency goal achievement.

The Child Placement Review Board conducted 733 reviews of 547 foster children during state fiscal year 2004. For youth in DYRS placement longer than 12 months, cases are reviewed by CPRB as well as Family Court at 6 month intervals. Should a goal change be necessary, it is returned to the permanency committee and approved prior to returning to Family Court for a request to change the goal. DYRS refers all youth in L3 or L4 placements for 6 months to the CPRB for review, and those in placement at the 9 month mark to the Permanency Planning Committee for an approved department goal, and petition the court via the Deputy Attorney General for a Permanency Hearing in Family Court.

As of May 2005, there were 179 youth in DYRS L4 or L5 placements (secure facilities) that had concurrent OCS cases. Of 610 youth in the total population, 30% (179) were also receiving services for abuse, neglect or dependency.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	2.6 Provision of independent living services (Internal Management Reports)	<ol style="list-style-type: none"> 1. Establish baselines for high school diploma/GED/ voc certificate; post secondary education enrollment and employment 2. Increase the rates established above 5% by March 2006. 	<ol style="list-style-type: none"> 1. Develop and strengthen partnerships with providers and other state agencies to deliver an array of IL services. 2. Use Chafee and ETV funds to support older youth in and exiting foster care. Partner with the Child Placement Review Board to administer ETV funds. 3. Improve IL competency skills for youth exiting the foster care system at age 18 through a competency based curriculum, education, and vocational training. 4. Support youth seeking employment through community partnerships and shared resources. 5. Collaborate with youth and community leadership to support educational goal achievement. 6. Incorporate Youth and IL Advisory Councils' recommendations into IL programming.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: These measurements are for youth actively participating in contracted programs after exiting care. Data is based on contractors' monthly reporting requirements and are stored independently from FACTS. There is no method of tracking youth who do not participate in after care services. The established baselines are: 13 HS diplomas/GEDs achieved (2003-2004 school year); post secondary education enrollment – 34 youth (2004); and employment rate – 54 youth (2004). The measurement for HS diplomas/GEDs achieved for the 2004-2005 school year will be reported next year. The number of young adults enrolled in college or vocational training increased by 32%; 34 in 2004, 50 in 2005. The number of young adults employed increased by 18%; 54 were employed in 2004, 66 were employed in 2005.

Youth reported as attending High School or GED program increased by 2.2%. Twenty youth received foster care board extensions to complete their high school education. The number of young adults reported as completing college or vocational training increased by 100%; five in 2004 and 10 in 2005.

IL service providers are required to provide Job Readiness and Employment training. The agency and service providers partnered with a local bank, nonprofit agency, church, and utility company. Agencies provided mentoring, furniture, household items, storage and financial support for youth exiting care. Resources are shared among IL service contractors. A partnership with a local manufacturing company has produced a six month training program that pays youth a stipend of \$10.00 per hour.

ETV funds are administered by the Child Placement Review Board and used to support Delaware’s foster children after leaving state care and custody. ETV funds are matched with the Board’s own scholarship fund and have increased the resources available to youth attending post-secondary training and education programs. The number of young adults that received ETV funds increased by 32% in 2005; 34 awards were made for 2004 and 50 awards for 2005. Chafee funding provided financial support for housing to 27 former foster youth.

Both the Independent Living Advisory Board and the Youth Advisory Board continue to meet and provide recommendations for programming and services for children in foster care and youth receiving services after exiting foster care. These agencies are represented on the IL Advisory Board: Department of Labor, Division of Public Health, Department of Education, Child Placement Review Board, Office of the Child Advocate, Delaware Housing Authority, and Grassroots for Children.

Life skill education has included a day conference featuring a motivational speaker and team building exercises. Other events include a ropes course, prison tours and college tours.

The Independent Living Program Manager conducted visits to all IL service providers to evaluate program compliance. Surveys show IL participants and caregivers are pleased with services rendered.

DYRS offers supervised independent living for older teens through a contract with the House of Joseph in Wilmington for youth from the juvenile justice system.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	2.7 Permanency goal of other planned living arrangement	See 2.5	1. Continue review of permanency goals in conjunction with Family Court and Child Placement Review Board.

<i>PROGRESS & ACCOMPLISHMENTS:</i>			
Measurement of Performance: See 2.5.			
<p>The OCS permanency committee continues to review the children in foster care on a regular basis. The committee provides information to case managers as to the availability of independent living services and available resources for these foster children with a goal of Alternative Permanent Planned Living Arrangement. The recommendations of the permanency committee are presented to the Family Court at the next scheduled hearing for judicial approval. The Child Placement Review Board also reviews Alternative Permanent Planned Living Arrangement permanency goal decisions.</p>			
Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and connections is preserved for children.	3.1 Proximity of foster care placement	Study and implement measurement by December 2004. Timeframe revised to March 2006.	<ol style="list-style-type: none"> 1. Build the capacity for neighborhood foster care resources. 2. Maintain children within their school district, if possible.
<i>PROGRESS & ACCOMPLISHMENTS:</i>			
Measurement of Performance: No specific data measurement has been developed, at this time.			
<p>Our marketing recruitment strategy looks at removal zip codes, then develop plans to recruit in zip code zones with the highest number of children being placed. The above effort supports maintaining children in their own schools.</p>			
Outcomes	Performance Indicator	Goal	Strategy

	(Method of Measurement)		
	3.2 Placement with siblings (Quality Assurance Case Reviews)	95% case reviews will reflect reasonable efforts to initially place siblings together	<ol style="list-style-type: none"> 1. Continue the priority of sibling placements. 2. Recruit foster care homes for sibling groups. 3. FY04 2nd quarter baseline of 94% will be 95% by FY 05 3rd quarter. Revised timeframe is each year 2006-2009 to maintain 95% compliance.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA ‘Placement’ tool incorporates questions regarding the existence of documentation reflecting efforts to place siblings together either initially or at any time during the foster care episode. For the reporting period July 1, 2004 through March 31 2005 the achievement rate was 95.59% (70/ 74).

It is the policy and practice of Family Services to place siblings together, unless it is not in their best interest. Seven OCS homes in New Castle County, ten homes in Kent County, and nine homes in Sussex County take sibling groups. In addition, a small contracted group home specializes in young sibling groups.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	3.3 Visiting with parents and siblings in foster care (Quality Assurance Case Reviews)	95% case reviews reflect efforts to comply with planned visitation schedules	<ol style="list-style-type: none"> 1. Continue contractual services to support visitation (transportation, supervision, case management). 2. Monitor visitation through the directed case conferencing. 3. Support foster parent involvement with families. 4. FY04 2nd quarter baseline of 88% will be 90% by FY 05 3rd quarter. Revised timeframe is every year 2006-2009 for target of 95% compliance.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS Quality Assurance ‘Placement’ tool incorporates a series of questions regarding attempts to facilitate visitation between children in foster care and their siblings and, children in foster care and their parents. For the period 7/1/04 through 3/31/05 efforts to coordinate visitation between siblings was seen 94.12% of the time (64/ 68). For the same time period, efforts to coordinate visitation between children in foster care and their parents was seen 85.0% of the time (77/ 85). Aggregate data for this element was 92.16%.

A concept was developed that would utilize parent aide services to focus exclusively on assisting with visitation between children in foster care and their parents. The concept calls for contractors to assume 100 % responsibility for coordinating, transporting and supervising visitation. They will be responsible for ensuring that visitation occurs in accordance with the court order. All parties involved with the visitation (birth family, foster family, CASA, GAL, DFS worker) will be provided with a written visitation plan. Contractors will be required to complete a Visitation Observation Checklist for every visit they oversee. That Checklist will then be forwarded to the assigned DFS caseworker for inclusion in the record. Finally, the Family Service Plan and the Plan for Child in Care provide an area to give specific information regarding visitation. This includes the frequency, the length of time, the location and any restrictions on visitation. Visitation requirements and schedules are reviewed during supervisory case conferences for contracted and OCS staff.

The Department’s System Of Care philosophy supports all parties involved with a child working together as a team.

The Creating Lasting Family Connections, (CLFC), program entered into a Memorandum of Understanding with DYRS to provide services to the youth detained at Stevenson House Detention Center. Plans are being made to provide services to a DYRS provider, Cornell Abraxis, in an effort to expand services to youth involved with juvenile justice.

The Strengthening Families Program also works with a very diverse target population. This population includes Office of Children’s Services families working toward reunification; other families referred by the Divisions of Family Services, Child Mental Health and Youth Rehabilitative Services. Self-referrals may occur, as well as community partners may refer individuals to the program as space permits. The program contractor assesses participant needs at the onset of service delivery to ensure they are provided with the most appropriate services. Participants are placed in particular groups depending on their identified needs. These groups include: families with custody of a child between 3-5 years of age; families with custody of a child between 6-12 years of age; families with custody of a child between 12-16 years of age and families without custody of children between the ages of 3-12.

Outcomes	Performance Indicator (Method of	Goal	Strategy
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	Measurement)		
	3.4 Preserving connections	Study & implement measurement by December 2004. Timeframe is revised to March 2006.	1. Develop supports and contractual services to maintain community and cultural connections for children and families.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: No specific data measurement has been developed at this time.

The Department's Integrated Service Planning Policy stresses a holistic, culturally competent planning process with family and providers as partners.

OPEI has made a concerted effort to target communities considered at risk. One such program is the Families and Centers Empowered Together (FACET) program. In March of 2003, FACET was recognized as a *Reported Effective Program* in the Emerging Practices for Child Abuse and Neglect project conducted by the Administration for Children and Families' (ACF) Office of Child Abuse and Neglect. The primary goal of FACET is to build and enhance protective factors of families enrolled in child care centers in high risk communities, thereby reducing risk. The objectives of the program are to (1) develop and sustain an environment of family support and empowerment within child care centers in high-risk neighborhoods; (2) provide a range of services on-site in the child care center for all families whose children are enrolled in the center; and (3) establish and maintain Parent Councils who select programs and activities which reflect the specific needs and desires of the families to promote health and parent participation. Specifically, through participation in the program, parents are expected to achieve goals related to: increasing skills to care for oneself and children; motivating, nurturing, and guiding healthy and well-developed children; developing new skills in communication, decision-making, conflict management, stress management, and leadership; recognizing and using community resources; learning how to plan, spend, save, and invest resources to meet their family's changing needs; and, to participate in decisions about public issues.

The Early Intervention Unit conducted 14 parenting and children's groups throughout the state. These groups provided services to families in 51 schools throughout 13 districts and two Charter Schools. The parenting and children's groups are available to all families within the school. If a child is placed in foster care during the school year, he or she is still able to attend the group being offered at the

home school, thus helping to retain the community connection.

DCMHS' provider manual requires all providers of mental health and substance abuse treatment to acknowledge and address cultural competency in the provision of treatment. Our objective is specifically to provide treatment that is culturally competent and to respect the values and culture of our children and their families. It is expected that this will help to preserve connections and strengthen supports in the community for children and families in treatment.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	3.5 Relative placement (Quality Assurance Case Reviews)	95% case reviews reflect relatives were considered for placement	1. Continue policy and practice of considering relative placement over non-relative foster care, always assessing for child safety. 2. FY04 2 nd quarter baseline of 87% will be 90% by FY 05 3 rd quarter. Revised timeframe to be every year 2006-2009 for 95% compliance.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA 'Placement' tool addresses efforts made to place children with relatives. For the reporting period 7/1/04 through 3/31/05, 96.15% of the case reviews (100/ 104) reflected efforts were made to achieve this outcome. This result exceeds the goal by 6.15%.

