Strategies, Measures and Activities

**Outcome: Safety** 

**Strategy:** Strengthen and reinforce safety practices for Delaware's children.

**Performance Measures and Goals:** 

1. Quality Assurance: Measurement for child safety is a composite of questions in investigation and treatment assessing safety in the child's residence. Goal is 100% will be assessed as safe.

During the twelve month period ending March 31, 2010: Investigation- 98.8% of the children were assessed as safe. Treatment- 86.3% of the children were assessed as safe.

2. National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.

For the twelve month period ending March 31, 2010, 97.0% of the victims did not have a recurrence of abuse or neglect.

3. National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher. For the twelve month period ending March 31, 2010, 99.44% of children were not maltreated in foster care.

#### **Activities:**

1. Provide and support training and education.

In Fiscal Year 2009, the Child Protection Accountability Commission's Abuse Intervention Subcommittee, through its Medical Subcommittee, finalized the development of and launched Child Abuse Identification and Reporting Guidelines for Delaware Medical Providers. The inaugural training was co-presented by a local physician and a Division of Family Services staff person on March 24, 2009 at Kent General Hospital to doctors, nurses, and social workers with great success. The Child Death, Near Death, and Stillbirth Commission, the facilitator for the training, has continued to schedule hospitals and private family practices to participate in the training throughout Fiscal Year 2010. In the near feature, the training will be accessible as part of the Office of the Child Advocate's Child Welfare Web Based Training Curricula.

In addition to disseminating information regarding child abuse identification and reporting, the Abuse Intervention Subcommittee finalized the Memorandum of Understanding (MOU) between the Department of Justice (DOJ), the Department of Services for Children, Youth & Their Families (DSCYF), the Children's Advocacy Center of Delaware (CAC), and the Delaware Police Departments, bringing to an end years of collaborative contemplation and revision and ushering in an updated and thoroughly-informed partnership among the agencies most closely tied to child abuse investigations in Delaware. With DOJ, DSCYF, the Children's Advocacy Center, and every law enforcement jurisdiction invested, two one and a half-hour training sessions were held in Wilmington and Dover on September 17, 2009 with supervisors and managers from the signatory agencies to ensure that the agencies were made aware of the changes and primary obligations in the

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MOU. Additionally, the Abuse Intervention Subcommittee has been working on a thirty minute MOU training video for law enforcement, which will be issued closer to the end of this fiscal year.

Finally, the Abuse Intervention Subcommittee's last major undertaking was embarking upon a public awareness campaign addressing mandatory reporting, which was a frequent recommendation coming out of the death and near death reviews of children in Delaware. The Subcommittee will be unveiling a presentation on How to Identify and Report Child Abuse and Neglect in Delaware, which will be accompanied by a Reporting Child Abuse and Neglect video at the end of this fiscal year or early in the next fiscal year.

K-5 Early Intervention Family Crisis Therapists (FCT's) are based in 51 Elementary Schools throughout 13 School Districts and 3 Charter schools within the state. The FCT's provide training and education to parents and staff regarding child safety. FCT's also provide training and support to staff and parents regarding child abuse and neglect issues.

The Family Court of Delaware has leveraged its Court Improvement Program Training Grant to support both multidisciplinary and discipline-specific training and education sessions on a variety of needs:

- Children First (multidisciplinary/statewide training formally known as Finding Words, produced by CAC) forensic interviewing
- Support for the CDNDSC/CPAC Conference June 2010: Protecting Delaware's Children covering myriad aspects of child safety
- Judges training with ABA regarding Confidentiality and Information Sharing; Youth in Court
- Attorney training with ABA regarding Confidentiality and Information Sharing; Youth in Court
- Mock Family Court trial training for DFS Staff

The Department of Services for Children, Youth and Their Families Professional Development Unit (PDU) provides competency based core training for new workers on safety assessment and planning in both investigation and treatment phases of case work. As a Child and Family Services Program Improvement Plan (PIP) action plan, this training was evaluated and modified after the safety assessment policy was changed. Those changes were incorporated into the new worker core training. The PDU also provides refresher training for experienced staff on the concepts of safety assessment. This refresher training was provided during November and December of 2009 to train experienced workers on the policy/procedural changes regarding safety assessment.

Through DSCYF's Office of Prevention, the Promoting Safe and Stable Family Consultation and Support (PSSFCS) program, the community based Family Consultants (FC) are trained in a strength-based and family support approach combining family preservation and family support principles and practices together to create the consultation and support model implemented to help families to stabilize and remain intact. The FCs receive annual refresher training in the consultation process of the program design to assure the enhancement of the families ability to assess and address their concerns, increase their decision making and planning skills. The FCs also receive ongoing training in the support component of the program, which seeks to improve the family's ability to identify appropriate informal and formal supports and increase the ability of the support systems to meet the family's needs. Through ongoing community presentations and the family consultants' efforts to maintain good public relations throughout the community, the Family Consultants remain knowledgeable of the community services available to assist the program participants.

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The Families and Centers Empowered Together (FACET) program creates an environment that provides opportunity for parent and teachers to have access to educational, parenting, resource connections and family supports. FACET continues to provide and support staff training and parent education and enrichment. FACET has incorporated a core curriculum and competencies staff profile which is accompanied with a training manual and semiannual training sessions on components of the program core competencies as identified as needed. Through the use of this curriculum and training the FACET coordinators are able to improve their job performance and their performance can be evaluated more efficiently.

DSCYF's Office of Prevention and Early Intervention (OPEI) services continue to utilize the I Can Problem Solve (ICPS) program, a nationally recognized science and research based violence prevention program for preschoolers, primary grades and intermediate grades. ICPS is an interpersonal cognitive problem-solving primary prevention program that uses a curriculum to teach children how to think. The goal of the ICPS program is to teach children thinking skills that can be used to help resolve or prevent "people" problems. The focus is to guide children to think for themselves, teach children to evaluate their own ideas, and encourage children to come up with many solutions on their own. Also, taught through lessons and interaction in the classroom is the development of an empathic response to others and the critical skill of listening and paying attention. Preschool teachers benefit from this program in the following ways: development of a more positive classroom atmosphere; and a decrease in time spent handling conflicts and an enhancement of their own problem-solving skills. ICPS is known to increase pro-social skills, such as sharing, caring and helping. Benefits for students include increased social interaction among peers, skills to handle new problems, decreased social withdrawal and impulsivity and increased ability to wait and cope with frustration.

ICPS is being used in FACET early childhood education programs and other preschools throughout Delaware. The program has been incorporated into various parent training settings and other preschool programs throughout the state. FACET coordinators have been trained in the process and are completing a "train the trainer" course in the process in order to train their parents and other community service representative working with preschool children and families. This is a parent involvement initiative that will help parents to help children to think for themselves, gives parent practical ways to teach their children social and emotional competencies, gives parents many hands-on things to help them become more empathetic, better able to cope with frustration and disappointment and to become better problem solvers. The program also helps parents keep track of their own problem-solving progress. An Early Intervention Family Crisis Therapist (FCT) has been assigned to the Office of Prevention and Early Intervention to learn and implement the curriculum for parents and teachers; the FCT has been trained in the program by a National ICPS Trainer and has received over 20 hours of training in the school curriculum, the parent component and how to provide effective technical assistance to educational staff in the classroom. The FCT provides a 6-8 week individual training in ICPS 's "Raising A Thinking Child" work book that helps families to improve communication and decrease risk factors among family members, increase pro-social skills in their young children and decrease social withdrawal and impulsivity. The family training focuses on how to use the interpersonal cognitive problem solving approach with their young children at home. Families will be trained individually and additional resource assistance will be provided, if this is a need. Parents use the Raising a Thinking Child Workbook with their children; the workbook is part of the ICPS parent component that provides activities for parents and children to help children

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and parents further learn how to solve problems in the family environment. Problem-solving has been researched as one of the major techniques that prevent family and community violence, including child abuse and neglect. As this program moves forward, another program for parents and adolescents will be developed using the same model. In addition, the program will give parents new skills in listening, ability to cope with their own frustration, increase sensitivity to their children, build self-confidence in their parenting skills and provide skills to handle new problems through alternative solution thinking. This past year an early childhood Educational Consultant was also trained to provide consultation and technical assistance to FACET preschools in the program.

The PSSFCS program staff continues to offer annual program in-service training to the Office of Children's Services (OCS), Division of Youth Rehabilitative Services (DYRS), and Division of Child Mental Health Services (DCMH) staff to ensure all parties maintain a marginal understanding of the role and services available to the Department families through the PSSFCS intensive family consultation and support services. The Promoting Safe and Stable Family Program continues to train the family consultants to meet varies levels of the program's core competencies curriculum. Additional training included best practices for working with fathers/male caregivers, building and sustaining membership of a community based advisory board, and the process to implement community base grant activities. Each newly hired family consultant received training in the PSSFCS family consultation process, the implementation of the PSSFCS family consultant for up to 12 months and or longer based on their mastering the four level of competency for each service area of the program service delivery. Community trainings attended by the PSSFCS internal staff and community based Family Consultants were: child abuse and neglect, parenting of teens 12 – 16, and working with children with behavioral challenges.

The Division of Family Services is required to give each family under investigation a Parent Handbook that answers critical questions about investigation and treatment procedures. The handbooks are available in four languages: English, Spanish, French, and Creole. The handbooks were updated in 2009 in all languages. These handbooks are also available on the Division's Web site at: <a href="http://www.kids.delaware.gov/fs/fs cai.shtml">http://www.kids.delaware.gov/fs/fs cai.shtml</a>. In addition, DFS has updated two popular brochures for publication by June 30, 2010: "The Professionals Guidebook to Reporting Child Abuse and Neglect" and "A Guide to Understanding the Child Protection Registry." Both of the updated brochures will replace the versions currently on the Division's website.

Program Manager for Intake and Investigation provided the following training or panel presentations since the 2009 APSR:

- 1. June 22, 2009 Title X Delegate/Provider meeting sponsored by the Division of Public Health
- 2. July 9, 2009 Sexual Assault Network of Delaware (SAND)
- 3. October 21, 2009 University of Delaware Center for Disabilities Studies (Panel)
- 4. February 12, 2010 Division of Child Mental Health
- 5. February 22, 2010 Division of Child Mental Health
- 6. March 5, 2010 Visiting Teachers Conference (Panel)
- 7. March 23, 2010 Division of Child Mental Health
- 8. March 24, 2010 Delaware Helpline, Inc.
- 9. March 25, 2010 Division of Youth Rehabilitative Services
- 10. April 26, 2010 Division of Child Mental Health

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- 11. April 26, 2010 Delaware Adolescent Program, Inc. (DAPI)
- 12. June 7, 2010 Division of Child Mental Health

"Report Line Refresher" training, introduced in the 2009 APSR, was developed and provided by Linda Shannon, Program Manager for Intake and Investigation, and Susan Radecki, Statewide Services Administrator, for 271 statewide Division of Family Services staff and community partners. A copy of the Report Line/Initial Response Refresher Training and Evaluation Synopsis was completed in July 2009. (See Attachments)

In 2009, as part of the CFSR-PIP, DFS made significant revisions to the Safety Assessment policy manual as well as to the Safety Assessment tool itself. The changes in the FACTS Safety Assessment went on-line in mid-November, 2009. In November and December 2009, the Professional Development Unit conducted mandatory training for all DFS staff to cover changes made to the Safety Assessment policy as well as to the Safety Assessment tool itself.

Two major training initiatives began in 2009 and continue into 2010 aimed at licensed Family Child Care Providers and all licensed Child Care Providers respectively. The first initiative offers free training sessions in the topic of "Emergency Planning". This session 2.5-3 hours in length provides the Emergency Plan template, information/resources to develop the plan and instruction in completing the plan. The hours of training help Family and Large Family Child Care Providers to fulfill their annual training requirements. This topics fall under the core competency area of "health and safety". During the session Providers will gain information to develop a plan that meets the requirements of DELACARE Rules and with information to go beyond those basic requirements to develop a best practice plan. The training was developed by Delaware Emergency Planning Agency, Delaware Citizens Corps, New Castel County Emergency Management, RSVP, American Red Cross in conjunction with the Office of Child Care Licensing. A total of 368 licensed providers have already enrolled in this training. The second topic was "Safe Sleep and SIDS Risk Reduction". The Delaware Child Death, Near Death and Stillborn Commission subsidized Mari Hershberger, a recognized expert, to provide training on this topic to Child Care Center staff and licensed Family and Large Family Providers. This training ran 2.5-3 hours per session and was also recognized by the Office of Child Care Licensing for annual hours under the core topic area of "health and safety". In 2010 in Delaware there have been three infant deaths related to the failure to follow safe sleep or SIDS risk reduction guidelines. These have all occurred in family homes (not licensed child care). Two of these deaths were a result of co-sleeping which is recognized as an extremely dangerous practice. A total of 155 persons were enrolled in these sessions to date. By having an educated child care workforce and, by Delacare Rules requiring provider-parent communication, knowledge gained in these sessions can be passed on to families so that children can benefit from this best practice both while in child care and at their family home. For the convenience of Providers these sessions were offered nights and weekends across all three Counties at varied locations.

#### 2. Support the ability of Delaware families to stabilize and remain intact.

K-5 Early Intervention Family Crisis Therapists opened 532 new cases from September 2008 to August 2009. During the 12 month period from September 2008 to August 2009, the K-5 Early Intervention Program had an average of 670 cases open each month. During each of these months, the cases loads averaged 1,585 students per month and 1,139 adults per month.

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Additionally, K-5 Early Intervention FCT's had interactions with non-caseload children 16, 952 times during the 2008-2009 school year. These same FCT's also interacted with non-caseload adults 5,713 times.

While working to stabilize families before the families enter deeper end services, the K-5 Early Intervention Program conducted nine parenting groups with concurrent children's groups based on the Carolyn Webster-Stratton Model, an empirically tested and nationally recognized parenting and children's program. These groups were held throughout the state and covered nine school districts.

OPEI implements strategies to reduce the risk of future development of poor outcomes related to substance abuse, child maltreatment, behavioral problems, inadequate parenting, lack of father involvement, violence, poor family relationships and other social ills as an approach to increase the protective factors of children, their families and communities. OPEI continues to implement programming established along the continuum of care to include: universal interventions (those that are targeted to the general public/group that has been identified on the bases 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).

OPEI's service array ranges from low intensity services for large groups of people at low per-person cost to programs with progressively increasing intensity for fewer persons at progressively higher cost. OPEI implements community-based programs designed to support safety of children, improve the functioning of families and communities 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 has been committed to programming that is child-centered and family focused and assures effective, timely and appropriate support for Delaware's children. Through a variety of programs, OPEI provides both direct service and manages community service contracts. OPEI seeks to implement a range of prevention and early intervention services targeted to the general public, sub-groups, individuals, families and communities. Programs services are holistic in their approach, employ a variety of strategies all designed to help children and families reach their fullest potential. OPEI services are statewide servicing children (0-18), caretakers and communities.

Universal intervention services are provided through the OPEI Resource Center, pamphlets and booklets continue to be available free of charge to individuals and organizations across the state. The Resource center continues to house up-to-date information on child development; stress management; parenting tips; fatherhood, budgeting, marriage, separation and divorce, drug and alcohol prevention, budgeting, other resources and a host of other topics, including prevention child maltreatment. Videos, books, prevention curriculums and software may be borrowed also without charge. The Child Abuse and Neglect Campaign (CAN) is another universal intervention approach designed to reach the masses through "booster shots" of information geared to educate the public about child maltreatment. The CANC implements prevention information and dissemination strategies to engage the community and increase awareness of individuals in the community regardless of their economic situation, education level or cultural background. Each April, there is a child maltreatment

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prevention campaign that takes place across different venues. OPEI makes a concerted effort to promote awareness and subsequently change high-risk behaviors through organized and coordinated outreach initiatives.

Suicide prevention is a universal and a selective/targeted intervention that has been on the forefront of OPEI's work for the past year and a half. Federal grant dollars have allowed OPEI to create a 24-7 emergency crisis hotline and website that focuses on prevention, treatment and resources for parents, teens and professionals. The website includes information about suicide, mental health, stressors, relationships, and issues of sexuality and identity, as well as links to resources. Gatekeeper training has been occurring at a rapid pace, with great response. A toolkit has been developed for teens to learn about suicide and how to access help, with a parent edition coming out next year. The Youth Suicide Prevention Network (YSPN) is raising awareness for suicide prevention at the school level. Two Newsletters a year have been developed and disseminated to educate the community about the signs and symptoms of suicide as well as how to access needed resources for those experiencing distress. In conjunction, inserts in the statewide newspaper have served as educational materials to the community. Direct services are provided through the Suicide Hotline service which provides counseling to prevent self harm or suicide.

Another universal prevention program is the All Stars Program, a contracted service with the Edgemoor Community Center as the lead agency for the Delaware Prevention Network Alliance. It is a consortium of ten non-profit and governmental agencies geographically located throughout the State of Delaware that provide multifaceted services in their respective communities/neighborhoods. All Stars is a universally approached school or community-based program designed to prevent youth from engaging in behaviors that will put their health and well-being at risk. The program provides a community-based format, delivered in any after-school or community setting. Parents are indoctrinated through the youth participant take-home assignments and the sharing of information about parenting strategies. Throughout the program youth meet and engage in small group activities, group discussions, worksheet tasks, videotapes, games and art activities. Some strategies include bonding, commitment, parental attentiveness, social norms and abstinence.

All Stars Core consists of 14 sessions, All Stars Booster consists of 10 sessions, and All Stars Junior consists of 15 sessions. Fifteen to twenty students participate in an All Stars cycle. All three curricula share common goals and objectives yet supplement each other to achieve continuity of service. These goals and objectives are designed to prevent, reduce or eliminate negative behaviors and promote positive behaviors. The All Stars program addresses five important topics to developing a positive character in youth: Developing Positive Ideals, Creating a Belief in Conventional Norms, Building Strong Personal Commitments, Bonding with School and Family.

The University of Delaware Cooperative Extension implements the evidence-based Life Skills Training (LST) program statewide to youth ages 11-15 in community centers and middle schools located in the New Castle, Kent and Sussex Counties. The program is implemented to middle school students in Delaware. LST address three domains (youth, peer and school) which are critical in the prevention of tobacco and drug use. These components include: drug resistance skills, self efficacy and social skills. Research has shown that students who develop skills in these three domains are far less likely to engage in wide-range of high risk behaviors.

The selective prevention program, Separating and Divorcing Parent Education (SDPE) is a state Family Court mandated program. Family Court mandates divorcing parents with children up to age 17 to attend an education

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program on co-parenting successfully. Parents filing for custody or wanting visitation are also required to take these classes. The goal of SDPE is to educate parents about the affect and impact divorce and separation has on their children and to help minimize the harmful affects this produces. The SDPE program has 2 components: Basic (6 hrs.) and a Domestic Violence component (2 hrs.). Effective January 1, 2008 Family Court no longer mandated the completion of the Children's components of the Separating and Divorcing Parent Education Seminar. A committee composed of members of the Delaware Bar Association, a child psychologist, representatives from the Department of Services for Children, Youth and Their Families, educators, counseling providers and a Delaware Family Court judge, reviewed the course curriculum and best practices on the subject and concluded that the present one time session being offered could be harmful to a child by opening up complex issues with no opportunity for follow up.

A Selected/Targeted prevention program provided by OPEI is Families and Centers Empowered Together (FACET). FACET was recognized as a Reported Effective Program in the Emerging Practices for Child Abuse and Neglect project. FACET is a family support and empowerment program located within four Early Care and Education Centers from birth to five years of age. The program's primary goal is to build and enhance protective factors of children enrolled in Early Care and Education Centers and their families. The program achieves these goals by providing various strength-based family educational activities, family social events and other supportive service events. 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.

