

**(Bolded text is revision of the original plan or the 2006 APSR)**

<b>SAFETY</b>			
<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>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.</li> <li>2. Maintain 2003 average of 95% compliance with agency standard of initial contact with treatment families within 10 days for each year, 2006-2009.</li> </ol>
<p><b><i>PROGRESS &amp; ACCOMPLISHMENTS:</i></b></p> <p>Measurement of Performance: In an effort to ensure child safety, timeliness of initial contacts in investigation and treatment and on-going contacts in treatment, are monitored through management reports distributed on a monthly basis and, results are incorporated in the quarterly DFS Report Card. Supervisory oversight is a part of the contact completion activity as seen through the ‘Diligent Efforts’ event. For the reporting period 4/1/06 to 3/31/07: Initial Contacts in Investigation was 96.13%. This outcome exceeded the goal by 1.13%. 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 (QA) 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>Current policy dictates that after a case has been transferred to treatment for on-going services, initial contacts must be made within 10 working days. Initial Contacts in Treatment was 88.57% compliance within timeframes. This outcome missed the goal by 6.43 percentage points. Policy also dictates that the worker must complete a formal Safety Assessment during that first face to face contact and incorporate safety awareness during subsequent contact. The contact schedule is based on the needs of the family but is never less than monthly. On-going Treatment contacts for the period 4/1/06 to 3/31/07 were 95.13 %, meeting the goal for this reporting period. Finally, the monthly quality reviews require the reviewer to assess whether contacts were made in a timely manner and if the assigned contact schedule is sufficient to meet the needs of the family.</p> <p>CFSR case review rating for this item is 69% conformity. CFSR PIP will incorporate actions to improve performance for this item.</p> <p>Intake and Investigation policies and procedures were extensively revised and updated. The Program Manager for Intake &amp; Investigation conducted training about the revisions and updates in all regional offices during June and July 2006.</p>			

The Child Protection Accountability Commission developed a subcommittee to examine the definitions of child abuse, neglect, and dependency in the Delaware Code. There were inconsistencies of definitions within the various chapters of the Code and the definitions needed to be clarified for improved usage. The subcommittee also reviewed issues related to “care, custody, and control.” The subcommittee was chaired by Community Legal Aid and, in addition to the Division of Family Services, other members included the Office of the Child Advocate, the Department of Justice, Family Court, the Placement Review Board, and the Department of Health and Social Services. The Subcommittee met for more than one year and definitions are being drafted into bill form for consideration during the current legislative session that ends June 30, 2007. One of the most significant revisions removes the qualification of care, custody, or control for sex abuse. This will impact the Division’s ability to substantiate minor perpetrators and other family members who were not designated as caretakers at the time the sexual abuse took place.

As a result of some findings of the Child Death, Near Death, Stillbirth Commission, the Department of Justice created an interdisciplinary subcommittee of the Abuse Intervention Committee (Children’s Justice Act Task Force) known as the Mandatory Reporting Committee in January 2007. There were findings by some child death review panels indicating mandatory reporters had not made a report to the Division’s Child Abuse Report Line. The Committee examined penalties of other states for not reporting or falsely reporting child abuse. The subcommittee has decided to increase the penalties in Delaware and to identify a process for informing the Department of Justice when a report has not been made so they can investigate. It is now anticipated any proposed legislation will not be ready until 2008.

The Abuse Intervention Committee also established a Medical Subcommittee chaired by the DuPont Hospital for Children in 2006 to specifically address reporting by and education of the medical community. This interdisciplinary subcommittee issued a survey to the statewide medical community to determine how they would prefer to be trained (e.g., online or onsite). They received a total of 90 (16%) responses out of 560 distributed surveys. Final results indicated that onsite education was the top choice for education. A reporting tool for professionals came in second. Online education was third. The work of this Subcommittee will continue so that training curricula can be developed.

The Office of 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 area 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 Families (PSSF) Consultation and Support Program focuses on families where safety is not necessarily a factor, but where extenuating risks may lead the family to enter or re-enter into deeper end services. Attempts to engage and schedule families for this voluntary service are made within two

working days from the date of referral. This past year, a waiting list protocol was established to identify families who could not be seen within five working days due to a scheduling backlog. Due to the networking efforts among the service providers, there was no waiting list for services. The frequency in which a family meets with a Family Consultant depends solely on the needs of the individual family. Based on the analysis of the average program closure timeframe, program participation has increased by four weeks. The new average timeframe for program participation is now 8 to 10 weeks, instead of 6 to 8 weeks. Program face-to-face sessions continue to last at least two hours with phone contacts lasting one hour.

Treatment workers are required to meet with a family a minimum of three times prior to completing the Family Assessment Form and developing the Family Service Plan. At the conclusion of the assessment period, supervisors are able to modify the contact schedule to best meet the needs of the family; however, contact is never less than once per month. It is also the policy of DFS to have a face to face visit within five days of a child being placed in a new foster home. Thereafter, DFS workers are required to see youth in foster care at least once per month. In the winter of 2006, DFS convened a workgroup to develop policies and procedures to address the Child and Family Services Improvement Act of 2006 requirement that children in foster care be seen at least once per month in their foster home. Policy is expected to be developed by July 2007.

If a youth is active with more than one Division within the Department of Services for Children, Youth and Their Families, an Integrated Service Plan (ISP) must be developed within six weeks of DFS opening their case. Thereafter, the ISP must be reviewed at a minimum of every 90 days. It is the policy of the Department that all involved parties be invited to participate in the development of the ISP.

If families are receiving home based services thru DFS contractors, the contractors are required to make their initial face to face contact with the family within 10 calendar days. The contract requires that the initial visit be a joint visit including the family, the DFS worker and the contractor.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Children are, first and foremost, protected from abuse and neglect	1.2 Recurrence of maltreatment (Internal Management Report, NCANDS) Revised	Less than <b>5.4%</b> recurrence of maltreatment within 12 months. <b>Revised to more</b>	<ol style="list-style-type: none"> <li>1. Reduce risk of abuse and neglect through appropriate assessment, planning and service delivery.</li> <li>2. Develop community and other agency resources to implement a system of care model.</li> <li>3. Maintain 2002 <b>NCANDS</b> rating of 1.2% recurrence of</li> </ol>

	<p><b>to absence of maltreatment recurrence.</b></p>	<p><b>than 94.6% absence of maltreatment within 12 months.</b></p>	<p>maltreatment for each year 2006-2009. <b>Revised to maintain 98.16% for 2007-2009.</b></p> <p>4. The Department to reduce the percentage of children and youth who return to service within 12 months of case closure from 30.8% (FY 06 3<sup>rd</sup> quarter) to 26% (FY07 3<sup>rd</sup> quarter). <b>Revised to 26% goal for 2007-2009.</b></p>
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***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: The DFS internal NCANDS report for the period 4/1/06 to 3/31/07 resulted in a 1.84% recurrence rate (19 of 1031). In 2006, ACF adjusted the National Standard for this measure to reflect the “Absence of Maltreatment Recurrence” establishing the standard of 94.6% or more. When applying this new standard to the same data Delaware’s resulting outcome was 98.16% of the children did not suffer from a recurrence of maltreatment (1012 of 1031). The results for the Department of Services for Children, Youth and Their Families (DSCYF) ‘Return to Service’ measure for this reporting period was 30.1%. There are continuing efforts to analyze, through case reviews, the circumstances leading to a child or family’s return to service. 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 committing a criminal offense requiring services from the Division of Youth Rehabilitative Services (DYRS). The Department’s current goal for this measure is a 26% return to service rate.

CFSR case review rating for this item is 95% conformity and is an area of strength.

OPEI continues to operate and manage select prevention programs that are community-based in an effort to respond to the needs of families in the communities as well as those families active with the Department. OPEI maintains a prevention safety model through the approach of delivering services in the areas of Universal Prevention, Selective/Targeted Prevention, Indicated Prevention and Early Intervention approaches. OPEI also promotes strategies to reduce the risk of future negative 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 the protective factors of children and families and decreasing their risk factors.

The Promoting Safe and Stable Families Consultation and Support Program is a family preservation and family support combined effort providing universal/targeted/indicated approaches focusing on reducing child maltreatment by addressing the four risk factors 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. PSSF contracts with four community-based organizations to: increase formal and informal support networks, address concerns, increase family’s advocacy efforts to address their need for services, empower families to make the connection to appropriate services and resources, assist families in designing an intervention plan, and increase a family’s awareness of how to reduce stress in the future through this planning approach. When families are in need of more intensive services, a

referral is made to the PSSF Intensive Family Consultants to provide community-based consultation and Positive Behavior Intervention. Family Consultants are trained in a strength-based and family support approach combining Family Preservation and Family Support funding, principles and practices together to create the Consultation and Support model serving caretakers of children 18 or under with multiple family needs. Services include enhancing parenting practices through discussions and suggestions, providing information on employment opportunities, budgeting and available housing, offering limited financial assistance, helping access services for substance abuse, working with families to identify their own needs, developing plans to meet those needs and providing information and referrals for needed services. The PSSF program continues to reach out to foster parents and has included independent living youth in their target population. New advertising efforts are being sought to increase foster parents' awareness of the PSSF Family Consultation and Support services. The two initiatives identified will be frequent advertising in the Foster Parent Newsletter and OPEI Foster Parent mailing list to send out program brochures. In addition, the PSSF Consultation and Support program incorporated four priority services into its family centered design: Healthy Marriages/Adult Relationships, Parenting Services, Child's Behavior and Substance Abuse Services. Families are directed to these services based upon the family's identification of need through the program's risk assessment tool. The Healthy Marriage service continues to provide support through Healthy Marriage and Fatherhood education materials. Individual and family sessions are also offered on topics such as healthy communication, conflict resolution, financial and other relational issues. The Parenting educational services ranges from parenting information, to classes such as *Parents Who Care*, *Parenting Basics*, *Understanding Your Developing Child* and the *Strengthening Families Program*. The PSSF contracted providers also offer these services by establishing an agency partnership by purchasing services or by providing the services directly. The PSSF program offers service to families who are experiencing behavioral difficulties with their child (ren)/youth. This service is offered by the PSSF Intensive Family Consultants who are classified as Psychiatric Social Workers and have the skills to offer Positive Behavior Intervention. In FY 2006, 95 families received Parenting Services, 25 families received Healthy Marriages/Adult Relationship services, and 21 received substance abuse services. During the 2006 reporting period, the PSSF program served a total of 737 families which included 976 adults and 1,592 children.

OPEI's Indicated prevention 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, with the primary goal being to reduce the incidence of child maltreatment. The objectives of the statewide 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 the capabilities of parents to draw upon formal and informal resources. Outcome data demonstrate that parents show significantly improved parenting behaviors (i.e. clarification of substance abuse use rules and consequences, increased level of positive parent-child interactions), as well as gain specific parenting skills including setting appropriate limits/building positive relationships with their youth, general child management including setting rules and following through with consequences and appropriate/consistent discipline techniques. The Strengthening Families Program supports the strategy to reduce the number of children, youth and their families who return to service within 12 months of case closure. OPEI continues to manage select

community and school-based prevention programs in an effort to respond to the needs of all families. To date this reporting year, 365 individuals have participated in the Strengthening Families Program, with only two incidents of recidivism occurring.

Delaware is fortunate to have an innovative and recognized early intervention program that is emulated by other states. The K-3 Early Intervention's Family Crisis Therapists (FCTs) are co-located in 51 public and charter elementary schools throughout the state creating a partnership with educators to provide prevention and early intervention services to children and families with the goals of preventing abuse and neglect and strengthening family functioning. DSCYF partners with the Department of Education and local school districts in this endeavor. From October 2005 to September 2006, Early Intervention FCTs opened 474 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 Program, 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 assesses 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, an additional CAFAS is completed every three months until the case is closed. For each open case within the Early Intervention Program, a service plan is completed within thirty 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. Services provided by the Early Intervention FCTs include: one on one counseling, group counseling, consultations, family counseling and home visitation. Additionally, Early Intervention FCTs offer parenting and children's groups to all clients. Other services such as accessing 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 this reporting period, FCTs have partnered with numerous agencies, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, Operation Warm, medical centers, and mental health providers for children and adults. Through their efforts, the Early Intervention FCTs partner with the Office of Children's Services and others to reduce the incidence of child maltreatment.

The Child Abuse and Neglect Campaign (CANC) is a Universal approach designed to reach the masses through "booster shots" of information geared to educate the public about child maltreatment. The CANC implements prevention information/dissemination strategies to increase awareness, engage the community and change the behaviors of individuals at risk of abuse and neglect across the lifespan despite their economic situation, educational and/or cultural background. OPEI is making a concerted effort to promote awareness and subsequently change high-risk behaviors through organized and coordinated outreach initiatives. Each April, there is a child maltreatment prevention campaign that takes place across different venues. Through a continued partnership with Happy Harry's

Pharmacy, 14,000 blue ribbons were distributed in over 60 store locations throughout Delaware to promote Child Abuse Prevention Month. As part of another social marketing strategy, an event was held at a Blue Rocks (MLBA farm league) baseball game where over 5,000 children's hats were given to children at no cost to promote the message "Think of the Child First" as it relates to child abuse and neglect prevention. A mini-fair held during the game included partners such as Prevent Child Abuse Delaware and the Domestic Violence Coordinating Council to educate the public about how they can prevent and help change behaviors related to child abuse and neglect. In 2006, the CANC Committee increased their collaborative efforts by including partnerships throughout the state with a similar mission in protecting children. The Domestic Violence Coordinating Council, Public Health, Prevent Child Abuse Delaware, Survivors of Abuse Recovery Inc., and other relevant and interested private and public agencies are involved in all child abuse and neglect prevention initiatives. The Committee has developed a three year strategic plan that will aggressively target child abuse and neglect prevention in our state and especially those issues that contribute to it.

Using the Universal approach, the OPEI Resource Clearinghouse (OPRC) disseminated during this reporting period 113,147 pieces of information including books and videos on child development, separation and divorce/successful co-parenting strategies, parenting skills/tips, drug and alcohol prevention, budgeting, resources, community emergency preparedness, violence prevention, and a host of other topics. Materials related to preventing child maltreatment have been distributed to over 33,710 individuals and organizations across the state free of charge. Adult-oriented handbooks dealing with such topics as discipline, stress, and parenting skills are also provided, with a total of 2,156 of these books being distributed. The OPRC has contracted services through Channing-Bete to expedite and facilitate the distribution of literature to individuals and organizations throughout the state. In addition, the Promoting Safe and Stable Families Program began to distribute information to males on the topics related to responsible fatherhood. Over 15,000 pamphlets and booklets were distributed through organizations, fatherhood coalitions and community events. The topics on *Being a Good Father*, *What it Means to be a Good Father*, *Cooling Down Before Things Heat Up*, *Fathers in Prison*, *Parenting and Co-Parenting*, *Relaxation and Stress Management*, *Ensuring a Successful Marriage*, *Budgeting Management*, *Stress and the Single Parent*, and *Every Child Deserves a Legal Father* were very well received. By promoting intact and healthy families, child maltreatment will be impacted.

The Division of Family Services continues to implement a thorough assessment process for families referred for treatment services. Workers are required to complete a Safety Assessment at their first face-to-face contact, a Family Assessment and a Service Entry Needs and Strengths Screen (SENSS) within the first six weeks of receiving a case. Based on the results of these assessments, workers are able to identify the most appropriate resources to meet the needs of the family, thereby reducing or eliminating the recurrence of maltreatment. In addition to the Division's assessment tools, DFS also has Domestic Violence liaisons and certified Substance Abuse Treatment Counselors co-located in each regional office. If families present with either suspected or confirmed domestic violence or substance abuse issues, DFS workers are able to refer the individual directly to the in-house specialists for an immediate assessment and subsequent referral for services.

The Department has instituted a System of Care Philosophy when working with children and their families. In order to facilitate the adoption of this philosophy, the Department has embarked on a multi-phase training program. Phase One occurred from April thru December 2004. This Phase was designed to educate all Department staff regarding the seven SOC principles and to outline how the Department proposed to move forward with this initiative. Phase Two training occurred in the Fall and Winter of 2005. This training was provided to supervisors and focused on developing team building and facilitation skills. There was also a focus on training the supervisors to implement these skills within their units. Phase Three occurred in the Summer and Fall of 2006 and was provided to frontline workers. The training focused on team building and facilitation skills. Phase Four is scheduled to begin in the Fall of 2007 and will be provided to both frontline workers and their supervisors. This training will enhance skills related to engaging families in the planning process.

Placements in early care and education providers are utilized in order to maintain a child within the family. Early Care and Education providers as mandated reporters provide extra eyes to see if the child remains safe while at home. Revised Early Care and Education Rules for centers expand the training requirements for staff in the area of abuse and neglect mandates and the recognition of child abuse, sexual abuse and neglect. All staff must receive training in these areas as part of new employee orientation. Furthermore, a provider shall ensure that each child is observed on arrival by a staff member trained in recognizing common signs of communicable disease, physical injury or other evidences of ill health. Staff are also required to utilize positive behavior management techniques and to share the policy with parents. The regulations encourage communication with parents with centers being required to develop strategies to engage parents. Rules also address the release of children to only authorized persons and not to anyone who appears to be intoxicated or otherwise incapable of bringing the child home safely.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Children are, first and foremost, protected from abuse and neglect	1.3 Incidence of child abuse and/or neglect in foster care (Internal Management Report, NCANDS) <b>Revised to absence of child abuse and/or neglect in foster</b>	Less than .57% incidence of abuse and/or neglect in foster care. <b>Revised to more than 99.68% absence of child abuse and/or neglect in foster</b>	<ol style="list-style-type: none"> <li>1. Provide safe homes for children in care by annual reviews of DFS foster homes and child placing agencies; review FACTS data entry and reporting for DFS foster home annual reviews.</li> <li>2. Provide specialized training for foster care providers; collaborate with CMH to provide specialized training.</li> <li>3. Continue departmental practice of utilizing quality assurance case review methods to analyze critical incidents and implement corrective actions.</li> </ol>

	<b>care</b>	<b>care.</b>  90% of annual reviews will be completed timely 2007-2009	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. 5. Maintain less than .57% incidence of abuse/neglect in foster care for every year 2006-2009. <b>Revised to maintain more than 99.68% absence of child abuse and/or neglect in foster care 2007-2009.</b>
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**PROGRESS & ACCOMPLISHMENTS:**

Measurement of Performance: The DFS internal data report for ‘Incidents of Abuse/ Neglect in Foster Care’, which mimics the NCANDS/ AFCARS standards for this measure has been validated and is used to monitor the outcomes for this measure and reported quarterly in the DFS Report Card. For the period 4/1/06 to 3/31/07 incidents of abuse in foster care was 0.00% (0 of 2152). This exceeded the National Standard by .57%. In 2006, ACF adjusted the National Standard for this measure to reflect the “Absence of Child Abuse and/ or Neglect in Foster Care” establishing the standard of 99.68% or more. When this new standard is applied to the same data reported above, 100% of children in foster care (0 of 2152) were free from abuse or neglect.

The DFS 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 (a separate issue from annual foster home reviews), consistent with the Division’s policy expectations. During the reporting period 4/1/06 to 3/31/07, reviewers found safety had been properly assessed 84% (138 of 164) 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 Division of Family Services refers all children ages 4 and older who are entering foster care for the first time for a mental health screening. As a result of this screening, services and referrals are made which support the child and foster parent. This initiative strives to improve child well-being and placement stability.

To become a licensed foster home, individuals must undergo a rigorous assessment process including a written application, a 9 week training program, a thorough home assessment, criminal background checks, interviews, and reference checks. Once approved as a licensed foster home, foster parents have access to a variety of in-service trainings. The trainings cover a variety of topics including mental health issues such as depression, suicide and psychotropic medication. By providing foster parents with this training, the Division expects that foster parents will be better able to handle the challenging behavior of youth placed in their home, thereby maintaining the low incidence of child abuse and neglect of children in foster care.

Social workers are required to see children in foster care at least once per month. It is during these face-to-face contacts that the social worker continues to assess the child's safety, both through conversation and observation.

The Division of Child Mental Health Services arranged training sessions for foster care providers during this reporting period. Roberta Ray, Ph.D., provided the following training for foster parents, in collaboration with DFS in 2006:

- Caring for the Child with Attention Deficit Hyperactivity Disorder – 3 hours – (6 p.m. – 9 p.m.)  
April 6, 2006 – 19 foster parents  
April 20, 2006 - 18 foster parents
- Depression in Children and Adolescents: From Sadness to Suicide Warnings – 3 hours – (6 p.m. – 9 p.m.)  
May 11, 2006 – 14 foster parents  
May 25, 2006 – 12 foster parents

Richard Margolis, M.D., Child and Adolescent Psychiatrist, provided the following training for foster parents in collaboration with DFS in 2006:

- Two 3-hour presentations on “What Foster Parents Need to Know about Psychotropic Medication” (total of 17 foster parents attended). One was an evening presentation and one was a Saturday presentation, set to increase access of training for foster parents. Sessions were held in September and November 2006.

A strong communication system between OCS Foster Care and Office of Child Care Licensing has been established. Administrators and program supervisors meet with the goal of ensuring alignment of standards and equal application of standards across foster care services without regard to the entity that has “approved” the foster provider. There is agreement to make clear, consistent enforcement of standards. When a concern or complaint comes to light it is communicated between DFS Foster Care and Child Care Licensing to ensure that the safety of all children in day care or foster care is protected.

Meetings continue and strategies are being further developed that takes into account guidance gained from the IV-E and Child and Family Services Reviews conducted in 2006 and early 2007. The review of licensing requirements that set regulatory standards for the licensing of Child Placing Agencies (CPA) was suspended pending the findings of these reviews. A DFS workgroup has been analyzing the findings and recommendations from the federal reviews to identify areas that need to be either embedded in regulation or in contracts. The task force that had been working on Delacare rules will reconvene to review the revised draft and proceed with revising regulations.