Policy dictates that prior to placement in out of home care, workers should always determine if there are any appropriate relative caregivers for the children. The quality assurance tool specifically asks whether or not the worker explored relative placement prior to placing the children in foster care. If workers do place a child in a relative placement, before placement can be made, the worker must complete a home assessment, and complete a criminal background and Child Protection Registry check.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
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	Measurement)		
	3.6 Relationship of child in care with parents (Quality Assurance Case Reviews)	95% case reviews reflect efforts to comply with visitation with parents	<ol style="list-style-type: none"> 1. Collaborate with Family Court, private providers and families to maintain quality family connections. 2. FY04 2nd quarter baseline of 86% will be 90% by FY 05 3rd quarter. Revised to develop measure by March 2006.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>Measurement of Performance: No measure has been developed at this time.</p> <p>See 3.3.</p>			
<p>CHILD AND FAMILY WELL-BEING</p>			
Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy

<p>Families have enhanced capacity to provide for their children's needs.</p>	<p>4.1 Needs and services of child, parents, foster parents (Quality Assurance Case Reviews)</p>	<p>90% case reviews reflect appropriate assessment of needs and service delivery</p>	<ol style="list-style-type: none"> 1. Build a system of care that provides a seamless continuum of services to support children, parents and foster parents. 2. Strengthen continuous quality assurance to improve systemic delivery of service. 3. Support foster parent participation in case planning activities. 4. 2003 average baseline of 78% will be 80% by FY 05 3rd quarter. Revised target is 90% compliance for each year 2006-2009.
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PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA tool for 'Treatment' and 'Placement' incorporates a series of questions to address the service needs of parents, children and foster parents. During the fall of 2004 the QA system was re-tooled to more adequately capture this information and improve consistency with reporting against the CFSR WB1, Item 17. Questions focus on both the assessment of needs, case planning and, demonstrated efforts to engage family members in the helping process. There are several questions which focus on key family issues such as substance abuse and domestic violence. In addition, issues surrounding the development of an Integrated Service Plan (ISP) when multiple Divisions are involved are included; as well as, providing foster care providers with necessary information. (Note: Assessment and provision of well-being needs of children is captured in another section of this report). For the reporting period November 2004 through March 2005 the aggregate outcome for this measure was 85.83%. Two case review questions are strengths based. Treatment case plan reviews (completed every three months) include family service needs and Placement program reviews that includes providing foster parents with all reasonably known information regarding a child. Two areas requiring improvement were: Treatment program reviews- when an ISP was completed were the family and child's needs and services appropriately identified and, Treatment reviews- engaging clients to address issues of domestic violence. With regard to the assessment of service delivery for substance abuse and domestic violence in the QA case review system; the regional offices have specific 'liaisons' who address these issues with families and document their information in the FACTS case record, however, reviewers may not be as familiar with these staff to be aware of their contribution in case documentation. Identification of these staff members and reminders to reviewers is an on-going requirement.

Throughout the past year, all staff were required to attend Department-wide System of Care training. The focus of the training was to establish the seven principles Delaware has established for their system of care. Those seven principles are as follows:

1. Practice must be individualized – Services should focus on the strengths of the child, family and community; the child and family should have a say in service decisions; there must be a constant focus on safety; the plan must be dynamic and change as the needs of those involved change; and the team must plan for and manage complicated needs/issues.
2. Services must be appropriate in both type and duration – Accurate assessments and screenings must be completed; best practices must be used to provide a broad array of services, services must seek natural supports to both the child and their family; and desired outcomes must be identified and monitored.
3. Services must be child-centered and family-focused – The child must be viewed in context and across domains; there should be an early identification of risks and needs; services should be provided in a family-like setting; and services should promote family stability and self-sustenance.
4. Services should be community-based – Children and families should have access to age and developmentally appropriate setting and appropriate peer contact within their own community whenever possible.
5. Services should be culturally competent – Service providers must take into account a family’s tradition, values and beliefs when providing services; their actions must be respectful and sensitive to the family’s culture; and agencies must reach into the community to find qualified staff.
6. Services must be seamless within and across systems – Service interfaces must be invisible to recipients; services providers must communicate with each other to ensure effective planning, implementing and monitoring of services; and resources and information must be shared, as necessary, to benefit the child.
7. Teams should be developed to manage services – Teams composed of all service providers from all levels of service should be formed to support the child; child and family choices should drive team-decision making whenever possible, with safety always assessed and maintained; team communication must be on-going and adequate; and the child should have one team and one plan whenever possible.

Following the conclusion of the training, workgroups were convened to establish plans to continue developing Delaware’s System of Care. The workgroup consists of individuals from all three Divisions, including front line workers, supervisors, and administrators. The next phase of training is planned for the fall of 2005 to strengthen facilitation of Integrated Service Planning team meetings. Consensus building skills will transfer to case planning activities for children open with only one division as well.

The Office of Prevention and Early Intervention (OPEI) continues to provide a continuum of services focusing on preventing families from entering deeper end services through the support of school and community initiatives, youth and family prevention and early intervention programming, and other various educational venues. Programs and services are located or provided in various settings, such as day cares, education institutions, churches, social service agencies and community centers. The office works with children,

youth, families, communities, schools, and other agencies to provide prevention and early intervention programs and activities to prevent neglect, substance abuse, delinquency, child abuse and neglect. Programs and services are located or provided in a range of settings, such as child care, education institutions, churches, social service agencies and community centers. Strategies have been designed and implemented to reduce the risk of future development of poor outcomes related to substance abuse, child maltreatment, behavioral problems, and inadequate parenting. Efforts to this end focus on increasing protective factors of children and families. The Substance Abuse and Mental Services Administration (SAMHSA) has established these concepts to include: *universal interventions* (those that are targeted to the general public/group that has been identified on the basis of individual risk); *selective or targeted interventions* (those that are geared towards high-risk individuals or families who are high-risk by virtue of their membership in groups or subgroups with established risk factors); *indicated interventions* (those that are targeted to individuals and families who themselves have established personal risk factors); and *early intervention* (those that are targeted to persons and families who have moved past risk and have begun to engage in negative or undesirable behaviors). In addition to providing services along the continuum of care, OPEI offers programming statewide.

The Delaware Prevention Network, (DPN), is providing the Creating Lasting Family Connection (CLFLC) substance abuse, violence prevention, family strengthening curriculum primarily in community centers. DPN community centers operate on principles and practices that respond to community needs for comprehensive, local programs with continuity of service. DPN sites augment and supplement the CLFC curriculum with appropriate and accessible activities.

Through the OPEI Resource Clearinghouse, pamphlets and booklets are available free of charge to individuals and organizations across the state. The Resource clearinghouse stores up-to-date information on child development, stress management, budgeting, marriage, separation and divorce, parenting tips, drug and alcohol prevention, budgeting and other resources, and a host of other topics, including preventing child maltreatment. Videos, books, prevention curriculums, and software may be borrowed also without charge.

An indicated intervention is the Strengthening Families Program, a nationally recognized evidence-based parent skills training program model. The Office of Prevention and Early Intervention's application of the Strengthening Families Program is done so with the primary goal of reducing the incidence of child maltreatment. The objectives of the service are fourfold: to enhance parent-child and family relationships, to reduce incidents of child abuse and neglect, to maximize opportunities for both parent and child development and to strengthen capabilities of parents to draw upon formal and informal resources.

The PSSF Family Support and Consultation processes use family support practices and promotes the system of care approach in their delivery of services for families who are at-risk of child maltreatment. The family is supported to participate and take a leading role in the planning process. Informal and formal supports are identified and in family participation, mobilization of informal and formal

supports and resources, service planning, supports and delivery. Through a strength-based approach and the family tools used to empower families who are active or not active with DFS, families are encouraged to make decisions about the services they need and receive.

One of the components of the Families and Centers Empowered Together (FACET) model is that they are located inside day care centers. Each center has a coordinator that helps the parents plan events, workshops and other learning opportunities for the families and teachers in the center. The FACET program also has a contractor that is responsible for quality assurance of the FACET Program within the day care itself. This contractor ensures that all child care providers and child care center workers are in line with the State of Delaware's child care regulations. This contractor makes regular quality visits to ensure compliance of these regulations and also is responsible for helping the center obtain needed training and competencies. All of these aspects make a better quality child care center with a more knowledgeable and skilled staff. This translates to a healthy learning environment for the children in the FACET centers.

OPEI identified and enhanced "linkage points" with OCS and DYRS in an effort to promote the effectiveness of the three systems. These linkage points serve as critical conduits of information and communication between the statewide services systems. The Promoting Safe and Stable Families Program provides family consultation and support services to at-risk families involved in OCS and is currently partnering with DYRS to provide family consultation and support services to families of detained youth in Snowden and Grace Cottage. The PSSF Program has focused its efforts on a family consultation and child centered model that would prevent families from entering or re-entering OCS and DYRS as a result of neglect, abuse and dependency, assisting families with supports in transitioning delinquent youths back into the home as well as back into the community. Through this coordinated effort to improve early intervention services based on the needs of OCS and DYRS, the three offices gained a better understanding of each other roles and was able to define the type of services that could best serve OCS families and the at risk families not involved with OCS.

EI FCTs have helped provide a continuum of services for families by acting as liaisons for OCS investigations involving children in their assigned schools. Likewise, EI FCTs provide referral services and information linkage between the school and outside agencies where all appropriate consents are given by the families.

The Early Intervention Unit continuously provides quality assurance by conducting routine reviews. During the year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. Throughout the year, several working committees updated EI procedures to ensure a quick transmission of client information to the management team.

Child Care is viewed as a part of the continuum of care. It is now commonly accepted that this opportunity to reach children early

could be the most effective intervention into achieving positive outcomes for children based on research findings. The concept of early care and education has been an evolving approach. An awareness of this change and the benefits thereof has not been created among the public and parents in particular. It is important that awareness be created both to support the movement and to empower parents to make the best choices for their children. To that end, collaboration has been developed between the Office of Child Care Licensing and the Department of Public Health. Public Health nurses will be trained in the issues of quality care so that they can in turn educate parents. Also involved in this project are Nemours Health and Prevention and Del Tech Nursing Division.

The Licensing Specialists of the Office of Child Care Licensing are responsible for ensuring that all child care under requirements for licensure meet established standards. In addition to their monitoring/regulatory duties they also provide technical assistance to assist providers to remain in compliance and to enhance programs beyond just the basic requirements of licensure.

The Division of Child Mental Health Services is a JCAHO-accredited public child mental health care management organization which aims to provide appropriate treatment in the least restrictive environment and to include family in service and treatment planning whenever it is appropriate. Our goal is to provide effective treatment for the child/family in-home or in a community-based setting whenever possible, thus maintaining the community supports and contact with family for the child. DCMHS provides a statewide array of mental health and substance abuse treatment services. All of DCMHS' outpatient providers are also providers on the panel of the Medicaid Managed Care Organizations that provide the child primary care benefit, which includes up to 30 hours of outpatient services in mental health and/or substance abuse for Medicaid child enrollees (including all children in Foster Care). DCMHS offers outpatient services at more than 25 sites throughout the state, while the MCOs have a larger panel and offer many additional service sites. No pre authorization is necessary for a child/family to receive outpatient treatment services in Delaware's Medicaid 1115 Waiver public-private partnership for children's behavioral health. Treatment is readily accessible. For children who go to their MCO provider for outpatient treatment but who then require more intensive treatment (at a level more intensive/restrictive than outpatient-only) services are then provided by DCMHS which provides "extended services," including all mental health and substance abuse treatment that is more intensive than outpatient-only. For children entering treatment with DCMHS, there is a care manager and a clinical services management team that works with the child and family in service and treatment planning, authorization of clinically necessary services (with NO BENEFIT LIMIT other than clinical necessity), tracking of progress in treatment and facilitation for transitions and discharges. Where the child is active with more than one service division in Delaware's Children's Department, integrated case planning across divisions with the child and family is expected.

It is anticipated that the new Initial Behavior Health Assessment for Children Entering Foster Care (FY06), designed and developed collaboratively by the DCMHS and the DFS, will help to identify the need of the child entering foster care for mental health and/ or substance abuse treatment and provide the necessary linkages to help the foster family and OCS staff get the child enrolled in treatment,

with the participation of the foster family. This is aimed at improving our system's capacity to identify and address the mental health and substance abuse needs of the child and family.

Following a grant award by CMS to DCMHS (\$300,000, 3 years) DCMHS and DFS are collaborating with the Delaware Federation of Families for Child Mental Health and the University of Delaware's Center for Disabilities Studies to develop Family Psycho-education for children's mental health. Families (including foster families) are involved with providers and other partners in the needs assessment, content development, plan for social marketing and evaluation for this important project. It is anticipated that this curriculum will be useful to providers and families as it is used to provide information to families about their child's mental health.