The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) is a family preservation and family support combined effort providing universal/targeted/indicated approaches. This program focuses on providing supportive services which are intended to reduce the occurrences of child maltreatment by addressing the four associated risk factors which are: (1) parental characteristics; (2) developmental and behavioral characteristics of children; (3) absence of resources and services; and (4) crisis and stress, when safety is assured. Promoting Safe and Stable Families (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.

The Promoting Safe and Stable Families Program Resource Connection Only site continues at Sparrow Run Community - Route 40 corridor in an effort to maintain community and cultural connections. The second tier of services through the PSSFCS program is the Intensive Family Consultation and Support program. This service is targeted to families who are experiencing more complex family issues and or behavioral difficulties with their child(ren)/youth. A referral is made to the PSSFCS Intensive Family Consultants to provide Family Consultation and Positive Behavior Intervention (PBI). The service continues to be offered by Psychiatric Social Workers with skills to offer Positive Behavior Intervention.

The Strengthening Families Program (SFP) is an indicated intervention offered to provide parent education and skill building to meet a specific requirement of a client's overall case plan established by the Department's

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Office of Children Services. Oftentimes, these parents are court-ordered to attend as a condition for their children to be returned to their care. The curriculum is structured for parents in a 16-week format, with the children attending as appropriate. SFP supports safety by teaching parents skills to parent more effectively.

Family Court recognizes that child and parent representation supports the ability of families to stabilize and remain intact or reunite. In 2009, the Court increased the number of contract attorneys representing parents. In addition, the Court Appointed Special Advocates (CASA) program has done an outstanding job of recruiting volunteers. CASA and the Office of the Child Advocate (OCA) which administers the attorney Guardian *ad litem* program, work closely to ensure quick assignment to cases, and in 2009 data showed consistently more than 98% of children were represented and often, 100% were represented. In addition, the agencies are working on criteria and protocol to enhance the process, as well as more detailed data analysis (for example: not just how many are represented, but how many have a representative by the first court hearing where decisions are made).

It is the policy of DFS that Safety Assessments must be completed on all children in the family at various points throughout the life of a case. Those points in time include 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 is 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 thru the provision of external supports. If DFS cannot assure safety thru the provision of external supports, DFS will petition for custody and remove the child from the home. Policy was revised in 2009 requiring workers to complete a criminal background check every time a formal Safety Assessment is completed. By doing so, the caseworker will stay abreast of any criminal charges that any adult in the home may have incurred. 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. To ensure that workers and supervisors routinely discuss safety, the Directed Case Conference tools were revised in 2009 to include emphasis on safety, efforts to assess and plan with both parents for a child, and to determine the progress that a family is making on their Family Service Plan.

DFS continues to monitor the timeliness of both initial and on-going contracts in treatment cases. Once a case is transferred to treatment for on-going service, the worker must make their initial contact within 10 working days. Treatment workers are required to meet with the family a minimum of three times prior to completing the Family Assessment Form (FAF) and developing the Family Service Plan. Once the FAF is completed the contact schedule is changed based on the needs of the family but is never less than monthly. The supervisor reviews and evaluates casework at each decision point in the case (i.e. assessment, monthly case conferences, quarterly case reviews, and case closure). This review focuses on the family's needs and child safety and assists the worker in identifying specific areas requiring additional action. The contact schedule is determined by the supervisor as a result of the information gathered from the monthly case reviews. Families with a higher degree of risk are assigned a more frequent contact schedule than families with a lower level of risk. In 2008 DFS implemented a contact template that all treatment workers are required to use when documenting their contact with anyone in the family. By requiring all workers to use this template, it ensures that all workers are documenting the same key items during contacts: who was present for the contact, the safety of the children, progress on the case plan, and any next steps that may need to be taken.

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It is the policy of DFS to have a face to face visit within five days of a child being placed in a new foster home. In July 2007 policy was updated to include the federal requirement that children in foster care be seen on a monthly basis and that the majority of the contacts occur in the child's placement. Policy very clearly outlines what information must be discussed with the youth and that the conversation must occur in private so that the youth feels free to discuss any issues, fears or concerns that they may have. In January, 2009, FACTS was modified to include a specific monthly foster care contact event. This event allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. This FACTS modification also allows the supervisor to track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. In addition to the policy and FACTS changes, DFS also instituted a Monthly Foster Care Contact template that all workers must use when documenting their contacts in the record.

All contracted treatment services available to families through DFS are provided to the family in their own home. Home-Based services are geared towards families with an elevated level of risk but for which placement is not imminent. DFS family support contractors are required to meet with the family within 10 working days of receiving the case. Their on-going contact schedule is based on the needs of the family and agreement between the family and the DFS social worker. Under this contract, counseling services are provided to the family on a weekly basis by a therapist with the goal of preventing placement.

Workers are also able to refer families for parent aide services. Parent aide services are provided in the client's home. The focus of the parent aide is to help families address areas of concern that might place their children at risk. In 2006, the parent aide service was modified to enhance service to families. The enhanced parent aide service is available to families whose children have been removed from their care. The parent aide assumes responsibility for the coordination, transportation and supervision of visits between children in foster care and their parents. During the actual visitation time the parent aide will use that opportunity to address issues that may have resulted in the removal of the children from the home.

All contracted providers are aware that they must assess for safety at every contact with the family. In addition to any training the agencies require their employees to attend, DFS also requires contracted employees that will be working directly with DFS clients to complete relevant portions of the DFS new worker training.

In 2009, two home-based contractors were eligible for performance based incentives if the DFS worker referred the family to the contracted agency to prevent placement. The Performance Based Incentive was earned if the family remained intact, with no entries into foster care 12 months after the contracted agency closed the family's case. In FY09, 35% of the cases referred for Home-Based Support qualified for the incentive.

In addition to contracted in-home services, DFS also contracts with a licensed psychologist to complete mental health evaluations of parents. The psychologist provides evaluations to clients throughout the state. To refer clients, DFS workers provide historical information to the psychologist as well as a list of questions they would like to have answered. The psychologist completes the evaluation and recommends what services would be most beneficial to the family. This information is then incorporated into the family's Service Plan. Although the psychologist is centrally located in the state of Delaware, in the event that he is unable to see a client in a timely manner or the client feels that his office is not conveniently located, staff also have access to two other psychologists willing to see DFS clients and testify in court.

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#### 3. Incorporate external and internal QA case reviews to strengthen child safety.

The Office of the Child Advocate regularly receives referrals from biological parents, foster parents, relatives, schools, counselors and psychologists, medical professionals, law enforcement, the Department of Justice, the Children's Department and the Court system. Once a case has been referred to OCA, OCA will conduct a review of relevant records (Family Court and DSCYF) to determine if an attorney guardian *ad litem* should be appointed and/or whether or not child welfare policy concerns exist. OCA maintains a Child Protection Policy Concerns database to identify trends in Delaware's child protection practice and to address areas of concern and provide documentation to support those positions for which it advocates.

Another compilation of child protection concerns and recommendations for change is OCA's "Compilation of Delaware's Child Protection Issues and Recommendations from Child Abuse/Neglect Death and Near Death Case Reviews," a document that lists every public recommendation that was derived from a child death or near death due to abuse and/or neglect, from March of 1997 to present. The top recommendations involved the following child welfare issues: Multidisciplinary Collaboration, Child Abuse Identification & Reporting, Use of History, Risk Assessment, Policies, Training, Information Sharing, Youth Aging Out of Foster Care, Client Cooperation with Services, Domestic Violence, and Structured Decision Making. In addition to recommendations and child welfare issues, the document tracks progress toward accomplishing the recommendations and implementing changes. It is available to system partners on the OCA website, and it is distributed twice a year for updates. This tracking system has been used to inform the Child Protection Accountability Commission and the Child Death, Near Death, and Stillbirth Commission as to priority areas for focus and improvement.

The safety of the child in their foster placement is assessed during the periodic review conducted by the Child Placement Review Board. The report generated following the review includes recommendations to address any identified concerns regarding the child's safety. Additionally, the Board works with providers to address and resolve any identified concerns.

The Department Safety Council (DSC) plays an integral role in the Department's quality assurance efforts and goal to be a self-correcting agency. The DSC reviews each incident that meets the definition of a Department Critical Incident (Child Death, Hospitalization, Escape from a Level V Program and Institutional Abuse or Child Abuse Resulting in an Arrest) and applies a systemic approach to determine potential system issues. For issues identified, the DSC will make Departmental recommendations intended to improve the quality of services provided to children and families. There were 80 critical incidents reviewed by the Department Safety Council during January 1, 2009 through March 31, 2010. As a result of these reviews, 31 recommendations were made. System issues identified included communication and sharing of information, case documentation, risk assessment, licensing regulations, enhancing Department training, complacency issues and the development of policy and procedures.

In addition to the internal reviews completed by the Department Safety Council, child deaths and near deaths are also reviewed by the Child Death, Near Death, and Stillbirth Commission (legislated, multidisciplinary panel reviews of all Delaware child deaths). The process involves a multidisciplinary, retrospective system review intended to provide meaningful, prompt, system-wide recommendations in an effort to prevent future deaths and to improve services to children. The three review panels (New Castle County Child Death Review

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Panel, Kent/Sussex Child Death Review Panel and the Child Death/Near Death due to abuse/neglect Panel) reviewed a combined total of 27 child deaths/near deaths that had some Department involvement during 4/09 – 3/10.

During 4/1/09 through 3/31/10, there were 239 System of Care (SOC) reviews completed. The SOC review was developed to measure the Department's progress in incorporating SOC philosophy and framework in our service delivery system. The review tool consists of 31 questions designed to measure Delaware's seven SOC principles (*Practice is individualized, Services are appropriate in type and duration, Care is child-centered and family focused; Care is community-based; Care is culturally competent; Care is seamless, within and across systems and; Teams develop and manage care)*. The review findings showed an increase in scores for each of the seven principles. As a result of the SOC reviews, recommendations including training, to enhance team based planning and cultural competency were put forward.

The DFS Quality Assurance tools have a specific emphasis on safety. All reviewers are required to review their randomly assigned cases to determine if the reviewers agreed with the caseworker's assessment of safety. In the event that the reviewer disagrees with the caseworker's safety assessment, procedures are in place to provide immediate feedback to the caseworker's supervisor as well as the regional administrator.

Supervisors discuss the worker's on-going assessment of safety during their monthly case conferences. This discussion is captured in both the Directed Case Conference and in the regular monthly case conference notes

#### 4. Research, review, improve and implement safety and risk management practices.

In Fiscal Year 2010, the Child Protection Accountability Commission's Risk Assessment Subcommittee was created. The Subcommittee's charge will be:

- Data analysis of child abuse and neglect reports, to be comprised of all investigations from the last 10 years and to include which variables predicted substantiation or unsubstantiation; what percentage of cases came back within 5 years; and which variables are consistent among cases that came back within 5 years; and
- Monitor progress on the CAN Reports data analysis, be included in the process, and receive a report from DSCYF upon conclusion such that it can make recommendations for action.
- Research available risk assessment tools for identifying children at risk for dependency, abuse, and/or neglect, and make a recommendation on the most appropriate tool for DFS to use.

The Subcommittee will be using the data to reassess the Division of Family Services' current risk assessment tool. Since the subcommittee is newly established, their efforts will continue into the next fiscal year.

Foster care contractor are required to see children in out of home care face-to-face at least once a month. This aligned contracted foster care contact requirements with state agency and federal requirements. The Division provided all foster care contractors with a template listing items to be reviewed during face-to-face visits with foster children; this is the same template issued to DFS staff. Those items include purpose of visit, what was discussed, worker observation/assessment, a determination of child safety and any next steps.

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A workgroup was established to review and improve policy related to the use of the Safety Assessment as well as to review and revise the clarity of the Safety Assessment tool and its use during investigation and treatment. The workgroup was comprised of Program Managers for Investigation and Treatment, Investigation and Treatment Supervisors and caseworkers, one After-Hours caseworker, the Professional Development Unit, and one stakeholder from the Child Death, Near Death Stillbirth Commission. As a result of the work done by the workgroup, extensive changes were made to both the Safety Assessment tool itself, the Safety Assessment Examples document, and the Policy and User Manuals for both Investigation and Treatment. The Professional Development Unit will be conducting a mandatory training for all DFS staff to cover all of the changes made by the Workgroup. The changes in the FACTS Safety Assessment went on-line in mid-November 2009. Changes were made in the Directed Case Conference to ensure that supervisors are having discussions with the workers regarding an assessment of the child's safety. Specifically, an entire section of the Treatment Directed Case Conference is titled "Assessment of Child Safety." These activities were CFSR-PIP approved actions. During this reporting period, refresher training for caseworkers and supervisors regarding the completion of Safety Assessments, including timeframes for completing the Safety Assessments, were held: November 5, December 1 and 3, 2009– Kent County; November 10 and 12, 2009 – Sussex County, November 17, December 9 and 22, 2009-New Castle County. Power Point training was developed and conducted by Lynn Arnold of the Professional Development Unit.

Ongoing PIP activities are to periodically review performance for initial contact compliance at Investigation Workgroup. Investigation Program Manager reviewed each Safety PIP policy revision about which she conducted training in March 2009 during the June 10, 2009 Investigation Work Group; no new issues were raised.

Within the Office of Child Care Licensing is the position of Rule Development Manager (RDM). It is the responsibility of the RDM to conduct research for the development of Rules regarding Family and Large Family Child Care Homes, Early Care and Education and School Age Centers, Child Placing Agencies and Residential and Day Treatment Programs. The research is extensive and utilizes "Caring for Our Children", American Academy of Pediatrics, CDC, US Consumer Product Safety Commission to highlight a few sources.

The National Association of Child Care Resource & Referral Agencies (NACCRRA) just released their rankings (May 2010) of State Standards and Oversight of Small Family Child Care Homes. The report, "Leaving Children to Chance", looks at 14 key elements essential for quality small family child care homes as the basis for the rankings. Of a maximum 140 points Delaware received 110 exceeding all other States, the Department of Defense and District of Columbia making Delaware # 1. The full report is available at <a href="http://www.naccrra.org/publications/naccrra-publications/leaving-children-to-chance-2010.php">http://www.naccrra.org/publications/naccrra-publications/leaving-children-to-chance-2010.php</a>.

When the last rankings were done in 2008 Delaware ranked 38<sup>th</sup>. Changes made in *Delacare: Rules for Family Child Care Homes* implemented in 2009 made the dramatic difference. Specifically cited as actions leading to the change in ranking were: conducting home inspections prior to the issuance of a license, requiring a high school diploma or GED, strengthening requirements for learning activities including specific play materials and improved requirements with regard to health and safety. Delaware scored perfect marks in addressing the 10 critical health areas, 10 critical safety issues, conducting unannounced routine inspections and complaint investigations, performing comprehensive background checks, and requiring toys and materials are available in eight different developmental areas.

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In "We Can Do Better: NACCRRA's Ranking of State Child Care Standards and Oversight" 2009 report Delaware also ranked relatively high on regulations (8<sup>th</sup> in the Nation) based on Center staff are required to have orientation, fire safety and other health and safety training. Centers are required to have at least one first-aid and CPR certified staff on the premises; requires all center staff to undergo a background check that includes a check of state and federal criminal history records using a fingerprint, and checks of child abuse and neglect—registries; requires program activities to address all six developmental domains (social, physical, language/literacy, cognitive/intellectual, emotional and cultural). Health and safety standards address all 10 basic standards (immunizations, guidance/discipline, diapering/hand washing, fire drills, medicine administration, incident reporting, hazardous materials, playground surfaces under outdoor equipment, emergency preparedness and placing infants on back). Delaware regulations have requirements regarding parent involvement and communication, and allow parental visits.

#### 5. Assess, plan, monitor, analyze and enhance service array to promote positive outcomes.

For each of the 532 new cases opened between September 2008 and August 2009 by K-5 Early Intervention Family Crisis Therapists, there were two initial assessments 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 K-5 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 K-5 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 K-5 Early Intervention FCTs include: one on one counseling, group counseling, consultations, family counseling and home visitation.

The Promoting Safe and Stable Families Consultation and Support Program focuses on families in crisis where extenuating risks may lead the family to enter or re-enter into deeper end services. Every effort is made to engage and retain families for services. Attempts to engage and schedule families for this voluntary service are made within two working days from the date of referral. The PSSF waiting list protocol has been in practice for three years established to identify families who could not be seen within five working days due to a scheduling backlog. As result of ongoing network efforts among the PSSF community based service providers, the 182 families were placed on the waiting list during the period of review. There was an increase of 80 participants placed on a PSSF waiting listings during FY09. However, all 182 family participants were serviced within 5 business day of being placed on the waiting list. PSSF Intensive Family Consultation services will implement a waiting list protocol to again identify families who cannot be seen within five working days of assignment due to scheduling backlog of the OPEI- Psychiatric Social Worker III's providing direct service. 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 according to data, the average timeframe for program

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participation during the reporting period was 6.00 to 6.26 weeks. This length of service is more compared to the last reporting period's 5.68 to 6.00 weeks.

PSSFCS provides an array of 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 achieved from participation in the program are that families connect to appropriate services and gain and/or enhance their ability to be proactive in identifying and addressing their needs before they become a crisis.

The PSSFCS model is set up to increase resiliency in families, thus reducing the likelihood of departmental child entering into deeper end services. PSSF builds resiliency in four areas that prevent child maltreatment; (1) parental characteristics; (2) developmental and behavioral characteristics of children; (3) absence of resources and services; and (4) crisis and stress, when safety is assured. These stressors are evaluated to determine if there has been a positive change from the pre-test - Family Stressor & Resource Assessment (FSRA) to the post test-FSRA. Referrals to the PSSFFCS for the reporting period were: 29% of families were self-referrals; 26% were referred by a community agency; 22% were referred by other source; 17% were referred by another state agency; 4% were referred by the Office of Children's Services, Youth Rehabilitative Services and Child Mental Health; and 1% were referred by the courts. Family participants prioritize their concerns on the Family Needs and Social Support Scale (FNSS) which is where the participant is able to turn their concerns into defined needs. The FNSS measures the need for crisis services to stabilize PSSF families. This year the FNSS collected data for 1,751 participants. Participants choose emergency crisis (23%), employment (9%), financial wellness (8.5%), and housing (7%), as the top single stressors. Other priority stressors identified by participants were parenting services, healthy adult relationships, emotional wellness, education, counseling, and medical assistance.

PSSF measured 1,025 families for their adequacy level of informal and formal supports. The pre-adequacy level of informal and formal supports identified as helping the participant in meet their needs was: 1% adequate; 3% mostly adequate; 50% somewhat adequate; and 45% not at all adequate. The post-adequacy level of formal and informal supports identified as helping the participant in meeting their needs was: 83% adequate, 16% mostly adequate, 2% somewhat adequate, and 1% not at all adequate. After participants mobilized their supports, network systems became more effective in supporting the PSSFCS participant achieve their goals. The PSSFCS participant's primary informal support was family at 49% and friends at 46%. The program's participant formal support was more diverse: community 28%, PSSF 26%, medical 16% and school with 11%. The Family Stressor and Resource Assessment tool is used in the program to help participant identify their family concerns.

A total 93% of the PSSFCS families successfully achieved at least two goals through the family consultation process. This level of family goal attainment indicates family's participation in the process enhanced their awareness and knowledge of how to reduce stressors addressing their needs were successful. The data also reflected that 3902 recipients served by the PSSFCS were successfully connected to one or more appropriate community based services during the period of this report.