A review began of the FACTS data system with the goal of aligning the fields used to track foster care providers with those that track child care providers. A document that indicates “approval” of a foster home will now use the same template as the child care “license”. Compliance and other forms have been shared and work is ongoing to design single applications shared by both offices.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children are safely maintained in their own homes whenever possible and appropriate.	1.4 Services to family to protect children in home and prevent removal (Quality Assurance Case Reviews, Dept. Report Card)	100% of children in home will be assessed as safe	<ol style="list-style-type: none"> <li>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.</li> <li>2. Continue the safety model in investigation and treatment cases.</li> <li>3. <b>Revised timeframe is 100% compliance for children assessed safe 2007-2009.</b></li> <li>4. Continue administrative review of all children assessed as not safe.</li> <li>5. Decrease the percentage of Departmental children in out-of-home care to 12% by <b>FY08</b>, 3<sup>rd</sup> quarter.</li> <li>6. Strengthen community based prevention services for the Department through 2009.</li> </ol>
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b></p> <p>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, assigned a random 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. For the period 4/1/06 to 3/31/07, Investigation reviewers agreed that the children were safe in 97% (251 of 258) of the cases reviewed and in Treatment, reviewers agreed that the children were safe in 92% (167 of 182) of the cases reviewed. 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 and deemed in imminent danger during the case review process, are reviewed by the Quality Assurance Manager for appropriate action.</p> <p>The Department measure for ‘Percent of Children in Out-of Home Care’ as of December 31, 2006 was 15.7% (1,375 of 8,772). The Department missed the goal by 3.7% as of the last available reporting date.</p> <p>CFSR case review rating for this item is 92% conformity and is an area of strength.</p>			

OPEI continues to provide supportive services to the Office of Children's Services (OCS), Child Mental Health Services (CMHS) and Youth Rehabilitative Services (YRS) in an effort to promote a system of care. During the past year, the Promoting Safe and Stable Families Consultation and Support Program provided family consultation and support services to at-risk families involved in OCS, as well as families of YRS male and female youth detained for 30, 60 or 90 days. PSSF focused its efforts on a consultation process which is a family-focused, child-centered model that seeks to prevent families from entering or re-entering Departmental services resulting from concerns of neglect, abuse, and dependency and to provide support services to families in transitioning youth back into the home as well as the community. Through coordinated efforts to improve prevention and early intervention services based on the needs of Departmental families, a system of care has been developed that offers services along the continuum. As a result of this service collaboration, 170 OCS families and 145 YRS families were referred to the Promoting Safe and Stable Families program. It is the expectation that the PSSF program will be able to report out on the PSSF program relationship with OCS recidivism rates within the next fiscal year.

The Strengthening Families Program also works with a very diverse target population. This population includes OCS families working toward reunification; other families referred by OCS, CMHS and YRS; self-referrals and community referrals as space permits. The Department has established a valuable partnership with the Division of Social Services so that families receiving TANF monies may participate in the Strengthening Families as part of their parent education requirement. The program contractor assesses participants' 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 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 years of age. The program served 380 parents and children this past year, with 218 parents who had custody of a child between the ages of 3-16 years old. OCS referred 141 families to the Strengthening Families Program.

Delaware is fortunate to have a strong education program that is legislatively mandated for parents that are separating or divorcing, or filing for visitation who have children between the ages of eight and sixteen. The Separating and Divorcing Parent Education (SDPE) program goals are to educate parents about the impact on children of family restructuring and to give them basic tools to understand their children's behavior and needs so that harmful effects can be minimized. The SDPE program teaches parents how to co-parent successfully, in hope there will be stability in the family's lives. Specialized training is included for parents with domestic violence in their relationship. As part of the program, providers are required to show the Department's Child Abuse and Neglect video to participants, and discussion ensues on how to prevent child maltreatment. The Child Abuse and Neglect video educates the lay person on child maltreatment, the effects on the child and how to report it once suspected. OPEI is currently working with Family Court and community members to develop a comprehensive Children's component for the Separating and Divorcing Parent Education program. The adult component has been in existence for 10 years and is a model to other states. The children's component is being re-vamped, and will model the adult component so as to provide continuity. SDPE is offered by 13 providers in 22 sites statewide, and has served 691 parents during this review period.

OPEI's Families and Centers Empowered Together (FACET) program is a family support and empowerment program located in four child care centers in at-risk neighborhoods and is designed to strengthen families through educational and life-enhancing activities, fun family events and other support services. The program locations increase accessibility to information ranging from family nutrition, child physical and emotional well-being and child development. Through creating a family-friendly, educational setting in day care centers, parents can avail themselves of a lending library, participate in the parent council meetings, advocate for their needs, and learn how to address issues before problems become too entrenched. The FACET Cluster is a partnership among the four child care centers, Office of Child Care Licensing and OPEI. The program serves an average of 121 families each month, and served 196 unduplicated families and 365 unduplicated children during this review period.

Creating Lasting Family Connections (CLFC) is an evidence-based program providing services statewide to youth and their families. The program is delivered by community-based organizations and focuses on increasing community, family, and individual youth protective factors. The program is offered to youth 9 to 17 years old and their parents in an effort to delay the onset and reduce the frequency of substance use, a major issue for families in the child welfare system. The CLFC program has been provided to detained YRS youth, with 41 total participating. Each youth and parent participant group is limited in size to 15 participants to ensure optimum participation in discussions. An ongoing challenge for the implementation of the program has been to recruit family groups. Many parents give consent for their children to participate in the program but the parents themselves decline to participate. The largest percentage of adult/parent participants were those enrolled in other life skills and personal skill building programs. An additional challenge for youth and adult participants is the completion of pre and post surveys, as both youth and adults are permitted to participate in the program without completing these surveys. This practice has resulted in data collection challenges for the respective sites, which are being addressed through technical assistance by OPEI staff. CLFC served 114 adults and 479 youth between the 11 program sites throughout the state during this review period.

Families and Schools Together (FAST) is an evidence-based program that focuses on enhanced family functioning, relationship building, prevention of school failure and substance abuse and reduction of stress from daily life situations. It is provided in five middle schools across the state and program participants range from eleven to fourteen years old. The FAST program fosters a sense of confidence and competence in parents and youth, increasing the likelihood of success at home, in school and in the community. The program is built around a team with a strong school and community collaboration. The team in each school works with the youth for four weeks (once a week) and with the entire family for ten weeks (once a week). After a family completes the program services, they become part of the FAST Works support group. The FAST Program served 141 families, 250 child and 208 adults during this review period.

The K-3 Early Intervention Program is a partnership with OPEI, the Department of Education and local school districts. It is a voluntary program whereby children and families identified at-risk are assigned to a Family Crisis Therapist co-located in 51 schools statewide. They provide a range of interventions designed to remove barriers to academic and social success. Services include: individual and family counseling, child/parent support groups, home visits for reinforcement training, social skills workshops, conflict

resolution techniques, discipline alternatives and location of community resources. The Early Intervention Program is highly successful and has become a model for other states. The Early Intervention Unit conducted 16 parenting and children's groups throughout the state during this reporting period. Through an evidence-based curriculum, these 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 clothes closets, domestic violence agencies, homeless shelters, drug and alcohol counseling agencies, job assistance programs, and child care providers. By accessing necessary resources before a crisis arises, the FCTs support the family and help ensure through home visits that they are getting the help that they need to remain intact and functional.

OPEI is a member of the Delaware After School Alliance (DASA). DASA has received a Mott Foundation grant and through a public-private partnership, DASA's goals are: to create a long-term policy while advocating for and supporting after school programming, to support quality initiatives and workforce development, to support family-centered practices and to build collaborations between schools and community organizations. Quality after school programs are a vital link to intervening early and often with at-risk families, with research demonstrating they reduce the likelihood of youth engaging in delinquent behavior and being maltreated. OPEI will continue to support this effort, as one of our goals is to expand the amount and quality of after school programming in our communities through like collaborations and grant-seeking efforts.

DSCYF staff meet monthly with representatives from the U.S. Department of Health and Human Services/Administration on Children and Families, Division of Child Support Enforcement, Division of Social Services and Family Court to discuss how to collaborate around Responsible Fatherhood and Healthy Relationships initiatives. Much collaboration is occurring between the state agencies to enhance services for our kids and families, and to help prepare us to apply for federal funding. Encouraging responsible fatherhood and healthy relationships with our youth and their caretakers will reduce those risk factors that can lead to maltreatment, while promoting family wellness.

It is the policy of DFS that Safety Assessments must be completed on all children in the family at the initial face-to-face contact, any time there is a significant change in the family's circumstances, prior to reunification, and prior to case closure. In addition to this formalized process, DFS staff are directed to assess for safety during every contact with the family. In the event that a safety concern should arise, DFS staff will complete a safety plan if safety in the home can be assured, or DFS will petition for custody and remove the child from the home if necessary. During regular case conferences between social workers and their supervisors, the focus is on the safety of children in the family, regardless of where they may be living.

All contracted treatment services available to families through DFS are provided to the family in their own home. 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. In addition to training agencies require their employees to attend, DFS also requires contracted employees that will be working directly with DFS clients to complete certain portions of the DFS new worker training.

Beginning in SFY06, contractors are eligible for performance based incentives if the DFS worker referred the family to the contracted agency to prevent placement. The Performance Based Incentive is earned if the family remains intact, with no entries into foster care 12 months after the contracted agency closes the family's case. In FY06, 86% of the cases referred for either Intensive Home-Based Services or Home-Based Support qualified for the incentive. DFS staff also has access to domestic violence liaisons and certified substance abuse counselors (co-located). Both professions are able to provide services to the clients in their own home.

Placements in early care and education providers are utilized in order to maintain a child within the family. Early Care and Education providers as mandated reporters provide extra eyes to see if the child remains safe while at home. Revised Early Care and Education Rules for centers expand the training requirements for staff in the area of abuse and neglect mandates and the recognition of child abuse, sexual abuse and neglect. All staff must receive training in these areas as part of new employee orientation. Furthermore, a provider shall ensure that each child is observed on arrival by a staff member trained in recognizing common signs of communicable disease, physical injury or other evidences of ill health. Staff are also required to utilize positive behavior management techniques and to share the policy with parents. The regulations encourage communication with parents with Centers being required to develop strategies to engage parents, even those that seem to have a tendency not to be involved. Rules also address the release of children to only authorized persons and not to anyone who appears to be intoxicated or otherwise incapable of bringing the child home safely.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Children are safely maintained in their own homes whenever possible and appropriate.	1.5 Risk of harm to child (Quality Assurance Case Reviews, Dept. Report Card)	See 1.4	1. 100% of children open in 2 or more divisions will have ISPs for each year 2007-2009.

***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) ISP event and staff training. The Department performance outcome for the completion rates of ISP's during this period has varied, starting the year with a 63% completion rate, climbing to a high of 80% in

September 2006 and then ending March 2007 at 66%.

CFSR case review rating for this item is 83% conformity; PIP actions will improve performance for this item.

The Department has provided training focusing on the System of Care principles. This training, partnered with the Integrated Service Plan (ISP) allows workers to provide comprehensive services to families. 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 seven principles of the Department's System of Care are as follows:

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

In order to facilitate the adoption of this philosophy, the Department has embarked on a multi-phase training program. Phase One occurred from April thru December, 2004. This Phase was designed to educate all Department staff regarding the seven SOC principles and to outline how the Department proposed to move forward with this initiative. Phase Two training occurred in the Fall and Winter of

2005. This training was provided to supervisors and focused on developing team building and facilitation skills. There was also a focus on training the supervisors to implement these skills within their units. Phase Three occurred in the Summer and Fall of 2006 and was provided to frontline workers. The training focused on team building and facilitation skills. Phase Four training is scheduled to begin in the Fall of 2007 and will be provided to both frontline workers and their supervisors. This training will enhance skills related to engaging families in the planning process and will be provided to both frontline workers and their supervisors.

OCS workers have a vast array of services at their disposal designed specifically to reduce risk and prevent placement. The most intensive service available to families is Intensive Home Based Support (IHBS). To qualify for this service, the family must be at imminent risk of placement. Under this program, services are provided by a team consisting of a Master's level therapist and a parent aide. The team is available to the family 24 hours a day, 7 days a week. A step-down from this service is Home-Based Family Support (HBFS). To qualify for this service, families have a significant number of issues that, if not resolved, would result in the removal of the children from the home. Through this service, counseling is provided to the family in their own home on a weekly basis by a therapist with the goal of preventing placement. Beginning in SFY06, contractors providing both IHBS and HBFS are eligible for a performance-based incentive if the family remains intact, with no entries into foster care 12 months after the contracted agency closes the family's case. The most popular service to prevent placement or facilitate reunification is the home based Parent Aide program. The focus of the parent aide is to help families address areas that might place children at risk. All contracted providers are aware that they must assess for safety during every contact with the family.

DFS currently has four community-based providers designated to provide parent aide services. One contractor was selected specifically to address the Spanish-speaking population in New Castle County. All contractors are required to have at least one Spanish-speaking staff member to provide services to Spanish-speaking families.

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

<b>PERMANENCY</b>			
<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Children have permanency and stability in their living situations	2.1 Incidence of foster care re-entries (Internal Management Report, AFCARS)	Less than <b>9.9% (Revised to match new standard)</b> re-entry rate within 12 months of prior episode	<ol style="list-style-type: none"> <li>1. Provide an array of services designed to reduce the risk of re-entry.</li> <li>2. Implement AFCARS Improvement Plan by March <b>2008. Achieve 9.9% (Revised)</b> re-entry rate 2007-2009.</li> <li>3. Request revised AFCARS report for 1999-present based on #2 results, if appropriate by September <b>2008. Action pending AFCARS Improvement Plan and availability of reports.</b></li> </ol>
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b></p> <p>Measurement of Performance: For the period 4/1/06 to 3/31/07 the re-entry rate was 22.78% (285 of 1251). There are known data quality issues with this information. The Department has an AFCARS workgroup in place attempting to address the AFCARS Improvement Plan requirements and make corrections to the AFCARS extract. Significant changes are being incorporated into the FACTS Information System effective May 1, 2007 which should greatly enhance the accuracy of the data and the validity of the outcome data. In addition, during the summer of 2006 ACF adopted four new National Standards, reported as composites. Re-entry into foster care is one of four measures in Permanency Composite 1, Timeliness and Permanency of Reunification. Delaware exceeded the composites standard of 122.6 or higher for FFY05 (state Score of 128.6) but, fell below the composite standard for FFY06 (state score of 117.4). As a result the goal of 9.9% does not change for this measure and represents the 25<sup>th</sup> percentile (a lower outcome is best) for this measure, as reported in the composite.</p> <p>CFSR case review rating for this item is 94% conformity and is an area of strength.</p> <p>All services provided to families through the K-3 Early Intervention 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.</p> <p>DFS staff has a range of services at their disposal to help families address issues which place children at risk. Immediately prior to reunification, a safety assessment must be completed. 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 premise is that they will address the issues that resulted in</p>			

placement and then continue the educational process once the children are reunified, thereby preventing re-entry to foster care.

Beginning in SFY06, the Division of Family Services developed a new parent aide service for families whose children have been removed from the home. The parent aide, who has a minimum of a Bachelor's Degree, is responsible for coordinating, transporting and monitoring visits between children in care and their families. The aides address issues that resulted in children being removed from their home. The educational process continues even after the children have been reunified, thereby preventing re-entry into foster care. Performance-based incentives are linked to these contracts. If DFS referred the family to the contracted agency to work towards reunification, the agency is eligible for a performance-based incentive if the children are successfully reunified and do not re-enter foster care for one year. An array of support services is available for reunification: transportation, language translation, deaf interpretation, substance abuse, domestic violence, prevention and early intervention programming.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Children have permanency and stability in their living situations	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 <b>(Revised to 86.0%)</b>	<ol style="list-style-type: none"> <li>1. Maintain a diverse and culturally competent recruitment and retention program for foster care providers.</li> <li>2. Provide specialized training and support to foster parents. Collaborate with CMH to provide specialized training.</li> <li>3. Develop a child-centered system of care that meets the needs of all children in out of home placements.</li> <li>4. Match children's needs and foster parents' strengths.</li> </ol>

***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 4/1/06 through 3/31/07 was 89.41% (1233 of 1379). DFS exceeded the goal of 86.7% for this measure. During the summer of 2006 ACF adopted four new National Standards, reported as composites. Stability is one of three measures in Placement Composite 4, Placement Stability. Delaware exceeded the composites standard of 101.5 or higher for FFY05 (state Score of 121.4) but, fell below the composite standard for FFY06 (state score of 97.0). In addition to this change, the goal for this individual measure has been adjusted to meet the 75<sup>th</sup> percentile for this measure, as reported in the composite. Compared to the new standard, Delaware's 89.41% exceeded the composite measure for no more than 2 placement settings within 12 months by 3.41%.

CFSR case review rating for this item is 69% conformity; actions to improve performance for this item will be incorporated in the PIP.

OPEI supports the recruitment of foster parents through community outreach events and contact with an Early Intervention FCT to encourage culturally diverse foster care providers. During this reporting period, OPEI spoke numerous times of the need for more foster parents at school open houses, annual child abuse and neglect trainings, district health and safety fairs and other school based and community events.

CMHS provides training to foster parents, state supervised and private agency supervised, to support stability of placement and permanency.

Delacare Requirements for Child Placing Agencies specifically state that providers shall have a written plan describing strategies for recruiting qualified foster parents. The plan shall be flexible in considering the types of foster care provided, ages of the children, developmental needs of children, race, sibling relationships and special needs.

DFS' marketing and recruitment committee's faith based recruitment initiative engages all faiths to recruit a diverse cultural pool of resources congruent with children being placed. To date the recruitment and marketing team completed visits to 157 different faith based organizations. Recruitment activities focus placement resources for sibling groups, teens, minorities and medically fragile children. Activities include appearances on local TV and community events. Flyers, posters, give-a ways, public service announcements and foster parents are methods employed to recruit new foster parents during the past year. A diverse training curriculum to support foster parents management of difficult children and youth includes; mental health issues in children and youth, caring for sexually abused child, prenatal substance abuse and the foster child, understanding the effects of trauma, helping children deal with grief and loss, teen substance abuse and caring for children with Attention Deficit Hyperactivity Disorder. Matching children's needs with foster home strengths continues to be our focus. As indicated in the CFSR, the challenge is to increase the number of skilled foster homes to match the growing number of children and youth entering care.

OCS foster care and adoption contracts include requirements for recruiting and retaining a diverse pool of foster homes to meet the contracted number of slots. Most contracts exceed the number of contracted slots due to the volume of foster children.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency and stability in their living situations	2.3 Length of time to achieve reunification (Internal Management Report, AFCARS)	76.2% ( <b>Revised to 75.2%</b> ) or more will achieve reunification in less than 12 months	<ol style="list-style-type: none"> <li>1. Emphasizing safety first, provide timely reunification services through agency and community based services.</li> <li>2. Study the feasibility of adding family case conferencing for children in care.</li> <li>3. Maintain 85.2% compliance for each year 2006-2009.</li> </ol>
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b>  Measurement of Performance: The length of time children achieved reunification within 12 months for the period 4/1/06 though 3/31/07 was 91.68% (650 of 709). This result exceeds the stated goal by 15.48 percentage points. During the summer of 2006 ACF adopted four new National Standards, reported as composites. This measure is one of four used in Permanency Composite 1: Timeliness and Permanency of Reunification, which has a standard of 122.6. Delaware exceeded this outcome for FFY05 (128.6) but, fell short of this outcome in FFY06 (117.4). The new goal of 75.2 % represents the 75<sup>th</sup> percentile (higher is best) for this measure, as reported in the composite. Delaware exceeded this new composite measure by 16.48%.</p> <p>CFSR case review rating for ‘Reunification, guardianship and placement with relatives’ is 65% conformity. CFSR PIP actions will improve performance for this item.</p> <p>If the caseworker is unable to locate parents for a child, the worker is expected to follow DFS policy on locating missing parents. According to DFS policy, if a parent’s whereabouts are unknown, workers are required to:</p> <ul style="list-style-type: none"> <li>• Determine if the parent is listed in the current telephone and cross-reference street directories</li> <li>• Contact the school, if applicable, where the child(ren) last attended</li> <li>• Contact all significant relatives, if known</li> <li>• Complete Delaware Justice Information System (DELJIS) search</li> <li>• Complete a search of DHSS Programs (TANF, Medicaid, Child Support)</li> <li>• Complete a Department of Motor Vehicle search</li> <li>• Send an Address Information Request form to the Postmaster of the last known residence of the parent</li> <li>• Utilize the Division’s Special Investigators to see if they can locate the missing parent</li> </ul> <p>DFS has the most success in locating missing parents by contacting relatives and by utilizing the Special Investigators.</p> <p>In addition to trying to locate absent parents, it is the policy of the Division to try to locate other possible relatives for placement.</p>			

In the event that the Division is able to locate relatives interested in caring for the children, DFS ensures that relatives understand their responsibilities and ability to protect the child from the parents and to discuss their willingness to care for the child both long and short term. If 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.

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. Parent aides address a wide variety of needs for families, including helping them develop appropriate expectations for their children and helping them learn how to budget and run their household. Beginning in SFY06, the Division of Family Services developed a new service for families whose children have been removed from the home. This new service is considered an enhanced parent aide service. The parent aide, who has a minimum of a Bachelor's Degree, is responsible for coordinating, transporting and monitoring visits between children in care and their families. It is expected that the aide addresses the issues that resulted in the children's removal from their home. Once reunification has occurred, the parent aide will continue to work with the family, continually assessing and addressing any areas of risk. Performance based incentives are linked to these contracts. If DFS referred the family to the contracted agency to work towards reunification, the agency is eligible for a performance based incentive if the children are successfully reunified and do not re-enter foster care for one year. It is believed that by providing this level of intensive in-home service, coupled with visitation, it is more likely 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 Family Service Plans 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 family's progress 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 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. The Deputy Attorney Generals are regular members of the PPC and offer legal advice.