The Delaware Federation of Families for Children's Mental Health issues a quarterly newsletter which provides education, training and supports for families. In addition, it provides a statewide annual conference free to family members to learn more about children's mental health as well as the family support organization. This year's annual conference was held in Dover and the topic was "Who I Am Makes a Difference." It was very well attended and featured an expert plenary speaker as well as topic-specific break out workshops.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	4.2 Child and family involvement in case planning (Quality Assurance Case Reviews)	95% case reviews will reflect family participation in case planning process	1. Monitor and support child and family involvement in case planning. 2. FY04 2 nd quarter baseline of 85% will be 90% by FY 05 3 rd quarter. Revised timeframe for 90% compliance is March 2006.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: Efforts to ensure parents and children are participating in the case planning process both in treatment case planning and for children in care through the PCIC III, are part of the monitoring questions in the DFS QA case review system. The DFS QA system was re-tooled in the fall of 2004 and several questions were developed to address this effort. During the reporting period November 2004 through March 2005, for the Family Assessment Plan, reviewers believed parents and caretakers were involved in the development of the plan 86.21% of the time. For the Plan for Child in Care III, participation was seen 63.64% of the time. It is believed that the low participation rates identified by QA Reviewers may be associated with insufficient documentation by staff regarding the intent and purposes of a particular contact. This issue will be analyzed further.

The Department's System of Care philosophy clearly stresses that families must be involved in the case planning process. OCS policy clearly states that workers should develop the Family Service Plan with the family. Department Policy on Integrated Service Planning emphasizes family participation.

The Promoting Safe and Stable Families (PSSF) Family Support and Consultation processes use family support practices and promote a system of care approach in the delivery of services for families who are at-risk of child maltreatment. The family is supported to participate and take a leading role in the process. Through a strength-based approach and the family tools used to empower families who are active or not active with DFS, families are encouraged to make decisions about the services they need and receive. Families assess and identify their concerns, address their needs and develop a plan on how they want to meet their needs by increasing their support systems to include formal and informal supports. The Family Stressor and Resource Assessment (FSRA) tool consists of 92 questions that help the family member and the family consultant to focus on isolation issues, coping skills, relationship with their children and the child's behavior, the resource needs of the family, the barriers in seeking and acquiring assistance around substance abuse, parenting, and marriage/relationship. The FSRA tool helps the family prioritize these concerns and identify additional concerns that may turn into a crisis. The family lists their concerns on the Family Needs and Social Support Scale, (FNSS) that helps the family turn a "concern" into a defined "need". By defining the need, the participant can establish goals to resolve the concerns with the support of formal and informal networks. Supports include neighbors, family members, organizations, churches and social agencies and if they are currently available or potential supports. Upon completion of the FNSS, the Family Assessment and Intervention Plan (FA&IP) is completed detailing the steps needed to accomplish the goals using supports and resources. As a result, families are empowered to take the lead in the planning process to reach identified goals and therefore reducing certain life stressors.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	4.3 Worker visits with child (Quality Assurance Case Reviews)	95% placement case reviews reflect compliance with contact schedule	1. FY04 2 nd quarter baseline of 90% will be maintained through FY 05 3 rd quarter. Revised goal of 95% compliance for every year 2006-2009.

<i>PROGRESS & ACCOMPLISHMENTS:</i>			
<p>Measurement of Performance: While timely contacts between staff and child are assessed in the QA system, so is the quality of those contacts. For the reporting period November 2004 through March 2005 QA reviewers believed the contacts staff were having with children in intact families focused on the pertinent issues for each child 93.59 % of the time. The quality of contacts between staff and children in foster care had a higher achievement rate at 98.78%.</p> <p>Data from September 2004 through April 2005 shows Early Intervention FCTs conducted 58,813 visits with children on their case loads. The visits were conducted through individual meetings, small group sessions, individual counseling, group activities and observing children during routine school activities.</p>			
Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
	4.4 Worker visits with parents (Quality Assurance Case Reviews)	95% case reviews reflect compliance with contact schedule and efforts to engage parents in treatment needs	<ol style="list-style-type: none"> 1. FY04 2nd quarter baseline of 79% will be 84% by FY 05 3rd quarter. Revised goal is 95% compliance for every year 2006-2009. 2. Explore strengthening policy on parental contact.
<i>PROGRESS & ACCOMPLISHMENTS:</i>			
<p>Measurement of Performance: Several questions exist in the DFS QA case review tool which addresses efforts to engage parents in working toward service needs. The documentation of these efforts on a regular basis is seen as a reflection of the quality of contacts workers have with families. Key areas focus on addressing substance abuse, domestic violence or other issues identified in the case plan. For the reporting period July 2004 through March 2005 the consistent documentation of efforts to engage the clients in the helping process was seen 84.55% of the time. Of concern was addressing domestic violence issues which was seen 76.60% of the time. DFS has substance abuse and domestic violence liaisons located in several regional offices. These liaisons often address their respective issues with the family and provide documentation in the FACTS case record. QA case reviewers have been reminded to look for notes</p>			

provided by these staff members. It is hoped that with the enhanced directions to reviewers this area will improve in future reporting.

The policies on parental contact are currently under review.

Data from September 2004 through April 2005 shows Early Intervention FCTs had parental contact on 12,272 occasions. This number reflects 7,556 family counseling sessions and 4,716 home visits.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children receive appropriate services to meet their educational needs.	4.5 Educational needs of the child (Quality Assurance Case Reviews, Internal Management Report)	95% case reviews reflect appropriate educational assessment for risk	<ol style="list-style-type: none"> 1. Advocate for children and families in educational settings. 2. Incorporate Service Entry Needs and Strengths Screen (SENSS) educational information into assessment and planning activities. 3. FY04 2nd quarter baseline of 90% will be 95% by FY 05 3rd quarter. Revised goal is 95% compliance for every year 2006-2009.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA case review system incorporates questions addressing children’s well-being. In the fall of 2004 this tool was enhanced to ask if well-being issues were assessed and if so, were concerns addressed with caretakers. During the reporting period November 2004 through March 2005 the assessment of educational well-being of all children in a family in a treatment case was identified 81.94%. Educational well-being of children in foster care was seen 94.81% of the time. In both program areas, when the individual questions were reviewed, addressing concerns with caretakers had higher positive outcome rates. The challenge for reviewers and staff is the assessment of all children in a household and the availability of this documentation. The QA case review is a FACTS case review only, therefore any hardcopy documents provided by a school may not be evident in the FACTS case. In addition, there are concerns regarding assessing this information over time. While an adequate assessment may have occurred for all children early in the life of a case, QA case reviewers may have believed that additional assessments should have been done later in the life of a case. This issue is subject to policy review and potentially training implications as to the frequency and need for ongoing assessment.

The SENSS (an initial assessment, decision-support instrument designed for Delaware based on John Lyons' CANS-MH) was incorporated into our FACTS system in October, 2003. Since that time, staff complete a SENSS on every child residing in their own home in all open treatment cases within 30 days of the case being opened. The SENSS has specific questions that look at the educational needs of each youth. If an area has been identified as being concerning, it is then incorporated into the Family Service Plan and if appropriate, the Integrated Service Plan. In addition to the SENSS, the monthly quality reviews force reviewers to evaluate whether educational needs have been assessed and addressed. For youth residing in foster care, their educational needs are assessed and addressed through the Plan for Child in Care Series.

The Office of Prevention and Early Intervention directs services and programming to support children and families in educational setting. The Families and Centers Empowered Together offers educational programming in child care centers that is pertinent to parents involved in the FACET Center. These include skill building workshops on different topics, GED classes, parenting classes, defensive driving

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

Data from September 2004 through April 2005 shows Early Intervention FCTs provided 16,597 consultations from their positions in educational settings. These consultations were conducted statewide in 13 school districts and two charter schools.

Findings from research demonstrate the importance of quality early care and education. This is particularly true for those at-risk children. *“Inequality at the Starting Gate: Social Background Differences in Achievement as Children Begin School”* by Valerie E. Lee and David T. Burkam, University of Michigan Washington, DC: Economic Policy Institute, 2002 summarizes this situation. “Disadvantaged children start kindergarten with significantly lower cognitive ability than other children. Low socio-economic status is advantaged children start kindergarten with significantly lower cognitive ability than other children. Low socio-economic status is the number one factor correlated with lower cognitive ability.”

Major Findings:

- Inequalities in children's cognitive ability are substantial by the time children begin kindergarten.
- Disadvantaged children (race, ethnicity, and socio-economic status were all found to play a role) start

kindergarten with significantly lower cognitive skills than their more advantaged counterparts.

- These same disadvantaged children are then typically in low-resource, lower-quality schools, which magnifies the initial inequality.
- Before starting kindergarten, the average cognitive scores of children in the highest socio-economic status group are 60% above scores of those in the lowest socio-economic status group.
- Socio-economic status accounts for more of the variation in cognitive scores than any other factor (including access to quality child care).
- Cognitive skills are much less closely related to race/ethnicity after accounting for socio-economic status (i.e. most of the difference in scores between children of different races can be linked to differences in socio-economic status).

The term day care and child care have been replaced by “Early Care and Education”. Knowledge of brain development, particularly in the birth to 3 year old range, has prompted this change in language. At the outset of “*Eager to Learn*”, Bowman et al. argue that The historical, and often conflict-ridden, separation between “child care” and “preschool” traditions must end. A central premise of this report, one that grows directly from the research literature, is that *care and education cannot be thought of as separate entities in dealing with young children*. Adequate care involves providing quality cognitive stimulation, rich language environments and the facilitation of social, emotional and motor development. Likewise, adequate education for young children can occur only in the context of good physical care and of warm affective relationships. Delaware Child Care regulations have not been revised in over a decade. To ensure that high quality care is available to children the Office of Child Care Licensing has advocated that regulations support that type of care. A Task Force has proposed a “draft” set of Child Care Center rules that will be going out for public comment in Fall 2005 with an anticipated date of implementation Spring 2006. In drafting these regulations consideration of the factors of at-risk children’s outcomes, brain development and best practice were all taken into account. In Fall 2005 the process of revising Family Child Care and Large Family Child Care rules will begin. Again, the lessons learned will be reflected in the proposal that is offered for public comment. It is anticipated that these rules will be implemented in late 2006 or early 2007.

The Office of Children’s Services has participated in a subcommittee on foster child education chartered by the Child Protection Accountability Commission. The collaborative group includes a family court judge, the Child Advocate, DOE, Educational Surrogate Parent Program and Prevent Child Abuse Delaware. Recommendations are being prepared for legislative and practice changes to strengthen McKinney-Vento protections and a statewide conference on child welfare and education.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
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	4.6 Physical health of the child (Quality Assurance Case Reviews, Internal Management Report)	95% case reviews reflect appropriate health assessment for risk	<ol style="list-style-type: none"> 1. Incorporate SENSS health information into assessment and planning activities. 2. Medical and dental needs are identified and met for all children. 3. FY04 2nd quarter baseline of 85% will be 90% by FY 05 3rd quarter. Revised goal is 95% compliance for every year 2006-2009.
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PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA case review system incorporates questions addressing children’s well-being. In the fall of 2004 this tool was enhanced to ask if well-being issues were assessed and if so, were concerns addressed with caretakers. During the reporting period November 2004 through March 2005 the assessment of physical health well-being of all children in a family in a treatment case was identified 82.52%. Physical Health well-being of children in foster care was seen 95.97% of the time. As with educational well-being, the challenge is assessing all children in an intact family and accessing hard copy documentation which may have been provided by a child’s primary care physician. When assessments did occur, evidence of addressing these concerns went up in both program areas.

The SENSS was incorporated into our FACTS system in October 2003. Since that time, staff complete a SENSS on every child residing in their own home in all open treatment cases. The SENSS has specific questions that look at the physical health needs of each youth. If an area has been identified as being concerning, it is then incorporated into the Family Service Plan and if appropriate, the Integrated Service Plan. In addition to the SENSS, the monthly quality reviews force reviewers to evaluate whether physical health needs have been assessed and addressed. For youth residing in foster care, their physical health needs are assessed and addressed through the Plan for Child in Care Series.