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The evidence-based Strengthening Families Program (SFP) was provided statewide to the Department's Office of Children Services target population through a contract with Children and Families First. Evaluation of the program is based on the retrospect evaluation tool designed by developer Karol Kumpher. The responses from this instrument were assessed by a contracted evaluator from the University Delaware. Only 13 out of 40 questions showed significant improvement. Comments were that an analysis of this type suffers from multiple problems, some of which are beyond the scope of the program, other which could be changed to make a more manageable assessment instrument. First, there is no control group, so it is not possible to truly imply that the change is resulting from the program alone. Second, it is not clear that all of the measures should really be affected by the program. Findings revealed 7 participants were investigated for child maltreatment from those completing the program and 7 participants were investigated for child maltreatment from those who did not complete the program. In FY 2009 the Strengthening Families Program (SFP) served 258 individuals with 93 youth participating in the program and 165 adults or care givers. Of the adults participating 84 completed the program and 81 did not complete. Out of the adults who did complete the program there were 4 adults who had founded cases of abuse. This showed identical recidivism rates. In reviewing case notes, some referrals were inappropriate due to mental illness or drug use. Other barriers include program participants arriving to sessions intoxicated and drugged, and mental and emotional health symptoms which impair participation. Transportation in the rural areas for program participants still presents a challenge due to distance and reliable transportation providers. Program data will be assessed again to monitor the effectiveness of this program.

Separating and Divorcing Parent Education (SDPE) pre- and post-surveys are filled out by all program participants. The SDPE basic surveys utilized in this report were taken from a sample consisting of the four sets of pre and post surveys from FY09 service period. Approximately 957 SDPE participants completed and returned the surveys. There are three direct outcomes for SDPE pre-tests and four direct outcomes for SDPE post-tests, each one represented in a different section of the SDPE. In a study comparing pre- and post-test results, participants showed an increase of knowledge on key course topics: impact of divorce; anger management/conflict resolution; helping children through divorce; co-parenting; abuse and neglect. After completing the course, over 89% of the participants reported they knew between a good amount and a great deal of knowledge on key course topics such as impact of divorce or co-parenting. This is a 33.3% increase from those who responded "moderate" about their level of knowledge before the course began. A large percentage of participants reported a greater knowledge and understanding of how to respond to their children's needs on separation and divorce, and building coping skills in adults and children. Over 98% of the participants acknowledged that they had a good awareness for the effect of conflict with their former spouse/partner on their children by taking the course. This ensures the participants were able to effectively understand the impact separation/divorce could have on their child(ren)'s lives and their willingness to address it. Over 90% of the participants had high awareness ratings. Over half of the total participants strongly felt the course gave them the support they needed to achieve that awareness. At the end of the course, a majority of the participants felt the ability to sympathize with their child(ren)'s reactions while before it was less than half. Through the course, more than half the participants developed healthier ways to resolve conflict with their former spouse/partner. Participants also reported a high level of satisfaction with the course. Virtually all of the participants deemed the course worth taking and expressed very high satisfaction rates. Over 80% "completely agreed" that the content was presented in an understandable and organized manner. Almost 90% felt the course was very relevant to parents' needs. However, 23.4% of the participants did feel that not enough time was allowed for discussion, even though they viewed the program as worthwhile. Almost two-thirds of the participants strongly felt a high

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level of benefit from participating in this course. Over 60% of the participants claimed to be more sensitive to the needs and feelings of their child(ren) thanks to this course. Many felt that they were given new and innovative ways on how to talk with their child(ren) about the separation/divorce. Over half of the people felt better equipped to talk about their former spouse/partner with their child(ren) as opposed to before the course when less than 20% were comfortable with that. Not only that, but a 10% increase occurred in the ratings of "comfortability and communication" when interacting with their former spouse/partner. Two-thirds of the participants recommended that this program would be helpful for other separating/divorcing parents. Although the Domestic Violence component of Basic SDPE course focused on parental conflict and its impact on children, the analysis of the survey outcomes reflected little variance between the Basic SDPE course and the Domestic Violence SDPE course. Overall, the Basic SDPE course and the Domestic Violence SDPE course showed increase in participants' knowledge, awareness, coping skills, and "comfortability and communication".

To enhance the service array promoting positive outcomes, the Separating and Divorcing Parent Education (SDPE) program continues diligent efforts to increase the number of Spanish Speaking sites statewide. Historically, the only Spanish Speaking SDPE site was in New Castle County. In 2007, a new Spanish Speaking site was established in Sussex County, and an additional Spanish Speaking site was established in Kent County in 2008, which makes this service currently available statewide. Basic course sessions were held at 22 program sites throughout the state of Delaware.

The FACET program averaged 30 active families per site per month in FY09. The FACET program served 325 unduplicated families and 350 unduplicated children during this review period. The FACET longitudinal surveys are completed by FACET parents twice a year. For FY09, the survey reflects a high percentage of parents who share information, have increased their level of parent competency, have low stress and report good satisfaction levels with family relationships and family identity. Parents have increased their level of parenting competence. They reported an understanding of parenting effectively and believe they have the skills necessary to communicate with their children and make strong positive decisions for them. Most FACET parents did not report experiencing extreme distress. Additionally, they report they can handle stressful issues with very little or no distress. FACET participants reported having a good satisfaction level when dealing with issues such as family relationships and family identify. Other FACET initiatives included working towards establishing formal father participation in program activities and have organized fatherhood (significant other) groups. The FACET Program sites partner with schools in their school feeder pattern to establish relationships with school staff to ease the children's transition from Pre-school to Kindergarten through information sharing and parent meetings. Parents are more knowledgeable about school processes and as a result get more involved in their children's school.

PSSFCS continues its collaborative effort, to raise awareness of opportunities to support other service providers in the field as well as how to create and sustain a father-friendly environment in child care programs and family support services both formal and informal. As an extension of the 2006 Promoting Safe and Stable Family Responsible Fatherhood Initiative, the Delaware Fatherhood/Family Coalition (DFFC) was established in collaboration with the Office of Child Support and other community groups and organizations. The purpose was to build upon the efforts of the community to increase community collaboration and strengthen resources which support the involvement of residential and non-residential fathers in the lives of their children, build upon healthy adult relationships, and decrease the barriers that may challenge these efforts. As a result of the "2007 Responsible Fatherhood Survey" conducted by the (DFFC) and evaluated by the non-profit Development

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Institute, 2008, PSSFCS formalized a steering committee to formalize a strategic plan supporting the community initiative addressing the findings of the 2007 Fatherhood survey. In support of the findings of the Fatherhood survey PSSFCS supported the development and implementation of the DFFC Steering committee. The steering committee represented various community agencies throughout the State. The steering committee was successful in completing the DFFC strategic plan establishing the following areas by which initiatives and activities of the coalition will be focused. DFFC will advocate, support and implement community service initiatives that:

- Increase community awareness of the importance of father involvement in the lives of children,
- Encourage and support the infusing responsible fatherhood components into existing community services, and
- Develop and strengthen parent/adult relationships, and
- Provide a network of information and services that supports fathers in taking a more active role in the lives of their children.

In efforts to ensure the effective monitoring of the programs of its contracted providers, the Office of Prevention (OP) developed and implemented the use of the OPEI Contract Monitoring Tool. The OPEI contract monitoring tool provided structure, uniformity and consistency in the monitoring process, and increases the transparency of Contracted Provider accountability for the valuable community-based prevention programming they provide for children and families throughout the State of Delaware. The OP contract monitoring tool is applied at the end of each program contract year to ensure the effective monitoring of contracted program service providers.

The PSSFCS and FACET programs also developed a fidelity assessment/monitoring tool which complements the office wide contract monitoring instrument. The All Stars, Too Good for Drugs and Violence, and Strengthening Families were three of the five evidence base programs that used the fidelity tools to document program compliance to practice. The fidelity documents feed into the office-wide contract monitoring report. The fidelity monitoring tools was implemented twice during the contract year. The fidelity tool was designed to monitor the implementation of the program model, adherence to practice and program standards are being followed. At the end of the contract year the fidelity assessment/monitoring tool scoring was used to support the ratings of contractual compliance. It was the expectation that contracted providers of the Office of Prevention maintain substantial to full compliance. During the FY09 the contract year the contract providers of the PSSFCS program and FACET program obtained an overall rating of substantial compliance. Five out of ten All Star Program providers met substantial to full compliance. The Strengthening Families program received a substantial compliance rating. The Too Good For Drugs and Violence program received substantial compliance rating.

Mini-grants were offered throughout the State of Delaware by the PSSFCS Program Community Advisory Board (CAB) during the summer months. These are grant opportunities to empower, strengthen and enhance the array of services in the community. Through this effort, the PSSFCS CAB becomes a community partner with other organizations. The PSSFCS 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 PSSFCS priority programming services funded 16 mini grants through the PSSFCS CAB's in 2009. Seven were funded for Fatherhood/Healthy Adult Relationship programming; five for Child Behavior

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and Developmental Characteristics; three for Substance Abuse Prevention in Youth and Adults and one for Community Capacity Building. Several of these mini grants incorporated other components such as substance abuse, parent child relationship, and child-youth behavior.

PSSFCS provider CAB's highlighted the following educational programs in these areas that were noted for their non-traditional service approach. One such fatherhood parent education program was the "ONE Program" sponsored by U Count, Inc. The program targeted fathers desiring to strengthen their relationships with their children and increase their awareness/knowledge of the importance of fathers in childrearing. The targeted population was fathers and mothers' paramours of children participating in the Boys & Girls Club in Milford, Dagsboro, Smyrna, Georgetown, and the Sussex Correctional Institution Boot Camp. All thirty-eight participants received a total of nine fatherhood educational workshops. The workshop titles included: 10 Ways to Be a Better Dad, How to Help Your Child Do Better In School, 12 Ways to Balance Work and Family, So You Are a Dad, The Seven Benefits of Marriage for Men, 12 Questions to Ask Before Becoming a Father and Keeping Your Child Safe (two sessions held). The program also provided three opportunities for the fathers to engage in a positive leisure activity with their children and families. These events were: the "Fathers Matter Picnic", "Sussex County Pepsi Company Community Safety Day" and Harrington "Heritage Day". This program also provided a Fatherhood Resource Center which was hosted for one week at each of Kent and Sussex county Boys and Girls clubs and at the Sussex Correctional Institution boot camp facility which was a component of the program.

Another notable PSSFCS mini grant addressed youth and teen behaviors seeking to make a positive impact on the lives of youth and their families, "All about Me Day". This "confidence/self worth/esteem building interactive workshop targeted child, youth and teens ages 4 to 17 years old who had been reported by their parent to exhibit characteristic of low self image and were being raised in a single family home, in Sussex County Delaware.

Of the five mini grants awarded addressing youth and teen's behaviors "All Walks of Life Ministry" through their family enrichment services hosted a workshop structured to help teens and their families gain information on the basic of positive relationships. The workshop provided educational information to teens regarding the components of dating relationships. The workshop addressed appropriate and inappropriate dating behaviors and types of dates. The pros and cons of teenage dating and the risk of dating at all ages were discussed.

A youth decision-making workshop funded by the PSSFCS CAB mini grant was entitled "Lock In 101 Making Healthy Choices." This workshop was sponsored by Youth Anointed with Confidence, Talent, and Atonement (YACTA) of Sussex County. The workshop was an interactive that provided information and facilitated decision regarding health and unhealthy choices in life. The workshops occurred in the form of an overnight camping trip. There were four sessions that provided skills, tools and knowledge to make positive choices and change negative behaviors in the everyday interaction youth encounter with their parent, sibling, friends, teachers and people in general. The target audience was youth age 13 – 18 years of age residing in Sussex County.

SODAT (Services to Overcome Drug Abuse Among Teenagers) of Delaware CAB provided support to the Wilmington community in funding a healthy adult relationships service event with a physical and emotional health care component. William Hicks Anderson Community Center in Wilmington, Delaware hosted a "Health

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Hook-up Community Festival" addressed the importance of physical and emotional health and life style to foster a healthy relationship in families. The event was provided in connection with National HIV Testing Day for the purpose of educating adults on the impact of drug use/addictions, sex in the transmission of HIV, the health care related risk factors, and to motivate the participants to be screened and or tested for HIV, diabetes, high blood pressure, cholesterol and obesity. In addition to health screenings there were two healthy adult relationship sessions. One hundred and eighteen adults received the health screenings and were enrolled in the two healthy adult relationship sessions.

The Alternative Activity Grant (AAG) was again funded at a maximum of \$5,000. The Office of Prevention provided ten grants to ten organizations totaling \$49,050. The technology portion paid for 4 grants totaling \$19,135.00. This provided after school computer labs, a literacy computer program for youth, college preparation program for disadvantaged youth and a drug prevention program. The regular AAG funded 6 programs totaling \$29,918. This provided an empowerment program for girls, a fatherhood program, and other drug prevention programs. These funds provided programming for over 1,000 youth ages 1 – 18. Of the youth participants fifty- four percent were male and forty-six percent were females.

The Child Placement Review Board's periodic review contributes to the assessment, monitoring and analyzing of safety practices; the Executive Committee of the Board and/or the Executive Director works with system partners to advocate for the policy or legislative changes that would be necessary to address issues identified during reviews.

DFS staff has access to certified substance abuse counselors co-located in each regional office. In FY09, DFS changed the scope of services provided by the substance abuse liaisons. The liaisons are now linked to a client during the investigation phase of the case if the DFS worker suspects that substance abuse is a problem. The liaison completes an initial assessment of the client, reviews DFS case history and talks with the DFS caseworker about the current allegation. If the liaison feels that the client needs services, they make arrangements for the client to complete a formal evaluation at a community-based substance abuse treatment agency. They then help the client to complete the necessary steps to be admitted to an appropriate program. If for some reason the client is unable to attend a community-based agency to have a formal substance abuse evaluation (work schedule, transportation needs, day care issues, etc), the liaisons now have the ability to complete the formal substance abuse evaluation (The Addictions Severity Index – ASI) either in the client's home or in the DFS office. In mid-2009, the substance abuse liaisons also developed a Women's Empowerment Group for clients active with DFS that have a confirmed substance abuse problem. The group meets on a weekly basis at a DFS office. This group does not replace any substance abuse treatment that the client might be receiving but instead, supplements what their treatment program is providing. All substance abuse liaisons are required to complete the DFS New Worker Training offered by the Professional Development Unit. By doing so, the liaisons are also able to assess the safety of the children during every contact they have with the family.

The Division of Family Services continues to contract with community-based agencies to provide an array of services to support intact families and families with children in care and custody of the state. Over 70 contracts provide foster care placements, group care, shelter care, parent aide services, transportation, translation, preadoption services, independent living services, substance abuse liaisons, legal services, fair hearings, home inspections, criminal background checks and training.

6. Support out-of-home care providers to maintain safe and stable placements.

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The Child Protection Accountability Commission's Mental and Behavioral Health for Children in Foster Care and Those Adopted out of Foster Care Subcommittee advanced its recommendations on how mental health and behavioral health services are delivered to children in and adopted out of foster care and the continuum of providers, services, and resources for same. The Subcommittee is comprised of system partners from the Office of the Child Advocate, the Court Appointed Special Advocates, the Child Placement Review Board, the Child Advocacy Center of Delaware, the Division of Family Services, the Division of Child Mental Health Services, the Delaware Girls Initiative, Delaware Guidance, the Interagency Committee on Adoption, and a private physician's office.

The Subcommittee promulgated sixty recommendations across 10 areas: Access to the Division of Child Mental Health Services; Crisis Services; Insurance; Coordination and Communication; Training, Education, and Dissemination of Information; Providers; Prevention and Early Intervention; Family Involvement and Support; Resources; and the Current Environment.

These recommendations were then distributed to the subcommittee members, so they could indicate which recommendations had been implemented. Thereafter, the Subcommittee will prioritize the remaining recommendations and determine how best to implement them.

Other initiatives the Subcommittee was working on included having the three Medicaid Managed Care Organizations in Delaware meet with the Division of Services staff to share the different programs that they each offer that may benefit children in foster care, and compiling a list of providers with expertise to work with children in and adopted out of foster care that can be shared with families and others in the child protection system.

All state wide foster parents must be trained prior to approval as a foster parent and are required to have continued in-service training annually as long as they are a foster parent. The Professional Development Unit (PDU) in collaboration with the foster care team designed a second training specifically for new foster parents willing to foster teenagers as this was identified as gap in resource availability. This training began in 2009 when curriculum research and development took place. A total of 9 sessions lasting 27 total hours (3 hours each session) include: Orientation & History of Foster Care, Child Welfare System and Foster Parents Part of the System, How a Child Enters the System and Family Violence, Child Development & Trauma Part 1, Child Development & Trauma, Part 2, Attachment & Loss, Discipline, Culture and Keeping Connections, Planning for Change, Informed Decision Making. The Youth Advisory Council (YAC), teenager in foster care provided input to the development of the Fostering teen curriculum. Curriculum was reviewed for emphasis on preserving family connections, including sibling visitations. A document was produced that summarized how to establish and maintain family connections for foster children. The first fostering teen's pre-service training is scheduled for April 2010.

As a result of the latest foster parent survey results (2007), DFS has expanded the variety of training topics to include an additional 33 new topics. Survey results indicated they would like to have alternative training opportunities. Based on that feedback, DFS made a concerted effort to provide alternative mechanisms for foster parents to acquire in-service training to include DVD and on-line training opportunities. Some of the online classes are offered thru Delaware Technical & Community College, the Sharper Training on-line classes,

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and the Washington State Department of Social and Health Services on-line videos. DFS also sponsors 7 new workshops for foster parents. The new workshops include: Building Better Relationships Through Attachment Based Play; The Influence of Media on Vulnerable Children; Diversity and Tolerance; Growing Up Unsafe: The Double Whammy of Attachment Related Trauma; Meeting in the Middle: Bridging the Gaps in Health, Sex and Communications with Girls; Stress Management; and Suicide Prevention. Foster parents have also been provided with a suggested reading list which includes 47 subject titles identified to help foster parents better meet the needs of children placed in their homes. A training newsletter is published by the agency for all the foster parenting community. In addition DFS foster parents must meet established training requirements to be eligible for increase stipend reimbursements.

Prevent Child Abuse Delaware (PCAD) is contracted to provide in-service training to DFS foster families and provided training to 407 foster parents in 41 training classes during this reporting period: 207 foster parents received training in New Castle County, 63 received training in Kent County and 137 received training in Sussex County. They also provided 14 workshops and facilitated or hosted 29 workshops to 349 foster parents. 135 foster parents received training during the fall, 70 in New Castle County, 8 in Kent County and 57 in Sussex County. 214 received training during the spring; 112 in New Castle County, 48 in Kent County and 54 in Sussex County.

DFS foster care team partnered with two contract providers, Children Choice and Pressley Ridge, to develop strategies to improve foster families' ability to manage children with Inappropriate Sexual Behaviors and to develop, among staff, a higher level of consciousness regarding this issue. The collaboration produced these documents: Healthy Sexual Development in Children Common and Uncommon Behaviors; Inappropriate Sexual Behavior (ISB) Risk Assessment Prior to Placement (includes four questions that must be asked prior to any placement); Statement of Foster Parents Responsibility and contact numbers; Youth Supervision Plan for youth adjudicated for inappropriate sexual behavior and a question and answer document regarding sex offenders. The team is in the process of developing required in-service training for out of home foster care providers. It is expected all providers will be given this information to provide support to families caring for children and youth with inappropriate sexual behaviors.