Completing timely Integrated Service Plans has also had an impact on achieving reunification. All of the significant parties, whether formal or informal supports to the family, are invited to participate in the development and review of the ISP. By having all of the parties involved, everyone is aware of the roles and responsibilities of team members. Communication between all parties, particularly the parents, is vastly improved.

A CFSR workgroup is looking at family case conferencing for APPLA youth to focus on connecting them to a forever family. In addition we are developing strategies to reduce the number of children and youth whose permanency goal is APPLA.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency and stability in their living situations	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. <b>(Revised to 36.6%)</b>	<ol style="list-style-type: none"> <li>1. Collaborate with Family Court and community partners to identify and correct obstacles to timely adoption.</li> <li>2. Recruit and retain a resource pool of adoptive families both in state and across jurisdictional boundaries to secure permanent placements.</li> <li>3. Maintain 32% compliance 2007-2009. <b>Revised to 36.6% to match new national 75<sup>th</sup> percentile.</b></li> <li>4. Maintain 30 participants in the fost/adopt training through FY07 3<sup>rd</sup> quarter. <b>Timeframe revised to each year 2008-2009.</b></li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**

Measurement of Performance: The percent of children achieving adoption within 24 months from last entry into care, for the period 4/1/06 through 3/31/07 was 37.19%. This outcome exceeds the national standard of 32% by 5.19%. During the summer of 2006 ACF adopted four new National Standards, reported as composites. This measure is one of five measures used in Permanency Composite 2: Timeliness of Adoptions, which has a standard of 106.4 or higher. Delaware fell short of this standard for FFY05 (100.5) but, exceeded this standard in FFY06 (123.6). The revised goal of 36.6% represents the 75<sup>th</sup> percentile for this measure, as reported in the composite. Thirty six foster families received fost/adopt training in the past year; this exceeds our target of 30 participants.

CFSR case review rating for this item is 43% conformity. Action steps will be incorporated in the CFSR PIP to improve performance for this item.

During 2006, the National Foster Care Review Coalition (NFCRC), of which Delaware's Child Placement Review Board (CPRB) is a founding member, worked with a representative from the Children's Bureau to develop a mechanism to collect data that will supplement the CFSR data. The Coalition is committed to ensuring this effort strives to provide objective, unbiased information regarding the underlying factors and issues that positively or negatively impact a state's ability to achieve the standards established in the CFSR. NFCRC's purpose and motivation is to improve the way our nation serves our most vulnerable children. Efforts in Delaware to collect data on the frequency that Delaware achieves an adoption within 24 months of the filing of a TPR petition, and the collection of data to clarify the barriers that prevents the achievement of a finalized adoption in 24 months will begin in July 2007.

The Child Protection Accountability Commission (CPAC) Subcommittee on ASFA Timelines was created to assess whether Delaware was meeting timelines as provided by Family Court Rules and ASFA. The Subcommittee reviewed all DFS legal custody petitions from 2002 through 2003 statewide, and is endeavoring to complete 2004 through 2006. The Subcommittee meets regularly to focus on the gathered data related to the achievement of permanency and the associated processes, has piloted simple spreadsheets to track the data and is researching best practices nationwide for the development of a permanent data tracking tool. The Subcommittee is comprised of system partners from Family Court, the Office of the Child Advocate (OCA), Child Placement Review Board, Division of Family Services, and private adoption agencies. The Subcommittee expects over the next year to complete the data collection and to create a temporary statewide database over the next year.

The August 2006 Title IV-E Review, the CFSR findings and the CPAC ASFA Subcommittee provide valuable data on permanency timeliness. Collaboration between the Office of Children's Services, Family Court, Office of Child Advocate, private agencies and other external partners has been established to make lasting systemic changes. DFS' foster care marketing and recruitment team is developing a CFSR PIP action plan to increase fost/adopt resources.

Recruitment of fost/adopt resources is vital to increasing the number of adoptive placements. Volume increases in the foster care population has outpaced recruitment efforts. OCS contracts for adoption services require recruitment activities. The Office of Children's Services continues to partner with AdoptUSKids and the National Adoption Center by photo listing legally free children awaiting permanent homes. The Division uses media whenever possible to recruit adoptive families. Some of Delaware's children are shown on Wednesday's Child on Philadelphia's NBC10, sponsored by the Freddie Mac Foundation. Other recruitment activities include advertising in the Wilmington Blue Rocks Year Book, booths at community events, National Adoption Month activities and National Foster Care Month activities. OCS continues to identify adoptive families across the country and has placed children in 31 different states for adoption. Within Delaware, adoption home studies are completed by private child placing agencies and through OCS' fost/adopt program. Seventy four children were adopted during FY2006. There were no known inter-country adoptions, disruptions or dissolutions for FFY2006 and FFY2007 to date.

AdoptUSKids consultant Jackie Prey conducted training for Family Services staff, CASA, OCA, Family Court and adoption agencies May 8-9 called Finding a Fit That Will Last A Lifetime: A guide to connecting adoptive families with waiting children. The event was well attended and participants found the information valuable.

The Family Court independently conducted Reassessment of the Court Improvement Program showed that a majority (71.1%) of permanency proceedings are conducted timely, with permanency hearings held within one year of the adjudicatory hearing to approve a permanency plan for the child. Dependency and neglect petitions filed in all three counties during the first quarter of fiscal year 2003 were reviewed.

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

Following the permanency hearing, post permanency reviews are held until the child achieves permanency or until a petition to terminate parental rights is filed.

<b>Mean Days from the Permanency to the First Post-Permanency Review Hearing</b>	139.1
<b>Mean Days Between Subsequent Post-Permanency Review Hearings</b>	126.1

The Reassessment examined 10 cases with adoption petitions. The mean time between the petition and the decision was 40 days, the same as in the original assessment.

DCMHS provides programming to stabilize placements and increase the likelihood of permanency for children with behavioral and emotional problems. Trauma Focused – Cognitive Behavioral Therapy is a new grant funded study aimed at early identification and treatment for children with traumatic histories. Full implementation of initial behavioral health screening for children entering foster care has resulted in 160 screens from February 2006 to March 2007 with nearly 80% of children screened being admitted to behavioral health treatment and attending a first session. DCMHS provides other supports to fost/adopt families through trainings and publications. During the past year, foster parents received an interactive book *Maybe Days* to help children understand foster care. Crisis service access magnets are provided in all foster parent training orientation packets.

Delacare Rule 92 requires that CPAs “have a written plan describing strategies for recruiting qualified foster parents. The plan shall be flexible in considering the types of foster care provided, ages of the children, developmental needs of children, racial identities of

children, sibling relationships and special needs”. Rule 186 mirrors the same clauses for adoptive parent recruitment. In revising Delacare CPA requirements it has been recommended that these provisions be retained.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Children have permanency and stability in their living situations	2.5 Permanency goal for child (Quality Assurance Case Reviews)	100% case reviews have an approved permanency goal	<ol style="list-style-type: none"> <li>1. Provide timely and effective services to effect reunification or other permanency goals.</li> <li>2. Continue review of permanency goals in conjunction with Family Court and Child Placement Review Board.</li> <li>3. Achieve 100% compliance for timely completion of the PCIC III 2006-2009.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: The DFS QA tool addresses the establishment of a current permanency goal. These goals are identified in the Plan for Child In Care III (PCIC III) and are updated every six months. During the period 4/1/06 to 3/31/07 the achievement rate was 80% (143 of 179). 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 for the goal to be considered current. Regardless of “timeliness” as represented above, QA case reviewers also address the appropriateness of the permanency goal to the child’s individual need for permanency and stability. The results here are more promising with reviewers finding 97% (172 of 177) had appropriate permanency goals.

CFSR case review rating for this item is 64% conformity. CFSR PIP will include actions to improve performance for this item.

The Office of Children’s Services has developed an array of services and protocols to provide timely reunification services. See description in 2.3.

The CPRB reports that during FY2006, there was a stated permanency goal for all of the children reviewed by the Board. In addition to clarity regarding the child’s permanency goal, the Board observed that for the vast majority of the cases, all of the parties involved with a case were knowledgeable regarding the efforts to be made to achieve the goal.

The Office of Children’s Services’ Permanency Planning Committees continue to review children who have been in foster care at the 10<sup>th</sup> month so the worker can present the child’s goal to the court at the 12 month permanency hearing. This tracking is done within the adoption unit in the central office. The committee reviews all children in foster care initially and for any subsequent recommendation for a goal change. DYRS continues to refer youth meeting ASFA timelines to the Permanency Planning Committees in each of the 3

counties; goals are approved and recommended at the 12 month permanency hearing, and subsequent hearings if applicable. The Committees recommend returning the case to the committee for updates if necessary. After CFSR case review findings that compelling reasons were not always documented, the committee will document the reasons for the goal change and provide compelling reasons for not filing a TPR petition or why a child has an approved goal of APPLA.

The Office of the Child Advocate, through task force and committee participation and the work of its attorneys guardian *ad litem* attorneys, collaborates with DFS, Family Court, and families for the timely achievement of permanency goals through advocacy and oversight of appropriate service delivery. Through the attorney representation of children, an important check and balance system has been created with Family Court oversight. This enables attorneys, as well as other vested parties, to advocate for timely and effective services for children and their families, and to utilize the Court system as a means of redress to enable permanency goals to be achieved.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Children have permanency and stability in their living situations	2.6 Provision of independent living services (Internal Management Reports)	<ol style="list-style-type: none"> <li>1. Establish new baselines for high school diploma/GED/ voc certificate; post secondary education enrollment and employment <b>(Baselines established, item to be deleted)</b></li> <li>2. Maintain baseline percentages 2008-2009 <b>(Revised to</b></li> </ol>	<ol style="list-style-type: none"> <li>1. Develop and strengthen partnerships with providers and other state agencies to deliver an array of IL services.</li> <li>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.</li> <li>3. Improve IL competency skills for youth exiting the foster care system at age 18 through a competency based curriculum, education, and vocational training.</li> <li>4. Support youth seeking employment through community partnerships and shared resources.</li> <li>5. Collaborate with youth and community leadership to support educational goal achievement.</li> <li>6. Incorporate Youth and IL Advisory Councils' recommendations into IL programming.</li> </ol>

		<p><b>maintain 72.2% employment; 17.8% completion of high school/GED; education enrollment 43.3%; and post- secondary graduation 6%</b></p>	
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***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: These measurements are for youth actively participating in contracted programs who are currently in care and those who have exited care, but have not reached age 21. 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 from data collected for SFY 2006. The number of youth exiting care and the number served fluctuate each year, as such, percentages, as opposed to using raw numbers, are used to establish baselines. The number of youth who aged out of care in SFY 2006 is twenty nine (29); the number of youth who completed high school or a GED program is eighteen (18). The established baseline for youth who completed high school or GED program is 62%. Twenty eight (28) youth received foster care board extensions to complete their high school education. We derived the baselines for young adults (aged out of care) who were employed; completed high school or GED program; enrolled in GED classes, vocational training or college by using the number of young adults (not in care ages 18 to 21) active and receiving IL services. The IL providers reported information relative to employment, school and training on ninety (90) young adults. Fifty six (56) young adults were employed, the established baseline for employment is 72.2%; sixteen (16) were reported as completing high school or GED program, the established baseline is 17.8%; thirty nine (39) were reported as enrolled in a GED program, vocational training or college, the established baseline is 43.3%; and five (5) were reported as having a vocational certificate or license or completing college, the established baseline is 6%.

CFSR findings indicate Delaware needs to improve service delivery of independent living services for eligible youth, especially youth aging out of foster care. Action planning is underway to address these recommendations.

OPEI, the Department of Labor, Department of Education, Department of Health and Social Services and the Workforce Investment Board are partnering to provide more comprehensive vocational programming for Delaware's youth. DSCYF has applied for an infrastructure grant from the U.S. Department of Labor which assists states in developing a plan to serve the neediest youth and then subsequently build the service delivery system to serve a target population. To complete this task, Delaware has created a State Youth Vision workgroup, which has selected the target population to be youth aging out of the foster care system, particularly those 16 and older. The ultimate goal of the project is to increase the number of foster youth that gain a post-secondary educational credential and enter the workforce pipeline with the right skills to work in high technology, high growth and high wage occupations. Replication will occur with other at-risk youth populations, such as children who have been abused or neglected, juvenile justice youth, substance abusing youth, high school drop-outs, youth of incarcerated parents, disabled youth and pregnant or parenting teens.

OPEI is partnering with several other state agencies and community-based organizations to promote the holistic approach to adolescent health and well-being and to incorporate the community aspect of adolescent health into the entire process. The Teen Pregnancy Prevention Board sees the need to address adolescent health risk issues earlier in the lives of youth in order to more effectively impact decision-making and health behaviors. In turn, services are being developed to assess programming, determine gaps in current initiatives, and provide comprehensive interventions that promote general youth well-being, while preventing teen pregnancy. The overall goal is to develop strategic, evidence-based, and sustainable programs.

OCS and the CPRB continued their partnership to ensure the distribution of the federal funds the state receives for the Education and Training Vouchers (ETV) are coordinated with the distribution of the state established Ivyanne D.F. Davis Memorial Scholarship. The CPRB's volunteer scholarship committee and professional staff work closely with the representatives from the IL contract agencies to achieve a fair distribution of the available funds, while allowing for individualized decisions tailored to best support the needs of the individual student. Thirty three (33) young adults received ETV fund during school year 2006/2007; fifteen (15) were new applicants.

Family Services developed an Independent Living Program (ILP) Strategic Plan which should facilitate better service delivery to foster youth, and former foster youth. A statewide survey was conducted as part of plan development. Foster youth, former foster youth and stakeholders participated in the survey; the age range for youth participants was 14 through 21. The adult participation included representation from the Department's OCS and mental health case managers and supervisors, Child Placement Review Board, private foster care agencies, school-based wellness centers, Family Court Judges and staff, community organizations and privatized independent living service providers. The survey included questions on education and employment. Results regarding these questions were: 73.7% of the youth had attended an educational program within six months of completing the survey, and 71.9% indicated they were currently enrolled at the time they completed the survey. Over ninety-one percent (91.2%) agreed to some degree (Agree or Strongly Agree) that they knew where and how to access resources to help them continue their education. Over sixty percent (62.5%) of the young adults reported having employment at the time they completed the survey; and 87.7% knew where and how to access resources to assist them

in finding employment. Also, the Division identified and developed benchmarks for the Independent Living Program. Categories for the benchmarks were broken out by population ages 14-15, 16-18 and 19-21; activities, and the person/agency responsible for actions.

IL service providers provided basic life skills training to foster youth and former foster youth who had aged out of foster care. Youth were engaged in activities that lead to healthy lifestyles such as the annual Ropes Course sponsored by the Delaware Army National Guard. Additionally, youth received training on the dangers of high risk behavior, i.e. unsafe sex, drugs, alcohol, and the use of illegal substance. Further, IL service providers and Division of Family Services (DFS) staff conducted workshops on budgeting and financial planning, job readiness and employment, job interviews and domestic violence. In the job shadowing/mentoring program: one youth is interested in becoming a medical doctor and is shadowing a local physician; another youth is interested in nursing and is shadowing a student currently enrolled in a nursing program; one youth is interested in culinary and food services, and he is shadowing a local restaurant manager; and one youth is interested in law enforcement, arrangements were made to pair her with a police officer.

The Independent Living Advisory Council merged with the DFS Advisory & Advocacy Council during the past year. The merger provides a much stronger voice for youth advocacy. The DFS Advisory & Advocacy Council and the Youth Advisory Council (YAC) meet on a regular basis and provide recommendations for programming and services for children in foster care and youth receiving services after exiting foster care. The Youth Advisory Council applied for and received a grant for \$1,000 from the Delaware Community Foundation to fund IL activities. This will provide budget management skills for YAC members. A May 2007 career day outing was planned and funded by this grant.

The Independent Living Program Manager conducted visits to all IL service providers to evaluate program compliance; and to provide technical assistance. Surveys show IL participants and caregivers are pleased with services rendered; however, there is a need for more resources if service providers are to maintain the level of services currently being offered.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Children have permanency and stability in their living situations	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.

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: See 2.5. CFSR case review rating for this item is 60% conformity. CFSR PIP actions will improve performance for this item.

All children who are in foster care are reviewed by the Division of Family Services Permanency Committee in their tenth month of placement. The committee makes a recommendation to the social worker to present the child's goal at the subsequent court review. All children who are placed in foster care are continually reviewed in conjunction with the Family Court and Child Placement Review

Board.

The efforts to address what the CPRB feels are the overuse of the goal of APPLA was initiated as the Board's primary advocacy effort during 2006. During the year through collaboration and discussions with the Inter-Agency Committee on Adoption (IACOA), the Board campaigned to identify ways to reduce the dependency on the use of the goal and to seek more permanent placements for children. The effort to achieve improved outcomes fell into three areas:

1. Better preparation of children for adoption.

- Greater clarity around initiatives that would better prepare children for adoption and increasing efforts to identify permanency resources for children by identifying people with whom the child has already connected.
- Efforts to provide caseworkers with training and education on the preparation and resourceful ways to identify adoptive resources for older children were initiated. An example is the May 2007 AdoptUSKids training.

2. Changing perceptions and addressing barriers that hinder efforts to achieve real permanency for children.

- The CPRB used their fall 2006 training as an opportunity to initiate dialog throughout the child welfare service system by having a panel of people discuss their concerns about the use of the goal of APPLA in Delaware. The panel consisted of an Independent Living contract agency representative, a CASA who has been assigned older youth, a Family Court Judge, a DFS APPLA worker, a DFS permanency supervisor and a representative from an adoption agency that places older, hard to place children. The discussion articulated the CPRB's concerns that too often the end result for youth who have a goal of APPLA is that reunification efforts are halted, adoption and/or guardianship resources are not sought and the child languishes in foster care while continuing to experience numerous placements.
- Identification of barriers to achievement of permanency for children, such as timely completion of a child's profile, were identified during discussions at Inter-Agency Committee On Adoption (IACOA) meetings and steps to address them were initiated by the DFS members throughout the year.
- The inclusion of TPR'ed children with the goal of APPLA on the state's Deladopt listing.

3. Support the families post finalization to ensure stability of placement.

- Continuation of discussions within IACOA to identify the post-adoption supports adoptive families will need to maintain adoptive placements.

- During the year, Upper Bay Adoption and Counseling Services initiated program development efforts to establish a weekend respite program for adoptive families. Initial service provision started in the spring of 2007.
- Agreement by all of the member agencies of IACOA to commit assuming responsibility for one AFIS (Adoptive Families with Information and Support, a DFS contracted provider) event a year to support and ensure connections throughout the Delaware adoption community.

Efforts will continue in this area by both the CPRB and the IACOA, in collaboration with DFS.

The Division of Family Services Permanency Planning Committees continue to review children who have been in foster care at the 10<sup>th</sup> month so the worker can present the child's goal to the court at the 12 month permanency hearing and for any subsequent recommendation for a goal change. Permanency Committees also review DYRS youth as needed. The committee will document the reasons for the goal change and provide compelling reasons for not filing a TPR petition or why a child has an approved goal of APPLA. In the most recent CFSR, this was an area needing improvement. This area will be addressed in the CFRS PIP.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
The continuity of family relationships and connections is preserved for children.	3.1 Proximity of foster care placement	Study and implement measurement by March 2007. <b>(Revised to March 2008)</b>	1. Build the capacity for neighborhood foster care resources. 2. Maintain children within their school district, if possible.

**PROGRESS & ACCOMPLISHMENTS:**

Measurement of Performance: No data available for this outcome. The CFSR found this item to be an area of strength with a 93% conformity case review rating.

The marketing and recruitment team's faith based initiative identified zip codes in each county where most foster children are placed from and developed a strategy to recruit in those zip codes. Contact was made with approximately 60% of faith based organizations in these areas requesting support of efforts to keep children in their community. The impact of our efforts is expected next year.

OCS, Department of Education and school districts continue implementing McKinney-Vento protections to keep children in home schools with the department of education providing transportation.			
<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
The continuity of family relationships and connections is preserved for children.	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"> <li>1. Continue the priority of sibling placements.</li> <li>2. Recruit foster care homes for sibling groups.</li> <li>3. 95% of case reviews will reflect reasonable efforts to initially place siblings together for each year 2006-2009.</li> </ol>
<p><i>PROGRESS &amp; ACCOMPLISHMENTS:</i></p> <p>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 4/1/06 to 3/31/07 the achievement rate was 96% (73 of 76), one percentage point above the targeted outcome.</p> <p>CFSR case review rating for this item is 80% conformity. CFSR PIP will incorporate actions to improve this measure.</p> <p>In the event that DFS must remove a sibling group from the home, the caseworker and foster home coordinator always try to locate a placement that will keep the siblings together, unless there are compelling reasons for separate placements. Unfortunately, that is not always possible. Recognizing that the sibling relationship is the longest lasting relationship a person will ever have, DFS policy requires workers to arrange sibling visitation at a minimum of monthly if the children are not placed in the same foster home. The sibling visitation is above and beyond any visitation that occurs between the parents and children.</p>			
<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
The continuity of family relationships and connections is preserved for children.	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"> <li>1. Continue contractual services to support visitation (transportation, supervision, case management).</li> <li>2. Monitor visitation through the directed case conferencing.</li> <li>3. Support foster parent involvement with families.</li> <li>4. 95% of case reviews will reflect efforts to comply with planned visitation schedules, 2006-2009.</li> </ol>

***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 4/1/06 through 3/31/07 efforts to coordinate visitation between siblings was seen 89% (93 of 104). While falling short of the goal, this represents a 6% improvement over the prior reporting period. Efforts to coordinate visitation between children in foster care and their parents was seen 82% of the time (105 of 128), a one percent decrease from last year.

CFSR case review rating for this item is 52% conformity. CFSR PIP actions will improve performance for this item.