For each of the 518 cases opened during the year, EI FCTs inquired about any serious medical conditions or developmental delays. This was done for each new case and was recorded on the Initial Assessment form.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
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	4.7 Mental health of the child (Quality Assurance Case Reviews, Internal Management Report)	95% case reviews reflect appropriate mental health assessment for risk	<ol style="list-style-type: none"> 1. Incorporate SENSS mental health information into assessment and planning activities. 2. Collaborate with Children’s Mental Health to develop and implement mental health services for children in foster care. 3. Mental health needs are identified and met for all children. 4. Maintain the therapist/child relationship, if possible; ensure a structured transition if a change is necessary. 5. FY04 2nd quarter baseline of 85% will be 90% by FY 05 3rd quarter. Revised goal is 95% compliance for every year 2006-2009. 6. Study the feasibility of a Children’s Bill of Rights by January 2005 to be lead by the Office of the Child Advocate (OCA). Revised timeframe is June 2006.
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PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA case review system incorporates questions addressing children’s well-being. In the fall of 2004 this tool was enhanced to ask if well-being issues were assessed and if so, were concerns addressed with caretakers. During the reporting period November 2004 through March 2005 the assessment of mental health well-being of all children in a family in a treatment case was identified 84.62%. Mental Health well-being of children in foster care was seen 98.1% of the time. As with educational well-being, the challenge is assessing all children in an intact family and accessing hardcopy documentation which may have been provided by a child’s mental health provider. When assessments did occur, evidence of addressing these concerns went up in both program areas.

SENSS is being used by the OCS treatment units, by DYRS for children entering detention statewide and also by DCMHS for all children entering treatment. The information and indication of need for mental health and substance abuse treatment services is used in comprehensive assessment and in service planning with the child/family. In addition, every child entering mental health and substance abuse services has an EPSDT screen for child mental health /substance abuse. This screen is designed to identify youth who need an assessment for MH/SA. The results are maintained in the FACTS (family and child tracking system) electronic database/care management system of DSCYF where it can be used in comprehensive assessment and service planning.

DCMHS has established a certificate program at the University of Delaware which is free to DCMHS' providers of mental health outpatient services and provides training/education in applied functional behavior analysis and positive behavior intervention. It is anticipated that, once competent/credentialed in this approach, the clinicians will provide the service for DCMHS as a new service in the Department's service array. Designed to identify triggers for undesirable behavior and strategies to reduce undesirable behaviors and increase good behaviors, it is expected that this new service will also provide strong support to foster children and foster families and increase children's chance of permanency and stability in their living situations.

New services provided by the Division of Child Mental Health Services in FY 05 are all community-based services. They include an expansion of home-based intensive outpatient mental health treatment, startup of home-based intensive mental health outpatient treatment for children with mild to moderate mental retardation/developmental delay and Individual Residential Treatment (step down from institutional, facility based residential treatment settings). Children in the foster care system who meet clinical criteria were eligible for and served by these new and expanded treatment options.

With respect to ensuring that the mental health needs are identified and met for all children, DCMHS and DFS collaborated successfully to develop a FY 06 budget initiative to establish Initial Behavioral Health Assessments for Children Entering Foster Care. The budget initiative is included in the Governor's Recommended Budget for FY 06 and is expected to be included in the final budget approved by the State's General Assembly in June 2005. Funding will provide for initial behavioral health assessments for each child (aged 4-17 yrs) entering foster care and will provide supports to foster families as they seek to participate in and support the foster child in mental health treatment where the assessment indicates a need for treatment. The new service is planned to start in September 2005 and is expected to serve at least 375 children annually. With early identification of need for and provision of treatment for children, it is anticipated that symptoms will be reduced and behavior improved, thus supporting and improving the child's chances for permanency and stability in their living situations.

When children transition from their MCO to DCMHS managed care and the child's therapist is not an approved panel provider, the provider is asked to join the panel in order to continue services.

EI FCTs identify mental health needs through the use of the Initial Assessment and the Child and Adolescent Functional Assessment Scale. These assessments were conducted for all 518 new cases opened during the year. The needs are then met as part of the service plan. This includes making appropriate referrals, teaching families to set up initial medical and mental health consultations, teaching families to schedule follow up visits as needed, and teaching families to manage a schedule of appointments.

The Child Advocate continues a plan to develop a Children's Bill of Rights during FY2006.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Inspired Workforce	5.1 Maintain a highly skilled and professional team of child welfare staff at all levels (Internal Management Report)	15% or lower annual staff turnover rate	<ol style="list-style-type: none"> 1. Maintain high staff retention rates. 2. Develop and implement a competency-based training program for all levels of staff. 3. Collaborate with community partners to improve training opportunities for all child welfare professionals. 4. Continue Departmental employee satisfaction surveys and incorporate findings into human resource planning.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>The staff turnover rate in the Office of Children’s Services for the period from April 1, 2004 to March 31, 2005 is 17.3%. This misses our target of 15% by 2.3%.</p> <p>OPEI conducts an annual Prevention and Early Intervention Forum to provide technical assistance and promote capacity building through one or two- day training to Department staff and community partners on best practice approaches in preventing child abuse and</p>			

neglect, substance abuse, delinquency, mental illness and emotional disorders among children and youth. The planning of this Forum involves collaborating with community partners to identify the workforce development training needs of their staff, to identify potential workshop presenters, serve as workshop presenters, and provide monetary support. A total of 350 persons attend the Forum.

The OPEI provides continuous training to the Delaware Prevention Network, an alcohol, tobacco and substance abuse prevention program for eight to fourteen year olds and their families. All DPN staff are trained and certified as Creating Lasting Family Connection implementation facilitators. DPN is structured into geographical area clusters- North Cluster and South Cluster. Each Cluster meets monthly for training to address local program issues, participant needs and training needs. Additional training is provided at statewide meetings. Facilitators are also encouraged to access online trainings made available through the North East Center for Applied Prevention Technologies and other local resources.

The Families and Centers Empowered Together program has been successful in helping program sites incorporate the Early Success (Long term plan for a quality early and education system to serve all of Delaware's children) recommendations to improve the quality of educational services to children. FACET sites currently meet five (Quality Programs, Professional Development, Family Engagement, Financing and Results) of the eight domains (Quality Programs, Professional Development, Family Engagement, Public Will, Program Licensure, Governance, Financing, Results). Strides have been particularly evident in the Professional Development domain. Training continues to be an integral part of the FACET Model.

In the past year, the K-3 Early Intervention Program maintained a retention rate of 95%. Each year the K-3 Early Intervention Program plans, schedules and administers a 2 week competency based training program. The training program is managed by a yearly training committee and the competency manual is monitored by a member of the management team.

Again this year, the Early Intervention Unit was a part of the statewide Prevention and Early Intervention Conference. The conference provides a forum that allows state and community workers access to prevention, early intervention and support services from the surrounding areas. Topics discussed at the conference include child abuse and neglect, organizing and mobilizing your community, the National Guard's role in prevention, the Delaware School and Delaware Youth Risk Behavior Surveys, mechanics of grant writing, signs and symptoms of behavioral health problems in youth, parent engagement, reducing gun violence, using positive behavior supports in a system of care, developing quality logic models, social marketing, and building sustaining effective coalitions.

During the year, all 51 Early Intervention FCTs and management team meet monthly. All information pertaining to services for children and their families is shared with staff at these meetings. The unit also conducts quarterly cluster meetings with their individual supervisors. Twice a year trio meetings are held with the FCT, FCT supervisor and the school principal. Additionally, every K-3 EI

FCT has access to a computer in their office with access to the state internet and state intranet systems. Also, every FCT is equipped with a pager and cell phone. The face to face meetings and the electronic messaging modalities make up our unique communications strategy. All of the above mentioned communication tools allow the unit to analyze and disseminate quality information in support of the department's mission, vision and strategic plan.

The Child Abuse and Neglect Campaign is an important opportunity to raise awareness, and increase advocacy for the safe care of Delaware's Children. Although April is recognized as Child Abuse and Neglect Prevention Month, the campaign occurs throughout the year using a variety of venues to inform and educate citizens about the child abuse and neglect prevention. OPEI works in collaboration with Happy Harry Drug Store to distribute "Blue Ribbons" to kick off the campaign. The ribbons are a tribute to a three year old child who died at the hands of his mother's abusive boyfriend. Since that time, concerned citizens all over the country wear the blue ribbon as a symbol of the need to prevent child abuse and neglect. An annual event, the Child Abuse and Neglect Information Fair provides an opportunity for helping agencies to come together to network and inform the public of their services. Other initiatives in the campaign include "The Summer of Safety" and dissemination of information to targeted child care centers. The Promoting Safe and Stable Families Community Advisory Boards provide venues to distribute resource information and advertise the PSSF program helping to engage families who are in need of services and resources.

With respect to information sharing and integration of services, DCMHS publishes a quarterly newsletter for staff and providers. This newsletter contains information about new services in DCMHS, training opportunities and Advisory Council activities; the newsletter is distributed electronically to all staff of the Children's Department and is posted on the intra and internet websites in an effort to share information with colleagues in sister service divisions and with families and public. This effort contributes to DFS' effort to maintain a well-informed child welfare staff and enables them to better serve their clients who may require mental health or substance abuse treatment services.

The Department's Employee Survey measures employee satisfaction. The 2004 Survey reports 61% of employees are satisfied with their job. This is 8% lower than 2003 (69%); the desired rate is 82%. Satisfaction rates with regard to supervisory support (93%), work content (82%), and benefits (77%) are compatible with prior year results.

CFSP SYSTEMIC FACTORS, GOALS AND OBJECTIVES AND STRATEGIES FOR ACHIEVEMENT

Systemic Factors	Performance Goals and Objectives	Strategy
Statewide Information System Capacity	6.1 Statewide system determines status, demographics, location, goals for all foster children in state	1. Complete the AFCARS Improvement Plan by March 2005. Revised timeframe is December 2005.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>All elements of the AFCARS Improvement Plan have not been completed. In January 2005 an AFCARS work plan was submitted for cost estimate and development. The content of this proposal will further the efforts of the Department to include all children in the AFCARS reporting population, specifically those in the Division of Child Mental Health and the Division of Youth Rehabilitative Services. Also of significance in this proposal will be the improvement of counting episodes, as children move in and out of the foster care system. Improvements which have been achieved include the addition of special needs categories and the opportunity to choose multi racial backgrounds if a child and family, foster parents and adoptive parents chooses, all applicable court reviews included and adequate identification of a child's adoption history.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
	6.2 Information is accessible to state and local staff	1. Improve the analysis and dissemination of information to improve quality of services for children and families.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>There are several mechanisms of enhanced communication regarding the quality of services to children and families provided to all levels of staff in the Division of Family Services. The Division Report Card reports out in four categories (Financial, Customer, Process Management and Employee Perspectives) and 23 key outcome measures on a quarterly basis. Some of the key outcome measures include the six National Standards, children supported in adoption and related expenditures; achievement of contact expectations and staff turnover rates. The quarterly QA case review results are distributed throughout the Office of Children's Services and provide highlights and details in the three primary program areas: Intake/ Investigation, Treatment and Placement. Individual case</p>		

reviews are also returned to the regions for review. See additional reporting mechanisms listed under 8.3 below.

Systemic Factors	Performance Goals and Objectives	Strategy
	6.3 Information is useful in carrying out agency's responsibilities	1. Support the agency's mission, vision and strategic plan through quality information management.

PROGRESS & ACCOMPLISHMENTS:

The Department has developed a scorecard of measures aimed at improving outcomes for children and families in four perspectives: financial management, process management, customer, and employee. Measurements for these domains are tracked quarterly and distributed to the entire department management team at quarterly meetings. These measures were identified as supporting our mission and vision, as well as our strategic plan to build a system of care model of intervention.

All divisions have been involved in the initial planning of FACTS II, our next case management data system, and will provide for Integrated Service Planning based on a System of Care case management approach. FACTS II will be standardized across Departmental services while maintaining content flexibility for more individualized services, facilitate access to services across the Department, consolidate service planning processes to meet funding requirements, be child-centered and maximize data quality. FACTS II is a long term goal and is expected to be implemented no sooner than 2010.