The foster care workgroup developed a standardized protocol for standards investigation. These are rejected hotline reports followed up by the foster home coordinator with foster families. The protocol states contacts should be face to face and initiated within 10 days of receipt. In addition to the alleged victim, the foster parent and all children in the home should be interviewed. All references are documents in FACTS, particularly the recommendation (if appropriate) which should be specific. A follow-up letter is sent to the foster parent documenting the findings. The team developed three separate letters for Unsubstantiated, Unsubstantiated with Concerns, or Substantiated findings.

Prior to placing a child in a relative or non-relative (non-foster home) placement, DFS must complete a home assessment. In mid-2009, the home assessment tool was revised. Individuals interested in becoming a placement resource for a child must provide DFS with a current copy of a valid driver's license as well as a listing of any other state the caregiver may have lived in during the previous five years. If the individual has resided in a state other than Delaware, a national criminal background check must be completed.

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It is the policy of DFS to have a face to face visit within five days of a child being placed in a new foster home and to assess for child safety during every contact, regardless of where the child resides or where the contact occurs. Policy requires that children in foster care be seen on a monthly basis and that the majority of the contacts occur in the child's placement. Policy very clearly outlines what information must be discussed with the youth and that the conversation must occur in private so that the youth feels free to discuss any issues, fears or concerns that they may have. In January, 2009, FACTS was modified to include a specific monthly foster care contact event. This event allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. This FACTS modification also allows the supervisor to track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. In addition to the policy and FACTS changes, DFS also instituted a Monthly Foster Care Contact template that all workers must use when documenting their contacts in the record. During Directed Case Conferences between workers and supervisors, safety is always discussed.

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, as well as, the permanency goal for each child. The PCIC IV is completed every six months and reviews the needs of the youth.

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**Strategy:** Strengthen and maintain efforts to preserve familial relationships and connections for children while striving to achieve permanency and stability.

#### **Performance Measures and Goals:**

(All data outcomes are for the period April 1, 2009 to March 31, 2010)

1. Caseworker foster care contacts. There are two established measures for foster care contacts: percent of foster children visited each and every month; and, percent of those visits occurring in the child's residence. Goals for measure one are 75% by October 1, 2010, and 90% by October 1, 2011. Goal for measure two is 50.5%.

The most recent available data for these measures was the Federal Fiscal Year (FFY) 2009 results. The target goal for FFY09 was established at 60% of children in foster care will receive a face to face contact 100% of the time. DFS met that target, achieving a 64% contact performance. For the second measure, of the contacts that did occur, 90% occurred in the child's out of home setting.

- 2. National Standard: Permanency Composite #4 with component scores.
  - Scaled state composite score. Goal is 101.5 or higher.

For the period under review the scaled outcome for this composite was 93.4.

- Of those children in care less than 12 months percent with 2 placements or less. Goal is 86% or higher.
  - 83.1% of the applicable children had 2 placements or less.
- Of those children in care for 12 but less than 24 months percent with 2 placements or less. Goal is 65.4% or higher.

Of the applicable children 64.1% had 2 placements or less.

- Of those children in care 24 or more months percent with 2 placements or less. Goal is 41.8% or higher.
  - 28.4% of the applicable children had 2 placements or less.

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3. National Standard: Reunification within 12 months from the most recent removal from home Goal is 75.2% or higher.

Of the applicable children during this period 67.7% were reunified within 12 months.

4. National Standard: Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.

Of the children exiting to adoption 35.5% did so in 24 months or less from last home removal.

5. Quality Assurance: Measurement is the percent of placement and permanency case reviews agreeing with APPLA (Another Planned Permanent Living Arrangement) goal selection. Goal is 95% or higher.

Of the 89 children reviewed who had a goal of APPLA, 100% of the reviewers agreed with this goal.

#### **Activities:**

1. Assess, support and enhance the ability of Delaware families to stabilize and remain intact.

The K-5 Early Intervention Program stabilizes families by providing a range of interventions helping remove barriers to academic and social success. From September 2008 to August 2009, K-5 Early Intervention Family Crisis Therapists provided individual and family counseling; child and parent support groups; home visits for reinforcement training; social skills workshops; and conflict resolution classes to an average of 670 families per month. Additionally, K-5 Early Intervention FCTs in each county routinely make referrals to community-based services. These services 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. While working to stabilize families before the families enter deeper end services, the K-5 Early Intervention Program conducted nine parenting groups with concurrent children's groups based on the Carolyn Webster-Stratton Model which is an empirically tested and nationally recognized 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.

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 PSSFCS Program services are designed to work with families who fall into all prevention strategies. The families who have moved past risk and begun to engage in negative or undesirable behaviors receive the PSSFCS 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 to families who are at-risk of child maltreatment may receive educational material, resource and service connections, family consultation, support

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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. Again 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.

OPEI continues to provide contractual services that maintain community and cultural connections for children and their families. Through the tools used in the family consultation and intensive family consultation process to empower families, they begin to take the lead in the decision making. Families assess and identify their concerns, address their needs, increase their informal and formal support systems, and develop a plan on how they want to meet their needs. The Family Stressor and Resource Assessment (FSRA) helps the family member and the Family Consultant focus on the following: isolation issues, coping skills, relationship with their children, 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 also 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 changes the family "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. 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, reduce certain life stressors increasing their ability to meet the needs of their families and children.

OPEI's indicated prevention approach focuses on specific high risk groups that have frequent contact with more intensive Departmental Services. The evidence-based Strengthening Families Program (SFP) was provided statewide to the Department's Office of Children Services target population through a contract with Children and Families First. Strengthening Families program is a 15 week family and skills training program proven to significantly reduce problem behaviors, delinquency, alcohol and drug abuse, improve social competencies and school performance in children, and decrease child maltreatment. Strengthening Families is available in all three counties of Delaware. The program's target population is children/youth ages 3-17 identified by the Office of Children Services, as being substantiated for child abuse and neglect, and foster children. Parents and children participated in the 14 week sessions both separately and together. Participants were placed in groups that included families with custody of a child between the ages of 3-5, 6-12, 12-16 years, and families without custody of children between the ages of 3-12 years. Skill-building exercises were provided on parent, children and family social skills, behaviors and targeted interventions, drug and alcohol awareness, and problem solving. A family meal, transportation and information dissemination of available community resources were provided as program incentives. The program seeks to reduce incidents of child abuse and neglect, enhance parent-child and family relationships, maximize opportunities for both parent and child development, and strengthen capabilities of parents to draw upon formal and informal resources. The Strengthening Families Program (SFP) is offered to provide parent education and skill building to meet a specific requirement of a client's overall case plan established by the Department's Office of Children Services. Oftentimes, these parents are court-ordered to attend as a condition for their children to be returned to their care. The curriculum is structured for parents in

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a 16-week format, with the children attending as appropriate. SFP supports reunification and is the goal of most case plans.

Currently, the Strengthening Families program does not have the capacity to report the number of children reunified with their families. Children and Families First continues to provide reunification classes based on the number of referrals received from the Department. The classes are provided in age appropriate groups (3-5, 6-12 or 13-17); assuming parents attend with their child. In FY 2009, the SFP program served 171 families; of these families 133 (or 78%) were state referred. Of the 171 families in the program, 199 parents and 164 children participated. 91 families completed the program with an adult completion rate of approximately 50%.

The Office of Prevention and Early Intervention evidence based ALL STARS program Core is designed to delay the onset of alcohol, tobacco, and other drugs, as well as early sexual activity and violence. There are five objectives of ALL STARS to achieve this outcome:

- Reinforce the belief that risky behaviors are not normal or acceptable by the adolescent's peer group.
- Cultivate the belief that risky behaviors do not fit with the youth's personal ideals and future aspirations.
- Create strong, voluntary, personal, and public commitments to not participate in risky behaviors.
- Strengthen relationships between the adolescent, social institutions, and significant adults.
- Help parents or another significant adult to listen to their children, communicate clear no-use expectations about alcohol and other drugs, and support their children in working towards positive life goals.

The Media Matters program is a hands-on media workshop in which youth translate the content and attitudes of Toward No Drug Abuse (TND) program into public service videos for presentation to an audience of their peers. The program goals for TND and Media Matters are to: reduce the use of cigarettes, alcohol, marijuana, and hard drugs; decrease violent behavior; and provide accurate information about environmental, social, physiological, and emotional consequences of drug use and abuse. Students completing these programs are able to demonstrate behavior and cognitive skills and make a personal commitment to avoid drug use.

Promoting Safe and Stable Family Support and Family Preservation have been combined to create another early intervention strategy within OPEI. The Promoting Safe and Stable Family Consultation and Support (PSSFCS) program continues to employ community-based family consultants, program intensive family consultants and a family consultation and support process to provide services to families. The PSSFCS Consultation and Support model is successful in its use of the family support practices and in promoting the system of care approach in its service delivery. PSSFCS continues to employ a strength base family support intervention strategy to address the contributing risk factors and encourages families to become the lead decision makers behind a planning process with the assistance of a PSSFCS Family Consultant. Through a strength-base approach, family tools are used to empower families who are active or not active with the Department. The PSSFCS program services are designed to work with families who fall into all prevention strategies. The families who have moved past risk and begun to engage in negative or undesirable behaviors receive the PSSFCS Intensive Family Consultation (IFC) and the Positive Behavior Intervention (PBI) services. Within the last six years, the PSSFCS program has focused more attention on referrals made by the Child Protective Hotline, Child Mental Health and Youth Rehabilitation Services and providing specific services directed for these disciplines. The growing numbers of families referred from the Department and community is a direct result of the success

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families have experienced from participating in the program. Over the last six years the program has serviced a total of 15,509 participants and 4,971 families, surpassing the program service expectation. PSSFCS offers family preservation and support services to at-risk families and youth participating in Independent Living (IL) programming and to DFS foster care youth (FC) aging out of service. This partnership with DFS' Independent Living (IL) and Foster Care (FC) programs and the Promoting Safe and Stable Families Intensive Family Consultation (IFC) and Support Service (PSSFCS) continues to offer family support services to foster youth throughout the State. The IFC serves as a building block to support the development of skills that support their efforts to: identify concerns, how to utilize informal and formal network support, design and implement a intervention plan, develop self advocacy skills to address their need for services, empowering the IL and FC youth to make the connection to appropriate services and resources and increase the IL and FC youth's awareness of how to reduce stress in the future through the consultation planning approach. PSSFCS continues to make concerted efforts to engage more fathers. The PSSFCS contract provider's family consultants receive annual training on the importance of engagement and retention of fathers' approaches for engaging fathers and creating a father –friendly environment. The PSSFCS Family Consultation and Support process initiated into practice the identification of fathers 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 role model absence, improve child well being, improve healthy adult relations and increase supports to fathers.

The Sparrow Run Community (PSSFCS) program resource connection only services continue to be provided in an effort to maintain community and cultural connections to the families within these communities. These communities experience on going crisis where resource connections are often needed to stabilize families.

The PSSFCS Community Advisory Board (CAB) is one venue used to disseminate information; the Board awards mini-grants throughout the year to empower and strengthen the community's skills to develop appropriate supports for families. Through this effort, the PSSFCS CAB becomes a community partner with other organizations. The PSSFCS five priority programming services implemented and supported through the CAB are: Healthy Marriages/Fatherhood Initiative, Parent Education, Children/Teen Developmental Characteristics and Substance Abuse Prevention and Early Intervention. During this period of review the PSSFCS CAB's awarded mini grants to community base organization providing educational and support services around Healthy Adult Relationships and Healthy Marriages, Fatherhood \Health, Children Health and Parenting, Youth Behavior/Self Esteem, Substance Abuse and HIV/AIDS Awareness.

The Delaware Father/Family Coalition is an extension of the Promoting Safe and Stable Family Responsible Fatherhood Initiative, implemented into the Delaware PSSFCS program in 2006. The Delaware Fatherhood/Family Coalition (DFFC) was established in collaboration with the Office of Child Support and other community groups and organizations. The purpose was to build upon the efforts of the community to increase community collaboration and strengthen resources which support the involvement of residential and non-residential fathers in the lives of their children, build upon healthy adult relationships, and decreasing barriers that may challenge these efforts. As a result of the "2007 Responsible Fatherhood Survey" conducted by the (DFCC) and evaluated by the non-profit Development Institute, the report identified fathers wanting to be more involved in the lives of their children and having healthy adult relationships. The survey finding also identified obstacles to father involvement and lasting relationships which were due to the lack of knowledge, lack of supportive male resources and/or supports. Father's expressed the need to gain knowledge and skills on effective parenting practices, healthy adult relationships, and navigating through support systems. They wanted Page 28 of 82

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to have more positive and long-lasting relationships, participate in child-rearing while creating a positive healthy adult relationship environment for the well-being of their child.

It is the intent of the DFFC to engage residential, non-residential fathers and paramours to participate in programming and activities, to increase father involvement, enhance co-parenting skills and improve adult relationships. The coalition also seeks to involve residential and non-residential fathers and paramours to enhance healthy adult relationships to strengthen the parent's ability to care for their children through education, parental bonding activities, support groups and other programming involving fathers. The Coalition initiatives activities are designed to enhance the collaborative efforts of the community to infuse fatherhood components into new and existing services to create supports for fathers and strengthen co-parenting relationships for the well-being of their children. The collaborative efforts of the DFFC will expand the community's capacity to develop and sustain collaborative partnerships in an effort to participate and take a leadership role in the mission and vision of the Delaware Fatherhood/Family Coalition. It is expected that the outcome of the work of DFFC and its community partners will increase the likelihood of positive involvement of fathers with their children will increase child resiliency against negative factors which may cause child negative behaviors and decrease parental conflicts and lessen the stressors for parental care of their children. The Delaware Fatherhood/Family Coalition Mini-grant initiatives awarded 21 grants sponsored by the Promoting Safe and Stable Program. A total of 270 males and 369 children participated in programming services. Twenty males were not fathers, 56 were non-caretaking fathers, 110 were not the primary caretakers and considered themselves as having involvement in the lives of their children, 23 had low to no involvement with their children and 61 males were relatives or mentors. The programs varied from single men and father only activities, to programs with father/relative/mentors involvement with children. A total of 37 men participated in father only activities, 172 fathers participated in activities with their children, and 61 males served as mentor in activities with children. Based on the program proposed activities, the data reveals through this effort of infusing fatherhood components into existing services and engaging father/mentor participation, a significant number of fathers identified themselves as the primary caretaker and participation occurred by fathers who were the primary caretaker and those who considered themselves as not the primary caretaker. By the attendance of 20 males who were not fathers indicates there is an untapped source of males who are in need of information and skill building in preparation for fatherhood and adult relationships.

Out of the 369 children who participated in activities, 151 children participated in activities with relatives or mentors. 218 children participated in activities with their fathers. The data demonstrates the presence of relative and mentor involvement but also the need to engage more fathers to participate in activities with their children. The demographics indicated that majority of the population served were African American (94%), Caucasian (6%), Hispanic (3%) and other (1%). The highest range of income was between \$20,000 and \$30,000, with 0-\$10,000 and \$30,000 to 45,000 ranked second. Age grouping of fathers participating in the programs are ranked from the highest to lowest: 25-35, 35-45, 18-24 and 45-60. 46% of the fathers received their high school/GED diploma, 30% indicated higher education, followed by never completing high school, received job training and completing elementary school only. The demographics indicate that the outreach needs to be more diverse and the issue of fatherhood involvement crosses all economic and educational levels. Combining this information with the survey responses and focus groups there are a combination of challenges fathers face not isolated by education and economic levels only.

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Out of 369 children, young males between the ages of 12 -14 ranked the highest in participation, followed by ages 15-18. Participation dropped significantly with children 0 to 11. The female youth highest age groups was 12-14 and 9-11, again the numbers significantly dropped for 0 - 8 and 15 - 18. The type of program activities may influence the age participation but this data begs more research to ensure that fathers are focusing on children from birth.

Overall, the program initiative is a success in process. Data will be used to enhance the strategic plan to engage fathers, enhance parenting and relationship skills.

The Families and Centers Empowered Together (FACET) program is in its 17 year of service. FACET is a recognized *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. 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. Additional goals are: 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. Parents in the four Early Care Centers have been participating in trainings to develop their leadership skills to a level where they will be able to participate in statewide parent leadership training, conferences and meetings. The FACET Program seeks to affirm and strengthen the program's families cultural, racial and linguistic identities while enhancing their ability to function in a multicultural environment through the Family Support Guiding Principles, training, planning, activities and staff composition.

Child and parent representation support the ability of families to stabilize and remain intact or reunite. In 2009, the Court increased the number of contract attorneys representing parents. In addition, the CASA program has done an outstanding job of recruiting volunteers. CASA and OCA work closely to ensure quick assignment to cases, and in 2009 data showed consistently more than 98% of children were represented, often 100%. In addition, the agencies are working on criteria and protocol to enhance the process, as well as more detailed data analysis (for example, not just how many are represented, but how many have a representative by the first Court hearing where decisions are made).

The Division of Family Services continues to utilize an enhanced 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.

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DFS staff was provided with an updated comprehensive list of emergency and subsidized housing resources. In 2010, DFS partnered with the Delaware State Housing Authority (DSHA) to provide 20 unification vouchers to eligible families active with DFS. Six of the vouchers are available to families in Kent County, six vouchers are available to families in Sussex County, and eight vouchers are available to families residing in New Castle County. To be eligible for the vouchers, the family must meet specific criteria. Some aspects of the eligibility criteria include having an active case with DFS and housing is the last remaining barrier preventing reunification. Families are also eligible if they are active with DFS and the lack of housing is likely to result in the children being placed in foster care. Eligible clients are prohibited from the program if they have a criminal history involving drugs or crimes of violence. The caregiver(s) must also be employed a minimum of 20 hours per week. Once clients receive the voucher, they are able to remain in the home for 5 years. During that time, the DSHA will help the family move towards eventual home ownership.

In 2009 DFS staff also received a comprehensive list of medical providers throughout the state. The list was broken down by medical specialty and county. Staff was also provided with a comprehensive list of dentists throughout the state that accept Medicaid. These were CFSR-PIP approved activities.

# 2. Families will be reunited in a timely and permanent manner, through assessment and support services.

The Child Protection Accountability Commission's ASFA Timelines Subcommittee was created to assess whether or not Delaware was meeting timelines as provided by Family Court Rules and ASFA. As a result, Family Court implemented its own ASFA timelines tracking database, which has been collecting data since December 2009. The Subcommittee plans to make the reports available in the near future.

The Division of Youth Rehabilitative Services continues to plan for permanency with youth involved in our system in out of home treatment services. The majority of our youth in this category are those with Inappropriate Sexual Behaviors who need residential treatment. They are adjudicated delinquent of a sexual offense, referred to our department's mental health division for assessment and recommendations for the Court. If they require residential services, they are then referred to our Division's contracted out-of-state residential programs who work with both the youth and their families, along with a local contractor who provides supports to the family and works with the residential program to ensure an appropriate safety and reunification plan. In the instances where youth cannot return to the family, concurrent planning occurs with another relative. DYRS refers youth to the permanency committee for goal approval, and cases are reviewed by the Child Placement Review Board, as well as Family Court at 6 month intervals, to ensure permanency goal(s) are addressed and approved. In the event that the youth cannot return home, following their treatment, and there are no known relatives willing to plan for youth to reside with them, a dependency referral is made to the Division of Family Services. Permanency planning is transferred to DFS once they have obtained custody, with support from the DYRS worker.