The Strengthening Families program offers a specialized class for parents who are working towards reunification with their children who are in foster care. Oftentimes, these parents are court-ordered to attend as part of the conditions for their children to be returned to their care. The class is structured around the parents receiving the curriculum in a 16-week format, with the children attending as appropriate. Foster parents are welcome at the classes as well, as they often provide transportation for the children to attend. Day care and dinner are also provided for participants and children not in the Department's care.

Workers from the Office of Children's Services place special emphasis on developing consistent, meaningful visitation plans between children in foster care and their families. It is the Division's belief that consistent visitation is necessary to help maintain family relationships, maintain psychological ties between the parent and child, and to help prepare the family for reunification. When developing a visitation plan with the family, workers must consider the child's sense of time and the parent's circumstances, as well as the continuity and improvement of the parent and child relationships. Weekly visitation is encouraged unless otherwise directed by the court. Workers are required to present the Family Service Plan to the Court by the Adjudicatory Hearing (40<sup>th</sup> day). Visitation is always included in the Service Plan. Once presented to the Court, it becomes court-ordered. Prior to the visitation being court-ordered, the frequency of visitation is left up to the discretion of the worker. However, policy does contain research-based guidelines for workers to follow indicating the amount of time a child can be away from their parent before they begin to form new psychological bonds. Beginning in SFY06, DFS workers have also had access to contracts developed specifically to support and enhance visitation between children in care and their parents.

When the Family Service Plan is developed, if the children have been removed from the home, the visitation arrangements are always included in the plan. The worker will take into account the parent's work schedule, their transportation needs, their location, and any special conditions that may impact the visitation (supervised visitation, etc). The worker also takes into account the schedules of the youth as well as the foster family. If service providers are going to be assisting with the supervision, they are also included when the visitation plan is developed.

DFS policy requires that visitation details be captured in both the Plan for Child in Care series and the Family Service Plan. On both documents workers include all details of the visitation including who will be present for the visits, the location, duration, and any

special conditions (supervised, no contact orders). Families are required to sign both the PCIC series as well as the Family Service Plan indicating that they are in agreement with the proposed visitation plan. Policy also requires that DFS supervisors review visitation requirements and schedules during monthly supervision. This information is then captured in the Directed Case Conference notes that supervisors maintain for every case.

Beginning in SFY06, DFS developed contracts designed to utilize parent aides 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 are responsible for ensuring that visitation occurs in accordance with the court order. The contracted worker is required to use the visitation time as an opportunity to provide a continuum of parent education services initially focusing on the behaviors and conditions which resulted in the child being removed from the home. These activities include teaching parents how to play with their children, how to set limits, how to discipline appropriately, what is developmentally realistic, and how to prepare and provide nutritious snacks. The expectation is that the input from the parent aide contributes to a more meaningful, sensitive visit while at the same time providing the parent with an opportunity to practice their skills. Once the children have been reunified, the focus of the contractors' services then shifts to continuing the educational process in the home and, ensuring that parents are able to utilize the skills they have been taught. DFS staff has found this service to be a welcome relief as they are now able to schedule more frequent, meaningful visitation between parents and their children. All parties involved with the visitation (birth family, foster family, CASA, GAL, DFS worker) are provided with a written visitation plan. Contractors are required to complete a Visitation Observation Checklist for every visit. The Checklist is then forwarded to the assigned OCS 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.

FY07 foster care contracts include expectations for visits with birth families, siblings, including transportation and case management requirements. Foster parent pre-service training addresses the importance of engaging with biological families. Many foster families actively engage families, arrange sibling visits and in some cases invite birth mothers to their home for visits.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
The continuity of family relationships and connections is preserved for children.	3.4 Preserving connections	100% of children open in 2 or more divisions will have ISPs, 2007-2009.	1. Develop supports and contractual services to maintain community and cultural connections for children and families.

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: Compliance with completing Integrated Service Plans (ISPs) is the measure for this Performance Indicator. The Department's Integrated Service Planning Policy stresses a holistic, culturally competent planning process with family and providers as partners. The policy states in addition to DSCYF case managers and family, teams should also include contracted providers, informal supports identified by the family (i.e. extended family, clergy, and friends), and educational representatives. The service plan follows the DSCYF system of care principles. It is believed that the best care and protection of children can be provided when family strengths are aligned with department and contracted services. Plans will be: 1) Individualized built on the strengths of the child and family, 2) Child centered and family focused, 3) Community based, 4) Culturally competent, 5) Seamless within and across organizations; and 6) Developed by a team of partners working with families. ISPs are completed on children open in two or more divisions. DFS is 61% compliant with completing ISPs as of March 31, 2007. For all cases active with DSCYF the outcome rate was 66% as of March 31, 2007.

CFSR case review rating for this item is 83% conformity. CFSR PIP actions will improve performance for this item.

OPEI continues to provide contractual services that maintain community and cultural connections for children and their families. All services provided through OPEI are child-centered and family-focused in an effort to encourage the family to take the lead in their service delivery and empower the family to advocate for their needs. The Families and Centers Empowered Together (FACET) program is in its 16<sup>th</sup> year of service. 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 Early Care and Education 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 Early Care and Education centers in high-risk neighborhoods; (2) provide a range of services on-site in the Early Care and Education 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, well-developed children; developing new skills in communication, decision-making, conflict management, stress management, and leadership; developing program partnerships with schools in the center's feeder pattern and other community organizations, 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.

Through Alternative Activities Grants (AAG), OPEI encourages and strengthens collaborations and connections among communities, nonprofit agencies, state and local government. AAG's are small grants usually offered during the summer months but may be offered at other times of the year to organizations which serve at-risk young children, youth and their families. These organizations may be school-based, community centers, or faith-based institutions. Through these grants, OPEI supports the

communities' efforts to prevent child abuse and neglect, substance abuse, violence, delinquency and recidivism, promote health, wellness and mental health and strengthen families. During this review period, 827 children ages 1 to 18 years old were served through these grants.

Mini-grants are also offered by the PSSF Community Advisory Board (CAB) during the summer months. These are grant opportunities to empower and strengthen the community's ability to become more involved in developing appropriate supports for families. Through this effort, the PSSF CAB becomes a community partner with other organizations. The PSSF CAB members gain skills for conducting a needs assessment to identify the type of support needed, more experience in advertising and reviewing proposals and recommending program selections. This process also provides the CAB with more experience about obtaining additional funding from other sources.

The Promoting Safe and Stable Families Program is working collaboratively with the Division of Child Support Enforcement, Head Start and other Fatherhood community organizations to develop a statewide Fatherhood/Healthy Relationship Coalition as a way to increase the awareness of the various types of resources and services offered to fathers. In addition, resulting from the Fatherhood/Healthy Relationship Coalition, a needs assessment will be conducted through surveys and focus groups targeting fathers throughout the state in an effort to gather information on how fathers view family, marriage and parenting and identify ways to strengthen adult relationship education, increase knowledge on parenting and the type of supports and knowledge needed to be an effective parent.

The Fatherhood Basketball Tournament was a collaborative effort between the Division of Child Support Enforcement, Department of Labor, Division of Medicaid and Medical Assistance, Division of Public Health, the Division of Social Services, and OPEI with the goal of reaching out to fathers in local communities to help them obtain information about being a parent and to connect them to local business and organizations creating an increased opportunity for stability. Exhibitors and Information tables included: banks, credit union, counseling/spiritual groups, educational institutions, exercise/entertainment, housing and employment.

The Separating and Divorcing Parent Education (SDPE) program continues to be diligent in its efforts to increase the number of Hispanic sites to serve the Spanish speaking parents statewide. Historically, the only Hispanic SDPE site was in New Castle County. In 2006, a new site was established in Sussex County with ongoing efforts to expand to Kent County which would make this specific service available statewide.

The K-3 Early Intervention Program conducted sixteen parenting and children's groups throughout the state during this reporting period. These groups provided services to families in 51 schools throughout 13 districts and three 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.

During this reporting period, OCS staff met with representatives from the Nanticoke Indians to discuss ways in which the tribe could support Indian children coming into care. The Nanticoke Indian representatives agreed to serve as foster parents for Indian children if

they need to be placed in out-of-home care. In the event that an Indian child needs placement, DFS will notify the Nanticoke representative and a member of the tribe will initiate and complete the process to become a licensed foster parent. Until that process is complete, OCS will follow the protocol for assessing the home of a non-relative caregiver so that placement can be made immediately.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
The continuity of family relationships and connections is preserved for children.	3.5 Relative placement (Quality Assurance Case Reviews)	95% case reviews reflect relatives were considered for placement	<ol style="list-style-type: none"> <li>1. Continue policy and practice of considering relative placement over non-relative foster care, always assessing for child safety.</li> <li>2. Case reviews will reflect 95% compliance with relatives being considered for placement 2006-2009.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**  
 Measurement of Performance: The DFS QA ‘Placement’ tool addresses efforts made to place children with relatives. For the reporting period 4/1/06 through 3/31/07, 94% of the case reviews (132 of 141) reflected efforts were made to achieve this outcome. This measure is 1% below the goal.

CFSR case review rating for this item is 84% conformity. CFSR PIP actions will improve performance for this item.

Where appropriate, DYRS youth unable to return home to parents due to victim living in the home, relative placements are always sought and secured or ruled-out, prior to an APPLA goal being requested.

The single most important task OCS workers do to maintain relative connections is to explore all familial resources for children prior to placing them in foster care.

DCMHS provides support to relatives with foster children in placement by responding to mental health crisis calls through its statewide crisis intervention services.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and connections is preserved for children.	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"> <li>1. Collaborate with Family Court, private providers and families to maintain quality family connections.</li> <li>2. Develop measure by March 2007. <b>(Revised to March 2008)</b></li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**

Measurement of Performance: No measure has been developed for this goal. Per policy, visitation is specifically addressed in DFS's Plan for Child in Care III.

CFSR case review rating for this item is 58% conformity. CFSR PIP actions will address improving performance for this item.

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

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

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

During this past year, there has been a greater emphasis during CPRB reviews to stress continuity of placements. Frequency and quality of visitation efforts, as well as a discussion of alternative ways to maintain connections when face-to-face visits aren't viable, are standard topics for all CPRB reviews.

The Office of the Child Advocate provides legal representation to nearly 700 children in DFS custody. In doing so, OCA, through its attorneys guardian *ad litem*, advocates to preserve quality family connections and relationships through collaboration with DFS, Family Court, families, and private providers. Through the attorney representation of children, an important check and balance system has been created with Family Court oversight. This enables attorneys, as well as other vested parties, to advocate for both parental and sibling visitation, and to utilize the Court system as a means of redress to ensure such critical connections are maintained.

**CHILD AND  
FAMILY  
WELL-BEING**

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Families have enhanced capacity to provide for their children’s needs.	4.1 Needs and services of child, parents, foster parents (Quality Assurance Case Reviews)	90% case reviews reflect appropriate assessment of needs and service delivery	<ol style="list-style-type: none"> <li>1. Build a system of care that provides a seamless continuum of services to support children, parents and foster parents.</li> <li>2. Strengthen continuous quality assurance to improve systemic delivery of service.</li> <li>3. Support foster parent participation in case planning activities.</li> <li>4. 90% of case reviews will reflect appropriate assessment of needs and service delivery 2006-2009.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**  
 Measurement of Progress: The DFS QA tool for ‘Treatment’ and ‘Placement’ incorporates a series of questions to address the service needs of parents, children and foster parents, and has developed a composite data measure in order to evaluate its progress consistent with 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. For the reporting period 4/1/06 to 3/31/07, of the 176 cases reviewed, the aggregate outcome for this measure was 91.68%, exceeding the goal by 1.68 percentage points.  
 CFSR case review rating is 54% conformity for this item. CFSR PIP actions will improve performance for this item.

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 services 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 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 care centers, education institutions, churches, social service agencies and community centers. Non-traditional venues are being identified such as barbershops and hair salons to distribute educational information and to engage families for services. OPEI works with children, youth, families, communities, schools, and other agencies to provide prevention and early intervention programs and activities to prevent child abuse and neglect, substance abuse, delinquency and child behavioral health issues. Strategies have been designed and implemented to reduce the risk of negative outcomes related to substance abuse, child maltreatment, behavioral problems, and inadequate parenting. Efforts to this end focus on increasing protective factors and decreasing risk 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 (CLFC) substance abuse, violence prevention and family strengthening curriculum primarily in community centers. Sites are located in each of Delaware's three counties. Eight sites are in New Castle County, one in Kent County and one in Sussex County. DPN community sites 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. Between the eleven programs sites within the State the program serviced 114 adults and 479 youth.

The Strengthening Families Program is a nationally recognized evidence-based parent skills training program model and indicated intervention service. 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 to strengthen capabilities of parents to draw upon formal and informal resources.

The PSSF Program services are designed to work with families who fall into all prevention strategies. The majority of families referred usually are considered Selective based on their levels of risk. The families who have moved past risk and begun to engage in

negative or undesirable behaviors receive the PSSF Intensive Family Consultation and the Positive Behavior Intervention services. Through the use of family support practices, the program promotes the system of care approach created to address the stressors which have the likelihood of causing child maltreatment. In the delivery of services, families who are at-risk of child maltreatment may receive educational material, resource and service connections, family consultation and support services and intensive consultation/positive behavior intervention services depending on the family's assessed need. With the Family Consultation and Support process, the family is empowered and supported to take the leading role in the planning process and decision-making on how to self-identify and address their needs and/or concerns. The Family Consultant advocates and assists the family in the development of an action plan to identify and mobilize informal and formal supports participants, and how to obtain their goals. Through the Family Consultants' use of a family-focused, child-centered, strength-based approach, the family tools are used to empower participants and families are encouraged to make decisions about the services they need and receive.

The FACET program is part of Early Care and Education 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 Programs. This contractor ensures that all Early Care and Education providers and their staff are in line with the State of Delaware's child care regulations and makes regular quality visits to ensure compliance of these regulations. The contractor also ensures that these providers receive information on available trainings that their staff can use to meet their state training competencies requirements. All these factors make for a better Quality Early Care and Education Center with a more knowledgeable and skilled staff. This translates to a healthy learning environment for the children in the FACET centers. Family and Workplace Connection (FWC) is the contracted service which supports the FACET Program. FWC provides the FACET Coordinators with training, support and empowerment to assure that the components of the FACET program are being implemented as dictated by the model which is designed to increase family protective and resiliency factors and reduce the likelihood of child abuse, neglect, involvement in violence, delinquency and the abuse of alcohol, tobacco and other drugs. Through their expertise and training, FWC offers the necessary skills and support that allow the FACET Coordinators to assist parents in acquiring life skills and opportunities to promote their attained skills through the parent council, planning activities, and involvement in special projects.

Over the past two years, OPEI has enhanced "linkage points" with CMH, OCS and YRS in an effort to promote the effectiveness of the Department's core services. Such linkages serve as critical conduits of information and communication between the statewide service delivery systems. The PSSF family-focused and child-centered approach supports OCS and YRS in their efforts to prevent families from entering or re-entering Departmental services 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 prevention and early intervention services based on the needs of OCS and YRS, all have gained a better understanding of each other roles and are better able to define the type of services that could best serve Departmental families, as well as those at-risk but not yet currently involved with the Department. PSSF continues to provide support to YRS by working with young males detained in Level Four and Five facilities. These youth receive skill building training through a curriculum called "Abused Boys, Wounded Men and

Taking Responsibility Ending Pain”. This life skills curriculum explores intense subjects that are critical to ending the cycle of abuse that often begins in childhood. Interactive questions allow the youth to identify situations in their own lives that may cause wrong choices in decision-making and work toward solutions. The workbook reinforces key concepts and spoken words from the video.

The Master Tobacco Settlement Funds provide for tobacco prevention programming statewide. The Department, in partnership with the Division of Substance Abuse and Mental Health and the Division of Alcohol and Tobacco Enforcement provide a continuum of prevention strategies to ensure that youth do not have access to tobacco. Delaware is touted as one of the top three model programs in the nation. OPEI established contracts with three community-based agencies to provide community-based tobacco prevention programming to encourage youth involvement, promote life skills and provide alternatives to tobacco use. The contractors implementing the programs were the Greater Dover Boys and Girls Club, the YMCA Resource Center and the University of Delaware New Castle and Kent Cooperative Extensions. The Greater Dover Boys and Girls Club provided the “Smoke Screamer” tobacco prevention program to youth, ages 8-11, in the City of Dover. The program consists of a dual-pronged approach that attacks the issue of tobacco and other drug abuse by educating youth on the harmful effects of substance use and abuse through the promotion of healthy lifestyles and physical fitness. Total number of youth served by the Boys and Girls Club during this reporting period was 340 youth. The YMCA Resource Center implemented the TIPS (Tobacco Intervention Program for Students), which consists of a curriculum that educates youth on the harmful effects of tobacco use and teaches a healthy lifestyle. This health-based curriculum for 9th and 10th grade students is administered during health class. Total number of youth served in the final contract year was approximately 480 youth. The University of Delaware’s New Castle County and Kent County Cooperative Extensions provided the Health Rocks tobacco prevention curriculum developed by the National 4-H Council to reduce youth tobacco use. This curriculum focuses largely on building decision-making skills which enable youth to resist tobacco and other drug use. Health Rocks also involved the formation of three community-based, youth led advisory groups to receive training in delivering the curriculum to other youth. Total number of youth served in the final contractual year was 320 youth. In order to implement a more uniform and evidence-based program with more consistent outcomes, OPEI re-bid the funding July 2006 to implement Botvin’s Life Skills (LST) program. The contractor selected to implement the LST program is the University of Delaware Cooperative Extension. LST is an evidence-based tobacco, alcohol, drug abuse, and violence prevention program for middle school students. It targets those issues that cause drug abuse and implements ameliorating factors that best prevent risk factors. The main goals of LST are to teach prevention-related information, promote anti-drug norms, teach drug refusal skills, and to foster the development of personal self-management skills and general social skills.

OPEI initiated a Grant Writing Unit in 2005, which seeks funding for the Department to promote family stability and unity, ensure the well-being of children, and offer protection from physical, emotional, and/or social crisis. The Grant Writing Unit has been diligent in submitting applications for funding. The Grant Writing Unit was successful in obtaining the following:

1. Materials requisition for Art Programming for youth at the Ferris School for Boys where over 50 pieces of art were created and framed by students at Ferris School. The frames were also designed and built by the Ferris students.
2. An expansion of Media Matters services for young males at The Ferris School for Boys and the New Castle County

Detention Center. Media Matters is a hands-on, technology-based workshop geared toward adolescents that teaches students to create positive media messages using digital video-production software. This program has served over 75 youth in the past year.

3. Funding to supplement a vocational training program serving at-risk youth ages 16 – 21.

Although several applications for funding were not awarded, the information submitted in the applications has been used by outside agency/partners in seeking other awards to implement peer-to-peer mentoring for males transitioning from juvenile justice system to schools and has assisted in developing a strategic framework which will address substance abuse and prevention issues throughout Delaware. Future fund-seeking initiatives include gender specific programming, vocational/educational services, workforce and youth development, suicide and substance abuse prevention, and services for system-involved youth including the juvenile justice and foster care systems. Specific initiatives include “Finding Words” in collaboration with the Children’s Advocacy Center of Delaware to train Forensic Interviewing Specialists in lessening victim trauma associated with repeating the account of abuse. Another future initiative includes obtaining funding for supportive programs such as Rising Stars for Delaware’s adjudicated female youth.

The K-3 Early Intervention Program offers a vital link in the seamless continuum of services by providing intensive early intervention services to Delaware’s at risk children and families to prevent child maltreatment. In addition, Early Intervention FCTs have helped provide a continuum of services for families by acting as liaisons for OCS investigation and treatment workers interacting with children in their assigned schools. Early Intervention FCTs often help caseload and non-caseload families’ access assistance with rent, car repair, utilities, and basic needs such as food or shelter that serve to prevent the families from experiencing abuse/neglect or dependency issues that would precipitate more serious departmental involvement. Likewise, they provide referral services and information linkage between the school and outside agencies as necessary. The Early Intervention Program continuously assesses quality assurance by conducting routine reviews. During the year, FCT service plans are reviewed monthly by supervisors. File reviews are also conducted for each FCT twice during the year. During this reporting period, several working committees updated procedures to ensure a quick transmission of client information to the management team to ensure quality programming.

DCMHS is partnering with the City of Wilmington on its Child Development-Community Policing Initiative. Replicating a successful project initiated by the Yale Child Study Center and the City of New Haven, CT, the City of Wilmington is reaching out to identify youth, children and families who may need mental health treatment to help them address issues relating to child traumatic stress resulting from physical abuse, sexual abuse and/or from witnessing violence/exposure to violence. As a result, families and caregivers in the City of Wilmington have increased access to child mental health treatment and services and to trauma-specific treatment where it is indicated.

Department Policy #209, “Department Service Coordination” was implemented October 1, 2003. This policy directs collaboration between divisions in providing services for dependent children who cannot return home or are under age 13 and in detention. Cases

from other divisions are referred to the Office of Children’s Services for investigation, treatment and foster care services as appropriate. This broadened the continuum of services for children and families, allowing each division to extend its own unique expertise. This has resulted in an increase of the foster care population and presented challenges to provide placement resources and supports for children leaving juvenile justice and mental health settings. The Office of Children’s Services is the primary case manager if a treatment case is open.

DCMHS provides programming to stabilize placements and increase the likelihood of permanency for children with behavioral and emotional problems. Trauma Focused – Cognitive Behavioral Therapy is a new grant funded study aimed at early identification and treatment for children with traumatic histories. Full implementation of initial behavioral health screening for children entering foster care has resulted in 160 screens from February 2006 to March 2007 with nearly 80% of children screened being admitted to behavioral health treatment and attending a first session. DCMHS provides other supports to foster/adopt families through trainings and publications. During the past year, foster parents received an interactive book *Maybe Days* to help children understand foster care. Crisis service access magnets are provided in all foster parent training orientation packets.