Systemic Factors	Performance Goals and Objectives	Strategy
Case Review System	7.1 Each child has a written case plan with all required elements	1. Continue to monitor compliance with agency and federal requirements.

PROGRESS & ACCOMPLISHMENTS:

Written case plans are required for all foster children in the Office of Children's Services. The Plan for Children In Care series meets all agency and federal requirements.

Throughout the year, each client with an open case with the K-3 EI Program had a written service plan identifying goals and strengths in conjunction with the Child and Adolescent Functional Assessment Scale (CAFAS). Monthly service plans indicating this information was submitted to the supervisors each month for 100% of the open cases within our program.

Systemic Factors	Performance Goals and Objectives	Strategy
	7.2 Parents of foster children participate in developing case plans, identifying strengths and needs, determining goals, requesting specific services, evaluating progress related to their children	<ol style="list-style-type: none"> 1. Strengthen engagement of families with children in out of home placements. 2. Monitor compliance with agency and federal requirements. 3. Practice system of care philosophy of parental involvement.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>See 4.2 for performance measurements.</p> <p>The Department has implemented a system of care philosophy through training and Policy #201, Integrated Service Planning.</p> <p>Foster parents, caregivers, biological parents and significant others are encouraged to participate in Independent Living case planning conferences.</p> <p>Children who are in the child welfare system and who are also active with DCMHS do have a DCMHS service plan which we encourage and expect parents to participate in developing. Whether parents participate in service plan development is a performance measure which is tracked by DCMHS in an effort to improve family participation in treatment planning.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
	7.3 Court or CPRB review of each child's status every 6 months	<ol style="list-style-type: none"> 1. Collaborate with the Child Placement Review Board and Family Court to ensure a quality case review system.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>The Department has a strong partnership with the Child Placement Review Board and Family Court.</p>		

The Director of Family Services meets with the Family Court Chief Judge to discuss systemic issues, roles and responsibilities. The Court Improvement Project has been implemented statewide for several years and has contributed significantly to permanency achievement rates for foster children. The CPRB conducted 733 reviews of 547 children during FY2004.

Systemic Factors	Performance Goals and Objectives	Strategy
	7.4 Permanency hearings occur within 12 months of entering care	1. Partner with Family Court to insure timely permanency hearings.

PROGRESS & ACCOMPLISHMENTS:

The DFS permanency committee continues to review all children in foster care at the tenth month in order to provide a recommendation to Family Court at the twelfth month permanency hearing. DFS continues to meet with Family Court administrators and judges regularly to identify issues and strategies to move children to permanency timely. Delaware Family Court has been able to review most of the children in foster care at twelve months and every year thereafter until the child exits foster care.

Delaware met compliance standards for Title IV-E foster care during the 2003 ACF federal review.

Systemic Factors	Performance Goals and Objectives	Strategy
	7.5 Permanency hearings promote timely and appropriate achievement of permanency goals	1. Partner with Family Court and community stakeholders to achieve timely and appropriate achievement of permanency goals.

PROGRESS & ACCOMPLISHMENTS:

See 7.3 and 7.4.

Delaware contracts for about 200 foster care slots with private agencies at any given time. These providers are fully aware and committed to improving outcomes for children and families. Foster care services were bid for the 2005 – 2006 state fiscal years. Strategies to achieve national standards and implement system of care principles were requirements for successful awardees. Delaware passed the 2003 federal IV-E Review that includes timely permanency hearings for eligible foster children.

Systemic Factors	Performance Goals and Objectives	Strategy
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	7.6 Foster/pre-adoptive parents and relative caregivers have notice of an opportunity to be heard in any review or hearing for each child in their care	1. Strengthen policy and procedures to fully engage foster/pre-adoptive parents in judicial hearings.
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PROGRESS & ACCOMPLISHMENTS:

DFS has been proactive in making sure the foster or pre-adoptive parents are invited to or are aware of any hearing pertaining to the foster child in their home. It is very important that their opinion be heard by the court. Not all families are available to attend, but OCS does make an effort to ensure the families are aware of all Family Court or Child Placement Review Board hearings.

Systemic Factors	Performance Goals and Objectives	Strategy
Quality Assurance System	8.1 Implement standards [(SSA 471(a)(22)]ensuring foster care placements are provided quality services that protect children’s health and safety; evaluate effects of implementing standards to date	1. Continue implementation of the Governor’s Foster Care Task Force recommendations. 2. Enforce licensing and approval regulations and policies for foster care homes and facilities.

PROGRESS & ACCOMPLISHMENTS:

Foster care services were bid for the 2006 state fiscal year. Planning and development for the Request For Proposal was based on the Governor’s Foster Care Task Force recommendations. Additional services for special needs children were added to the array of out of home services. Delaware continues to use foster parent clusters for grass roots support networking, and has arranged for advanced training for foster parents with challenging children.

The Office of Child Care Licensing is responsible for directly licensing child care providers (family and center level) and Child Placing Agencies (CPA) directly. In that role, visits are made to providers to review compliance with Delaware regulations. Those regulations cover adherence to standards that are designed to protect the health and safety of children. Technical assistance (TA) is also provided to instruct and assist providers in meeting requirements. Included in TA is information about resources that are available. Child Placing Agencies are licensed to provide foster and adoptive services. Licensing Specialists review CPA records, policies to ensure that the services are provided in a manner consistent with Delaware regulations. Whenever it is found that a Child Care Provider

or Child Placing Agency is not in compliance with Delacare regulations the Office of Child Care Licensing takes an action. Possible actions include but are not limited to: time limited corrective action plan, extension of a license on a provisional status or warning of probation and revocation. These situations are closely monitored until such time as the provider comes into compliance or the provider closes.

Systemic Factors	Performance Goals and Objectives	Strategy
	8.2 Quality assurance system helps ensure safety, permanency and well-being for children and families served statewide	<ol style="list-style-type: none"> 1. Strengthen child welfare practice using data from the case review system. 2. Implement a Departmental Review System by March 2005. Action completed.

PROGRESS & ACCOMPLISHMENTS:

The Department has developed a scorecard of measures aimed at improving outcomes for children and families in four perspectives: financial management, process management, customer, and employee. Measurements for these domains are tracked quarterly and distributed to the entire department management team at quarterly meetings. These measures were identified as supporting our mission and vision, as well as our strategic plan to build a system of care model of intervention.

In April 2004, the Division of Family Services piloted the use of the ACF Children and Family Services Review Tool, increasing the reviewer participation by involving all operations supervisors. Subsequent to this pilot it was decided to not move forward with adopting this tool as its ongoing QA case review tool but, to improve the existing QA system, enhancing its content in order to better track key issues consistent with the CFSR case review tool. In addition to changes made in the content of the tool, the reviewer population was increased to include all OCS regional operations supervisors. The rationale behind this decision was two fold: first, participation of supervisors would allow for greater understanding of the CFSR case work practice expectations and priorities which the Department supports and, second, increased the sample size sufficiently enough to reinforce overall confidence that the sampling process is a fair representation of the overall population of cases being reviewed each quarter. Key areas of improvement were: additional questions addressing the quality of contacts and services the Division provides to children and families, assessment of the quality of services provided to the community through monitoring of report line digital audio tapes, additional questions regarding the provision of services addressing child well-being, assessment of the provision of services identified in the Integrated Service Plan, efforts to maintain family systems even when children are at risk, efforts to consider kinship care and/ or place siblings together when substitute care becomes necessary, and finally, the CAPTA notification requirement in investigation. The improved QA tool and increased reviewer population began November 2004. Therefore, data reporting from the new QA tool covers the period November 2004 through March 2005. Future plans are to further improve the QA system by incorporating issues regarding service delivery of

Independent Living Services, delineating and assessing specific permanency goals and evaluating the utilization of case history in assessments. The goal is to incorporate these further improvements by the fall of 2005.

In an effort to examine the relationship between participation in select prevention and early intervention programs and subsequent involvement with core areas of the Department, OPEI has designed FACTS research protocols for two of its programs; Strengthening Families and Promoting Safe and Stable Families. Both programs have as an expected program outcome reduction in incidences of child maltreatment following completion of the respective interventions. To monitor this, all participants who receive services within each of the two programs are checked in the Department’s FACTS system. Specifically, data is collected on the number of unsubstantiated investigations, substantiated investigations and referrals to treatment for each participant at uniform time periods following program completion.

The Early Intervention Unit continuously provides quality assurance by conducting routine reviews. During the year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. Throughout the year, several working committees updated EI procedures to ensure a quick transmission of client information to the management team. All input from reviews is continually monitored and studied in order to make recommendations or changes to current procedures to strengthen practices.

The Office of Case Management conducts departmental reviews of cases and systemic factors and issues recommendations for improvements to service delivery.

Systemic Factors	Performance Goals and Objectives	Strategy
	8.3 System has the capacity to evaluate the adequacy and quality of the State’s child and family services system	<ol style="list-style-type: none"> 1. Produce divisional report cards by September 2005. 2. Continue the case review system to evaluate the adequacy and quality of child and family services. 3. Ongoing Citizen Review Panel recommendations are incorporated into systemic improvement planning. 4. Continue to assess all programs and contracted services to ensure a culturally competent system. 5. Continue to review all programs and services offered by agency and service providers to ensure a culturally competent system.

		<ol style="list-style-type: none"> 6. Continue processing constituency complaints and review for quality assurance improvements. 7. Implement Department Child and Family Satisfaction Surveys by December 2004. Revised timeframe is June 2006. 8. Study the feasibility of reviewing audio recordings of Hotline reports by December 2004. Action completed.
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PROGRESS & ACCOMPLISHMENTS:

In November 2004 The Division of Family Services finalized and distributed its first Report Card. The report card parallels the Department report with the four key areas: financial, customer, process management and employee perspectives. It incorporates 22 data elements in the content, including the unique reporting of ‘Total Number of Children Supported in Adoption and Total Expenditures’, ‘Family Child Care Homes Receiving Annual Visits’, the six Federal National Standards (drawn from NCANDS and AFCARS) unique to Child Welfare ,’Initial and On-going Contacts in Investigation and Treatment’ services and the Division’s specific turnover rates. Since the initial distribution of the FY04 outcome results in November 2004, the DFS Division Report Card has been circulated for each of the first three Delaware FY05 quarters, including to all OCS operations staff.

The DFS Quality Assurance Case Review system was re-tooled in the fall of 2004 and became operational with these changes and an increased pool of case reviewers in November 2004. An outline for quarterly reporting was developed and submitted to Administrators and Supervisors in April 2005. Feedback has been positive and with minor changes quarterly reporting of the QA case review results will begin with the fourth quarter QA results, anticipated August 2005. Distribution of prior quarterly reports and future reports will continue to be made available to all OCS operations staff.

As part of the improvements made to the DFS Quality Assurance Case Review tool, several questions were incorporated to address the quality of services being provided to the community via the Child Abuse Report Line. To support this assessment, process digital audio recordings are made available to case reviewers so that they may listen directly to the ‘hotline’ calls and answer specific questions regarding professional manner and thoroughness of information collection. The results of the specific sections regarding the calls are forwarded to the Statewide Services Administrator overseeing Centralized Intake staff.

The Chair of the DFS (child welfare) state Advisory Council is also an active member of the state’s Child Mental Health Community Advisory Council. It is expected that this increases our system’s capacity to evaluate the adequacy and quality of the Delaware’s child

and family services system.

In addition, there were several members of the respective advisory councils for these two divisions, along with staff, who served together on the state's Foster Care Reform Committee (headed by providers of foster care), including many operating subcommittees. The committee's report is complete and available for review.

The Directors of the Division of Family Services and of Child Mental Health Services serve on the CPAC Foster Care and Mental Health Services Subcommittee and continually review the adequacy and quality of the State's child and family services system.

A Department wide customer survey is planned for the summer of 2005 by the SOC Service Array workgroup. Staff will distribute a brief survey to parents encountered face to face during a two week period to gather information about service delivery and satisfaction.