In October 2007 Family Court harnessed the resources of the Court Improvement Program Data Grant to begin data collection to track dependency and neglect cases in an Excel spreadsheet, focusing on representation and timeliness. In April 2008 a data analyst/project coordinator was hired to oversee the data collection and refine the collection tool. Family Court continues to collect data with this tool; however, in addition to quarterly refinements in the elements to be collected, the project has outgrown the capacity of the tool. In May 2008 the

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Court began exploring other options. In June 2008 the Chief Judge approved a plan to seek permission from State and Court oversight authorities to engage a free-standing data system that could both draw from the existing Court database and interface with the new Court system planned for launch in two years. By September 2008 approval was received from the State and Court technology authorities and a vendor was engaged to develop the requisite business plan. The business plan was completed in November 2008, request for proposals published in February 2009, and the bid awarded later that spring. Work commenced on the database for tracking CIP cases in July 2009.

This development work has involved several meetings among and with the Judges and staff to discuss the current work flow, best practices for timeliness while balancing safety, permanency and well-being of the child(ren), and appropriate data collection points. The complexity of the Court's work (every case is unique) has required additional development work. The system went live December 1, 2009, with potential for reports to be available to the Court by mid 2010, pending entry of data that has been collected since October 2007. Toolkit for-Court Performance Measures have informed the Court's decision about distribution and use of the database findings, which will cover almost all of the Court Performance Measures (not just the key measures).

In addition, the Court uses the CIP Data Grant to support a Court-Agency Data team to attend the annual data conference, further strengthening continued collaboration.

The DFS foster parent pre-service training curriculum was reviewed and updated to emphasize the importance of preserving family connections, including sibling visitations. A document was produced that summarized how establishing and maintaining connections for foster children, especially teens leads to better outcomes.

Family Court continues to be instrumental in helping families achieve timely reunification. DFS workers are required to present Family Service Plans to the court so that the steps necessary to achieve reunification become 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. This process also puts families on notice at regular intervals regarding the impending timeframe by which reunification must be achieved. By the time the 12<sup>th</sup> month has arrived, the parents are well aware of the consequences, the court is aware of progress that has or has not been made, DFS has been continuously presenting their case to the court, and the attorneys for the parents are aware of the status of the case.

In 2009 DFS contacted the National Resource Center on Legal and Judicial Issues (NRCLJI) for technical assistance related to the Division's efforts around concurrent planning. The TA from the NRCLJI included a review of all of the Division's applicable policies and procedures, of review of the Family Service Plan and the Plan for Child in Care, and a review of the Division's Quality Assurance tools. As a result of this TA, modifications related to concurrent planning were made to the Division's policy and procedures manuals as well as to the QA tools. Mandatory training was provided to all DFS staff and contractors by a representative from the NRCJLI. The mandatory training primarily focused on concurrent planning but also touched on the Fostering Connections Act. This was a CFSR-PIP approved activity.

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:

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

In an effort to locate relative and non-relative resources for children, and to ensure compliance with the Fostering Connections Act, DFS developed two different letters for workers to send to relative and non-relative resources to solicit support. The first letter is sent to all relative and any non-relative resources identified by the parents within 30 days of the child being removed from the home. This letter advises relatives that the child has been removed from the home and identifies the steps necessary to be considered as a placement resource. Workers then have a responsibility to follow up with those relative and non-relative resources to determine if they are a viable placement option. The second letter that was developed for staff is sent to all relative and nonrelative resources every six months after a youth has been removed from their home. The intent of this letter is to determine if the resource is able to provide any type of support. Support can include things such as: placement, visitation, holiday visits, birthday visits, phone calls, and letters. Because an individual's circumstances or interest change over time, this letter is sent to relative and non-relative resources every 6 months after a child enters foster care to determine if they are willing to change their contact or level of involvement with a child. 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 want to place a child in a relative or non-relative placement, before placement can be made, the worker must complete a home assessment, and complete a criminal background and Child Protection Registry check.

Policy was revised in 2009 to require workers to continue to involve parents in the development and review of the youth's Plan for Child in Care. The only time DFS is not required to continue to engage the parents is when Family Court has ordered that parental rights be terminated. This same practice applies to visitation between youth in foster care and their families. It is now policy that visitation will continue until parental rights have been terminated, or a determination has been made that continued contact between a youth and their family is not in the best interest of the youth. If DFS makes the decision to terminate contact, the worker must clearly document why that decision was made.

The Office of Children's Services has developed an array of services and protocols to provide timely reunification services. The Division has a continuum of home based services to work with families. The least intrusive service is parent aide services for intact families. Contracted 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. The concept calls for contractors to assume 100 % responsibility for coordinating, transporting and supervising visitation. They are responsible for ensuring that visitation occurs

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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. 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. The enhanced parent aide service has become the most requested service by DFS caseworkers.

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.

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. 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.

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

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change in goal be presented to court at the next scheduled hearing. The Deputy Attorney Generals are regular members of the PPC and offer legal advice.

The Directed Case Conference (DCC) event that supervisors complete with their workers was modified in 2009. The modifications include an emphasis on safety as well as the workers efforts to locate and plan with both parents as well as other relatives for a child. The revised DCC provides the supervisor with an opportunity to discuss significant aspects of the case, including safety, progress on the case plan, efforts towards concurrent planning, and a discussion about next steps the worker should take with the client.

Since substance abuse is such a predominant issue in families active with DFS and impacts reunification, the Treatment Program Manager continues to provide in-service training to a variety of community-based substance abuse treatment agencies. The training focuses on understanding the ASFA timelines as they vary drastically from the timelines associated with substance abuse addiction recovery. The intention behind the training is to help the substance abuse counselors understand the difference in timeframes so that they will make more concerted efforts to engage clients in treatment. Additionally, it also underscores the importance of communication between the DFS worker and the substance abuse treatment counselor.

#### 3. Provide services to maintain out-of-home care stability.

The Division of Youth Rehabilitative Services secured a Comprehensive Approaches to Sex Offender Management (CASOM) training grant award, funded through the Delaware Criminal Justice Council by the U.S. Department of Justice, Bureau of Juvenile Justice in part to embed CASOM training into existing training for DFS workers and foster care providers. The rationale for including the foster parents in this upcoming training is to increase the general knowledge of those parents currently providing foster care for juvenile offenders, as well as to increase the DFS placement resources by educating foster parents who may be considering placement but need additional information and support.

The Division of Family Services continues to be successful in finding adoptive homes for the children in foster care needing permanency. In FFY10, the number of adoptions was 125 children, a 13% increase from 109 adoptions for FFY09. Currently, there is a real need for additional post adoption services for families adopting a foster child in Delaware. DFS has awarded a contract through a competitive bid process for post adoption services beginning July 1, 2010. This service would be available to support foster and adoptive families planning to adopt a child in their home or who have adopted, would support families in crisis, connect families to community services and prevent children from re-entering the foster care system. Adoptive families and child advocates have been asking for additional resources for years. DFS is excited about this initiative and the supports that will be available to adoptive families.

The Division of Child Mental Health Services developed a pilot to provide support and consultation for children placed for the first time in foster care, and for children at risk of disrupting their foster care placement. The consultant services identified the target population as youth in the process of their first foster care placement; Child Mental Health has two clinicians providing on-site consultation to DFS staff around mental health and substance abuse issues on their case load and to consult around appropriate treatment services and resources available. If necessary, they facilitate access and address systemic barriers to treatment access. These clinicians conduct screenings and make service recommendations, accompany the DFS worker to meet with the

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foster care provider to educate them on the mental health or substance abuse issues and associated behaviors. These support services to resource families are expected to prepare children for timely reunification or permanent placement.

In an effort to improve identification of placements resources for children with inappropriate sexual behaviors, the agency is promoting contract providers to ask four questions upon placement. These questions help contractors match children with caregivers and reduce the chance of inappropriate sexual events. This process gives families any known information about these activities and any suspected issues around the child's experience with inappropriate sexual behaviors. The four questions every provider should ask upon request for placement is: 1) Has child ever displayed inappropriate sexual behaviors; 2) Has child ever been sexually offended; 3) Are there historic indicators that child has been victimized; and, 4) Does youth have history of inappropriate sexual behaviors.

Supporting child safety and placement stability, it is the policy of DFS to have a face to face visit within five days of a child being placed in a new foster home and to assess for child safety during every contact, regardless of where the child resides or where the contact occurs. In July 2007 policy was updated to include the federal requirement that children in foster care be seen on a monthly basis and that the majority of the contacts occur in the child's placement. Policy very clearly outlines what information must be discussed with the youth and that the conversation must occur in private so that the youth feels free to discuss any issues, fears or concerns that they may have. In January, 2009, FACTS was modified to include a specific monthly foster care contact event. This event allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. This FACTS modification also allows the supervisor to track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. In addition to the policy and FACTS changes, DFS also instituted a monthly foster care contact template that all workers must use when documenting their contacts in the record. During Directed Case Conferences between workers and their supervisors, safety is always discussed. This discussion about safety includes an assessment of the child's safety in whatever home they are residing in.

#### 4. Collaborate with community partners to facilitate out-of-home care.

The K-5 Early Intervention Program is an innovative partnership with the Department of Services for Children, Youth and Their Families (DSCYF) and the Department of Education (DOE). Through this partnership, K-5 Early Intervention's Family Crisis Therapists (FCT) provide voluntary services to Delaware's children and their families whose behavior puts them at risk of academic, social, emotional failure and ultimately the need for DSCYF deep end services in the future. 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. This year, the K-5 Early Intervention Program has partnered with Operation Warm to provide 3,024 winter coats to children at participating elementary schools in the state. The combined efforts of these governmental and non-profit organizations reduce child maltreatment throughout the state.

The Judges of the Family Court have been engaged to address IV-E foster care review findings that impact financial support for children placed outside their home. These actions contribute to improvements in the Page 36 of 82

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systemic care and funding of Delaware's out of home service array. Family Court is an active partner in the Child and Family Services Program Improvement Plan for permanency planning items.

DFS contracts with community providers to provide out of home care for nearly three hundred children on any given day. They provide care regular, medical special and treatment family foster care and group and shelter care. As partners they open at least one in-service training each year to allow any foster parent to attend this expands foster care training possibilities for all statewide foster families contracted and DFS families.

DFS understand the importance of caregivers in developing independent living skills for children and youth in their care. Independent living workgroup has developed an Independent Living Benchmark Guide; upon completion DFS will distribute to all contract providers to focus efforts to develop independent living skills of every teen in their program. Provider agencies will develop a mechanism to monitor caregivers' implementation of the outlined benchmarks and communicate to them the importance of their role in developing these skills.

# 5. Strengthen adoption recruitment and support practices to promote positive outcomes for children and families.

The Office of the Child Advocate participates on the Interagency Committee on Adoption, along with representatives from the Court Appointed Special Advocates Program, the Division of Family Services and multiple private adoption agencies, to identify and address issues surrounding adoption for children through advocacy, education and inter-agency collaboration.

All TPR'd children needing a forever family are placed on the AdoptUsKids web site. DFS continues to recruit for adoptive families by contracting with the National Adoption Center in Philadelphia. Newspaper articles, PSA's, flyers and other information are available at related NAC activities and events. Some of these children have been identified to participate in the Wendy Wonderful kids program on NBC 10. DFS continues to participate in a Youth Pilot Project with AdoptUsKids along with PA and OK. This is being done in Kent County with 12 youth participating. The goal is to involve the child/youth in the identification and selection of an adoptive family. This past year was spent on developing a life book with the child/youth and most recently interviewing the child to see what they want from this pilot and in an adoptive family. As the pilot project is winding down, there is not enough time to work with the youth to review family information on the AdoptUsKids web site, but the information received from the child and caretaker interviews has been valuable. In March 2010, a photo shoot was conducted and 19 children had their portraits taken for Delaware's Heart Gallery. The portraits have been on display in state offices throughout the state, at the National Adoption Day conference, at other various conferences and trainings and at a local children's theatre. Feedback has been positive. These portraits will continue to be used for various recruitment activities statewide throughout the year.

DFS and the ICOA held an adoption conference November 21, 2009, celebrating National Adoption Day, at Delaware Technical College in Dover. There were approximately 250 people in attendance including children and families seeking information on foster parenting and adoption, Family Court judges, agency social workers and administrators, other community partners and foster and adoptive families.

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DFS is working with a contracted adoption agency to do some additional recruitment activities for 8 of the older youth and/or sibling groups needing a forever family. These activities include newspaper articles, PSA's and brochures.

DFS continues to place children in other states for adoption. The monthly Deladopt list of waiting children is sent to over 50 adoption agencies throughout the USA. During this period, DFS placed 16 children in 9 different states for adoption. Historically, children have been placed in 30 different states for adoption. There were 75 private agency adoptions and 14 international adoptions during this reporting period. None of the international adoptions disrupted with children entering Delaware's foster care system.

As of March 2010, there are 74 children for whom DFS is recruiting adoptive families. There are 47 children who are legally free; 26 of those are ages 12 and older and/or are part of a sibling group.

The Office of Child Care Licensing will be revising Child Placing Agency Requirements in 2010. As part of the process adoption and foster care staff, stakeholders, community partners will be the source of information on what needs to be amended, added to strengthen the adoption practices to promote positive outcomes for children and families. In addition research on best practices will be reviewed.

# 6. Continue efforts to identify and support lasting connections for youth aging out of care to enhance stability.

Efforts to identify and support lasting connections for youth aging out of foster care have been continuous within the IL program. Contracted providers continuously engage youth in an attempt to assist the youth in identifying viable permanent connections. Additionally, community resources are sought to develop new supportive relationships for the youth. One contracted provider collaborated with a local church who is now recruiting parishioners to serve as mentors. As a result of this effort a youth placed in a group home has been mentored by a family inclusive of visits in the family's home. The development of this relationship has resulted in the expressed intent of the family to adopt this young man as an adult.

DFS has also initiated a collaborative effort with the State Office of Volunteerism to implement a statewide mentoring program for current and former foster youth age 16-21. This mentoring program will be developed and supported by AmeriCorps VISTA members beginning in May 2010 through 2012. The VISTA members will work collectively with the IL Program Manager, State Office of Volunteerism Senior Administrator, and three contracted IL provider site supervisors to implement a best practice model. This model will be developed in a manner that caters specifically to the needs of Delaware's IL participants. Once the mentoring program has been developed and implemented the VISTA members will further support the program by developing a plan for sustainability. Although the initial intent of the mentoring program will be to connect the youth to mentors, there will also be a focus on sustaining lasting connections.

Throughout Fiscal Year 2009, the Child Protection Accountability Commission (CPAC) continued its legislative advocacy for extending the jurisdiction of Family Court over youth in foster care turning 18 years of age. SB103, which did not pass in Fiscal Year 2008, sought to create a procedure by which youth in foster care turning 18 years of age and found to be amenable to such assistance would have the ability to request the extension of jurisdiction of the Family Court and the Department of Services for Children, Youth and Their Page 38 of 82

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Families (DSCYF) to supplement their own efforts to transition from adolescence to adulthood. The Extended Jurisdiction Subcommittee re-convened to consider restructuring Senate Bill 103, whether or not the fiscal impact could be eliminated, and whether or not extending the jurisdiction of Family Court could be accomplished without legislation.

The steadfast commitment to extended jurisdiction's implementation was evident as interested parties creatively and collaboratively developed a new Senate Bill ("SB113"). SB113 was designed to provide a legal mechanism by which Family Court can review the appropriateness of services being provided to youth, ages eighteen to twenty-one, who have aged out of foster care and are receiving supplemental services from DSCYF. The legislation additionally proposes provisions that acknowledge that DSCYF custody ceases at eighteen years of age and that DSCYF is not obligated to pay for that which it is not already funded to pay, or for any service that is funded but for which funds have already been exhausted.

SB113 also intended to permit the Court to conduct review hearings as needed, allow the Office of the Child Advocate and the Court Appointed Special Advocates to represent youth in these proceedings, and clarify that while the Court cannot order continued foster care payments, it can review the appropriateness of such a support should a youth qualify.

CPAC's Extended Jurisdiction bill, Senate Bill 113, has been approved by the General Assembly and awaits Governor Markel's signature. DSCYF reported that the fiscal note can be removed from the bill. DSCYF liaisons who work in the Family Court will serve as the point persons for any extended jurisdiction litigation.

The Family Court, represented on the agency's APPLA Community Workgroup, has adopted the agency's request that Judges seek family members' names and contact information from parents and children early in the Court proceedings to assist workers in locating family resources. The Judges have engaged the youth in care either through the Youth Advisory Council, or having youth present/participate in education and training for judges and other legal professionals.

There has been a lot of discussion as to the children in foster care with a goal of APPLA. A CFSR-PIP activity, DFS is drafting policy and procedures for case workers as they work with these children and families. When reunification has been ruled out, workers are required to document decisions and compelling reasons for a recommended goal change to APPLA to present to the court for approval. This goal will continue to be discussed at the quarterly supervisory conferences and at the annual permanency hearing until the child exits foster care.

As a result of the Fostering Connection legislation, DFS policy and procedures have been developed for notifying relatives within 30 days of placement and for on-going contacts with relatives or non-relatives every six months who have a connection to the child in foster care. This activity will continue until the child exits foster care or there is a compelling reason as to why this contact is not in the child's best interest. Even thought the person may not be a placement option, they can be a respite resource or provide emotional and recreational support. Training was provided to DFS staff March 2010.

After consulting with the National Resource Center for Foster Care and Permanency Planning, the Division decided to partner with US Search to support identification of relatives who could potentially be a resource for children in care. An identified CFSR-PIP activity, US Search finds lost family and relatives of children. US

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Search is available to all program areas to locate absent parents and extended family members who may be placement or support resources for foster children. A protocol was written for caseworkers to access US Search when efforts to locate a missing parent or other relative have been unsuccessful.

In January 2009, DFS initiated Stairways To Encourage Personal Success (STEPS) meetings for all youth in foster care once they turn 17. The purpose of the STEPS meeting is to help the youth establish (or re-establish) relationships with individuals who will be able to offer assistance to the youth and to develop a plan to address the youth's housing, educational, vocational, medical and transportation needs once they exit the foster care system. The youth determines who they want to invite to attend the STEPS meeting. The meeting is then facilitated by a neutral DFS caseworker. The STEPS plan is reviewed by the youth and their caseworker 90 days before the youth turns 18.

DFS continues to promote lifelong connections with children and youth in foster. We encourage foster families to whenever possible develop relationships with the child's birth family. We ask them when this is not possible, to agree to commit to the children and youth in their home when other permanent option are not viable by signing a long term foster care agreement until the youth ages out of care and to remain a family link for the child forever. The goal is to have every youth who exits care to have a lifelong connection. Our consistent review of APPLA goals and cases, our implementation of STEPS conferences for youth in care turning seventeen along with the Fostering Connections Act requirements support these efforts.

#### 7. Provide and support child welfare education and training.

The Child Protection Accountability Commission's (CPAC) Training Subcommittee created a child welfare trainings listsery to facilitate the exchange of training-related child welfare information among Delaware's child welfare system partners. With almost 40 members from every corner of the state, information sharing among those interested in child welfare in Delaware began during this fiscal year. As a natural extension of the child welfare training listsery, the Training Subcommittee's directory of child welfare training opportunities in Delaware was created. Listed under the Training section of the Office of the Child Advocate's website, the compilation of trainings and events of interest to child welfare professionals further advances one of CPAC's duties to access, develop, and provide quality training to system partners on child protection issues. Similarly, the development of introductory trainings, regarding the Department of Education's School Enrollment and Registration, Special Education, and the Educational Surrogate Parent Program, help child welfare system partners to understand how collaborating agencies operate, what services are offered, and how best to work together to bring about positive outcomes for children and families involved with the system. The School Enrollment and Registration module has been completed and is available on the Department of Education's Website. The Department of Education, the Division of Family Services, the Division of Child Mental Health Services, and the Department of Health and Social Services, all committed to the creation of basic training modules to assist users of their respective systems to understand what services they offer, how to access those services, and how interagency collaboration can be fostered. Finally, the Training Subcommittee planned the Child Protection Accountability Commission and the Child Death, Near Death, and Stillbirth Commission's (CDNDSC) joint conference, held June 3-4, 2010. CPAC and CDNDSC partnered with Family Court to bring relevant, critical, and enlightening child welfare information to Delaware's child welfare system.