The IV-E Review Program Improvement Plan strengthens the timeliness of the annual review process for state and private agency supervised foster homes. During the review, foster parent needs and services are identified and planned.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Families have enhanced capacity to provide for their children’s needs.	4.2 Child and family involvement in case planning (Quality Assurance Case Reviews)	95% case reviews will reflect family participation in case planning process	<ol style="list-style-type: none"> <li>1. Monitor and support child and family involvement in case planning.</li> <li>2. 95% of case reviews will reflect family participation in case planning process 2007-2009.</li> </ol>

***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; monitoring questions are part of the DFS QA case review system. During the reporting period 4/1/06 to 3/31/07, for the Family Assessment Plan, reviewers believed parents and caretakers were involved in the development of the plan 84% (138 of 164) of the time. For the Plan for Child in Care III, participation was seen 62% (111 of 179) 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 with a child or family or a training need regarding accurately identifying children and families in the events themselves. This issue will be analyzed further and addressed through refresher training.

CFSR case review rating for this item is 52% conformity. CFSR PIP actions will improve performance for this item.

PSSF uses a family support practice which promotes a system of care approach in the delivery of services for families who are at-risk of child maltreatment. The family is encouraged to participate and take a leading role in the process. Through a strength-based approach and the tools used in the process to empower families who are active or not active with OCS, 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 and the barriers in seeking and acquiring assistance around substance abuse, parenting, and marriage/relationship issues. 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, (FNSSS) which turns 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. Upon completion of the FNSSS, 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 reduce certain life stressors.

Both FACET and PSSF are making concerted efforts to engage more fathers in services. Staff training has occurred on the importance of engaging fathers, how both parents can be a powerful impact from a "double dose" combined parental influence, how engaging fathers requires a different approach and how important it is to have a father-friendly environment. It is expected in the FACET program that an increase in father participation occurs in the Parent Council as they partake of the opportunity to acquire knowledge from the Lending Library where information specific to fathers has been included. Within the PSSF program, traditionally more mothers request the Resource Connection Only or the Family Consultation and Support Services. The PSSF Family Consultation and Support process now involves identifying the father and/or male partner in the household as support participants in the family plan. By involving fathers in services, the programs hope to reverse the rise in father/father role model absence, improve child well being, improve healthy adult relations and increase supports to fathers.

Early Intervention FCTs use information provided by the family in order to perform Child and Adolescent Functioning Assessment (CAFAS) assessments on each child to identify issues of concern during case planning with the family. Case plans are created with input from the child, family and school and are signed by the FCT and the parents. Case plans are updated monthly to include progress toward goals and to identify new goals as needed; supervisors also review case plans monthly.

The Department of Services for Children Youth and Their Families recognizes that a holistic integrated approach is essential for the success of children and families. The intent of the Department's policy is to ensure the integration and coordination of all services and

resources available within the Department, the family and community. To truly embrace a holistic approach to working with families, the Department has adopted a “System of Care” philosophy. The “System of Care” philosophy is a strengths-based, family-centered, child-focused, culturally competent model. It is based on the belief that the best care and protection for children can be achieved when the strengths of the families are aligned with community and Department supports.

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

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

Department policy #201, implemented in November 2004, states that every child and family active with more than one service division of the Department of Services for Children, Youth and Their Families (DSCYF) is required to have in place a comprehensive, coordinated service plan, which designates a primary case manager. Whenever DFS has an open case they are the assigned primary case manager and facilitate team meetings to develop and review Integrated Service Plans (ISP, formerly the Interdivisional Service Plan) that coordinates both formal and informal services to support the child and family. In addition to DSCYF case managers and family, teams should also include contracted providers, informal supports identified by the family (i.e. extended family, clergy, and friends), and educational representatives.

In addition to the development of the Integrated Service Plan, all families involved with the Division of Family Services will have a Family Service Plan (FSP). The FSP is the Division’s contract with the family specifying exactly what must be done, by whom and by what date so that children can be reunified and/or the case can be closed. The FSP is a direct outgrowth of the Family Assessment and the Service Entry Needs and Strengths Screen. The FSP should be developed collaboratively with the parents.

The Plan for Child in Care series should be developed collaboratively with the DFS worker, foster parent, biological parents and youth. Concerns of all parties should be addressed in the PCIC and a plan of action should be developed.

Delaware Guidance Services, in collaboration with DCMHS, began piloting a family psychoeducational program March 2007. The program is designed to help family members and caregivers be more informed participants in their child’s service planning.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Families have enhanced capacity to provide for their children's needs.	4.3 Worker visits with child (Quality Assurance Case Reviews)	95% placement case reviews reflect compliance with contact schedule	<ol style="list-style-type: none"> <li>1. 95% of placement case reviews reflect compliance with contact schedule 2006-2009.</li> <li>2. Conduct quality contacts with children focused on safety, service delivery and achievement of goals.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: Regular contacts between staff and children, consistent with policy expectations, are assessed in the QA case review system; as is the quality of those contacts. For the reporting period 4/1/06 to 3/31/07, QA reviewers believed staff contacts with children in foster care were occurring 92% of the time. In addition, for the same period, QA reviewers believed staff contacts with children in intact families, focusing on the pertinent issues for each child, was occurring 97% of the time. The quality of contacts between staff and children in foster care had a higher achievement rate at 99%.

CFSR case review rating for this item is 86% conformity. CFSR PIP actions will improve performance for this item.

Data From October 2005 to September 2006 show Early Intervention FCTs conducted 73,940 visits with children on their case loads. The visits were conducted through home visits, small group sessions, one-on-one counseling, group activities and observing children during a routine school activity.

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

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Families have enhanced capacity to provide for their children's needs.	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"> <li>1. 95% of case reviews reflect compliance with contact schedule and efforts to engage parents in treatment needs 2006-2009.</li> <li>2. Explore strengthening policy on parental contact.</li> </ol>
<p><b><i>PROGRESS &amp; ACCOMPLISHMENTS:</i></b></p> <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 4/1/06 to 3/31/07, the consistent documentation of efforts to engage the clients in the helping process was seen 91% of the time. Addressing issues of domestic violence, a concern reflected in last years report, showed some improvement during this reporting period with an 83% outcome. 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. There remains a continued effort to ensure all documentation is reviewed and intervention activities are identified by these specialists. CFSR case review rating for this item is 50%. CFSR PIP actions will improve performance for this item.</p> <p>Data from October 2005 through September 2006 show Early Intervention FCTs had parental contact on 16,026 occasions. This number reflects 9,485 family counseling sessions and 6,541 home visits. These contacts were conducted statewide in 13 school districts and three charter schools.</p> <p>Policy requires workers to have contact with families at a minimum of once per month. However, the contact is often more frequent based on the needs of the family. This is particularly true for cases with youth in care. In those cases it is not uncommon for workers to see the parents several times per week.</p>			

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"> <li>1. Advocate for children and families in educational settings.</li> <li>2. Incorporate Service Entry Needs and Strengths Screen (SENSS) educational information into assessment and planning activities.</li> <li>3. 95% of care reviews reflect appropriate educational assessment for risk 2007-2009.</li> </ol>
<p><b><i>PROGRESS &amp; ACCOMPLISHMENTS:</i></b></p> <p>Measurement of Performance: The DFS QA case review system incorporates questions addressing children’s educational needs. During the reporting period 4/1/06 to 3/31/07, the assessment of educational well-being of all children in a family in a treatment case was identified 91%. Educational well-being of children in foster care was seen 96% of the time. In both program areas the follow-up question, when necessary were educational needs addressed with parents or caretakers, the outcomes were significantly higher than the assessment outcomes. The challenge for reviewers and staff is the assessment of <u>all</u> 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 potential training implications as to the frequency and need for ongoing assessment.</p> <p>CFSR case review rating for this item is 90.5%. CFSR PIP actions will improve performance for this item.</p> <p>A statewide committee began meeting in March 2006 to revise the MOU with the Department of Education, School Districts, Charter Schools, and the three service divisions within the Department of Services to Children, Youth and Their Families. In addition to reporting and investigation procedures, the MOU incorporates the McKinney-Vento Act and a process for transitioning youth from residential programs of the Department back to the local education agencies. The MOU has been distributed for review and comment within both Departments and legal counsel. It is expected that the MOU will be finalized by the end of 2007.</p> <p>OPEI directs services and programming to support children and families in educational settings. FACET offers educational programming in child care centers that is pertinent to parents involved in those Centers. These include skill building workshops on different topics, GED classes, parenting classes and defensive driving.</p>			

PSSF continues to offer Positive Behavior Intervention to families with children who are experiencing behavioral problems at home or in a school setting. In addition, The Families and Schools Together (FAST) program is a collaborative early intervention/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 and to increase the likelihood of success at home, in school, and in the community.

Data from October 2005 through September 2006 show Early Intervention FCTs provided 19,330 consultations in the educational setting. These consultations were conducted statewide in 13 school districts and three charter schools. One of the Early Intervention FCTs' performance expectations is to serve as an advocate for children and families within the school. This includes attending and providing transportation for the parents to attend school functions such as open houses, back to school night, IEP meetings, discipline meetings and educational placement meetings. The FCT follows up to review with the family and obtain paperwork signatures when needed. They also participate in school-wide planning meetings on a variety of topics, including: discipline, school climate, building leadership and increasing parent/ school involvement. Each Early Intervention FCT performs educational assessments at the beginning and end of involvement with a family. Updates are performed every three months using the CAFAS, and this information is captured in case planning and during monthly reviews.

The SENSS (Service Entry Needs and Service Survey), 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.

DFS policy states foster parents, school counselors and case workers meet when a foster child is enrolled in a new school, supporting the child's transition. In 2005 the Delaware Code was amended to extend protections under the McKinney Vento Homeless Act to all foster children. This amendment mandates that school districts are required to transport a child to his/her home school for the remainder of the current school year – this provides stability and continuity to children and allows them to keep ties and friendships. This legislation was sponsored by the Child Protection and Accountability Commission and the Office of the Child Advocate. The Department of Education's Homeless Children's Coordinator, Joanne Miro, made a presentation to state wide DFS supervisors in April 2006 on the McKinney-Vento Act.

The Office of the Child Advocate (OCA) and the Educational Surrogate Parent Program (ESPP) forged a relationship during the reporting period, agreeing to the exchange of information which will better ensure timely, seamless educational representation for

children in the legal custody of DFS. On a monthly basis, data is now exchanged advising ESPP of the legal representative for each child in the program as well as enabling OCA to track the number of children in DFS legal custody receiving ESPP services. When others are unavailable to serve as an ESP for a child, the attorney for the child may be appointed in that capacity. At the end of calendar year 2006, 152 children in DFS custody had an ESP.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Children receive adequate services to meet their physical and mental health needs.	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"> <li>1. Incorporate SENSS health information into assessment and planning activities.</li> <li>2. Medical and dental needs are identified and met for all children.</li> <li>3. 95% of case reviews reflect appropriate health assessment for risk 2006-2009.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: The DFS QA case review system incorporates questions addressing children’s physical health needs. During the reporting period 4/1/06 to 3/31/07, the assessment of physical health of all children in a family in a treatment case was identified 92%. Physical health of children in foster care was assessed 98% of the time. When assessments did occur, evidence of addressing concerns increased in both program areas.

CFSR case review rating for this item is 81%. CFSR PIP actions will improve performance for this item.

For each of the 474 cases opened during the year, Early Intervention FCTs inquired about serious medical conditions or developmental delays. This was done for each new case and was recorded on the Initial Assessment form. FCTs routinely assist families with making medical and mental health appointments, provide transportation to the appointments as appropriate, liaison with the family during the appointment, and debrief families after appointments to help the family understand and apply suggested treatment. FCTs also help the family access methods of payment through community sources and help them obtain private insurance, Medicaid or CHIPS when appropriate.

OCS has clear and detailed policy for assessing physical health needs and seeking services. Child Development Watch, mental health foster care screening and treatment, Child Advocacy Center and A.I. du Pont programs provide community supports. QA results indicate OCS does a good job identifying and addressing physical health needs of foster children. 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.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
Children receive adequate services to meet their physical and mental health needs.	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"> <li>1. Incorporate SENSS mental health information into assessment and planning activities.</li> <li>2. Collaborate with Children’s Mental Health to develop and implement mental health services for children in foster care.</li> <li>3. Mental health needs are identified and met for all children.</li> <li>4. Maintain the therapist/child relationship, if possible; ensure a structured transition if a change is necessary.</li> <li>5. 95% of case reviews reflect appropriate mental health assessment for risk 2006-2009.</li> <li>6. Study the feasibility of a Children’s Bill of Rights by June 2006 to be lead by the Office of the Child Advocate (OCA).</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: The DFS QA case review system incorporates questions addressing children’s mental health needs. During the reporting period 4/1/06 to 3/31/07, the assessment of mental health of all children in a family in a treatment case was identified 91%. Mental health of children in foster care was assessed 97% of the time. When assessments did occur, evidence of addressing these concerns increased in both program areas.

CFSR case review rating for this item is 89%. CFSR PIP actions will improve performance for this item.

Early Intervention FCTs identify mental health needs through the use of the Initial Assessment and the CAFAS. These assessments were conducted for all 474 new cases opened during the reporting year. The needs are then addressed in the service plan, which may include making appropriate referrals, teaching families to set up initial medical and mental health consultations, teaching families to schedule follow up visits and how to manage a schedule of appointments.

Mental and behavioral health issues are considered in assessing risk, case planning and service delivery. Beginning in February 2006, a mental health screening is completed for every child age 4 and up who enters out of home care for the first time. This will ensure children's mental health needs are identified early and services implemented. This initiative by the Division of Child Mental Health Services will provide support to foster parents and increase placement stability. Almost 80% of 160 children screened were admitted to behavioral health programs and attended the first session.

DCMHS is partnering with the City of Wilmington on its Child Development-Community Policing Initiative. As a result, families and caregivers in the City of Wilmington have increased access to child mental health treatment and services and to trauma-specific treatment where it is indicated.

Delaware maintains its policy of no pre-authorization needed for child behavioral health outpatient treatment, thus encouraging families/caregivers to seek treatment for children early, before the issues reach the point of crisis or require residential treatment.

DCMHS is collaborating with Children's Advocacy Center around identification, screening and assessment of children for child traumatic stress (PTSD) and referral to trauma-specific child mental health treatment; for example, DCMHS Child Well-Being Project (trauma-focused cognitive behavioral therapy). Children with sexual and/or physical abuse or who have witnessed violence resulting in child traumatic stress are the target population, with DFS clients identified as special population to be targeted for treatment.

Early Intervention 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 474 new cases opened during the year. The needs are then addressed as part of the service plan. Meeting the needs includes making the appropriate referrals, teaching families to set up initial medical and mental health consultations, teaching families to schedule follow up visits as needed, and teaching the families to manage a schedule of appointments. The Children's Advocacy Center provides comprehensive assessments that include a mental health assessment of youth. CMH's Trauma Project is a new resource for youth receiving Department services.

The CPAC Mental Health Assessments Subcommittee collaborated with the Department for Children, Youth and Their Families to implement mental health screenings for children entering foster care. This population's needs are being identified earlier as a result and services are being implemented in a timely manner. OCA has drafted a Children's Bill of Rights, modeled after several states, including New Jersey and Rhode Island. A subgroup of CPAC's Legislative Subcommittee is in the process of drafting several statutes which will move procedures for foster care cases from rules to statute. Upon completion of that task, the subgroup will consider the draft Children's Bill of Rights.

DSCYF uses a collaborative approach for securing placements for difficult to place youth. The Placement Resource Team represents the three operating Divisions and is able to bring all the Department's resources into consideration to secure appropriate placements for

youth with challenging behaviors.			
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"> <li>1. Maintain high staff retention rates.</li> <li>2. Develop and implement a competency-based training program for all levels of staff.</li> <li>3. Collaborate with community partners to improve training opportunities for all child welfare professionals.</li> <li>4. Continue Departmental employee satisfaction surveys and incorporate findings into human resource planning.</li> </ol>
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b></p> <p>Measurement of Performance: This element assesses the turnover rate based on the total allotted DFS caseworker ‘FTE’s’ (Full Time Employees). The final turnover rate for the period ending 6/30/06 (SFY05) was 7.4%, exceeding the goal by 7.6 percentage points. The turnover rate through 3<sup>rd</sup> quarter SFY07 was 6.3%. DFS expects to exceed its goal for the second year in a row. An employee satisfaction survey was not conducted in 2006.</p> <p>OCS’ Professional Development Unit continues to provide initial and ongoing training to staff and community partners. OCS training – both core and refresher – is competency based. Forty one new employees received 147.5 hours of initial training from April 2006 to March 2007. Two Refresher Trainings were performed, Treatment Plan Refresher Training (83 staff) and Case Documentation or Professional Record Keeping (216 staff).</p> <p>OPEI coordinated a five-day prevention training for professional staff in February 2006. Approximately 20 Department staff attended this training conducted by the Center for Substance Abuse Prevention (CSAP), Northeast Center for the Application of Prevention Technologies (CAPT). Training centered on the Substance Abuse and Mental Health Services Administration (SAMHSA)’s five-step Strategic Prevention Framework. Topics covered were Needs Assessment, Building Capacity, Program Planning, Implementation and Evaluation. This process is designed to guide the planning, implementation and evaluation of substance abuse prevention, treatment and mental health services at both the state and community level.</p> <p>On July 24-28, 2006, the Office of Prevention and Early Intervention collaborated with the Division of Substance Abuse and</p>			

Mental Health to provide prevention training for our contractors at their 35<sup>th</sup> Summer Institute on Substance Abuse and Mental Health. Thirty participants attended this five-day training entitled “Substance Abuse Prevention Specialist Training.” Core knowledge and skill areas for prevention specialists included the science and art of prevention, current prevention research findings and theory, effective prevention strategies and cultural competency approaches.

OPEI provides continuous training to the Delaware Prevention Network, an alcohol, tobacco and substance abuse prevention program for nine to seventeen 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. DPN held a refresher training session on CLFC with the developer, Ted Strader in October 2006. Facilitators are also encouraged to access online trainings made available through the North East Center for Applied Prevention Technologies and other local resources.

The FACET program continues to successfully help sites incorporate the Early Success (the long term plan for a quality early care and education system to serve all of Delaware’s children) recommendations to improve the quality of educational services to children. FACET sites continue to meet five of the eight domains (Quality Programs, Professional Development, Family Engagement, Public Will, Program Licensure, Governance, Financing and Results). Strides have been particularly evident in the Professional Development domain, as FACET is currently in the planning stages to incorporate the preschool “I Can Problem Solve” (an interpersonal cognitive problem-solving program) program in the sites, with later replication in non-FACET sites. Also in the area of Professional Development, the FACET Coordinators and Day Care Caregivers have collaborated with Wilmington Head Start Family Service Advocates to provide information to parents on quality Child Care and parenting. Family and Workplace Connection has developed a partnership with the Wilmington Head Start Fatherhood/Male Specialist and together they host Fatherhood meetings where fathers receive information on topics of interest. As part of the FACET initiative, Read Aloud Delaware has presented parenting classes to seventy-five parents representing five different organizations as well.

As part of PSSF’s quality assurance process, program participants completed 351 satisfaction surveys this year. Out of the 351 surveyed, more than 300 program participants responded they **strongly agreed** with the following:

- the PSSF program was located in an environment that is respectful and welcoming;
- the PSSF program focused on building family and community strengths;
- PSSF participants were able to access services to meet their needs;
- PSSF services are accessible hours that meet the community needs;
- the Family Consultants helped families to identify individual and family strengths, family concerns and needs, define short and long term goals, develop goal statements and create action steps based on family needs;
- the PSSF program helped families to connect to resources and supports to achieve the identified goals and evaluates progress towards reaching goals; and

- the PSSF program helped participants define short and long term goals.

Overall, the individuals who participated in the PSSF Family Consultation and Support process were very satisfied with program services and the Satisfaction Survey has proven to be one reliable indicator that the program is meeting its outcomes.

Through PSSF, a kickoff was initiated to energize interested organizations and Department staff to become more involved in engaging fathers in existing services and to join the Delaware Fatherhood/Adult Relationship Coalition to develop new strategies to increase supports that will stabilize families. PSSF sponsored thirty slots to attend the Fatherhood/Male Involvement Institute in Philadelphia where information sessions included several different topics like Child Support, Grant Writing, Healthy Marriages, Working with Fathers Returning from Incarceration, Integrating Domestic Violence Prevention, Employment and the Criminal History, New Opportunities for Non-Custodial Parents, Father's Rights and Responsibilities, Women's Voices in the Fatherhood Movement, What Men Need to Know about Child Development and Building and Maintaining a Male/Fatherhood Involvement Program. The main focus of the training was to help build better relationships within the family nucleus and encourage fathers to become active members in the upbringing of their children. This conference provided attendees the opportunity to network, gain new information and share their experiences. A roundtable session occurred where all Delaware conference attendees met to share program information, initiatives and developed a communication strategy to maintain contact.

From October 2005 through the end of September 2006, the K-3 Early Intervention Program maintained a retention rate of 90%. Each year the Early Intervention Program plans, schedules and administers a two-week competency based training program. The training is managed annually by a training committee and the competency manual is monitored by a member of the management team.

The Department collaborated with Family Court for a November 2006 conference on child protection. National and local experts presented on Court Improvement Project and Child and Family Services Review outcomes and issues related to improving children's safety, permanency and well-being. This conference was attended by about 300 multidisciplinary professionals statewide.

The CPRB reports that the improvements observed by committee members regarding workers' preparedness for and participation in the Board's periodic reviews were sustained during 2006. Additionally, the Board has noticed an increase in efforts by DFS workers to work in collaboration when multiple agencies are involved with a child.

The DCMHS' child traumatic stress treatment center grant funded participation of OCS training staff in development and improvement of a national model training for child welfare staff to increase trauma-informed practice. Members of the Professional Development Unit have been involved in planning a training pilot for the future.

OCCL Licensing Specialists and Supervisors are required to participate in 18 hours of annual training. A planning meeting has been held with DFS' Professional Development Unit regarding specific training needs to advance the competencies of the Licensing Staff

with a team developing a sequence of training sessions. It is anticipated that the training sessions begin in the Fall 2007.