The Department has commissioned a committee, the Cultural Competence Workgroup, comprised not only of administrators and line staff from each division, but also staff from the Departments of Education, Health and Social Services, private child welfare provider agencies and grassroots child advocate organizations. This committee is devoted to assuring that all child welfare provider agencies within the state are providing services from a culturally competent perspective. In May 2003, Ms. Tawara Goode and Ms. Vivian Jackson of the National Center for Cultural Competence, Georgetown University Center for Child Development, provided training to the workgroup members on developing and maintaining a model of cultural competent service provision. Additionally, the department has incorporated this model into its System of Care practice model.

The Department seeks to contract with service providers who practice from a culturally competent perspective and are willing to abide by performance measures that encourage cultural competence practices.

DCMHS, with families of children served and faith based organizations, has drafted standards of cultural competency. These standards emphasize cultural awareness, understanding and assessment to improve outcomes. Plans are for these standards to be presented to the state system of care committee. Once these standards are accepted, objectives can be established to measure the department's compliance.

All Departmental services are provided to all ethnic populations. Contracts with providers of department services stress culturally competent service delivery. Translation services are available for the hearing impaired and for non-English speaking populations.

OPEI works with contractors to ensure that the program and curriculum is sensitive to heritage, cultural and ethnicity, as well as the educational literacy level of participants. The Delaware Prevention Network in its implementation of the Creating Lasting Family

Connection (CLFC) curriculum strives to provide a culturally competent delivery system. CLFC facilitators are trained and certified by CLFC Master Trainers for program implementation. CLFC facilitators are characterized as non-judgmental of different opinions; able to hold and model moderate beliefs and attitudes; and experienced in group-oriented personal growth opportunities. CLFC materials are also provided in Spanish to better serve our Spanish speaking participants.

The system of care model involves individualized services that are appropriate in type and duration that are family focused and both community based and culturally competent. FACET operates in three daycare centers. Every family in the daycare center is a part of the FACET Program. All families receive services that help their families to be empowered and involved. In keeping with the system of care philosophy, the FACET parents decide what activities and services are most beneficial and enriching to their families and their community.

The Early Intervention Unit continuously provides quality assurance by conducting routine reviews. During the year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. Throughout the year, several working committees updated EI procedures to ensure a quick transmission of client information to the management team. All input from reviews is continually monitored and studied in order to make recommendations or changes to current procedures to strengthen E.I. practices.

The Department continues to process constituency complaints and review for quality assurance improvements through dedicated staff in the Office of Case Management.

The Child Protection Accountability Commission is the state's Citizen Review Panel. A multi-year report is pending. The Commission oversees the review of child death and child near death incidents, chartering collaborative multi-disciplinary review teams to issue recommendations to improve children's safety.

Systemic Factors	Performance Goals and Objectives	Strategy
	8.4 System has capacity to produce information leading to program improvements	<ol style="list-style-type: none"> 1. Produce internal management reports to guide programming decisions. 2. Use the case review system to evaluate the adequacy and quality of child and family services.

		3. Ongoing Citizen Review Panel recommendations are incorporated into systemic improvement planning.
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PROGRESS & ACCOMPLISHMENTS:

The results of the DFS QA case review tool are formatted into a comprehensive report with Division wide distribution. The report itself was changed in April 2005 to accommodate changes made to the QA system in November 2004. This report allows program and operations managers and staff to assess their contribution to the ‘strengths’ or ‘requiring improvement’ outcomes. This analysis may also lend itself to changes or enhancements to policies, procedures and work processes. In addition to the Quarterly QA case review results, program managers and operations staff are provided a variety of reports on a weekly, monthly and quarterly basis, which address many areas of agency performance such as caseload distribution, investigation backlogs, timeliness of contacts, staff turnover rates, licensing determinations, child development watch, independent living, compliance with Department ISP policy, and many others. In addition, the DFS Data Team produces many ‘ad hoc’ reports upon request, covering many areas of program monitoring and operations.

The Early Intervention Unit continuously provides quality assurance by conducting routine reviews. During the year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. Throughout the year, several working committees updated EI procedures to ensure a quick transmission of client information to the management team. All input from reviews is continually monitored and studied in order to make recommendations or changes to current procedures to strengthen EI practices.

The Child Protection and Accountability Commission was named the Citizen Review Panel in April 2004. A multi-year report is pending publication and will be forwarded upon receipt. Recommendations for systemic improvement will be reviewed and implemented as appropriate.

Systemic Factors	Performance Goals and Objectives	Strategy
Staff and Provider Training	9.1 State’s initial and ongoing training for all child welfare staff is effective and includes the basic skills and knowledge required for their positions	<ol style="list-style-type: none"> 1. Continue core and refresher training schedules. 2. Use pre- and post-tests to evaluate effectiveness of competency building. Revised to continuing use of experiential practice and exercises for all cores to evaluate competency of new workers

		<p>and advising supervisors when further skill building is necessary.</p> <ol style="list-style-type: none"> 3. Continue review of trainee evaluations. 4. Develop System of Care (SOC) training content and protocol with stakeholder base by June 2004. Integrate SOC principles in orientation and on-going training by September 2004. 5. Incorporate quality assurance data to strengthen worker competencies. 6. Study the feasibility of a training certification program by June 2005. Timeframe is revised to June 2006.
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PROGRESS & ACCOMPLISHMENTS:

Quality assurance data, case review results and policy updates are shared with the professional development team to incorporate into new worker and refresher training.

All Department staff received system of care training ending December 2004. Community partners and contractors attended sessions conducted by department staff and Cliff Davis.

Each year the K-3 Early Intervention Program plans, schedules and administers a 2 week competency based training program. The training program is managed by a yearly training committee and the competency manual is monitored by a member of the management team.

During state fiscal year 2005 (7/04-6/05), the State of Delaware Division of Family Services (DFS) statewide training system increased the core training instruction for new family service workers in the Office of Children’s Services to 29.5 days of instruction. In core 100 (legal), an additional day was added to include presentations by a court appointed special advocate and the Office of Child Advocate. In addition, more instruction time was needed to include the DFS worker’s expanded responsibilities in the preparation for, and role in, family court.

Core 102B and 102C (Domestic Violence) increased from 2 to 3 days to include a child welfare case study involving domestic

violence where workers can apply what they have learned in day one.

Field safety (cores 105 and 105A) increased by ½ day as field safety of our staff is a top priority and additional training was essential. Finally, core 104 (Separation, Placement and Reunification) was increased from three to four days due to the increasing number of guest presenters, which now include Institutional Abuse, Adoption and Permanency, Foster Care, and Independent Living Program Managers.

Finally, core 107 (Treatment), a full day, was added at the request of Office of Children’s Services. This training includes practice on assessing family dynamics, development of case plans, and case management principles.

Additionally, courses that were previously offered every three months are now offered every other month. They are: Core 103 (Child Development); Core 104 (Separation, Placement, and Reunification); and Core 106 (ACT ONE – Substance Abuse).

In order for the classroom training to transfer to new workers’ jobs in the field the Division continues with the mentoring system whereby each new worker observes and performs specific field experiences with a mentor. Mentors are trained by the DFS Professional Development Unit. Core 400 (New Mentor Training) was offered this year and is offered at least once a year or as the need arises. New mentors learn the basic principals of how to mentor, transfer of learning knowledge, coaching skills and how to give feedback.

Fully trained family services workers are required to attend refresher training. We develop and offer at least one refresher training each year. All refreshers so far have ultimately focused on the safety of the child. This year our refresher was “Comprehensive Case Decision Making”. The focus was to improve the case worker’s use of historical and DELJIS information in making casework decisions. The goal was also to improve the documentation of case decision making to assure the safety of the child. For the coming fiscal year, the goal is for the refresher training to be on child sexual abuse. We will contract with an in-state expert to conduct this highly specialized training. Future refresher trainings will focus on review and enhancement of core training module information. Each training will address the specific core training topic identified for a particular year in terms of the following critical skills:

- Policy/procedure; knowledge and understanding of principles
- Data gathering-utilizing competencies from Cores
- Analysis of Data
- Decision Making
- Planning appropriate interventions
- Documentation

- Communications and team work

Most of the DFS supervisor training curriculum has moved to the department level and is now a department wide required supervisory training curriculum. The DFS 501 through 504 Core series is a vital part of this new curriculum. DFS trainers conducted these series for the department this past year with other trainers in sister divisions observing. Observation will be followed this year with co-training by the experienced DFS supervisory trainer and the new inter-divisional partner. After the co-training, other departmental trainers will be prepared to deliver the 500 Series Training to supervisory colleagues in the Division of Child Mental Health and the Division of Youth Rehabilitative Services as well as those in the Division of Family Services. The department has developed training requirements for supervisors which includes required training as well as options from which the supervisor may select. DFS trainers will continue to conduct Core 500 for DFS supervisors only.

DFS New Worker Core Training and Supervisory Core Training are a series of competency based training modules developed by the Institute for Human Services (IHS) and sponsored by the Child Welfare League of America for child welfare training nationwide. IHS Training is research and evidence based. There is an accompanying four volume Field Guide with an extensive bibliography of research and other references on the following topics:

- Foundations of Child Protective Services
- Case Planning and Family-Centered Casework
- Child Development and Child Welfare
- Placement and Permanence

The Professional Development Unit (PDU) of DFS decided to drop pre- and post-testing in favor of classroom evaluation by the trainer and reporting to the worker's supervisor of identified weaknesses.

Training sessions are evaluated by trainees and reviewed by PDU for quality assurance.

PDU continues with the current curriculum for new and experienced workers. A structural change to a certification system has been discussed but no decisions have been made. Additional study is needed prior to decision making.

The Department has embarked on a System of Care (SOC) approach with Integrated Service Planning. In cases with more than one division participating where there is abuse and/or neglect, the Division of Family Services caseworker will facilitate an interdivisional team to determine the best set of interdivisional services for the child and family. This year, all department staff along with our community partners had training on the system of care, including an overview and the SOC principles and values. Training focused on

how DFS and all partnering agencies, both inside our department and other public and private agencies as well, will participate together in developing and implementing plans for children and their families who need our services. The department also developed competency matrices for caseworkers and their supervisors that should be finalized shortly.

The next SOC training will begin in September 2005. This is a contracted customized training series for 100 key department supervisors, mentors and trainers to equip them with skills needed to implement the new team-based system of care. This training will be experiential, grounded in real situations, and include practice and feedback. At the completion of this training, these key staff will have the skills necessary to lead the case team, engage families, joint problem solve, promote and encourage cultural change, and train or coach the rest of the organization in these skills.

Information on the Independent Living Plan is incorporated in staff training and the Independent Living Manager conducted four training sessions during the year to new staff. Independent Living service coordinators participated in three workshops to provide information to mentors and faith based volunteers. Independent Living service providers conducted five training sessions to caregivers and mentors.

Going forward, the Division will continue to focus on new worker, supervisory, and refresher staff curricula as well as pooling resources with partnering agencies to maximize training opportunities and efficiency for agency staff in Delaware who work in the child abuse and neglect field.

Through contract grant funding, Prevent Child Abuse Delaware (PCAD) developed and provided training workshops designed for professionals working in the child welfare field. Each workshop includes information about the level of experience one may need in order for the workshop to be most beneficial. To date PCAD has developed and provided workshops on the following topics addressing child abuse and neglect and child sexual abuse: Shaken Baby Syndrome, Medical and Investigative Aspects, Exploring Cultural Awareness, Train the Trainer, The Developmental Aspects of Sexual Abuse, The Cost of Caring-Preventing Burn-Out and Maltreatment of Children with Special Needs.

New Employee Orientation for all Department staff is designed to provide a broad overview of the roles and responsibilities of the various divisions. A staff member from each division provides training and information. DCMHS staff present on the statewide children's public behavioral health system, including how to access services.

DCMHS sponsors training to which other department staff participate at no cost. A recent example is the January 2005 full day workshop presented by Dr. Randal Otto of USF on "Juvenile Competency to Stand Trial." Children are often active with more than one

service division (mental health/substance abuse, child welfare, juvenile justice) so understanding the issues of our sister divisions is important in helping our staff best serve our often shared clients.

Systemic Factors	Performance Goals and Objectives	Strategy
	9.2 State's foster/pre-adoptive family and child care institution training addresses the skills and knowledge base needed to carry out their duties	<ol style="list-style-type: none"> 1. Use pre- and post-tests to evaluate effectiveness of foster parent competency building. 2. Continue basic and specialized training for all foster parents and specialized group home staff.