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The Family Court of Delaware has leveraged its Court Improvement Program Training Grant to support both multidisciplinary and discipline-specific training and education sessions on a variety of needs:

- Commitment in Fall 2009 supporting June 2010 CDNDSC/CPAC Conference: Protecting Delaware's Children, covering myriad aspects of child welfare
- Judges training with ABA re: Confidentiality and Information Sharing; Youth in Court
- Attorney training with ABA re: Confidentiality and Information Sharing; Youth in Court
- Judges Training on CIP (monthly meetings)
- Mock trial training

In addition, during the reporting period, there were quarterly meetings of stakeholders meetings in all 3 counties, and quarterly meetings between Court and agency leadership (Great Expectations Meeting) as well as CIP Judges held meetings to discuss issues and exchange best practices. Points of discussion included but were not limited to:

- Acceptance/waiver of service process regarding petitions for guardianship related to pending Dependency/Neglect/Abuse proceedings;
- Options to expedite relative petitions;
- Clarification of Title 13 705A which prohibits domestic violence perpetrators and sex offenders from gaining custody of children unless therapist approves. Clarified roles for court and DFS when discovered in abuse/neglect case;
- Fostering Connection Act of 2008 and agency response to new federal requirement to make due diligence effort to notify relatives of a child's removal within 30 days and transition planning for youth exiting care;
- Teens in foster care are an increasing trend statewide and a noticeable spike in New Castle County. Referrals for investigation should be considered in lieu of immediate custody;
- Protocol for DFS referrals after 3pm;
- The Court shared that the youth want to be heard in Court; many of the questions asked of the judges in their meeting should be addressed by the professionals handling their cases (attorneys, workers) proactively and repeatedly;
- Guardianship petitions by indigent relatives;
- Case planning for parents with felonies related to children;
- Use of psychological evaluations in case plans;
- Available independent living services;
- Compelling Reasons For Approving And Reviewing APPLA Goals;
- Counting 365 days For Permanency Hearings;
- Services offered by the Division of Child Mental Health Services;
- DFS access to a parent's Family Court file between the exparte order and the PPH.

In addition the Court participates in quarterly Child Protection Accountability Commission meetings, as well as its subcommittees, minutes of which are available on

http://courts.delaware.gov/Arms/childadvocate/cpachistory.stm.

Perhaps most exciting was an invitation extended for judges to attend the April 2010 Youth Advisory Council (comprised of youth in or recently out of care) where they participated in a panel, taking questions from the

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youth. Individual judges are now attending the youth meetings with some frequency and securing resources for the youth group.

The Department's Professional Development Unit provides competency based core training for new workers on out of home placement issues as well as adoption. PDU provided two rounds of adoption assessor training for experienced staff as well as community partners involved in the adoption process. Adoption assessor training consists of the following modules:

### 213: Family and Child Assessment (12 Hours)

This two-day module will provide workers strategies to mutually assess families as adoptive resources for children; and introduce the philosophy of joining the Foster Care/Adoption home study process. The workshop will present information to assist trainees in the identification of families who will have a high probability of long-term success in parenting adopted children.

The Family and Child Assessment module will provide workers strategies to assess the social and emotional functioning of children, their developmental needs, and readiness for adoptive placement.

Finally, the workshop will present information regarding Selection and Match in Adoption including clarification of the requirements of both the Indian Child Welfare Act and the Multi-Ethnic Placement Act.

#### 222: Adoption Assistance (3 Hours)

This module includes a discussion of the value of subsidies to families, children, and the child welfare system. The workshop includes information regarding rules and procedures for accessing adoption subsidies as well as strategies to maximize resources for adoptive families.

#### 214: Placement Strategies (3 Hours)

This module will present trainees with placement strategies to maximize success and minimize trauma to the child, foster family, and adoptive family. Trainees will learn pre-placement visitation rationale and methodology as well as information that should be shared with families making an adoptive commitment to a child.

#### 215: Pre-Finalization Adoption Services (6 Hours)

This workshop will provide workers strategies for assessing the adjustment and attachment of the child and family prior to finalization. Trainees will learn to recognize stages of adoption disruption and strategies to avoid disruption. Finally, the workshop will identify strategies and techniques to strengthen the adoptive placement.

#### 225: Gathering and Documenting Background Information (6 Hours)

This workshop is part of the Tier II Foster & Adoption Assessor training. The workshop will examine the importance of honesty in disclosure of information to adoptive families as well as the ethical and legal consequences of wrongful adoption (misrepresentation, intentional concealment, or negligent disclosure). Participants will learn what information adoptive families need and creative ways to access

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that information. Finally, participants will learn how and when to share information effectively with adoptive parents.

#### 220: Cultural Issues in Permanency Planning (12 Hours)

This workshop will identify the role culture can play in permanency planning and will enhance the worker's cultural competence in serving both children and prospective families. Finally, the workshop will outline the tenets of both the Indian Child Welfare Act and the Multi-Ethnic Placement Act, assuring workers can make placement decisions that meet the needs of children while complying with federal and State administrative rules.

PDU also developed a teen focused foster parent training curriculum. This training is comprised of ten sessions that help the prospective foster parents understand teen issues, especially teens in the foster care population. PDU trained foster home coordinators to use the new curriculum.

After some discussions with DFS staff, supervisors and administrations, it was determined there is an identified need for training for foster care and adoption staff statewide. This training included the preparation of the child, foster family, and the pre-adoptive family for the adoption from the placement through finalization and the availability of post adoption services and supports to these families. Below is the schedule for the adoption assessor (AA) training held May through September 2009:

- May 21<sup>st</sup> Platform skills training for adoption and foster care staff
- June 4<sup>th</sup> Overview of AA for Kent and Sussex foster care/adoption managers and others
- June 5<sup>th</sup> Overview of AA for NCC foster care/adoption managers and others
- June 23<sup>rd</sup>, 25<sup>th</sup> Session 213: Family and Child Assessment
- July 15<sup>th</sup> Session 222/214: Adoption Assistance and Placement Strategies
- July 22<sup>nd</sup> Session 215: Pre-Finalization Adoption Services
- August 19<sup>th</sup> Session 225: Gathering and Documenting Background Information
- September 1<sup>st</sup>, 2<sup>nd</sup>: Session 220: Cultural Issues in Permanency Planning
- October 27-29<sup>th</sup>: Concurrent planning for all DFS staff (investigation, treatment, adoption and permanency)
- November 21<sup>st</sup>: National Adoption Month conference at Delaware Technical and Community College

DFS completed the adoption assessor training for foster care and adoption staff, supervisors and administrators. This training was offered to community partners and staff from the contracted foster care and adoption agencies. The dates for those training sessions are as follows:

October 8<sup>th</sup>, 13<sup>th</sup>, 2009: Session 213: Family and Child Assessment,

November 3<sup>rd</sup>: Session 222/214: Adoption Assistance and Placement Strategies,

November 10<sup>th</sup>: Session 215: Pre-Finalization Adoption Services,

December 8<sup>th</sup>: Session 225: Gathering and Documenting Background Information,

December 10<sup>th</sup>, 15th: Session 220: Cultural Issues in Permanency Planning.

Feedback from this training was very positive. Some of the comments included, "this training should be for all staff and the CASAs and GALs too". As a follow up, DFS provided a 2 day work shop on Cultural Issues in

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Strategies, Measures and Activities

### **Outcome: Permanency**

Permanency Planning for the CASAs and DFS staff. Thirty-four people were excited to receive this training and the feedback was positive.

Policy related to working with and closing cases of resistant clients was modified in 2009. This is a CFSR-PIP activity. The revised policy requires the following:

- The case closure recommendation that workers complete must be more detailed, including a summary of efforts made to engage the client as well as the client's response.
- If a client is resistant, the worker must notify the supervisor immediately. The supervisor will then determine whether another worker from the unit should accompany the assigned worker during a home visit.

Supervisors received training from the DFS Professional Development Unit to help them enhance their skills related to helping workers engage resistant clients. The skills that were taught included helping supervisors to define resistance, to understand where the resistance comes from, and then to provide skills that supervisors can pass on to their workers to help them engage resistant clients.

Licensing Specialists in the Office of Child Care Licensing are currently participating in a Licensing Credential program offered by the University of Southern Maine, Muskie School of Social Policy, in partnership with the National Association for Regulatory Administration (NARA). The Division of Social Services of the Delaware Department of Health and Social Services has provided the funding for this initiative through the Child Care Development Fund. This is the only credential specific to Licensing being offered.

In addition to this the Office of Child Care Licensing has arranged for Licensing Specialists, Supervisors and the Administrator to participate in webinars offered by Zero to Three, NARA and purchased "toolbox kits" to advance licensing specific competencies. Some topics include: The Hague Conference on Adoption, Enforcement, and Child Development.

Two Child Care Licensing Specialists are invited to participate in *I'm Am Moving, I Am Learning* training that will be held at the Westin Hotel in Herndon, VA from July 19-22, 2010. There will be 100 attendees, including 50 Head Start and 50 Child Care. *I Am Moving, I Am Learning* is a proactive approach to prevent and reverse childhood obesity through increased physical activity and healthy nutrition choices. Costs will be paid for by the Child Care Bureau. After completing this training these Specialists will be providing training sessions across the State to licensed child care providers.

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**Outcome: Well-Being** 

**Strategy:** Continue efforts to enhance the capacity of families and children to meet their needs. **Performance Measures and Goals:** 

1. Quality Assurance: Measurement is a composite score of 13 questions from the QA Case Review tools for treatment and placement on identification of needs and services provided. Goal is 90% or higher of case reviews agree needs were identified and appropriate services provided.

In November 2008 DFS completed enhancements to the Quality Assurance Case Review system in order to better collect outcome information in several areas of family and child functioning. These enhancements were prompted by the 2007 CFSR and subsequent PIP development. Specific changes were made to collect more details regarding families and children capacity to meet their needs. Additional questions were added in order to identify and itemize the needs and services of mothers, fathers and children. The result increased the number of questions used to calculate the outcome for this item from 13 to 26. As a result, throughout the PIP reporting periods, DFS has been better able to identify areas of strengths and those needing improvements based on the specific outcomes for individual family members. For the 12 month period ending March 31, 2010, the outcome performance for this measure was 72.67%. Consistent with the CFSR PIP quarterly reporting and analysis, DFS has continued to review and identify issues which contribute to this measure not meeting the targeted goal. Of particular note has been the poor performance of engaging fathers in the assessment and service planning aspects of case management. Consistent and diverse efforts have been made to communicate to staff the need to identify and engage fathers.

2. Quality Assurance: Measurement is composite score of 2 questions from each QA Case Review tool for investigation, treatment and placement for identification of needs and services provided for education, physical and mental heath. Goal is 95% or higher of case reviews agree educational and health needs were identified and appropriate services provided.

For the indicated program areas, the outcomes for each of the three well-being items are:

- Investigation: Education- 95.5%; Physical Health- 93.95%; Mental Health- 93.2%.
- Treatment: Education- 84.4%; Physical Health- 86.6%; Mental Health- 88.4%.
- Placement: Education- 96.4%; Physical Health- 98.0%; Mental Health- 98.5%.
- 3. Independent Living Services Report: Measurements for young adults receiving independent living services are percent youth graduating high school or GED program, percent youth employed and percent youth enrolled in post-secondary/vocational programs. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.

For this report, measurements are for former foster youth who have not reached age 21 and are actively participating in independent living (IL) contracted programs. Data is based on IL contractors' monthly reporting requirements and are stored independently from FACTS (Family And Child Tracking System). The data

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### **Outcome: Well-Being**

collection period is April 1, 2009 through March 31, 2010. The number of youth served and exiting care fluctuate each year, as such, percentages, as opposed to using raw numbers, were used to establish baselines. For performance measures:

- 24% were employed;
- 32% have a high school/GED education;
- 44% were enrolled in vocational training or GED classes;
- 40% were enrolled in post-secondary education and training programs.

#### **Activity:**

1. Identify and provide services to enhance DE families' capacity to provide safe, stable, healthy, and nurturing environments.

The DFS QA case review system incorporates questions addressing children's educational needs. This is true for case reviews completed in the intact case reviews as well as the placement case reviews. If the worker identifies educational needs, they are required by policy to locate appropriate services to meet those needs.

For youth residing in foster care, their educational needs are assessed and addressed through the Plan for Child in Care Series. Workers then review the status of the youth's educational progress every time the PCIC is reviewed.

DFS policy requires that school counselors and case workers meet when a foster child is enrolled in a new school in order to support 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 Child Protection and Accountability Commission established an Educational Subgroup to evaluate educational issues of foster children. On a monthly basis, the Division of Family Services provide a database identifying all school-aged youth in foster care with the Department of Education. The Department of Education will then be able to compare performance results, drop-out rates, etc with youth residing in their own home. This data exchange began in the 2009-2010 school year. If this data exchange reveals that youth in foster care have performance issues, a higher drop-out rate, etc, as compared to the general population of non-foster care youth, the subgroup will then begin the process of identifying ways in which both systems can work to eliminate those shortcomings. With the conclusion of the 2009-2010 school year, the group will now begin to look at comparative data.

The Office of the Child Advocate and the Educational Surrogate Parent Program (ESPP) continue to collaborate by exchanging information to better ensure timely, seamless educational representation for children in the legal custody of DFS. On a monthly basis, data is 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

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### **Outcome: Well-Being**

services. When others are unavailable to serve as an ESP for a child, the attorney for the child may be appointed in that capacity.

The DFS QA case review system incorporates questions addressing children's physical and mental health needs. This is true for case reviews completed in the intact case reviews as well as the placement case reviews. If the worker identifies physical or mental health needs, they are required by policy to locate appropriate services to meet those needs.

For youth residing in foster care, their physical and mental health needs are assessed and addressed through the Plan for Child in Care Series. Workers then review the status of the youth's progress every time the PCIC is reviewed.

The K-5 Early Intervention Program helps children gain permanency and stability in their living situations by addressing risk factors such as parenting skills, child behavior, mental health, medical, educational and social needs as well as linking families to resources such as housing, food, and utilities before they reach crisis stage. These services were offered to an average of 670 families a month from September 2008 to August 2009 and are also available to foster children and their families.

K-5 Early Intervention FCTs help 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 act as liaisons between the school and outside agencies as necessary.

To ensure and support healthy and nurturing environments for our families, the K-5 Early Intervention FCTs conducted 715 home visits per month. This amounts to more than one home visit per month per family for the period September 2008 to August 2009.

Several years ago, OPEI's organizational reporting moved from Division of Family Services to the Division of Management Support Services to facilitate collaboration with all three direct service divisions, breaking down historical barriers to services.

The Office of Prevention continues to provide supportive services to the Office of Children's Services (OCS), Division of Child Mental Health Services (DCMHS) and Division of Youth Rehabilitative Services (DYRS) aligned with system of care principles. The program provides critical support services to CMH families to prevent the possibility of child maltreatment. Through the ongoing coordination efforts to improve prevention and early intervention services based on the needs of DCMH, OCS and DYRS, all continue to gained a better understanding of each other's 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.

During the past year, the Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) provided family consultation and support services to at-risk families involved in OCS, YRS and CMH.

PSSFCS focus 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 Page 47 of 82

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# **Outcome: Well-Being**

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. This collaboration resulted in 150 referrals from Departmental and other State agencies for FY09. These numbers are not inclusive of all the DFS families serviced in PSSFCS because the program depends on self reporting of OCS family involvement.

As of June 2, 2010 the Office of Child Care Licensing oversaw 1,625 facilities with a total capacity to serve 52,702 children and youth when fully staffed. This included 25 Child Placing Agencies, 34 Residential Child Care Facilities and Day Treatment Programs, 84 Large Family Child Care Homes, 440 Early Care and Education and School Age Centers and 1,042 Family Child Care Homes.

# 2. Collaboration with community partners to facilitate positive educational, physical, and mental health outcomes for children and youth.

The Child Protection Accountability Commission's Education Subcommittee was reactivated early in Fiscal Year 2009 and charged with implementing the Department of Services for Children, Youth and their Families (DSCYF) and the Department of Education (DOE) Memorandum of Understanding and developing training on the same; developing a web-based and enduring training curriculum to improve collaboration between the child welfare and education systems; and looking at educational outcomes for children in foster care and exploring ways to improve those outcomes.

The DSCYF/DOE Memorandum of Understanding (MOU) was signed by DSCYF and all public and charter schools in the winter of 2009. Training on implementation of the MOU between DOE and DSCYF around working with DFS and reporting suspected child abuse was completed. The Subcommittee is working on getting DOE's and DSCYF's training components consolidated into a joint presentation.

Improvement to Delaware's ability to track educational outcomes for children in foster care was also made as the DSCYF and the DOE initiated and fine-tuned a data exchange to match their respective information on the names of students in foster care. After a significant initial disparity, the two system partners were able to reconcile their information and begin to not only appreciate the size of their shared population, but the complexity and needs of it as well. The group continues to conduct quality assurance measures to ensure that the data is accurate. Their next step is to begin developing baseline measures of educational success for students in foster care, such as attendance rates, graduation rates, drop-out rates, discipline, special education, and academic success.

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. This year, the K-5 Early Intervention Program has partnered with Operation Warm to provide 3,024 winter coats to children at participating elementary schools in the state. The combined efforts of these governmental and non-profit organizations reduce child maltreatment throughout the state.

OPEI continues to be successful in securing grants, with funding being sought to promote family stability and unity, ensure the well-being of children, and offer protection from physical, emotional, and/or social crisis.

OPEI has obtained funding for youth suicide prevention, reducing child poverty and community-based

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substance abuse prevention programming and services. The youth suicide prevention grant is in the second year of funding which offers comprehensive, statewide suicide prevention services targeting youth ages 10–24. The project takes a public health and community-based approach to suicide prevention by identifying the broader patterns of suicidal behavior through groups and populations. The goals are to prevent suicidal behaviors by enhancing resiliency, reduce the impact of suicide and suicidal behaviors on individuals, families and communities, and improve access to and availability of prevention services for vulnerable, high-risk individuals through evidence-based practices.

The Mental Health Association in Delaware along with OPEI, members of the Suicide Prevention coalition developed and distributed toolkits for youth, parents and community individuals throughout the State of Delaware. The materials included: Depression: the Facts, Famous People with Depression; How to Tell if You Might Be Depressed (Quiz); A Word About Depression; Calendar (12 Survival Tips: Get Some Exercise, Ways to Chill, Have Some Fun, Eat Good Food, Talk About It, Stick With It, Be a Good Friend to Yourself, Stay Strong, Moving Forward, Deal with School, Help Others Help You, Put It All Together); Types of Depression (Major, Bipolar, Dysthymia, SAD); Stories from Teens, Self- Care; How Depression Affects the Brain; and other articles about Dying, Suicide and Depression. In addition the Project LIFE successfully launched the Suicide Prevention Newsletter. The newsletter is made up of factual entries received from professionals in the community. The newsletter is an insert in the News Journal Newspapers State wide. Articles and layout of the newsletter include a teen page, kid's corner, parent page and articles relating to resources, emergency services, support groups, gatekeeper suicide prevention and intervention training and special topics related to age 18-21 veterans, sexuality and suicide, and the how depression affects the brain.