The document “Early Success” which is the Delaware Statewide Plan for Early Care and Education, calls for a strategy to “increase the specialized training of the licensing staff and the participation in the professional certification system as it becomes available”. This is yet to be developed.

The CPAC Training Subcommittee provided “Child Abuse and Neglect 101” training for child welfare professionals in February and March 2007. The training, which included panel members from Law Enforcement, Family Court, the Office of the Child Advocate, the Court Appointed Special Advocate Program, the Office of the Attorney General, the Division of Family Services, and The Children’s Advocacy Center, will be offered in each county throughout calendar year 2007 ensuring access for all system partners. Additionally, the CPAC Training Subcommittee is looking at potential topics for a multidisciplinary conference in 2008, including the civil and criminal investigation, prosecution, and treatment of child abuse and neglect cases.

The CPAC Caseloads/Workload Subcommittee, an outgrowth of two Senate bills affecting DFS caseworker retention, is a multidisciplinary team seeking to maintain the child welfare staffing complement in Delaware through the recognition and alleviation of caseload/workload. Senate Bill 142 was passed in July 1998 and codified caseload standards for DFS caseworkers, child care licensing specialists and DFS supervisors. In 2003, when it was discovered that caseloads were still an issue, Senate Bill 265 was enacted, which further assisted DFS with caseloads and moved the agency’s career ladder from epilogue language to statute. Both these bills carried broad child welfare system partner support. CPAC’s Caseload/Workload Subcommittee focused on evaluating the caseloads and workload of DFS investigation and treatment staff while giving consideration to the workloads of the Court, the Office of the Attorney General, the Office of the Child Advocate, and others. During the reporting period, the subcommittee examined both local and national workload studies, DFS’ portal of entry for investigations and the transfer of cases to treatment, including privatization, in order to bring forth a recommendation for the further reduction of DFS caseloads. Legislation will be introduced by the end of Fiscal Year 2007.

## CFSP SYSTEMIC FACTORS, GOALS AND OBJECTIVES AND STRATEGIES FOR ACHIEVEMENT

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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 2007.
<p><i>PROGRESS &amp; ACCOMPLISHMENTS:</i>                      Measurement of Performance: 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 Services and the Division of Youth Rehabilitative Services. Major corrections stemming from the 2005 work plan were implemented into the FACTS Information System on May 1, 2007. In a separate but concurrent initiative, in order to meet SACWIS requirements, the DSCYF Division of Management Support Services has been working with State of Delaware sister Departments to improve interfaces regarding Child Support, TANF and Medicaid. The end result of improved data exchanges involving these areas will be the ability to map this information to the respective AFCARS elements, furthering our efforts to complete the AFCARS Improvement Plan requirements. This effort should be achieved during the summer 2007. The remaining elements will be reviewed with the Federal AFCARS Administrator prior to implementing changes. Full completion of the AFCARS Improvement Plan is anticipated by the end of 2007.</p> <p style="padding-left: 40px;">CFSR rating for systemic factor is 4, and is an area of strength.</p>		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Statewide Information System Capacity	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 &amp; ACCOMPLISHMENTS:</i>                      Measurement of Performance: 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. During 2007, DFS anticipates updating the reporting of National Standards consistent with the implementation of the new composites. The quarterly QA case review results are distributed throughout the Office of</p>		

Children’s Services and provide highlights and details in the three primary program areas: Intake/ Investigation, Treatment and Placement. Individual case reviews are also returned to the regions for review. Investigation case reviewers listen to actual audio recordings of the initial report to rate professionalism of our report line operations. DSCYF uses a computerized case management system that provides staff with case information as security profiles permit. This information is available statewide.

OPEI holds monthly and quarterly staff meetings, depending on the program area. All information pertaining to services for children and their families is shared with staff at these meetings. The K-3 Early Intervention Program FCTs also have quarterly cluster meetings with their individual supervisors. Twice a year meetings are held with the Early Intervention FCT, their supervisor and the school principal. In addition, District-specific pamphlets were created and disseminated to inform families as well as school personnel and community partners of the services offered by the Early Intervention Program.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Statewide Information System Capacity	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:*  
 Measurement of Performance: DSCYF utilizes a Report Card method to measure four key perspectives: Financial, Customer, Process Management and Employee. This data is shared openly with all levels of management and staff in an effort to track and improve services. See 6.2 for additional information.

The Family and Child Tracking System (FACTS) is the Department’s current information management system. OPEI staff continues to be involved in the development of its sequel FACTS II, which 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. OPEI will be an integral component of FACTS II as it rolls out over the course of the next few years. Although OPEI is not currently in the FACTS system, the Office maintains Access databases to store data and information to remain in compliance with federal and state mandates. Routine maintenance is conducted on the Access databases, and complex automated queries are being created to produce timely and valid reports.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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:*  
 Measurement of Performance: DFS policy requires the completion of the Plan for Child in Care (PCIC) series for every child placed in

foster care. The PCIC II must be completed within 5 days of a child being placed in a new home. The PCIC III outlines the Division's plan to address the child's needs in the current placement throughout the year. The PCIC IV is completed every six months and reviews the needs of the youth. For the period April 2006 through March 2007, QA Case Reviewers found that 80% of the children had an up to date permanency plan (PCIC III); documentation of participation of all appropriate parties in the PCIC III occurred 62% (111 of 179) of the time.

CFSR rating for this systemic factor is 2, an area needing improvement. This item is identified as an area needing improvement as well resulting from inconsistent engagement of parents in the development of case plans. The CFSR PIP actions will improve performance for this factor and item.

Throughout the reporting year, each child that had an open case with the K-3 Early Intervention 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 were submitted to the supervisors each month for 100% of the open cases within the program.

Delacare Rule 126 (CPA Requirements) and Rules 3.49-3.51 (Residential Facilities and Day Care Program Requirements) address the specific requirements for service planning including who must participate in the planning process, required signatures and the timeline for the initial and ongoing plans. Adherence to these Requirements is reviewed on an at least yearly basis as part of the Licensing comprehensive compliance review.

Systemic Factors	Performance Goals and Objectives	Strategy
Case Review System	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"> <li>1. Strengthen engagement of families with children in out of home placements.</li> <li>2. Monitor compliance with agency and federal requirements.</li> <li>3. Practice system of care philosophy of parental involvement.</li> </ol>

***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, monitoring questions are apart of the DFS QA case review system. During the reporting period 4/1/06 to 3/31/07, for the Family Assessment Plan, reviewers believed parents and caretakers were involved in the development of the plan 84% (138 of 164) of the time. For the Plan for Child in Care III, participation was seen 62% (111 of 179) 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 with a child or family or a training need regarding accurately identifying children and families in the events themselves.

CFSR rating for this item is area needing improvement. CFSR PIP action will improve performance on this item.

The Department has implemented a system of care philosophy through training and Policy #201, Integrated Service Planning. Parents and significant others are included in the planning process.

Family Service Plans must be completed within eight weeks of a treatment case being opened. The plan should be developed jointly with the family. After the plan is completed, it is reviewed every 90 days.

Contractors providing in-home services are required to complete service plans with all of the families they work with. Just as is the case with OCS, the expectation is that the service plans are developed jointly with the family.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Case Review System	7.3 Court or CPRB review of each child's status every 6 months	1. Collaborate with the Child Placement Review Board and Family Court to ensure a quality case review system.

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: CFSR rating for this item is an area of strength.

All youth in Level 4 placements in the Division of Youth Rehabilitative Services, who meet the 6 month criteria are reviewed by the Child Placement Review Board. Any youth in placement at the 12 month mark are reviewed in Family Court and those beyond this time frame are reviewed again at 18 months by the CPRB, and so forth if necessary.

The CPRB completes a comprehensive periodic review no less than annually for all children in care for both DFS and DYRS. The reviews are conducted by a panel of Delaware citizens, with expertise in the area of child welfare, such as people with professional experience in the fields of nursing, social work, clinical therapy and education, as well as people who have worked with children in other community-based activities. The review format ensures all aspects of a case review are addressed and fully explored during each review.

The Family Court's independently conducted Reassessment of the Court Improvement Program showed that, following the permanency hearing, post permanency reviews are held timely until the child achieves permanency or until a petition to terminate parental rights is filed. Dependency and neglect petitions filed in all three counties during the first quarter of Fiscal Year 2003 were reviewed. There

were 100 dependency and neglect cases and 66 TPR cases.

<b>Mean Days from the Permanency to the First Post-Permanency Review Hearing</b>	139.1
<b>Mean Days Between Subsequent Post-Permanency Review Hearings</b>	126.1

During the course of Fiscal Year 2006, the Office of the Child Advocate, through its attorneys guardian *ad litem*, provided legal representation to 1,023 children. OCA and the Court Appointed Special Advocate Program (CASA) continue to collaborate to ensure that foster children are represented in Court. During Fiscal Year 2006, DFS, OCA and the CASA Program worked diligently to build a joint database which tracks children in the legal custody of DFS in order to ascertain the number of children in DFS legal custody who continue to be unrepresented in court proceedings. The cooperation and collaboration between the agencies resulted in a comprehensive database that indicates the number of children in DFS legal custody, the counties in which they reside, the representation status and the Deputy Attorneys General and Judges assigned to their cases. The database was fully operational by the Fall of 2006 and generates monthly statistics, enabling all partners to more fully understand their workloads and facilitating the formulation of strategies by DFS, OCA and CASA for ensuring all children receive legal representation.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Case Review System	7.4 Permanency hearings occur within 12 months of entering care	1. Partner with Family Court to insure timely permanency hearings.

**PROGRESS & ACCOMPLISHMENTS:**

Measurement of Performance: CFSR rating for this item is area needing improvement. CFSR PIP action will improve performance for this item. A collaborative approach involving OCS, Family Court, OCA and CPRB is appropriate to address this item.

The Division of Youth Rehabilitative Services queries FACTS for youth in placement at the 9 month mark and refers to the Permanency Planning Committee within the county of jurisdiction for a goal, and motions the Family Court for a permanency hearing to be held in the 11<sup>th</sup> or 12<sup>th</sup> month of entering Level 4 placement.

The Court Improvement Program is implemented statewide and provides consistent and frequent oversight of the care and custody of foster children. The Family Court of Delaware contracted for an independent evaluation of its Court Improvement Program. The reassessment found that Judicial Foster Care Review, which was previously held eighteen months after a child entered care, was replaced by a permanency hearing held within one year of the adjudicatory hearing. In the original assessment, it was found that outcomes for children often did not match the permanency goal approved by the Court. The Division of Family Services (DFS) is now

required to file a motion for the permanency goal 30 days before the permanency hearing is scheduled. If the circumstances of a case change and DFS believes that the permanency goal should be changed, a new permanency petition must be filed. The 30-day period allows other parties to file responses to the motion.

The permanency hearing is to be held within one year of the adjudicatory hearing to approve a permanency plan for the child, and the following data from a sample of 2003 cases resulted from the evaluation:

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

The Family Court intends in 2007 to further examine, with federal TA, best practices regarding permanency hearings to ensure timeliness.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Case Review System	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:***

Measurement of Performance: CFSR rating for this item is area needing improvement. Specifically, youth with a goal of APPLA do not have a consistent review of other, more permanent options.

The Findings and Recommendation report from each child’s CPRB review is forwarded to Family Court and, by statute, becomes part of the child’s court file to be used by the Family Court judge to supplement the information available during the court’s permanency reviews. The Board’s determination regarding the appropriateness of the child’s permanency goal, as well as any recommendations regarding the achievement of the goal are addressed in the “Recommendations” portion of every child’s report.

Additional information from the reassessment of the Family Court’s Court Improvement Program show that, for the 2003 sample, following the permanency hearing, post permanency reviews are held until the child achieves permanency or until a petition to terminate parental rights is filed.

<b>Mean Days from the Permanency to the First Post-Permanency Review Hearing</b>	139.1
<b>Mean Days Between Subsequent Post-Permanency Review Hearings</b>	126.1

A TPR petition was filed in thirteen cases of the 2003 sample. The mean time between the petition and the decision was significantly less than in the original assessment.

	<b>Assessment</b>	<b>Reassessment</b>
<b>Mean Days from Petition to decision</b>	214.8	152.6
<b>Range of Days</b>	1 - 859	12 - 373

An adoption petition was filed in ten cases of the 2003 sample. The mean time between the petition and the decision was 40 days, the same as in the original assessment.

The Family Court intends in 2007 to further examine, with federal TA, best practices regarding permanency hearings to ensure the hearings support the timely and appropriate achievement of permanency goals.

The Child Protection Accountability Commission (“CPAC”) Subcommittee on ASFA Timelines was created to assess whether Delaware was meeting timelines as provided by Family Court Rules and ASFA. The Subcommittee has pulled all DFS legal custody petitions from 2002 through 2003 statewide, and is endeavoring to complete 2004 through 2006. The Subcommittee meets regularly to focus on the gathered data related to the achievement of permanency and the associated processes, has piloted simple spreadsheets to track the data and is researching best practices nationwide for the development of a permanent data tracking tool. The Subcommittee is comprised of system partners from Family Court, the Office of the Child Advocate, the Division of Family Services, and private adoption agencies. The Subcommittee expects over the next year to complete the data collection and have at least a temporary database implemented statewide to track cases.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Case Review System	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.
<p><i>PROGRESS &amp; ACCOMPLISHMENTS:</i>  Measurement of Performance: CFSR rating for this item is an area of strength.</p> <p>DFS policy states that foster parents are invited to judicial hearings. This aligns with the system of care principle to engage caregivers in planning activities. New federal requirements necessitate revision of policy and procedure to include relative caregivers. The agency is working with Family Court to ensure notification of foster/pre-adoptive parents and relative caregivers.</p>		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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.
<p><i>PROGRESS &amp; ACCOMPLISHMENTS:</i>  Measurement of Performance: CFSR rating for this systemic factor is 4, an area of strength. This item is also rated an area of strength.</p> <p>Licensing standards are promulgated by the Office of Child Care Licensing under the authority of the Delaware <u>Code</u>. These standards are developed with considerable input from stakeholders including providers, parents, consumers, subject experts and representatives from the Division of Social Services (State Administrator of CCDF), Division of Public Health and the Department of Education. A timeline for review of these standards has been developed that calls for a review every five years to ensure that the requirements meet nationally accepted health and safety standards and promote quality care and “readiness” activities to enable children to succeed in school and in life.</p> <p>A comprehensive compliance review on all licensed Child Placing Agencies and Residential Facilities and Day Treatment Programs is conducted on a no less than yearly basis. This review examines adherence to all Delacare Requirements. If non-compliances are found a corrective action plan is developed and monitored. Any degree of non-compliance which demonstrates systemic shortcomings, a pattern of non-compliance or includes health and safety issues will be brought to the attention of OCS foster care and adoption managers. A joint strategy will be agreed upon to provide clear and consistent messages concerning the need to comply at the earliest possible time and to remain in compliance with Delacare Requirements.</p>		

Efforts continue to implement or improve the Governor's Foster Care Task Force initiatives. To address the need for specialized foster care placements, a Request for Proposals was issued in 2006 and resulted in 19 additional beds of foster family treatment level service with a provider who is know nationally for its treatment foster care work , Pressley Ridge. A contract for a new group home for eight males was awarded to People's Place II for New Castle County. This provider has experienced success with challenging youth in Sussex County.

The mental health screening program has been fully operational since February 2006.

Children's Services and Child Care Licensing is working close to enforce contractors being fully licensed and in compliance. IV-E Review corrective actions will strengthen approval and annual review timeliness for state and privately supervised foster homes.

Systemic Factors	Performance Goals and Objectives	Strategy
Quality Assurance System	8.2 Quality assurance system helps ensure safety, permanency and well-being for children and families served statewide	1. Strengthen child welfare practice using data from the case review system.

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: During the period 4/1/06 to 3/31/07 the total QA reviews completed by program area were: Intake/ Investigation- 325, Treatment- 176 and Placement- 179. The existing QA system is the primary method of evaluating safety, permanency and well-being in the Office of Children's Services. Reports are reviewed by state office managers, regional managers and supervisors. 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 2007. In addition a review of the tools will be conducted in order to assess and strengthen questions and directions, bringing it more in line with the recently updated federal CFSR on-site review tool. Finally, OCS is in the last stages of developing and testing a QA tool which reviews rejected hotline reports. Final implementation is anticipated July 2007. The 2007 CFSR provided a second quality assurance review that allows opportunity to compare findings. Both review tools are valuable to continuing quality improvement.

CFSR rating for this item is an area of strength.

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 PSSF. FACET is in the development stage of creating program protocols as well as a database to identify program participants who are involved with OCS. Internally, there is an effort to develop a more efficient way to report out on the relationship

between OPEI program participants and OCS recidivism rates. A major goal of OPEI is to reduce the incidence of child maltreatment through effective programming. All participants who receive services through Strengthening Families and PSSF 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. As of September 30, 2006, there were 218 families and 162 children served in the Strengthening Families program. Of these 380 children and families served, 141 families were referred through OCS. The program's twenty-four month FACTS check revealed only one individual had a founded investigation after the completion of the program. Program data demonstrates very successful outcomes for increased knowledge around awareness and comfort with positive discipline techniques, problem-solving approaches and alternative communication techniques.

It is the expectation that over the next two years, each OPEI program will have the capability to check FACTS for program outcomes around recidivism. OPEI is also re-vamping the manner in which data is collected, analyzed and reported to ensure validity and efficiency. Evaluation of prevention and early intervention programs is paramount to ensuring quality services are being provided. OPEI has made a concerted effort over the past year to enhance its evaluation process through contracts with experts in the field, and is developing the internal capacity to evaluate programs through training and technical assistance.

During the reporting period, the PSSF Family Consultants received a total of 130 Community Questionnaires completed by community members during their attendance at different outreach events throughout the state. The purpose of the survey was to capture a snapshot view of one's knowledge of resources and services in the areas of drug/alcohol, adult relationships, child's behavior and parenting. The outcome of the survey helped the PSSF program determine the level of community awareness about these services and assisted in developing strategies for increasing community members' knowledge of services within their community. The results indicated that 48% agreed they are aware of the PSSF program, 51% are aware of where to direct someone for drug and alcohol concerns, 37.7% would know where to obtain assistance in parenting, 31% knew where to direct someone in need of adult relationship concerns, and only 14.5% would know how to obtain help for children with behavioral issues. Based on the Community Survey, increased efforts are needed to enhance community awareness of how to access needed services, especially with children with behavior problems and adults with relationship concerns. The PSSF Community Advisory Board is one venue which will be used to disseminate information, and other avenues are being developed.

In order to enhance fatherhood programming throughout the state, the PSSF program, in partnership with the Center for Reconciliation and Social Change, Inc., Fathers Day Gala, Quiñones & Associates, Division of Child Support Enforcement and Head Start conducted surveys to obtain information on belief systems and to assess the needs of fathers in Delaware. Plans are in place to hold focus groups in Delaware's three counties to validate the survey and to engage fathers in the process of determining needs. Systems are being developed to incorporate the practice of engaging fathers in services. Surveys were conducted at barbershops, fatherhood meetings, basketball tournaments and through partnering with social and state agencies. The results indicated out of the 275 respondents surveyed, 43.1% are married, 25.8% were never married, 18.7% are divorced, 5.3% are living together, 4.9% are interested

in getting married and 4.6% are separated. 83.8% of those surveyed strongly agreed they believe fathers are as important as mothers in raising children, 61.5% strongly agreed they believe it is better for children to be raised in a household that has a married mother and father and 57.1% strongly agreed they believe marriage is as important today as it has been in the past. Fathers surveyed strongly agreed in the following areas: marriage produces children who are better prepared to deal with life's many challenges and couples who have children ought to be married. 75.1% of those fathers surveyed strongly agreed they would like to keep informed about their child's school, social life and medical matters, and 46.5% strongly agree the mother/guardian of children kept them informed. Delaware fathers also strongly agree they have a good relationship with the children's mother or guardian; they spend good quality time with their children at least once a week and believe that churches and faith-based groups should have a role in helping them raise their children. The top 7 barriers reported by fathers stopping them from having involvement with their children are: 65%- the mother of the child, 64% -legal matters, 63% -work schedule, 52%- money issues, 43%- relationship with children's mother or/her family, and 35%- transportation. Surveyed fathers identified areas of interest where they would like to have more information, which include: finances/budgeting, understanding legal rights, parenting skills and building adult relationships. Focus groups will be held to validate these concerns, and program development will stem from this environmental scan.

The K-3 Early Intervention Program continuously provides quality assurance by conducting routine reviews. During the reporting 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 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 current practices.

Systemic Factors	Performance Goals and Objectives	Strategy
Quality Assurance System	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"> <li>1. Continue divisional report cards as a management tool.</li> <li>2. Continue the case review system to evaluate the adequacy and quality of child and family services.</li> <li>3. Ongoing Citizen Review Panel recommendations are incorporated into systemic improvement planning.</li> <li>4. Continue to assess all programs and contracted services to ensure a culturally competent system.</li> <li>5. Continue to review all programs and services offered by agency and service providers to ensure a culturally competent system.</li> <li>6. Continue processing constituency complaints and</li> </ol>

review for quality assurance improvements.

*PROGRESS & ACCOMPLISHMENTS:*

Measurement of Performance: The DFS Report Card provides data 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 provides highlights and details in the three primary program areas: Intake/ Investigation, Treatment and Placement. Investigation case reviewers listen to actual audio recordings of the initial report to rate professionalism of our report line operations.

CFSR rating for this item is an area of strength.

OPEI is able to report out basic demographics of adult program participants to determine if the population served is the targeted population identified for services. During this reporting period, out of the 2,511 adult program participants 1,394 are employed either part time or full time, 1,041 are not employed and 76 are students. Furthermore, 108 graduated from college, 895 graduated from high school, 707 had some high school, and a total of 212 never attended high school. 1,220 were single/never married, 666 were married, 104 lived with partners and a total of 543 were either separated or divorced. The household income data indicated that 62% earned less than \$20,000, 18% earned between \$20,000 and \$30,000, 6% earned between \$30,000 and \$40,000 and 4% earned more than \$40,000. The participants' zip codes identified areas of high needs for employment and program participation. The recipients of the office services are 65% are African American, 23% are Caucasian, 11% Hispanic, 1% Asian and .5% American Indian. The study of this data provides the office with indicators of who is being served, and the needs and strengths of the population served for future program development.