PROGRESS & ACCOMPLISHMENTS:

A community partner and contractor, Prevent Child Abuse Delaware (PCAD) provides community training as identified through a statewide collaborative team. Between July 2003 and June 2004, 341 foster parents received training in 27 classes. Classes were offered statewide. Training is open to all DFS and private agency foster parents. Pre- and post-tests are used as a general evaluation tool to measure levels of learning and the accomplishment of training objectives and programming.

Upper Bay Adoption and Counseling Service arrange for individual support to foster parents through in-home consultations for state fiscal year 2004. Eighteen consultations were provided to twelve foster families. This service continues to be a resource for foster parents with challenging children.

For all DFS foster families wanting to adopt, the Division provides 12 hours of foster/adopt training to these families in the state's PRIDE curriculum model. This training is required for all DFS families wanting to adopt. The information helps prepare the foster families with issues that may come up during the transition and/or after they adopt the foster child in their home. DFS has provided this training to about 30 foster families during the past year.

In FY2005, DCMHS provided training that was open to and attended by foster parents/providers and child welfare staff featuring Mary McKay, Ph.D. presenting on the topic of "Engaging Families in the Mental Health Treatment Process." Also provided was a full day workshop on Intervention Strategies for Youth with Co-Occurring Mental Health and Substance Abuse Disorders. Other training

open to the target audience and provided by DCMHS included: Psycho tropic Medications for Children and Youth (M.D. presenter), Street Drugs (substance abuse provider presenter), Client Incident Reporting and IDEA in Delaware (Parent Information Center of Delaware presenting).

Systemic Factors	Performance Goals and Objectives	Strategy
Service Array and Resource Development	10.1 Services are provided to help children safely and appropriately return to families from which they were removed	1. Provide an array of services through the Department and contractors for strengthening families with the goal of reunification; facilitate informal community supports via dedicated partnerships.

PROGRESS & ACCOMPLISHMENTS:

Since 2000, Secretary DeSantis has emphasized five Departmental initiatives to improve outcomes for families and children and are represented by DSCYF’s “Child” acronym:

- C** - Child Focused System
- H** - Holistic Service
- I** - Inspired Workforce
- L** - Leading Edge Management
- D** - Dedicated Partnerships

In the fall of 2004, Secretary DeSantis chartered several groups to assess our current structure and services and recommend changes to support a system of care philosophy and practice: Technology, Workforce Development, Workforce Barrier Busters, Policy and Procedure, Service Array, and Resourcing and Financing. These groups have met frequently and are preparing short and long term recommendations to implement a statewide, seamless system of care for all the Department’s youth and families.

DFS currently offers Intensive Home Bases Services to families who have had their children removed from their care. The referral to the contracted provider must be made with 24 hours of the placement. Services are then provided by a team. The team consists of a Masters level therapist as well as a parent aide. This team works intensely with the families for 4 months. The team is available to the family 24 hours per day, 7 days per week. It is the goal of this program to be able to reunify at the end of their 4th month of service. In addition to IHBS, DFS staff can also refer families to the enhanced parent aide program for families with children in care. This

program also focuses on providing education to the families to address the issues which resulted in placement. The education occurs during the course of visits between the children and their parents. Finally, families with children in care are also able to attend a specialized version of Strengthening Families parenting classes. A specific curriculum has been designed for families who have had their children removed.

The Strengthening Families Program funded by OPEI works with OCS families working towards reunification. The provider of the program has developed a specific type of parent education training course for families with children in foster care. The course is more intensive and provides additional supports in re-enforcing skills, modeling behavior, and the observation of parents interacting with their children.

Where children may require mental health and/or substance abuse treatment, Delaware’s public system provides a broad array of treatment services that vary in intensity and include outpatient, intensive home-based outpatient treatment, behavioral health aides, day treatment, individual residential treatment (home-setting, professional treatment parents as interventionists with clinical supervision from mental health provider and 24/7 on call supports), residential treatment (facility based) and psychiatric inpatient treatment. Services are accessible and provided statewide.

DFS’ Treatment Units use the SENSS, an initial screen instrument based on John Lyons’; CANS-MH, that is designed as a decision-support tool for front line workers to help them to identify youth who may need treatment and provides information to assist in an appropriate referral and linkage to treatment. This is intended to provide early identification of issues and linkage to treatment to help maintain children in their homes/placements.

Systemic Factors	Performance Goals and Objectives	Strategy
	10.2 Pre-placement preventive services are provided to help children at risk of foster care placement remain safely with their families	<ol style="list-style-type: none"> 1. Provide an array of services through the Department and contractors for strengthening families with the goal of successful case closure. 2. Provide comprehensive assessment, planning and service delivery for families with serious risk of foster care placement. 3. Develop System of Care (SOC) training content and protocol with stakeholder base by June 2004. Integrate SOC principles in orientation and on-going training by September 2004. Revised to

		<p>continued professional training in SOC team facilitation skills by June 2006.</p> <p>4. Complete plan for providing resources for developmentally challenged children by FY06. Action completed. Revised to strengthening resources with community partners for developmentally challenged children.</p>
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PROGRESS & ACCOMPLISHMENTS:

The Department conducted a two-day System of Care retreat in September 2003, facilitated by John Vandenberg Ph.D. and attended by 40 people representing the Children's Department, Department of Justice, Family Court Judges, Public Defenders Office, Department of Education, families, private agencies, and other stakeholders. Current system strengths and needs were identified, as well as major challenges to the development of creating an integrated System of Care were reviewed. Several goals and objectives were established at the retreat. In particular, a proposal for the creation of a "state system of care team" made up of a small core team of "top-level" system heads, along with multiple task specific workgroups, was introduced. A vision was adopted by the participants on 9/5/03:

Our vision is a System of Care which promotes supportive communities and strong families that nurture children to their full potential. This System of Care will require a public/private partnership which assures that the voices of children and families, local communities, schools, businesses, the faith community, the donor community and public systems are engaged. Services and supports are individualized, strength-based, easily accessible, integrated, culturally sensitive, innovative and community centered.

Shortly thereafter in early October, 2003, the Department's application to attend a System of Care/Georgetown University Policy Academy was accepted. A delegation led by Cari DeSantis, Secretary-Children's Department, Val Woodruff, Secretary-Department of Education, Karryl McManus, Deputy Secretary, Department Of Health and Social Services, Crystal Webb, Policy Adviser for the Office of the Governor, Division Directors for the Children's Department, Janice Mink-Grassroots Citizens for Children, Mary Ragonese (newly created Federation of Families), Joanne Miro (Department of Education), Margaret Rose Henry (State representative) and Gwen Angalet (DSCYF), attended the several day retreat. The retreat was facilitated by Sheila Pires, national expert on System of Care from the Human Service Collaborative and Georgetown University.

At the Policy Academy, the infrastructure for the state team was finalized and an initial comprehensive action plan for the team was

proposed. Gwen Angalet became the chair of the state team. The state team is conceptualized as a system wide advisory group. Along with the vision adopted at the System of Care retreat (9/03), the state team's initial and primary emphasis was to promulgate the principles and philosophies of a System of Care into all who work with children families. As this is an "advisory" council, there has been no external budget for the state team. Any initiatives would need to be funded from the operating budgets of the participants.

The System of Care state team began meeting monthly using the action plan as an initial guide. The action plan initially clustered around 5 goals (Family Partnerships at All Levels, SOC Practice Model Developed and Implemented, Positive Behavior Support Fully Operational in Schools, Embed Behavioral Health Services in YRS and DFS, and Service Access). Workgroups were created around the goals.

In May 2004 and following the retirement of Gwen Angalet, Marc Richman (DSCYF) and Al Snyder (Executive Director, Children and Families First) were named co-chairs. The state team membership has evolved and now consists of approximately 30 members representing the same broad array of stakeholders affecting children and families. The state team eventually revised the goals and clustered efforts (i.e. subcommittees) around 4 goals: Increasing Family Participation At All Levels, SOC Practice Model, Increasing the Availability of Community-based Services (more recently was merged with the Department's Service Array work stream), Outcome and Data. The state team now meets every other month to review updates from the subcommittees as well as other agenda items.

The state team was instrumental in the Children's Department's massive System of Care "101" introductory training. The target of the training was designed to meet the needs of high-level executives, managers and supervisors, and front-line staff. The training was led by a national expert, Cliff Davis-Human Services Collaborative and provided 24 trainings to well over 1000 participants representing a broad range of stakeholders (including families) across the state.

The results from the evaluations, coupled with ongoing committee work and direction from the state team, have led us to plan for the next level of System of Care training targeting approximately 100 Children's Department's staff, and possibly, selected providers and families. This training will begin September 2005. In addition, the results from the evaluations and ongoing committee work have resulted in our planning for System of Care training for the Family Court and related partners. We are bringing in two national experts for training in September 2005.

Our state team, through our outcome and data subcommittee, continues to work on system wide outcome measures in order to evaluate the effectiveness of how we operationalize the philosophy and values of a System of Care. Clearly, one of our Department benchmarks is "number of ISPs" completed. This is reported out on a quarterly basis. Our Department's Quality Assurance unit has also recently completed a selected case review using the Coordinated Service Review protocol (Ivor Groves). This protocol does reflect

integrated service planning and implementation. The results suggested the 90 percent of the sample earned top scores (positive outcome).

If workers feel that a family is at imminent risk of placement, workers have a variety of services at their disposal to prevent placement from occurring. They can request services through the Home Based Family Support program. This program was designed to provide home based counseling to all of the family members. Services are provided approximately once per week. Workers can refer families for parent aide services for intact families, and they can refer families to community based parenting classes. In addition, under the System of care philosophy, workers will seek natural supports within the community to help stabilize the family.

OPEI convenes quarterly regional meetings to strengthen the linkage between the child protection operations of the Division and the community based supports sponsored by OPEI. These meetings discuss connecting families to appropriate community based programs, improve coordination and communication between OPEI and OCS and increase OCS staff's access to community base information and resources.

Through the Promoting Safe and Stable Families program, families active or not active with the department who participate in the program develop informal and formal support systems to assist in resolving the family's needs and concerns. The outcome expected from the participation in the program is that the families connect to appropriate services.

The Early Intervention Unit conducted 14 parenting and children's groups throughout the state. These groups provided services to families in 51 schools throughout 13 districts and two Charter Schools. The parenting and children's groups increase the chances of children remaining in their homes. Additionally, EI FCTs continue to refer clients to community and state based agencies with the goal of strengthening the family unit.

Foster care services were bid for 2005 – 2006 fiscal years resulting in over 200 slots of various levels of service purchased. Medically fragile slots are available through established contracts. Services for severely developmentally delayed youth are purchased as needed through child specific contracts with private providers. Service goals are safety, stability and transition to less restrictive settings.

Systemic Factors	Performance Goals and Objectives	Strategy
	10.3 Services are provided to help children be placed for adoption, with a legal guardian, or in some other, planned, permanent living arrangement	<ol style="list-style-type: none"> 1. Strengthen fost/adopt training. 2. Continue to reduce the number of legally free children needing adoptive family with aggressive

		recruitment techniques. 3. Partner with AdoptUSKids and other resources to place children in adoptive families. 4. Continue review of permanency goals in conjunction with Family Court and Child Placement Review Board. 5. Provide an array of supportive services to long term caregivers and to children with permanency goals other than return home.
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PROGRESS & ACCOMPLISHMENTS:

DFS started the fost/adopt training in January 2004. Currently, about 30 DFS foster families have completed this training. The purpose for this training is to have an approved pool of resources for children seeking permanent homes.

Children needing a permanent family are listed on the AdoptUSKids web site and with the National Adoption Center web site. Delaware children are included in the Wednesday's Child program sponsored by the Freddie Mac Foundation and the Children's Bureau and viewed on NBC10 in the Philadelphia media area. Delaware continues to receive adoptive home studies from other states and places children with adoptive families in other states as a way to provide timely permanency for the waiting children.