Representatives from OPEI actively support the start up and implementation of the Strategic Prevention Framework – State Incentive Grant (SPF-SIG) in partnership with Delaware's Division of Substance Abuse and Mental Health. This large five-year grant is developing statewide, across the lifespan, community-based substance abuse prevention services with a focus on capacity building and sustainability. OPEI also supports faith and community-based organizations in applying for grants, by both writing proposals on their behalf and/or supporting grant submissions through data and program development initiatives. These partnerships have created a continuum of care from the state system into the community, with sustainability and quality services being the goals.

OPEI offers a multitude of services statewide in locations that are accessible and appropriate for programming. OPEI continues participating on the Family Support Coordinating Council which is a multi-disciplinary, collaborative, public-private council that includes family members and professionals who are committed to assuring that quality family education and support programs, including home visiting, respite care, community-based family resource centers and early care and education are available statewide. The group provides leadership in advocating for system change that assures that services are available and adequately resourced and that they are family centered and culturally competent. OPEI also supports the newly-created Eastside Community School, which is in an urban community, and serves as a hub of services, opportunities and civic engagement to create the positive conditions for learning and to support a thriving community. OPEI serves on the Community Schools' Advisory Council and offers guidance on programs and services. OPEI is also a member of the state's Epidemiological Workgroup (DDATA) and attends quarterly meetings to discuss state substance abuse prevalence and consequence issues. Data is utilized from DDATA for grant submissions and program development. OPEI is on the Advisory Council for the Nurse-Family Partnership (NFP) project,

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whereby a community-based organization has received a federal grant to bring NFP to the state. NFP is a rigorously tested, evidence-based program that promotes home visiting to reduce child maltreatment. OPEI also participates on the Delaware Department of Education's Social and Emotional Wellness Committee, which promotes coordinated service delivery for the early care and education population across the state. OPEI is also involved in creating the Substance Abuse Prevention and Treatment Block Grant's statewide and all-encompassing strategic plan. Federal and state dollars are being leveraged well to ensure continuity and non-duplication of services and programming.

The FACET Cluster functions as a network for sharing information where centers compare their work to the work of the other centers performing alike services. Through these meetings the centers are encouraged to borrow ideas, materials, strategies, resources and successes resulting in the enhancement of services to families; supportive environment for cluster members and help keep each other informed on current public policy issues as advocates for parents, families and children.

PSSFCS continues to make concerted efforts to engage more programs into the Healthy Marriages/Fatherhood Initiatives. The FACET Early Care Centers continue to work on their plans to establish an active fatherhood group in each of the Early Care Centers. Fathers participate in the Parent Council and other activities. Participation continues to increase as fathers get more familiar with the program and see other fathers attending activities. The PSSFCS and FACET staff continues to enhance their knowledge of engaging and retaining fathers / males into services. The FACET Program has focused its efforts on encouraging the participation of more fathers in their activities and also maintains a Fatherhood groups within each of the FACET Parents Councils. A soccer game was held by fathers in another center in the spring/summer of 2009 as a kickoff event for their center. The program is very cognoscente of the need for continuous fatherhood oriented programming and is making an effort through the centers offering frequent program activities such as Donuts for Dads where children have breakfast with their father or significant father figure and parenting classes exclusively for father/males. The PSSFCS Family Consultation and Support process continues its practice of identifying the father and/or male partner in the household as support participants in the family plan. By continuing to involve fathers in services, the program support the reduction of absence father role model, improve child well being, improve healthy adult relations and increase supports to fathers.

The Division of Youth Rehabilitative Services is partnering with programs in the community who are developing mentoring programs for youth. We are entering into MOUs with current grant holders and writing letters of support for grant applications throughout the State. These agencies are working to prevent our youth from further penetration into the juvenile justice system, as well as helping them not to recidivate once they have exited our staff secure and/or secure care facilities.

In September 2009, Delaware's Division of Child Mental Health Services (DCMHS) was awarded a six year, \$9 million grant from U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to create capacity in Delaware's statewide public children's mental health system to serve young children birth to 5 years with serious emotional disturbances and their families. Services are provided within community settings using evidence-based mental health treatment practices.

In creating Delaware's early childhood system of care, the Division of Child Mental Health Services, through the efforts of Delaware's Bringing Evidence-Based System-of-Care & Treatment (B.E.S.T.), is working to Page 50 of 82 Section I 2010 APSR

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### **Outcome: Well-Being**

provide a broad array of accessible, clinically effective, individualized, culturally and linguistically competent, and fiscally accountable services with families as full partners in all aspect of the system development and service delivery in order to create sustainable system transformation.

A highlight of Delaware's B.E.S.T. is the dissemination of evidence-based treatment practices. Parent Child Interaction Therapy (PCIT) is an evidence-based practice for community mental health treatment services for Delaware's young child population 2- 5 years of age. PCIT is designed to change defiant and aggressive behavior in young children and to prevent future antisocial behaviors.

DCMHS, through PCIT developer and expert trainer, Cheryl McNeil, Ph.D., has trained over 52 clinicians in this intervention, dramatically increasing our state's capacity to provide effective treatment for young children with challenging behaviors (e.g. refusing to follow rules, aggression, biting, hitting, and throwing objects and tantrums).

In PCIT, the emphasis is on improving the quality of the parent-child relationship and making positive changes in parent-child interaction patterns. Parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. The treatment model uses highly specified, step-by-step, live-coached sessions with both the parent/caregiver and the child to change behavior.

PCIT is unique in that it is a short-term, 12-16 week outpatient (office-based) treatment approach that involves direct coaching of parent-child interactions. Parents receive immediate feedback in such areas as praising appropriate behavior, interacting at the child's developmental level, ignoring inappropriate behavior, giving good instructions, and teaching children to stay in timeout. In PCIT, behavioral techniques are integrated with traditional play therapy skills to enhance parent-child relationships. PCIT is an intervention that has documented effectiveness for helping parents manage aggression and defiance in young children.

The model is highly effective and has been demonstrated to:

- Improvement in the quality of the parent-child relationship;
- Decrease in child behavior problems with an increase in positive pro-social behaviors;
- Increase in parenting skills, including positive discipline; and
- Decrease in parenting stress.

PCIT is listed as an evidence-based practice on the SAMHSA website: the National Registry of Evidence-based Programs and Practices (NREPP) with a quality of research rating of 3.2 on a scale of 4.0. The link to that website for PCIT is: <a href="http://www.nrepp.samhsa.gov/">http://www.nrepp.samhsa.gov/</a>.

Delaware's B.E.S.T. continues to advance the Division of Child Mental Health's efforts to:

- Increase access to mental health treatment for very young children and their families;
- Use evidence-based practices in treatment of very young children and their families;
- Create a continuum of community-based services (outpatient, home-based/intensive and early child care program/classroom based services) for very young children and their families;

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# **Outcome: Well-Being**

- Adhere to the elements of systems of care where services are individualized and strength-based, appropriate in type and duration, child-focused and family driven, culturally and linguistically competent, and community-based. Services are provided within and across a seamless system and are planned and managed within a team framework which includes the child, the family and whatever natural and systems supports are available to them; and
- Create a sustainable system that transformed mental health services for the young child population.

Specifics of the Positive Behavior Management training provided for staff of early childcare programs include:

Title: Helping Young Children with Disruptive Behaviors: A Unique Approach

Instructor: Cheryl McNeil, Ph.D. Level 1 Training: 3.5 credit hours Cost: No cost to participants

Training offered twice: 8/17/09 in Dover and 9/12/09 in Newark

390 provider staff of early childcare programs attended the training. There was a total of 1785 hours of training provided to them to help them maintain child care program licensure.

Research by Gilliam, W. S., & Shahar, G. (2006). Prekindergarten expulsion and suspension: Rates and predictors in one state. Infants and Young Children, revealed "Young children in prekindergarten programs are expelled at more than three times the rates of students in grades k-12, while preschoolers in child care centers are expelled at over 13 times the rate." In this study Delaware was found to have the 4<sup>th</sup> highest expulsion rates in the nation. Even before this study the Office of Child Care Licensing had identified the need for mental health and positive behavior management consultation services to licensed Providers to deal with behaviors of children in care. There had previously existed a project in which staff from the Office of Prevention and Early Intervention had been assigned to provide these services in licensed childcare. However, that program had been discontinued leaving a void in filling this every increasing need. OCCL continued to advocate across the community for resources to be developed to fill this service gap. OCCL and the Delaware Division of Social Services began working together to address this need. Under the lead of DSS a group of community organizations came together to review the need. Planning by several of the organizations involved in that meeting continues in a Subcommittee of the Early Childhood Council.

Ultimately addressing the service gap through action on filling the gap was addressed by the Department of Health and Social Services and the Department of Services for Children, Youth and Their Families. Through CCDF funds provided by the Delaware Division of Social Services to the Division of Child Mental Health Services' Early Childhood Mental Health Consultants (ECMH) have been hired to work with licensed child care providers to improve competencies of staff and outcomes of children. ECMHCs are all independent contractors, each is licensed as a mental health professional and has experience working in preschool settings. To date services have been provided to 13 preschools and early childcare education centers across the state. One ECMHC works in Sussex County, one in Kent County and three (one is part time) in New Castle County. DCMHS and DFS partnered to create a special referrals system through which DFS staff can identify and refer a child in care who is 2-5 years of age who is having difficulty in a preschool or early childhood education care setting and at risk for expulsion from that setting. DCMHS gives these referrals immediate, priority response, contacting the early childhood care center right away to learn whether they are willing to work with us/accept

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our offer of early childhood mental health consultation as part of an effort to save the day care placement for the child, reducing problem behaviors and increase pro-social behaviors by using effective behavior management strategies. DCMHS/ECMHC welcomes parent/foster parent/caregiver involvement and participation in the consultation and development and implementation of the child action plan. This service is intended to support the foster placemen to the young child and prevent possible disruption. When a child is expelled from a preschool program or day care due to behavior problems, it often means a move to a new/different day care setting and results in a disruption of placement where the foster parents can't get the child to the new setting.

With respect to ECMHC referrals for specific children, there are two routes:

- 1) From early child care centers for specific children. This began by offering the service to 8 centers that had recently competed for and been awarded mini grants from the Prevent Child Abuse Delaware to train their child care provider staff in increasing frequency and quality of communication about the child with the parent/caregiver. Six of those centers accepted services.
- 2) Referrals are sent from DFS staff foster care, treatment unit (children in own home but at high risk of removal/entry to foster care), adoption units and from the DCMHS staff providing clinical consultation on children entering foster care; targeting children at risk of expulsion due to problem behaviors in care. Program staff contact the center, explain the referral, offer our assistance in working with them, and provide ECMHC for the named child referred. Rationale for priority is to prevent disruption of the child care service or foster care placement. Program goals are to decrease problem behaviors and increase prop social behaviors, providing skills/strategies in the Child Action Plan to guide the child care provider.

When Lisa Greene, Ph.D. joins us in Delaware in mid July – she will undertake, beyond providing ECMHC in NCC (northern), the following activities:

- Completing development of a course curriculum for use by ECMHCs for parent education/training (3 hr
  ) based on PCIT that we can offer (specifically including to foster parents/parents of children in DFS
  treatment unit or adoption unit)— giving us another offering we can provide after day care hours to
  parents (or on weekend)
- 2) Training other ECMHCs to use applied behavior analysis and pivotal response treatment with preschoolers --- they can then consult in the area of ABA as well, really strengthening our ECMHC service and expanding the capability to product (with the parent/caregiver and early child care provider staff) the Child Action Plan
- 3) Serve as DCMHS' liaison with the University of Delaware (School of Ed since Dept of Psych is uninterested) in developing a certificate course to prepare folk to take the ABA exams/get credentialed to provide this mental health treatment

Teacher-Child Interaction Therapy (TCIT) is a component of the DCMHS' early childhood mental health consultation partnership. TCIT is piloted in the University of Delaware's Early Learning Center in Newark. The full time trainer/clinical psychologist will not be on site/working here till July, 2010, delaying

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implementation until later this year. This person's responsibilities will also include training of more outpatient therapists to use PCIT as well as consulting with the new home-based PCIT intensive treatment established in Sussex and the northern area of New Castle County. There is a waitlist for TCIT training.

The Office of Child Care Licensing provided a half day training and coordination meeting with ECMHCs. The training oriented them to Rules for licensed programs in the specific competency areas of positive behavior management, developmentally appropriate child activities, and child-staff ratios.

At this meeting OCCL also brought in a representative of the Delaware Institute for Excellence in Early Childhood (DIEEC) to explain the Early Childhood Professional Development system and how the ECMHCs could become approved trainers in that System.

The DIEEC representative also discussed a project being implemented through funding provider by Nemours Health and Prevention Services (NHPS). NHPS is a close partner to OCCL and has been working with OCCL to help meet service gaps in promotion of activities, and instruction to meet compliance with Delacare Licensing Rules in the areas nutrition, physical activity, reduction of screen time (all focused on reducing childhood obesity) and social-emotional wellness. NHPS has funded a pilot project focusing on healthy eating, physical activity, and social-emotional wellness. One of the aspects is to provide technical assistance and training to early care and education providers around these areas. On-site TA has been offered to 39 Centers and open houses were held to provide training on these topics using best practices.

The Office of Child Care Licensing has taken a lead in bringing together organizations providing social-emotional wellness services together. The purpose of bringing these partners together is to ensure that each knows about other social-emotional wellness services in the State that are targeted at child care, that resources are used effectively, and that if more than one agency is serving a single center that the services are complimentary, the sequence of services is most effective and that clear and consistent messages on approaches are utilized.

For working with children there is an established body of knowledge at different developmental stages. It is important that persons working with children and youth have specific knowledge, education and training relevant to the age of children they will serve. The Department of Education has developed competencies for the field. Competencies are the knowledge and skills that professionals in the field should be able to demonstrate in work with children and families.

Job titles for working in Early Care and Education and School-Age, Large Family and Family Licensed Care have been established in DELACARE Rules under the authority of the Office of Child Care Licensing. The qualifications for working in these early care and education were revised between 2007 and 2009 after over fifteen (15) years of remaining unchanged. In the time period between revisions a great deal more has become known about infant brain development, what constitutes a quality program and the positive outcomes a quality program can have for children even through adulthood. The revised DELACARE Rules took a big step toward "catching up" with where the workforce needs to be but there is a long way yet to go.

Annual training hours are required under *DELACARE Rules* for those working in licensed child care facilities. These hours have been required to advance skills and competencies of the workforce. To ensure that the early childhood workforce acquires and maintains essential knowledge and skills, the Licensees of Family Child Care (FCC) Homes (12 annual hours) and staff members of Large Family Child Care (LFCC) Homes (15 annual

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hours) and Early Care and Education (ECE) and School-Age (SA) Centers (18 annual hours) are required to successfully complete annual training hours each licensure year. The Rules require training and/or education in the core topic areas of:

- administration (for those in administrative positions)
- health
- business practices
- child development safety
- developmental curriculum/educational activities for children
- nutrition
- positive behavior management
- professionalism
- family and community

The Department of Education has developed a Framework for Professional Development that will outline the expectations and intensity of training options and help providers make informed choices for professional development experiences. The Framework outlines the levels of state recommended training that the new Institute for Excellence in Early Childhood will develop or coordinate in collaboration with other education organizations. The state recommended training will provide quality assurance to the consumer by closely monitoring the delivery and in making sure that the content of training is research based and aligned with state standards for the field. The provider taking state recommended training will have three levels of intensity from which to choose.

The Delaware Institute for Excellence in Early Childhood (DIEEC) has been established to coordinate, develop and monitor the training and educational opportunities for the Early Care and Education workforce. The focus is on ensuring that there are quality professional development offerings to support the growth of a quality workforce, quality child care and positive outcomes for children. The DIEEC offers an Early Childhood Professional Registry. This is a data collection and verification system designed to support the early childhood professional through their professional development. The Registry provides information and guidance to training organizations and higher education institutions in their planning and implementation of professional development opportunities. Policy makers utilize data from the Registry to inform decisions related to funding, regulations and strategies in support if the early childhood workforce.

In addition to this training DCMH has also begun a series of additional training sessions. The Division of Child Mental Health Services has contracted a counselor to deliver information to people who interact regularly with children about how they can best respond to instances of disclosure of sexual abuse.

The training will include a PowerPoint presentation on the definition of sexual abuse; how children of elementary, middle school and high school ages may respond, and how to assist with their recovery. How to respond to parents, and when and where to refer to trained professionals in the community will also be discussed. One session has already been delivered. The consultant is a counselor trained in Trauma-Focused Cognitive Behavioral Therapy and has trained other therapists throughout the state in this model.

An additional resource has come from the Office of Prevention and Early Intervention of DSCYF. A Family Specialist has been going into Child Care Centers to provide instruction in "Positive Behavior Supports" and "I

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Can Problem Solve". Sites were selected based on recommendations of Licensing Specialists, participation in the FACET Program (Centers funded by OPEI) and the interest in site Administrators to accept the services.

Nemours Health and Prevention Services (NHPS) has funded activities to support the *Delacare Rules for Early Care and Education and School Age Centers, Family Child Care Homes and Large Family Child Care Homes* that address Promoting Healthy Eating, Physical Activity, and Social Emotional Health. The contract for these services has been awarded to the Delaware Institute for Excellence in Early Childhood, which has been contracted by the Delaware Department of Education to coordinate professional development in the Child Care Workforce. Over 40 Centers have been contacted and offered services. A strategy used in this project was to develop a learning collaborative consisting of Centers in a geographic area where staff from various centers would attend training sessions at a single location.

Additionally, Open Houses at the University of Delaware Early Learning Centers have provided opportunities for professional development and a chance to network with other directors. These meetings are designed specifically for Directors of Early Care and Education Programs and focus on promising practices for physical activity, healthy eating, and social-emotional development in young children. Topics so far have included:

- Getting on Board with Healthy Eating Habits
- Getting Everyone Moving!

The Family Court of Delaware has leveraged its Court Improvement Program Training Grant to support both multidisciplinary and discipline-specific training and education sessions on a variety of needs:

- Children First (multidisciplinary/statewide training formally known as Finding Words, produced by CAC) forensic interviewing
- Commitment in Fall 2009 allows CDNDSC/CPAC Conference for June 2010: Protecting Delaware's Children covering myriad aspects of child welfare
- Judges training with ABA re: Confidentiality and Information Sharing; Youth in Court
- Attorney training with ABA re: Confidentiality and Information Sharing; Youth in Court
- ABA Blueprint for Change training on the educational rights and needs of children in care for DSCYF (provided for Judges and Attorneys before the reporting period)
- Endless Dreams training on the educational rights and needs of children in care for school district superintendents and the Department of Education
- Mock trial training for DFS Staff
- Judges Training on CIP (monthly meetings)

In addition, during the reporting period, there were quarterly meetings of stakeholders meetings in all 3 counties, and quarterly meetings between Court and agency leadership (Great Expectations Meeting) as well as CIP Judges held meetings to discuss issues and exchange best practices. (See Permanency, Activity 7 for points of discussion)

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In addition the Court participates in quarterly Child Protection Accountability Commission meetings, as well as its subcommittees, minutes of which are available on <a href="http://courts.delaware.gov/Arms/childadvocate/cpachistory.stm">http://courts.delaware.gov/Arms/childadvocate/cpachistory.stm</a>.

Unique to 2009 were a series of meetings between Chief Judge Kuhn and CIP Judge Barbara Crowell and cabinet secretaries of education and child welfare to plan for and participate in the National Judicial Leadership Summit (July-October) regarding the educational needs of students in care. Another notable collaboration was the judges participation in the April 2010 Youth Advisory Council as they responded to questions from the youth. Individual judges are now attending the youth meetings with some frequency and securing resources for the youth group.