PSSF and FACET are becoming more knowledgeable through training and developing father-friendly strategies to effectively engage fathers in existing services. To obtain additional knowledge, representatives from the two programs attended a Fatherhood Conference in Philadelphia which was designed to educate the attendees on the importance involving fathers, how to increase father involvement and the type of supports all fathers need in the upbringing of their children. The theme of the Institute focused on "Moving Forward: Raising the Bar on Fatherhood".

The PSSF program contracts with community-based agencies that have staff knowledgeable about the community and populations they serve. PSSF has expanded efforts in hiring Spanish-speaking Family Consultants. In addition, the program family tools, brochures, and pamphlet information are provided in Spanish. The PSSF family-support and family-focused approach adapts to the needs of the family in working through the family consultation and support process; therefore the family is the creator of their plan and the decision maker on the types of services and resources that best meet their needs. This approach ensures the process is culturally competent.

FACET continues to operate in four Early Care and Education Centers. Every family in the respective FACET site is a part of the FACET Program. All families receive services that empower and engage them. In keeping with the system of care philosophy, the FACET parents determine the activities and services most beneficial and enriching to their families and their community. Programming materials affirm and strengthen families' cultural, racial and linguistic identities.

The Office of the Child Advocate maintains a compilation of all the recommendations stemming from child abuse and neglect death and near death case reviews and disseminates the document to all the system partners for review and response. In addition, The CPAC Near Death Subcommittee was authorized by CPAC to review three near death cases and, during the reporting period, completed its second near death report, together with recommendations for many aspects of the child welfare system. CPAC and the Child Death Near Death Stillbirth Commission continue their collaborative venture and met again in May 2006. There, the two commissions identified four core areas needing system improvement. DFS Caseloads/Workloads, Standardized Definitions of Neglect throughout the Delaware Code, Safe Sleeping Practices/Sudden Infant Death Syndrome, and Multidisciplinary Use of History in Decision Making were identified as most critical to child safety. Where subcommittees or action teams did not already exist, such entities were formed. Members from both CPAC and CDNDSC, drawn from the various child welfare agencies, pooled their resources, time and personnel, to ensure that the issues raised in these pivotal meetings would be addressed timely, thoroughly, and with children at the center of each discussion. Despite a statutory requirement for only annual meetings, the joint commissions have agreed to meet semi-annually for the foreseeable future. In Fiscal Year 2006, The Office of the Child Advocate spent 252 hours in meetings and an additional 276 hours working on policy issues with various child welfare partners to assess the adequacy and quality of child and family services. CAPTA requirements for Citizen Review Panels are met through CPAC activities.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Quality Assurance System	8.4 System has capacity to produce information leading to program improvements	<ol style="list-style-type: none"> <li>1. Produce internal management reports to guide programming decisions.</li> <li>2. Use the case review system to evaluate the adequacy and quality of child and family services.</li> <li>3. Ongoing Citizen Review Panel recommendations are incorporated into systemic improvement planning.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: DFS continues to update and distribute the Division Report Card. Included in the first three quarters of SFY06 were the results of the bi-annual foster parent's satisfaction survey and the annual employee satisfaction survey. In addition to the distribution of this Report Card, agency wide periodic review of the measures are highlighted at quarterly managers meetings, with recent emphasis placed on Delaware's achievements with the National Standards. The national standard measures reflected in the

report card will be reviewed and updated during 2007 in order to reflect the new national standard composites.

The DFS Quality Assurance Case Review system was re-tooled in the fall of 2004 along with an increased pool of case reviewers in November 2004. Copies of the reviews are distributed back to the Regional offices for review and feedback with Supervisors and Social Workers in order to acknowledge good practice or identify areas for improvement. Quarterly reports distributed to administrators and managers highlight composites consistent with the CFSR issues and key reporting areas such as completion of ISP's and alleged perpetrator initial notification. A review of the DFS QA system will be conducted during 2007 in order to assess the need to update QA case review questions and directions, in order to achieve consistency with the Federal CFSR on-site case review tool. In addition those measurements used in the quarterly report which reflect the 'new' national standard composites will be updated.

CFSR rating for this item is an area of strength.

The Office of the Child Advocate maintains a compilation of all the recommendations stemming from child abuse and neglect death and near death case reviews and disseminates the document to all the system partners for review and response. See 8.3 for additional information.

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"> <li>1. Continue core and refresher training schedules.</li> <li>2. Continue use of experiential practice and exercises for all cores to evaluate competency of new workers and advising supervisors when further skill building is necessary.</li> <li>3. Continue review of trainee evaluations.</li> <li>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.</li> <li>5. Incorporate quality assurance data to strengthen worker competencies.</li> <li>6. Study the feasibility of a training certification program by June 2007.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**

Measurement of Performance: 147.5 hours of core training was given to 41 workers and family service assistants. Mentor training was provided in the spring of 2006. Two Refresher Trainings were performed, Treatment Plan Refresher Training (83 staff) and Case Documentation or Professional Record Keeping (216 staff). Supervisory and worker reviews post-training were conducted to determine

efficacy. Results: Of 216 surveyed, 205 responded. Participants rated classroom exercises on recording format and delineating between facts and judgments in professional record keeping. The mean satisfaction rate across all variables indicated participants' rating of the training as good to very good. Post-training survey also showed 90% of workers reporting applying what they learned in training on their jobs.

Moving forward, research is being done to find appropriate e-learning opportunities for staff to use in completing their 18 hours of required ongoing training each year. Several e-learning tools are to be available by fall of 2007. CFSR rating for this systemic factor is 4, an area of strength; this item is also an area of strength.

SOC: "Leading the SOC Team" was a two-day training for departmental direct service staff including DFS treatment and supervisory staff (5/24 – 9/29, 2006). The book "Now Discover Your Strengths" was used. Content included: Strength-Based Paradigm Shift, Stages of Organizational Change, Organizing the Team for Action, How People React When They Don't Know the Rules, Using Interest-based Approaches, Team Intervention Techniques, and Resolving Group Conflict. Each module of the training was experiential using DFS and departmental case vignettes in experiential learning. "Leading the SOC Team" will now be conducted for all new DFS and departmental workers and supervisors. Dates for 2007 are: 6/1 and 6/4 for workers and 6/1, 6/4, and 6/22 for supervisors. Engagement training will be a one day training event for workers and supervisors in the fall of 2007.

Regarding training certification, as support staff are available to assist, DFS PDU will issue new worker training certificates to staff members who complete new worker training.

In October 2006, Delaware was certified by the National District Attorneys Association (formerly American Prosecutor's Research Institute) to conduct training on the Finding Words forensic interviewing curriculum without NDAA oversight. The first training for 2007 was held May 7-11 in Sussex County and a second training is targeted October 22-26 in New Castle County. The three administrators for the Finding Words training (one each from the Division of Family Services, Department of Justice, and Children's Advocacy Center) plan to attend the NDAA's Beyond Finding Words in Atlantic City, NJ in August to assess its value for Finding Words follow-up training in Delaware.

Each year the K-3 Early Intervention Program plans, schedules and administers a two-week competency-based training program. The training program is managed annually by a training committee and the competency manual is monitored by a member of the management team. In addition, each new hire is trained to facilitate the parenting education and children's groups. Refresher training for the groups is provided to all FCTs and management at the start of each school year.

AdoptUSKids (Jackie Pray) conducted training in Delaware for Family Services staff, CASA, OCA, Family Court and adoption agencies on May 8<sup>th</sup> and 9<sup>th</sup> called 'Finding A Fit That Will Last A Lifetime: A guide to connecting adoptive families with waiting children'.

Systemic Factors	Performance Goals and Objectives	Strategy
Staff and Provider Training	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"> <li>1. Use pre- and post-tests to evaluate effectiveness of foster parent competency building.</li> <li>2. Continue basic and specialized training for all foster parents and specialized group home staff.</li> </ol>
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b></p> <p>Measurement of Performance: CFSR rating for this item is an area of strength.</p> <p>All foster parents are required to have from 5 to 20 hours of annual training in order to be in compliance. The number of hours depends on a foster parent’s level (1 to 5) with level 5 requiring 20 hours annually. Basic and specialized trainings for foster families include: mental health issues in children and youth, caring for sexually abused children, prenatal substance abuse, understanding the effects of trauma, helping children deal with grief and loss, teen substance abuse and caring for children with Attention Deficit Hyperactivity Disorder. During the FY2006, 383 foster parents were involved in 25 training classes offered through the efforts of Prevent Child Abuse Delaware and its partners. In addition, foster parents attended training provided on a local level. 165 foster parents from New Castle County and 218 from Kent/Sussex were involved in training. Group home and family foster home providers are required to provide initial and annual training as defined by Delacare regulations.</p> <p>Pre- and post- testing results of foster parent trainings administered by the training contractor are included as requirements for the FY08 contract year.</p> <p>Delaware (via DCMHS) is participating in a nationwide effort to enhance foster parent/caregiver training to increase trauma-informed practice. DFS PDU staff are participating in the National Child Traumatic Stress Network’s project to develop foster parent/caregiver training in child traumatic stress.</p> <p>DCMHS provides training sessions for foster and preadoptive parents. See 1.3 for additional information.</p> <p>Current Delacare Requirements for Residential Facilities and Day Treatment Programs require that a licensee shall ensure that all new employees and volunteers participate in an orientation that includes the purpose, policies and procedures of the facility or program, the employee’s role and responsibilities and the requirements to report allegations of child abuse or neglect. Furthermore, a licensee shall ensure that each new employee, volunteer, or any current employee or volunteer whose job function changes, and whose primary role or function requires interaction with children, receives at least 15 hours of planned training preceding the assumption of his or her work assignment on an independent basis. A licensee shall ensure that each employee and volunteer whose primary role or function requires interaction with children and who works 24 or more hours a week receives at least 40 hours of training annually. For those employees or volunteers whose primary role or function requires interaction with children and who works fewer than 24 hours a week at least 20 hours of training annually is required. A licensee shall maintain on file written materials documenting the delivery of orientation and</p>		

training for all employees and volunteers.

Under Delacare CPA Requirements, foster parent applicants are mandated to have orientation and training in specific areas and five hours of annual training following approval. Under current Requirements there are no specific training requirements for adoptive parents. The “working draft” for Child Placing Agency Requirements adds training requirements for adoptive parents and strengthens these requirements for foster parents. Prior to approval, documentation of training must be noted for both adoptive and foster parents. Adoptive parents, it is proposed, will have “at least 12 hours of training prior to the home study”. The topics are: attachment and bonding, grief and loss, how the adoption process works, adoption resources, birth parent issues, lifelong adoption issues, children available for adoption, abuse and neglect and issues specific to planned adoption. The task force has not yet arrived on a final decision regarding if training should be completed prior to approval of the foster home. However, there has been consensus on the topics to be included, which are: role of the foster parent as a team member charged with responsibility for the child’s care, education and legal rights, review of the accompanying placement packet/materials for the child, involvement of the birth parent(s) and family in the life of the child, CPR specific to the age range of the children for whom they intend to provide care, First Aid, explanation of the rules for foster homes and steps necessary for compliance, policy on religious participation, cultural competence and diversity, behavior management policy, confidentiality and all applicable Federal and State laws, child and adolescent development, health care and sanitation procedures, emergency planning procedures, nutrition and food safety, foster care payment procedures and the agency contact person. The use of pre and post-testing to evaluate the effectiveness of training shall be recommended to the task force for consideration as a final rule.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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:***

Measurement of Performance: CFSR rating for this systemic factor is a 2, area needing improvement. This item is an area needing improvement. CFSR PIP will address improving performance for this factor and item.

PSSF provides supportive services to families active and not currently active with Departmental core services. The family consultation process uses family support practices and promotes 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 takes a lead role in the process. Using a strength-based approach to empower families, they are encouraged to determine their own needs and services. Families develop informal and formal support systems to assist in resolving the family’s needs and concerns. The outcomes expected from participation in the program are that

families connect to appropriate services and they gain and/or enhance their ability to be proactive in identifying and addressing their needs before they become a crisis. By defining the needs, the participants can establish goals to resolve their needs/concerns with the support of formal and informal networks. Supports include neighbors, family members, organizations, churches, friends, employer and social agencies. As a result, families are empowered to take the lead in the planning process to reach identified goals and therefore reduce certain life stressors to facilitate a successful transition of the youth to its home and/or community, while assisting families to maintain supportive, safe and nurturing environments for the child. PSSF continues to partner with several Catholic Churches to provide family consultation and support services under the St. Vincent DePaul Society Charity organization which provides community support and financial assistance. Families with children under eighteen presenting to be at risk of child maltreatment, families who are isolated, families experiencing parent child conflict and families in need of assistance and willing to participate in the PSSF family consultation process are referred for services. The St. Vincent DePaul case manager and the PSSF Family Consultant work together to empower the family in taking the lead to assess and resolve their needs and concerns. PSSF also continues to partner with Parents As Teachers (PAT) of Delaware to provide family support services to first time parents. In a collaborative effort, representatives from PAT, FACET and PSSF raise awareness about collaborative opportunities to support the field as well as how to create and sustain a father-friendly environment in child care programs.

The PSSF program is consistent in its practice and belief that strong communities promote strong families. The PSSF Family Consultant helps to develop a Community Advisory Board (CAB) where one does not exist and provides technical assistance. Where CABS do exist, the PSSF Family Consultant is expected to participate as a member and provide technical assistance. The CABS' makeup varies depending on the community. Parents, community resource providers, business professionals, faith-based organizations, education representatives, police and others depending on the needs of the community may be a member of the CAB. As part of the PSSF CAB charter, the Advisory Board shall increase community linkages through partnerships, increase community awareness of services/resources, assess community needs through surveys and/or focus groups, identify community needs using priority service guidelines and strategically plan for the purpose of making recommendations for the selection of community mini-grants. During this reporting period, CABS offered mini-grants, sponsored many creative family activities to engage adults and youth to promote bonding and teambuilding, increased awareness about the PSSF program, promoted healthy relationships, offered resources for substance abuse services and child mental health disorders, encouraged physical/nutritional education, helped families navigate the education system, provided stress management techniques and increased health awareness.

Through its curriculum and expertise of the instructors, the Strengthening Families program helps promote safe environments for children in care to return home. Although their role is not to assess safety, the provider is amenable to conducting home visits to reinforce knowledge learned in class. Parents enrolled in specialized reunification classes are also considered a cohort, whereby booster sessions and informal gatherings after the class has ended provide participants the opportunity to engage and interact with one another on an ongoing basis. Oftentimes, the families in a cohort have bonded and offer each other support and guidance, serving as an informal support system.

The K-3 Early Intervention Program conducted sixteen parenting and children's groups throughout the state during the reporting period. These groups provided services to families in 51 schools throughout 13 districts and three Charter Schools. The parenting and children's groups increase the chances of children remaining in their homes. Additionally, Early Intervention FCTs continue to refer clients to community and state based agencies with the goal of strengthening the family unit.

DYRS contracts with Psychotherapeutic Children's Services (PSI) for youth placed in L4 programs for Inappropriate Sexual Behaviors, both during their placement and for 6 months post placement. PCS implements and coordinates the family therapy component of youth treatment plan while in placement for sexual offenses. PCS also implements and coordinates a comprehensive relapse prevention plan when youth returns to the family.

DYRS also provides intensive home based services for youth returning from other L4 programs as applicable to assist in the reunification of the youth with his/her family. These services currently include Multi-Systemic Therapy (MST) also provided by Psychotherapeutic Children's Services statewide, Project Stay Free for New Castle County, Cornell Abraxas for Kent/Sussex counties, VisionQuest Family-Centered Intensive Case Management (FCICM) statewide and Providence Service Corporation for New Castle County.

OCS workers have an array of services at their disposal designed specifically to reduce risk and promote reunification. The most popular service to facilitate reunification is the home-based parent aide program. The focus of the parent aide is to help families address areas that place children at risk. All contracted providers are aware that they must assess for safety during every contact with the family. OCS currently has four community-based providers designated to provide parent aide services. One contractor was selected specifically to address the Spanish-speaking population in New Castle County. All contractors are required to have at least one Spanish-speaking staff member to provide services to Spanish-speaking clientele. Unfortunately, contractors have a very difficult time attracting Spanish-speaking applicants.

Access to 30 hours of outpatient mental health counseling is available without prior approval by a managed care organization. Children without insurance can access DCMHS behavioral healthcare services. 75.4% of foster children received public child behavioral healthcare during 2005; 2006 data in process.

Licensed Early Care and Education providers offer services that enable children to be in a safe and healthy environment. These services are utilized both to avoid placement and to support return of children from placement. On January 1, 2007 revised Rules for Early Care and Education became effective in Delaware. These Rules reflect national standards for health and safety and have strategies imbedded therein that are associated with quality care. Activities are required of Providers to involve parents, even those who may be hesitant to accept services, and to communicate with parents concerning children's progress in care. Child care staff are mandated reporters and by

Delacare Rule must be trained in their obligation to report suspected cases of abuse and neglect. Furthermore Center Rule 319. requires that a “licensee shall ensure that each child is observed on arrival by a staff member trained in recognizing common signs of communicable disease, physical injury or other evidences of ill health.”

Systemic Factors	Performance Goals and Objectives	Strategy
Service Array and Resource Development	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"> <li>1. Provide an array of services through the Department and contractors for strengthening families with the goal of successful case closure.</li> <li>2. Provide comprehensive assessment, planning and service delivery for families with serious risk of foster care placement.</li> <li>3. Continue professional training in SOC team facilitation skills by June 2006.</li> <li>4. Strengthen resources with community partners for developmentally challenged children.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**

Measurement of Performance: CFSR rating for this item is an area needing improvement. CFSR PIP will address improving performance for this factor and item.

In April 2006, Family Court designated a Liaison Judge (Judge Alan Cooper) to the domestic violence service delivery community.

DYRS provides intensive home based services or day treatment for youth as an alternative to L4-to help avoid placement. These services currently include Multi-Systemic Therapy (MST) currently contracted with Psychotherapeutic Children’s Services statewide, Project Stay Free ICCP and Day Treatment services for New Castle County, Cornell Abraxas for Kent/Sussex counties, VisionQuest Family-Centered Intensive Case Management (FCICM) statewide and Providence Service Corporation for New Castle County.

OCS workers have an array of services at their disposal designed specifically to reduce risk and prevent placement. The most intensive service available to families is Intensive Home Based Support (IHBS). To qualify for this service, the family must be at imminent risk of placement. Under this program, services are provided by a team consisting of a Master’s level therapist and a parent aide. The team is available to the family 24 hours a day, 7 days a week. A step-down from this service is Home-Based Family Support (HBFS). To qualify for this service, families have a significant number of issues that, if not resolved, would result in the removal of the children from the home. Through this service, counseling is provided to the family in their own home on a weekly basis by a therapist with the goal of preventing placement. Beginning in SFY06, contractors providing both IHBS and HBFS are eligible for a performance-based

incentive if the family remains intact, with no entries into foster care 12 months after the contracted agency closes the family's case. The most popular service to prevent placement or facilitate reunification is the home based Parent Aide program. The focus of the parent aide is to help families address areas that might place children at risk. All contracted providers are aware that they must assess for safety during every contact with the family.

DFS currently has four community-based providers designated to provide parent aide services. One contractor was selected specifically to address the Spanish-speaking population in New Castle County. All contractors are required to have at least one Spanish-speaking staff member to provide services to Spanish-speaking clientele. Unfortunately, contractors have a very difficult time attracting Spanish-speaking applicants.

System of care training for Department staff enters Phase IV during the fall 2007. This training focuses on engaging families and youth to improve outcomes. A guide for various levels of staff throughout the Department is available to promote system of care principles.

A Memorandum of Understanding with the Division of Developmental Disabilities Services and the Children's Department was signed April 2007. This agreement clarifies roles and responsibilities for serving developmental disabled children and youth.

Access to 30 hours of outpatient mental health counseling is available without prior approval by a managed care organization. Children without insurance can access DCMHS behavioral healthcare services.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Service Array and Resource Development	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"> <li>1. Strengthen foster/adopt training.</li> <li>2. Continue to reduce the number of legally free children needing adoptive family with aggressive recruitment techniques.</li> <li>3. Partner with AdoptUSKids and other resources to place children in adoptive families.</li> <li>4. Continue review of permanency goals in conjunction with Family Court and Child Placement Review Board.</li> <li>5. Provide an array of supportive services to long term caregivers and to children with permanency goals other than return home.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: CFSR rating for this item is an area needing improvement. CFSR PIP will address improving performance for this factor and item.

The Division of Family Services provides financial support for adoptive families through subsidies and reimbursement for eligible medical and psychological services. Between April 1, 2006 and March 31, 2007 over \$91,000 was reimbursed to families for respite care, therapy, dental and other services.

Delaware's adoptive family support group, Adoptive Families with Information and Support (AFIS) and OCS Permanency Supervisors worked together to create Delaware's Heart Gallery, whose premier exhibit was at the CPRB's fall training event in 2006. The Heart Gallery consists of professionally photographed portraits of Delaware's waiting children. Utilization of the Heart Gallery in other appropriate venues will be coordinated by IACOA.

An evaluation of the appropriateness of the services being provided to a child and family is addressed in every review conducted by the Child Placement Review Board. The Board member's determination regarding the appropriateness of the services to support the achievement of the stated goal is always included in the "Recommendations" portion of the report, as well as recommendations regarding the need for any additional services.

AdoptUSKids (Jackie Pray) conducted training in Delaware for Family Services staff, CASA, OCA, Family Court and adoption agencies on May 8<sup>th</sup> and 9<sup>th</sup> called 'Finding A Fit That Will Last A Lifetime: A guide to connecting adoptive families with waiting children'. We will use this information to better prepare the child and family for adoption or another permanency plan which will result in less children languishing in foster care.