Collaboration continues throughout the state with Family Court and Child Placement Review Board, and there are fewer children in foster care today than in the previous years. With the Court Improvement Project, the OCS permanency committee as well as most children in foster care having legal representation from a CASA or GAL, the children in foster care are reunified with their birth families or move to another permanency option in a timelier manner.

Delaware has some post adoption services available to families who have adopted. OCS does provide a small contract with Adoptive Families with Information and Support. Services include monthly support groups for children and adults throughout the state for any child or family who has been touched by adoption either domestic or internationally. They also provide other activities or presentations throughout the year and help facilitate the Culture Day events in November throughout Delaware.

Systemic Factors	Performance Goals and Objectives	Strategy
	10.4 All above services are accessible to families and	1. Continue to provide services statewide.

	children statewide	
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>All services above are available throughout the state of Delaware.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
Agency Responsiveness to Community	11.1 Child and Family Services Plan (CFSP) is consulted and coordinated with community stakeholders; their concerns are addressed in planning and operations; stakeholders are involved in evaluating and reporting progress on agency goals	<ol style="list-style-type: none"> 1. Evaluation of agency's progress towards goals and objectives is reviewed with community stakeholders at least annually using existing forums, meetings or the CFSR process. 2. Implement Department Child and Family Satisfaction Surveys by December 2004.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>The 2005-2009 CFSP was coordinated with approximately 60 stakeholders throughout the state. The DFS Advisory Council reviews the performance measurements and proposed strategies annually. Child and Family Services Review national standards have been reviewed and discussed with foster care providers and are incorporated in contractual agreements.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
	11.2 Agency services are coordinated with services and benefits of other public and private agencies serving the same general populations of children and families	<ol style="list-style-type: none"> 1. Develop, evaluate and revise Memoranda of Agreements with other agencies. 2. Support interdisciplinary grant initiatives.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>OCCL has had a meeting with Public Health to identify areas on which we could collaborate. Currently in the planning stage is training for Public Health Nurses on the characteristics of quality child care and the importance of selecting high quality care. The</p>		

nurses will provide education to parents that will empower them to make good child care choices. For the population of high risk families served by Public Health the potential benefits to children living in a high risk situation is greater than the general population.

Cooperation between OCCL and Public Health also extends to reducing the high rate of infant mortality within the State of Delaware. Educating child care providers on the topic of preventing infant mortality will help to engage them as partners in this effort. Strategies include supplying information to child care providers to be handed out to parents and using Child Care Centers as the location for public information sessions on ways to prevent infant mortality.

A verbal agreement has been reached between OCCL and Public Health to work together to identify other collaborative opportunities including developing funding and grant applications.

Through a blending of funding, Delaware First has overseen the implementation of a system of Professional Development opportunities for individuals working in the child care industry. The topics are wide-ranging and include nutrition, health, safety, working with parents, child development, program and curricula development. Many of the licensed child care providers also accept Purchase of Care payments. Children eligible for Purchase of Care fall into the at-risk category. This Professional Development initiative strives to ensure that individuals working in the field of child care understand the multiple needs of children, are able to better meet those holistic needs with the outcome being that the children they serve will have the skills and competencies to learn and achieve to their full potential.

In partnership with the Department of Education and the school districts, the K-3 EI Program offers services statewide to families in 51 schools throughout 13 districts and two Charter Schools. Beginning in July, the K-3 Early Intervention Program will be moving from the Division of Family Services to the Office of the Secretary for the Children's Department. Under this new alignment, the program will be in position to provide timely services and intervention strategies for all service divisions within the department.

DCMHS invited DFS representatives from senior management to present to our child mental health management team on the array of services provided by OCS in child welfare and to answer questions. The information sharing provided an excellent opportunity for staff to learn more about child welfare services and get answers to program-level and case-specific issues.

All Directors of services divisions within the Delaware Children's Department serve with the Cabinet Secretary on the leadership team in an effort to coordinate services and minimize duplication and fragmentation. In addition, there are other interdepartmental workgroups (including for instance Dept. of Education, Dept. of Labor/Vocational Rehabilitation, Medicaid and Social Services) that contribute to Delaware's ability to coordinate services and benefits of other public agencies serving the same general population.

The Divisions' State Advisory Councils all have members from the private sector and providers who provide the information necessary to help us coordinate services with private agencies serving the same general population of children and families.

Each Division of Family Services region currently has a certified substance abuse counselor and domestic violence advocate. Workers can use the expertise of these professionals in a host of different ways, including making home assessments, connecting clients to appropriate community based services and providing natural supports to the family. If workers are using these liaisons to work on a case with them, they are often included in the Family Service Plan. In addition to this formal arrangement, the Division of Family Services has recently partnered with the Division of Social Services (DSS) to provide comprehensive services to common clients. Under this new protocol, when OCS workers get a new case, they have the clients sign consent to release information form giving them permission to talk with DSS. DSS follows the exact same protocol for new cases they receive – they have the clients sign consent to release information forms giving the DSS worker permission to talk with the assigned OCS worker. Once all releases have been signed, the workers are able to freely discuss the case. DSS has agreed to include “Compliance with the DFS Family Service Plan in the client’s “Contract of Mutual Responsibility”. This agreement provides streamlined services to families. If both systems have reason to suspect that the parent has a substance abuse problem, by improving communication between the systems, only one system will make the substance abuse assessment referral. Finally, the Division of Family Services offices are co-located with a variety of agencies including adult Probation/Parole, Public Health, Child Mental Health, Youth Rehabilitative Services, Social Services and New Castle County Police. This co-location has resulted in improved communication between the different systems as well as more comprehensive case plans for the families.

Through Promoting Safe and Stable Families funding, the Office of Prevention and the Child Abuse Committee worked together to bring Mr. Orrin Hudson to Delaware. Mr. Hudson, motivational speaker, award winning chess champion and founder and President of the “Be Someone” program spoke to the staff and students of Ferris, Mowlds, Grace, Snowden Cottages, and New Castle County Detention Center. Mr. Hudson challenged the staff to use the principles found in the game of chess to teach the students life lessons. These principles, such as goal setting, focus, learning from your mistakes and learning the rules, were the key elements discussed.

The K-3 EI Program currently has MOUs with each district and charter school for which we provide services and utilize many grant funded initiatives for the benefit of our families.

DSCYF has MOUs with these agencies: Police Departments and Department of Justice, Department of Education and School Districts, Department of Corrections, Division of Social Services, Division of Developmentally Delayed and Disabled Services, and Dover Air Force Base.

Systemic Factors	Performance Goals and Objectives	Strategy
	11.3 Agreements with other agencies to perform IV-E or IV-B functions are monitored for compliance and accuracy	(DE has none)
<i>PROGRESS & ACCOMPLISHMENTS:</i>		
Not Applicable.		
Systemic Factors	Performance Goals and Objectives	Strategy
	11.4 Status of American Indian children is appropriately determined; state is in compliance with ICWA	<ol style="list-style-type: none"> 1. Strengthen the identification of tribal affiliation of children and families served. 2. Continue to provide culturally diverse services to all populations statewide.
<i>PROGRESS & ACCOMPLISHMENTS:</i>		
<p>Delaware has no federally recognized Indian tribes. The Nanticoke Tribe has shared point of contact and leadership information with DFS. The tribe was included as a stakeholder in the development of this five year plan.</p> <p>With system of care as a state strategy to improve outcomes for children and families, the Department's existing policies on cultural competency are strengthened.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
Foster and Adoptive Home Licensing, Approval, and Recruitment	12.1 State has established and maintained standards for foster family homes, adoptive homes and child care institutions	<ol style="list-style-type: none"> 1. Review and revise standards for foster and adoptive homes and child care institutions through policy and Delacare regulations as appropriate.
<i>PROGRESS & ACCOMPLISHMENTS:</i>		

The current regulations for foster and adoptive homes were developed prior to passage of the Adoption and Safe Families Act. The Office of Child Care Licensing is taking the lead in revising the current regulations related to foster and adoptive homes. A Rule Revision Task Force has been working on developing a “draft” of revised regulations since in 2004. The foster care and adoption program managers are participating in this workgroup. Other participating agencies include the private foster care and adoption agencies, residential programs, Family Court, DCMHS, and the Office of the Child Advocate. It is anticipated that a complete “draft” should be available Fall 2005 at which time it would be put out for public comment. Further revision may occur before publication in the Register of Rules making the rules enforceable regulations. The Division of Family Services leaders have initiated a process to identify differences and similarities in standards for State operated versus privately licensed foster and adoptive homes and to align the standards, policies where ever appropriate. These areas are then included as items for consideration by the Child Placing Agency Rule Revision Task Force. Through this process more uniform standards can be achieved.

Systemic Factors	Performance Goals and Objectives	Strategy
	12.2 State’s licensing standards are applied equally to all foster and adoptive homes and institutions	1. Continue application of uniform standards for all foster and adoptive homes and institutions per statutes, policy and Delacare regulations.

PROGRESS & ACCOMPLISHMENTS:

See 12.1

When the new Delacare regulations are developed, OCS will review current divisional policies and procedures and act accordingly.

OCS started the dual foster and adoptive parent application in January 2004. Now all OCS foster parents must receive this training prior to being considered for as an adoptive resource. This on-going fost/adopt training is held throughout the state.

Systemic Factors	Performance Goals and Objectives	Strategy
	12.3 Criminal background clearances are conducted for state and privately approved foster and adoptive parents and institutions	1. Continue application of criminal background clearances for all foster and adoptive homes and institutions per policy and Delacare regulations.

PROGRESS & ACCOMPLISHMENTS:

For anyone interested in becoming a foster or adoptive family, a criminal background check is required for anyone 18 and older prior

to approval. This will be addressed in the Delacare, Child Placing Agency regulation revisions that are currently in process. A legal opinion on the full force of legislation passed in 2004 has been requested from the State Attorney General’s Office. The new legislation will be incorporated into Delacare regulations as it relates to adoptive, foster homes and child care institutions.

Systemic Factors	Performance Goals and Objectives	Strategy
	12.4 Recruitment and retention efforts for foster and adoptive families represent the ethnic and racial diversity of children needing placement; state’s effectiveness in meeting official recruitment plan	<ol style="list-style-type: none"> 1. Recruit and retain a diverse pool of foster and adoptive families to match the needs of children needing placement. 2. Use internal management reports to evaluate and guide foster and adoptive family recruitment and retention efforts.

PROGRESS & ACCOMPLISHMENTS:

African American children account for 56% of the foster care placement population; however, 64% of foster parents are African American. Caucasians account for 44% of the foster care placement population and 34% of foster parents.

Marketing and recruitment activities throughout the year include community events, radio, television, movie ads, bus billboards, speakers bureau, and statewide faith based initiatives. DFS continues to use different strategies to recruit foster and adoptive families such as the AdoptUSKids and National Adoption Center web sites. Delaware participates in Wendy’s Wonderful Kids program, Wednesday’s Child, and local media throughout the year to recruit for foster and adoptive families. DFS participates in community events throughout the state throughout the year and has display tables at these events. Information related to foster care and adoption is displayed and representatives from DFS are available to answer family’s questions. With legally free children waiting for permanent placements, DFS is currently recruiting for foster and adoptive families for children of all ages, any race, sibling groups, and older children. Approximately 65% of foster parents adopt; therefore as we increase our foster care pool our adoption pool also increases. EI FCTs continue to express the needs of the Foster Care Program to attract culturally diverse foster care providers. During the year, EI FCTs speak of the need for these providers at school open houses and district health fairs and events.

Systemic Factors	Performance Goals and Objectives	Strategy
	12.5 Recruitment and use of adoptive families across state or other jurisdictional boundaries	<ol style="list-style-type: none"> 1. Continue to use regional and national adoption placement resources for Delaware’s foster children needing adoptive homes.

		2. Continue to contract with out of state child placing agencies to finalize adoptions for Delaware's foster children needing adoptive homes.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>Delaware continues to receive adoptive home studies from other states and continues to place children for adoption in other jurisdictions. A monthly Deladopt list is sent to over 40 adoption agencies in an effort to recruit adoptive families. As of June 2005 there are six children in three states in preadoptive placements. For state fiscal year 2005, nine children were successfully adopted in other jurisdictions.</p> <p>Delaware works with the National Adoption Center to place children in other states.</p>		