Delaware continues to provide an additional 12 hours of training for DFS foster parents who want to adopt. Within the past 6 months, about 25 foster families received this training. Delaware's continues to use the dual application for foster parents wanting to adopt the child in their foster home.

The Division of Family Services continues to partner with AdoptUSKids and the National Adoption Center in photo listing children who are TPR'ed and in recruiting foster and adoptive families for children in foster care and needing a permanent family. The Division continues to use media whenever possible to recruit resources. Some of Delaware's children are shown on Wednesday's Child through NBC10 and the Freddie Mac Foundation. The Department advertises in the Wilmington Blue Rocks Year Book. Staff attend various recruitment events throughout the state including National Adoption and Foster Care Months. The Division has a statewide marketing team and manages an initiative to promote faith-based resources. The Division develops a monthly Deladopt list for all children with a goal of adoption who need a permanent family. This listing is sent out to adoption agencies in and out of Delaware with the hope of expanding the pool of resources for children who need a forever family. The Division continues to identify adoptive

families across the country and has placed children in 31 different states for adoption. Adoption home studies are completed by private licensed adoption agencies throughout Delaware.

The Family Services permanency committee continues to review all children in foster care at 10 months in order for the worker to present a permanency plan to the court at the 12 month permanency hearing. If the child cannot return home and adoption has been ruled out, the committee continues to explore other permanency options and will provide compelling reasons as to why Family Services did not file a TPR petition or why the child's goal will be changed to APPLA. When there is a subsequent change in goal or change in circumstances, the permanency committee will review these children and provide a recommendation to the worker to present to court at the next scheduled hearing. For children exiting foster care via adoption and/or guardianship, the Division provides a list of community resources for the family such as therapists and community support agencies.

DCMHS grants are increasing access to child behavioral health community-based treatment. DCMHS crisis intervention capacity increased for north Delaware and in particular City of Wilmington with the Community Policing Project. Additionally, the Child Traumatic Stress Treatment Center grant has created immediate increased statewide access to trauma-specific treatment for children/adolescents with child traumatic stress and Post Traumatic Stress Disorder. DFS active youth are one of three target populations for this project. Thirty four children served to date. The grant is also funding the training of all DCMHS outpatient providers in Trauma Focused Cognitive Behavioral Therapy (evidence-based, trauma-specific treatment), beginning summer 2007.

Under Delacare CPA Requirements Foster Parent applicants are mandated to have orientation and training in specific areas and five hours of annual training following approval. Under current Requirements there are no specific training requirements for adoptive parents. The "working draft" for Child Placing Agency Requirements adds training requirements for adoptive parents and strengthens these requirements for foster parents. Specifically, the five hours of annual training for foster parents is maintained. Prior to approval documentation of training must be noted for both adoptive and foster parents. Adoptive parents, it is proposed, will have "at least 12 hours of training prior to the home study". The topics are: attachment and bonding, grief and loss, how the adoption process works, adoption resources, birth parent issues, lifelong adoption issues, children available for adoption, abuse and neglect and issues specific to planned adoption. The task force has not yet arrived on a final decision regarding if training should be completed prior to approval of the foster home. However, there has been consensus on the topics to be included, which are: role of the foster parent as a team member charged with responsibility for the child's care, education and legal rights, review of the accompanying placement packet/materials for the child, involvement of the birth parent(s) and family in the life of the child, CPR specific to the age range of the children for whom they intend to provide care, First Aid, explanation of the rules for foster homes and steps necessary for compliance, policy on religions participation and education, cultural competence and diversity, behavior management policy, confidentiality and all applicable Federal and State laws, child and adolescent development, health care and sanitation procedures including standard precautions and proper hand washing and diapering, emergency planning and procedures, nutrition and food safety, foster care payment procedures and agency

contact information.

The Child Protection Accountability Commission (CPAC) Subcommittee on ASFA Timelines was created to assess whether Delaware was meeting timelines as provided by Family Court Rules and ASFA. The Subcommittee has pulled all DFS legal custody petitions from 2002 through 2003 statewide, and is endeavoring to complete 2004 through 2006. The Subcommittee meets regularly to focus on the gathered data related to the achievement of permanency and the associated processes, has piloted simple spreadsheets to track the data and is researching best practices nationwide for the development of a permanent data tracking tool. The Subcommittee is comprised of system partners from Family Court, the Office of the Child Advocate (OCA), Child Placement Review Board, Division of Family Services, and private adoption agencies. The Subcommittee is hopeful over the next year to complete the data collection and have at least a temporary database implemented statewide to track cases.

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

**PROGRESS & ACCOMPLISHMENTS:**

Measurement of Performance: CFSR rating for this item is an area needing improvement. CFSR PIP will address improving performance for this factor and item.

OPEI offers services statewide. FACET has been collaborating with the *Partnering with Families in Sussex Program*, a family strengthening program working with Early Care and Education center staff downstate, as peer reviewers of their program. The peer reviews consist of FACET Program staff sharing what they see as strengths and weaknesses in the Partnering with Families in Sussex Program, as it is much like FACET upstate. OPEI will continue to collaborate with entities such as this to develop a prevention infrastructure across the state and share trainings, information and resources.

In OCS, services to families are available statewide. The increase of treatment and foster care cases and workload has strained available resources statewide.

DCMHS provides a toll free children’s behavioral healthcare information and referral line. The statewide crisis intervention program received a 97% consumer satisfaction rating. DCMHS’ service array includes crisis intervention, assessment, and treatment in the following levels: outpatient, intensive outpatient, day treatment, respite, individual residential treatment, facility-based residential treatment and psychiatric hospital. Care management is provided for all children and their families served beyond the outpatient-only level. Consumer system service satisfaction rating is 95% (across all levels of care, Ohio Scales parent report).

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	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.
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b></p> <p>Measurement of Performance: CFSR rating for this systemic factor and item is an area of strength. Delaware's Child and Family Services Plan is structured to align with Child and Family Services Review outcomes and systemic factors. As such, the recent CFSR provides strong evaluation of the CFSP strategies employed to improve outcomes for children and families. Internal and external stakeholders report good collaboration between the Department and community partners in pursuit of these outcomes. Through a variety of forums, objectives and strategies to achieve safety, permanency and well-being goals are aligned with stakeholder interests. This year's Annual Progress and Services Report planning, drafting and review includes representatives from all the Department's operating Divisions, Family Court, Child Placement Review Board and Office of the Child Advocate. This is in response to stakeholder comments that while parts of the CFSP are agenda items in a variety of settings, there is not a concerted effort to address the total plan with community partners. The 2007 report is evidence of stakeholder involvement in evaluating and reporting progress on agency goals.</p> <p>The 2007 APSR will be posted on the Division's website. APSR documents have been on the website for 2 prior years, 2005 and 2006.</p> <p>The Child Placement Review Board commends the current DFS administration for their sustained and determined efforts to include their system's partners in both their planning and evaluation efforts.</p> <p>The Office of the Child Advocate and the Division of Family Services engage in quarterly meetings where multidisciplinary discussions focus on topics such as caseloads, coordination, case concerns, training needs, system successes and challenges. Additionally, the Office of the Child Advocate is a member of the Division of Family Services' Child and Family Services Review Steering Committee and participated as a reviewer for Delaware's second CFSR in March 2007.</p>		
Systemic Factors	Performance Goals and Objectives	
Agency Responsiveness to Community	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"> <li>1. Develop, evaluate and revise Memoranda of Agreements with other agencies.</li> <li>2. Support interdisciplinary grant initiatives.</li> </ol>

*PROGRESS & ACCOMPLISHMENTS:*

Measurement of Performance: CFSR rating for this item is an area of strength.

DFS is represented on the Delaware Interagency Council on Homelessness (DICH) advocating for housing resources for foster youth exiting the foster care system at age 18 or older. Community partners and housing authorities are working together to build a statewide plan to end homelessness in Delaware by 2012. The plan was accepted by Governor Minner in 2006 and includes additional housing resources for former foster youth.

Two Protestant churches requested that the Program Manager for Intake & Investigation review their policies and procedures for the reporting of child abuse.

DFS is supporting a grant initiative of DCMHS that focuses on screening children who may be suffering from Post-Traumatic Stress Syndrome (PTSD). The DCMH project manager was invited to each regional office to discuss the program and explain referral procedures. In addition, the project manager also attended the Intake and Investigation Work Group on March 15, 2007 to review the project and ways to expand services to more children and families in the future.

A sub-group of the Child Protection Accountability Commission's Use of History Subcommittee was created to focus specifically on information sharing. The sub-group met monthly between November 2006 and April 2007. The sub-group was chaired by the Division of Family Services (DFS) and membership included Family Court, Department of Education, Child Death, Near Death, Stillbirth Commission, Office of the Child Advocate, Children's Advocacy Center, Community Legal Aid, Child Placement Review Board, Division of Public Health, Division of Child Mental Health Services, a community advocate, and DFS Criminal History Unit. The goal of the sub-group was to develop policy recommendations related to information sharing among entities in order to protect children from abuse or neglect while recognizing the rights of the family and its individual members. The objectives were:

1. To determine what information can be shared/is needed to keep children safe.
2. To determine with whom information can be shared.
3. To determine methods for sharing information.

The strategies used by the sub-group included a self assessment of the sub-group agencies to determine what information is needed by each agency to keep children safe, a review of applicable statutes for each agency regarding confidentiality and a review of current processes in place to share information. A final report is pending completion. Interim results indicate that there were not as many information sharing issues as originally thought. Much of the sharing of information is guided by federal and state statutes; however, processes already in place such as memoranda of understanding need to be reinforced.

The Division of Family Services continues to be involved in three tiers of emergency preparedness planning. At the statewide level, a plan for unattended children was added as Appendix A of the ESF-6 Mass Care Plan. The Division is currently participating in the site selection process with a small work group lead by the Delaware Emergency Management Agency (DEMA). The plan is to have the Unattended Children's Centers collocated within schools that will also house general population shelters, special medical needs

(non-acute care), and animals. On a Departmental level, plans have been developed to account for children in the custody or care of the three divisions (Family Services, Child Mental Health Services, Youth Rehabilitative Services) providing services directly to children. The plans also include staff training according to level of involvement in the emergency, data backup, building safety/evacuation and protection of equipment. The Department is currently forming a committee to develop the operating procedures for the Unattended Children Shelters. At the Division level, procedures have been developed to account for children in Division foster care or contracted care. Emergency preparedness training of the Division's foster parents has begun. The Office of Child Care Licensing has established requirements for licensed child care providers and much of their training has been completed. Finally, contractor expectations to communicate status of services during an emergency will be added to all Division contracts for FY08.

The MOU between the Department of Services to Children, Youth and Their Families, statewide law enforcement agencies, the Department of Justice, and Children's Advocacy Center continues its review process. It is anticipated that a final review and signature will occur this summer with training of the involved participants in the fall.

A Memorandum of Understanding with the Division of Developmental Disabilities Services and the Children's Department was signed April 2007. This agreement clarifies roles and responsibilities for serving developmental disabled children and youth open with both agencies. In addition the agreement ensures that children with disabilities will have a smooth transition from Family Services to the Division of Developmental Disabilities upon their 18<sup>th</sup> birthday.

A new Memorandum of Understanding between the Children's Department and Family Court was signed March 2007. This agreement focuses on coordinating Court Improvement Program, Title IV-E and Child and Family Services Review activities.

The "Baseline Quality Study" conducted by the University of Delaware on the state of quality programming in licensed child care centers recommended several actions to be taken to improve the quality of care. One recommendation centered on improving the quality of programs serving children in child care in the City of Wilmington. A work group was established in 2006 to identify funding opportunities and prepare applications with the goal of improving the quality of centers located in high risk Wilmington neighborhoods. Attention is being given to how this effort might compliment or work jointly with the HOPE Commission effort in Wilmington, as well as OPEI programming.

DSCYF, the Division of Substance Abuse and Mental Health, other state agencies and community organizations are partnering around youth suicide prevention. Suicide is the second leading cause of youth deaths in the state, and a prevention plan with implementation strategies has been created. The plan's goals are to prevent suicidal behavior by enhancing resiliency, reduce the impact of suicide and suicidal behaviors on others and to improve access to and availability of prevention services for vulnerable, high-risk adolescents. This collaborative effort will include applying for federal grant initiatives.

For the past two years, OPEI has undertaken a new strategy of building the infrastructure of grass roots faith-and community-based organizations to better serve our children and families. Technical assistance and training around personnel management, organizational development, fiscal management, grant writing, data collection and evaluation has allowed several small organizations to apply for and

be awarded grants to provide much-needed services. Our goal is to enhance the cadre of providers and quality of services that are offered in the community to our families who have experienced child maltreatment, behavioral health issues, domestic violence and other risks.

OPEI is also collaborating with the Division of Child Support Enforcement, Division of Social Services, Family Court and community organizations to prepare grant applications around enhancing child welfare outcomes.

The Early Intervention Program currently has Memorandums of Agreements with each district and charter school for which we provide services.

The Executive Director of the CPRB serves as the Chair of the DFS Advisory and Advocacy Council, which serves as a vehicle through which service coordination occurs.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Agency Responsiveness to Community	11.3 Agreements with other agencies to perform IV-E or IV-B functions are monitored for compliance and accuracy	(DE has none)

**PROGRESS & ACCOMPLISHMENTS:**

Delaware has no agreements with other agencies to perform IV-E or IV-B functions.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Agency Responsiveness to Community	11.4 Status of American Indian children is appropriately determined; state is in compliance with ICWA	<ol style="list-style-type: none"> <li>1. Strengthen the identification of tribal affiliation of children and families served.</li> <li>2. Continue to provide culturally diverse services to all populations statewide.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**

Measurement of Performance: CFSR rating for this item is an area of strength. During this reporting period, OCS staff met with representatives from the Nanticoke Indians to discuss ways in which the tribe could support Indian children coming into care. The Nanticoke Indian representatives agreed to serve as foster parents for Indian children if they need to be placed in out-of-home care. In the event that an Indian child needs placement, DFS will notify the Nanticoke representative and a member of the tribe will initiate and complete the process to become a licensed foster parent. Until that process is complete, OCS will follow the protocol for assessing the home of a non-relative caregiver so that placement can be made immediately. The Chief of the Nanticoke Tribe was interviewed as a local stakeholder during the March 2007 CFSR on-site review.

Providing culturally competent services is part of the Department's System of Care initiative and included in trainings.

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	1. Review and revise standards for foster and adoptive homes and child care institutions through policy and Delacare regulations as appropriate.
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b></p> <p>Measurement of Performance: CFSR rating for this systemic factor is 3, an area of strength. This item is also an area of strength.</p> <p>The Department is setting standards for emergency preparedness planning to account for children in the custody or care of the three divisions (Family Services, Child Mental Health, Youth Rehabilitative Services) providing services directly to children. The plans also include staff training according to level of involvement in the emergency, data backup, building safety/evacuation and protection of equipment. Procedures have been developed to account for children in OCS foster care or contracted care. Emergency preparedness training of the Division’s foster parents has already begun. The Office of Child Care Licensing has established requirements for licensed child care providers and much of their training has already been completed. Finally, contractor expectations to continue services during an emergency will be added to all Division contracts for FY08.</p> <p>OCS policy and procedures are being revised to comply with new federal regulations for child abuse registry checks and monthly contacts for foster children. The contact schedule for foster youth placed out of state is being revised to meet IV-E State Plan requirement for six-month contacts. The IV-E Review Program Improvement Plan includes standardized approval and annual review procedures for state and private agency supervised foster and adoptive homes.</p> <p>Delacare Child Placing Agency (CPA) Regulations are currently under revision. While it was expected that a draft document was to have been put forth for public comment in 2006 with a target date for implementation of sometime in early 2007 that process was placed on hold in anticipation of the recommendations that would follow the 2006 IV-E and 2007 CSFR Reviews. Federal legislation passed in 2006 also needed to be analyzed to determine if the tenets would require changes in existing Delacare Requirements for Child Placing Agencies. To date an internal workgroup comprised of representatives of the Office of Child Care Licensing and DFS foster care and adoption programs and are reviewing the Child Placing Agency Rule “draft” to identify areas requiring modification.</p> <p>The internal work group has also focused on aligning the standards for DFS foster/adoptive homes and CPA foster/adoptive homes. The internal communication system has been strengthened so that concerns, standard violations and decisions are shared between OCCL and foster/adoptive units. The Department has a strategy of providing clear and consistent messages to all contractors and foster and adoptive parents concerning the standards and importance adherence to those standards in ensuring the health and safety of children in care.</p>		

Delacare Requirements for Residential Facilities and Day Treatment Programs were last revised in 1999 and are tentatively scheduled for review in 2008.		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Foster and Adoptive Home Licensing, Approval, and Recruitment	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.
<i>PROGRESS &amp; ACCOMPLISHMENTS:</i> Measurement of Performance: CFSR rating for this item is an area of strength.		
See 12.1. DFS is aligning Delacare and OCS policy to strengthen application of standards for foster and adoptive homes.		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Foster and Adoptive Home Licensing, Approval, and Recruitment	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.
<i>PROGRESS &amp; ACCOMPLISHMENTS:</i> Measurement of Performance: CFSR rating for this item is an area of strength.		
State approved foster homes in the Division of Family Services are required to have criminal background checks including fingerprint checks by the FBI. Additionally, DELJIS checks are conducted on non-custody out of home placements including teens age 13 and older.		
Requirements for Child Placing Agencies set forth rules for criminal history record checks for foster and/or adoptive applicants. During yearly compliance reviews a representative of the Office of Child Care Licensing reviews the policy and procedure manual to validate that the agency has a policy that complies with the specific requirement of Delacare rules, for checks on adoptive and foster applicants. The OCCL representative will also review a sampling of case records to validate that checks have been completed in accordance with Agency policy and Delacare licensing requirements and State law. The Criminal History Unit has incorporated five year child abuse registry checks for all foster and adoptive applicants as required by the Adam Walsh Act of 2006.		

Systemic Factors	Performance Goals and Objectives	Strategy
Foster and Adoptive Home Licensing, Approval, and Recruitment	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"> <li>1. Recruit and retain a diverse pool of foster and adoptive families to match the needs of children needing placement.</li> <li>2. Use internal management reports to evaluate and guide foster and adoptive family recruitment and retention efforts.</li> </ol>
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b></p> <p>Measurement of Performance: CFSR rating for this item is an area needing improvement. CFSR PIP actions will improve performance for this item.</p> <p>The Office of Children's Services has a pool of foster homes that matches the diversity of the foster care population. As of 3/31/06 56.8% (416) of the children in foster care were African American and 58.75% (155) of the available foster homes were African American. 42.7% (346) of the foster children were Caucasian, compared to 40.55% (107) of the foster homes. 7.0% of children in foster care are identified as having Hispanic or Latino background, compared to 6% of the foster parents. The agency has not been able to recruit the volume of homes needed to match the increase in the foster care population. For FY06, 78 new foster homes were approved. OCS places about 125 foster children above the contracted number of slots across all levels of care. Seventy four children were adopted during FY2006.</p> <p>The Division of Family Services continues to partner with AdoptUSKids and the National Adoption Center in photo listing children who are TPR'ed and in recruiting foster and adoptive families for children in foster care and needing a permanent family. The Division continues to use media whenever possible to recruit resources. Some of Delaware's children are shown on Wednesday's Child through Philadelphia's NBC10 and the Freddie Mac Foundation. The Department advertises in the Wilmington Blue Rocks Year Book. Staff attend various recruitment events throughout the state including National Adoption and Foster Care Months. The Division develops a monthly Deladopt list for all children with a goal of adoption who need a permanent family. This listing is sent out to adoption agencies in and out of Delaware with the hope of expanding the pool of resources for children who need a forever family.</p> <p>The Division has a statewide marketing team and manages an initiative to promote faith-based resources. The foster care marketing and recruitment team has used reports on foster children's home communities to target recruitment efforts through its faith-based initiative. To date the recruitment and marketing team completed visits to 157 different faith-based organizations. In addition, recruitment focuses on homes for sibling groups, teens, medically fragile children and challenging youth. Media appearances, community events, and speaking opportunities are used to recruit homes. Foster parents receive incentive payments for families referred and approved as foster homes.</p>		

OPEI supports the recruitment of foster parents through community outreach events and contact with an Early Intervention FCT to encourage culturally diverse foster care providers. During this reporting period, OPEI spoke numerous times of the need for more foster parents at school open houses, annual child abuse and neglect trainings, district health and safety fairs and other school based and community events.

Delacare Rule 92 requires that CPAs “have a written plan describing strategies for recruiting qualified foster parents. The plan shall be flexible in considering the types of foster care provided, ages of the children, developmental needs of children, racial identities of children, sibling relationships and special needs”. Rule 186 mirrors the same clauses for adoptive parent recruitment. In revising Delacare CPA requirements it has been recommended that these provisions be retained.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Foster and Adoptive Home Licensing, Approval, and Recruitment	12.5 Recruitment and use of adoptive families across state or other jurisdictional boundaries	<ol style="list-style-type: none"> <li>1. Continue to use regional and national adoption placement resources for Delaware’s foster children needing adoptive homes.</li> <li>2. Continue to contract with out of state child placing agencies to finalize adoptions for Delaware’s foster children needing adoptive homes.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: CFSR rating for this item is an area of strength.

The Division of Family Services continues to partner with AdoptUSKids and the National Adoption Center in photo listing children who are TPR’ed and in recruiting foster and adoptive families for children in foster care and needing a permanent family. The Division continues to use media whenever possible to recruit resources. Some of Delaware’s children are shown on Wednesday’s Child through Philadelphia’s NBC10 and the Freddie Mac Foundation. The Division continues to identify adoptive families across the country and has placed children in 31 different states for adoption. Currently there are about 12 children placed in other states, supervised by private agencies and awaiting finalization.