CASA administration and Office of the Child Advocate work closely to ensure quick assignment to cases, and in 2009 data showed consistently more than 98% of children were represented, often 100%. In addition, the agencies are working on criteria and protocol to enhance the process, as well as more detailed data analysis (for example, not just how many are represented, but how many have a representative by the first Court hearing where decisions are made).

The Department collaborates with the Child Protection Accountability Commission Training Sub-Committee to plan and implement opportunities to facilitate positive educational, physical and mental health outcomes for children and youth. This activity includes participating in planning and implementing training and professional development events involving national experts in the areas of child protection, child safety and child mental health related topics.

DFS partnered with Michele Frosina, a teacher at Sanford school in New Castle County to tutor ten children doing the summer of 2009. Ms. Fosina agreed to expand the tutoring pool resources by recruiting additional teachers to tutor children in math and science for summer 2010.

DFS partnered with two private foster care agencies (Progressive Life Centers and Pressley Ridge) to implement a female teen support group and a male support group in New Castle County. The theme for both groups is *Tools for Your Box*. The focus is supporting teens' successful transition to adulthood. Teens are empowered to assume responsibility for planning their future. Self advocacy and goal setting are competencies to maximize their strengths, talents, and aspirations. Activities build social skills, develop positive relationships and address personal care issues. Exercises are geared toward changing thinking and behavior that hinder transition to independence such as low self-esteem and lack of personal accountability. The teen boys and girl groups meet bi-weekly. The groups typically have dinner before discussing the topic and subject of the day. Included in each session are three life lessons and personal sharing as they wish. Topics include Education and My life, Making Good Decisions, Healthy Relationships, The Power Within, and Antwone Fisher, the movie.

DFS partnered with YMCA of Delaware to offer discounted family memberships to foster families using a developed sliding scale that essentially allows foster families to pay whatever they want to join with typical charge being about \$10.00 a month for a family. Approximately thirty-five families have taken advantage of this opportunity. In addition, youth aging out of foster care receive one year free membership. In the summer of 2009 the YMCA agreed to sponsor fifty scholarships for foster children to attend overnight camp; we expect this partnership to continue, as they have committed to 35 camp scholarships for summer of 2010.

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Kind to Kids, a Delaware non-profit agency, solicits tickets for activities and events for underprivileged children. DFS was the recipient of a holiday toy drive that provided toys and food for children in care doing the December 2009 holiday season. Over 200 toys were donated by members of the community. Because of their kindness and generosity, Delaware's foster children had a delightful holiday party. Chick-Fil-A provided food for this annual holiday event.

The Division of Child Mental Health Services sponsored full-day trainings open to foster parents including a full day conference (annual) on Child Mental Health and Child Traumatic Stress. DCMHS' education and training conferences are open to the public, with foster parents receiving special invitation to attend via DFS.

The May 11, 2009 full day conference was titled, "Engaging the Families of Traumatized Youth. Adele Hayes, Ph.D., University of Delaware Department of Psychology presented on Trauma-Focused Cognitive Behavioral Therapy: Therapeutic Process and the Role of the Parent/Caregiver, focusing the criticality of the involvement of the parent/caregiver in promoting positive change in child behavior through therapy. Melissa Runyon, Ph.D. of the Child Abuse Research Education and Service (CARES) Institute of the UMDNJ School of Osteopathic Medicine spoke on the topic of Behavioral Treatment: Working with Parents Who Physically Abuse Their Children. Fostering Hope: TF CBT and Evidence-Based Practice with Youth in Foster Care was the topic of a presentation by Shannon Dorsey, Ph.D., Dept. of Psychiatry and Behavioral Sciences at University of Washington's School of Medicine. A series of afternoon workshops included How to Screen for Child Traumatic Stress (for clinicians and another workshop for non clinicians), Culturally Modified TF CBT for Latino Children and Their Families, TF-CBT with Youth in Foster Care: Engaging Foster Parents, Evidence-based Solutions: Helping Families at risk for physical abuse develop healthy outlooks and peaceful home environments.

The September 2009 full day conference on Young Child Mental Health and Child Traumatic Stress featured presentations by Cheryl McNeil, Ph.D. on Parent-Child Interaction Therapy or PCIT, an nationally recognized evidence-based treatment for young children (2 - 5 yrs) with very challenging behaviors (aggression, biting, running, etc) of the sort that often are viewed as disruptive and result in expulsion from pre-school early childhood education settings and day cares. Many foster children are reported to have such behaviors when in this age range which led DCMHS to select this intervention for use in Delaware and dissemination throughout the state. Ester Deblinger, Ph.D. (CARES Institute, UMDNJ) presented on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Young Children. The CARES Institute provides mental health treatment exclusively for the child welfare population in New Jersey's public system and has experienced great success in using this trauma-specific treatment with children in the 2 - 5 yr age range. In addition, Dr. Deblinger conducted a 2-workshop series of trainings for clinicians in the afternoon providing training on how to use TF CBT with very young children. Other workshops included Access to Behavioral Health Services: DCMHS 101, PCIT classroom adaptation: Experience in W. Va. and Delaware preschools, How to screen for child traumatic stress and make informed referrals for trauma-specific treatment; and Early Childhood Mental Health Consultation: The Maryland Experience. Other DCMHS-sponsored training open to foster parents and child welfare staff included: Assessment and Treatment of Adolescents With Sexually Inappropriate Behaviors (May 7, 2009), Red Flags & Warning Signs of Youth with Sexual Behavior Problems (Jan 13, 2010).

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In addition, DCMHS sponsored training for nearly 400 early childcare provider staff in positive behavior management and the principals of Parent-Child Behavioral Therapy for use/application in pre-school settings with very young children. Many children in foster care in the young child age range do attend preschools or early child education/care centers, this practical training focused on skill-building on specific areas which lead to improved child behaviors (e.g. labeled praise), and included the opportunity to practice/be observed by the presenter/receive feedback during the training, designed to prepare the provider staff for using the skills in their work settings.

DCMHS provides licensed behavioral health professionals who provide consultation to DFS for each child entering foster care statewide. This service began in 2009 providing behavioral and mental health support to foster families to reduce placement disruptions. Clinical staff conduct home visits to foster families to develop behavioral management plans.

DCMHS, through federal grant opportunities that bring external/added funding and expert training and clinical consultation, has established two evidence-based mental health treatments (EBTs) throughout Delaware by providing expert training to community therapists/clinicians who provide treatment to the Medicaid enrolled, SCHIP enrolled children, and to children without insurance. Therapists who successfully complete the rigorous clinical training and participate successfully in the follow-on consultation are added to the Delaware Roster of clinicians for the specific EBT.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is treatment effective with children who suffer symptoms of child traumatic stress resulting from physical and/or sexual abuse, neglect, witnessing violence (e.g. DV or community violence), tragic loss/grief for from medical trauma (e.g car accident). The treatment is comprised of a standard 14-16 outpatient (office-based) treatment sessions and includes both the child and parent/caregiver for most of those sessions. TF-CBT is available to children (age 2 through age 17 yrs) and their families in Delaware. While the Roster of Delaware TF-CBT Therapists lists clinicians providing outpatient treatment, TF-CBT is also available in the DCMHS Intensive, Home-based Outpatient and Residential levels of care.

Parent Child Interaction Therapy (PCIT) is effective with children with very challenging behaviors (aggression, biting, kicking, non-compliance with rules) aged 2-5 yrs and their parents/caregivers. More than 50 therapists have been trained and rostered by DCMHS to provide this treatment in the community where more than 100 children have entered treatment with their families. Outcome data on 59 children to date shows clearly that parenting skills increased, positive/pro-social child behaviors increased, problem behaviors decreased and parent stress decreased. These are the positive effects demonstrated in the clinical trials for this treatment and Delaware is very pleased to see these benefits accruing to Delaware children and their families.

3. Improve Independent Living competency skills for youth exiting out of home care through collaborative support and service provision.

In a concerted effort to increase the competency skills for youth exiting the foster care system various measures have been taken to accomplish this goal. From a policy stance, the IL policy was updated and implemented effective December 31, 2009. The effort to determine the necessary changes included collaboration between Page 59 of 82

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DFS supervisors and management staff. Some of the changes included clear timelines for referrals to the IL program, updated eligibility criteria inclusive of those specified in the John H. Chafee Foster Care Independence Program Section 477. [42 U.S.C. 677] pertaining to the eligibility of youth who have been adopted or left care under kinship guardianship after the age of 16. Additionally, the policy to conduct transition and exit planning meetings for youth was implemented. These and other policy enhancements will improve the services rendered to eligible youth.

The necessity to improve the assessment and services to youth at age 14 has been a focal point for our program during the year. As such, the Independent Living Life Skills Planning Guide was developed to assist DFS staff and caregivers. The tool includes a basic life skills assessment that will be utilized to begin the independent living service planning for youth ages 14 and 15. The tool provides a reference for age appropriate life skill development and focus areas. The implementation of this guide will serve as a concrete mechanism to prepare youth earlier for independence.

The necessity to collaborate in order to obtain employment resources has been key. The partnerships maintained with Opportunity Center Inc., Walmart, Job Corps, and Summer Youth Employment Programs have proven beneficial to foster teens. Additional resources include Goodwill Industries, the Challenge Program, the Division of Vocational Rehabilitation, and the Department of Labor.

YAC has participated in civic events as well as training activities during the reporting period. Civic activities included 18 members participation in Adopt A Highway, which built community pride and instilled the importance of community service. As in years past, the members attended a career day event at Six Flags which included learning about employment resources, interviewing skills, and concluded with use of the venue. Additionally, sixteen YAC members completed financial literacy training through Junior Achievement. These participants concluded their learning with a virtual training experience at the Junior Achievement Finance Park facility. Participants were afforded the opportunity to incorporate their learned skills in a safe setting that included real life experiences related to financial management. Incentives in the amount of \$300 were provided to further assist with the incorporation of the newly acquired skills. YAC also hosted the 7<sup>th</sup> Annual Youth Conference in which approximately 70 youth participated in the day's activities.

Additional housing resources have been attained during this year. Delaware State Housing Authority has been an outstanding partner for resources for youth exiting care. This year they provided 40 rental subsidy vouchers to be utilized by youth statewide. A portion of these vouchers were provided through a federal grant and the remaining ten are state funded. All vouchers include a supportive housing component. Additionally, a policy change was implemented which allows youth to apply for Section 8 housing beginning at age 16. This new policy will afford youth an opportunity to begin their waitlist time period during their last two years in care and generally be capable of receiving a voucher upon their exit from care.

The Division of Family Services (DFS) contracted with MAXIMUS to develop a system to support the Independent Living Program (ILP) in FACTS with a web-based component for ILP providers. This initiative will support the National Youth in Transition Database (NYTD) requirement to collect and report data to the Administration for Children and Families on youth who are receiving independent living services and outcomes on youth in foster care and those who age out of care. DFS caseworkers make automated referrals to IL

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providers. Providers are able to record assessment scores, case plans, contacts and outcome status via the internet.

In November 2008, the Division developed policy regarding conferencing with youth who age out of foster care. In addition to other mandatory conferences and meetings, youth must have a Stairways To Encourage Personal Success conference. These meetings are youth driven and improve transition planning for aging out youth by sharing responsibility among the participants.

DFS and the Child Placement Review Board continued their partnership with the agency 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 independent living contracted 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. During school year 2009-2010, 47 students received a total of \$130,381 through these programs and used these funds at four-year colleges (8), community colleges (17) and trade schools (3).

The established partnership between the DFS Independent Living program and the Promoting Safe and Stable Families Intensive Family Consultation and Support Service continues to offer family support services to DFS IL youth throughout the State. The program serves as a building block supporting the development of self-sufficiency skills: identifying concerns, utilizing informal and formal network supports, designing and implementing intervention plans, developing self advocacy skills and managing stress.

According to the CPRB, statistics have consistently shown slightly over one-third of the children reviewed by the Board had a permanency goal of APPLA and will probably age out of foster care when they turn 18 years of age. Delaware's high percentage of APPLA youth strains capacity to provide an adequate level of independent living services to these young adults. Independent living contract providers supplement their programs with funding from alternate sources to address budgetary constraints. Availability of community resources, such as affordable housing and accessible transportation are remaining barriers. The overwhelming challenges faced by these young people often derail their efforts to stay enrolled and successful in their post-high school job training or educational programs. Efforts to improve Delaware's independent living services by dedicated professionals throughout the state and are commendable.

The APPLA community workgroup continues its coordinated effort to increase the resources for youth exiting the foster care system. Through the efforts of this collaborative team, and documented in the CFSR-PIP, service gap areas have been identified and strategies have been developed to incorporate resources to fulfill the needs. These strategies include the development of improved partnerships with other departments that serve our youth. The partnership development has led to additional housing vouchers, lowered age limits for applying for subsidized housing, and additional employment resources. In conjunction with resource development for youth exiting care, there is also an emphasis to obtain permanency goals. Various resources to assist with this measure have been developed out of the efforts of the workgroup. The workgroup also serves as an accountability measure for timely utilization of such resources.

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The Office of the Child Advocate is a member of the Division of Family Services Advisory and Advocacy Council which has dedicated the last several meetings to discussions on improving system services for foster teens. The Committee has been brainstorming about existing community resources that can provide support to this population. These discussions will continue to occur at future meetings, and will complement the goals of the APPLA Workgroup.

The Division of Youth Rehabilitative Services contracts with the Challenge Program to provide skill based services for youth interested in the construction field. Youth in DFS custody, who are involved in the juvenile justice system, are eligible to be considered for this program, based on their age and admission criteria. Participants in this program have even helped construct homes for youth in the City of Wilmington who are involved in independent living programs. DYRS also contracts with Jewish Family Services in New Castle County for the FutureNet program. This is a technology training program for out-of-school youth aged 17-19. Trainees enrolled in the program complete 48 hours of site-based technology (audio-visual) training and continuing education (GED) along with supplemental services (job search) off site.

The Judges of the Family Court invited agency leadership and independent living service providers to a meeting to explore the current status of agency and community resources and service gaps May 2009.

As part of the agency's Independent Living Strategic Plan, benchmark activities and services were identified by age group for foster teens. The Benchmark Guide was developed by the strategic planning team, reviewed by the Youth Advisory Council and community partners. The guide was distributed to the Division's leadership team, foster parents and independent living contractors; in addition the new foster parent teen pre-service training curriculum includes the independent living checklist and reviews all independent living principles and policy.

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### **Systemic Factors**

**Strategy:** Maintain and strengthen systems to support the delivery of child welfare services. **Performance Measures and Goals:** Performance is measured by progress reported by each activity. **Activities:** 

#### 1. Maintain and strengthen the statewide information system.

The Department's Family and Child Tracking System (FACTS) is a client/case workflow management information system used by all core Divisions. In February 2009 two critical enhancements were made to FACTS by DFS. The first was the 'client contact (foster care) contact scheduler'. This addition allowed staff to monitor and track monthly client contacts and, record when, where and by whom the mandated monthly faceto-face contacts for children in out-of-home care occurred. The inclusion of client contacts in FACTS gives frontline staff an immediate schedule to track which children in their caseloads require a contact per policy, more accurate and timely recording of completed contacts. This also enhanced the ability for DFS to identify missing data, as well as, the collection and reporting of federal fiscal year outcomes to ACF. The second critical enhancement to FACTS is the 'Independent Living' case. This case type includes two significant features. First, the case type was designed to better monitor the referral, service activity and outcomes for 16 and 17 year old youth in foster care. DFS policy requires all youth within this age range and condition be referred to a contracted IL provider. Once the referral is accepted by a provider, the provider can assess the needs of the youth, develop a case plan and record the service delivery activities with the youth. The second significant feature was the development of a secure web access portal to allow IL providers to use in order to document the aforementioned IL service activities. Once a provider has completed the documentation of any of the service activities, and upon exit from the portal, the activities are readily updated and available for DFS staff and administrators to review these activities within the FACTS environment. Finally, the IL case was developed in a way that will meet all reporting requirements under NYTD requirements. During the latter part of this reporting period, the opportunity has arisen for DSCYF to pursue a comprehensive upgrade to the FACTS information system, the future system known as FACTS II. The FACTS II proposal includes efforts to 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, and maximize data quality. It is anticipated that through an RFP process a design, development and implementation vendor will be identified by the fall of 2010.

The Office of Prevention and Early Intervention supports the Department's mission, vision and strategic plan through quality information management. OPEI has made great improvements in its efforts to maintain and strengthen data collection, management and reporting systems. 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 have been created to produce timely and valid reports. By employing an outside contractor to provide technical support with automated report writing, opportunities for improved data management and reporting have increased. The assistance is invaluable to be successful and efficient in retrieving data from the Access databases as evidenced in this annual report. The PSSFCS program collects information on program participants and their families through a series of data collection forms and assessment tools. The preliminary analysis includes data on program participants, service data, pre- and post-test data from the Family Stressor and Resource Assessment, and participant satisfaction. The Family Information Form collects information on each

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adult in the household. The family member who has selected to receive services from the PSSFCSCS program (usually the primary caregiver) provides information on each adult in the home. OPEI will explore web-based data management in FY10 to be more efficient in collecting, managing and reporting program data.

During this reporting period the Office of Prevention served 5,260 participants in its prevention programs. Demonstrating efforts to reach targeted populations and ethnic groups, the served population demographics are: 26% male adults, 74% female adults, 51% male youths, and 49% female youths. African Americans ranked the largest with 62% of the participating program population. Caucasians ranked second at 15% and Hispanics third at 8%. The mixed race group overall percentage was 9% with an unknown of 6%. The program experienced an increase in the number of fathers as the primary caretaker served in FY09. In FY08 the program serviced 68 males as the primary caretaker. The FY09 data reflect the program served 116 males as primary caretaker. This is an increase of 49%. Although there was a small decrease in the African American and the Caucasians counts, the data reports a small increase in Hispanics and mixed group participation. PSSFCS continues to ensure the process is culturally competent through the types of services provided ensuring that the families are part of the process in selecting the make up of their support team. Although the program served a variety of races/ethnic groups it is evident through the data that more outreach needs to occur to engage families who are experiencing risk factors associate with the program services who are not African American. The highest age range was 26-35 with 30.6%, 36-44 as second with 25.7% and third was 45-54 with 15.7%, with the lowest reporting age range was between ages of 18 - 20 at 4.2%. 46% of the adults considered themselves single, never married, while 29% identified themselves as married, 4% said they were living with a partner and 8% are divorced and 2% are widowed.

The PSSFCS program intends to increase outreach to appropriate families in need of services. Of the total number of participant served by OPEI funded programs, 75% of the participants were served through the Promoting Safe and Stable Family Program (3902 out of 5260). During the period of review, the PSSFCS demographics for participants, race and ethnicity, age and marital status reflect the percentages of the aforementioned data.

While the program evaluator has not reported out on FY08 and FY09 due to service data integrity, they were able to clean up data and report out for FY07. This is the first report out measuring the reduction of stressors for this program. Program participants completed the Family Stressors and Resource Assessment (FSRA) at intake (pre-test) and case closure (post-test). This assessment consisted of four assessment tools: the (1) Attachment Style Questionnaire, (2) Family Crisis Orientated Personal Evaluation Scales; (3) Family Needs Scale; and (4) Index of Parental Attitudes. Results revealed statistically significant changes from pre-test to post-test in the total scores of all four validated subscales of the FSRA instruments. Half of the participants' items on the Attachment Style Questionnaire showed statistically significant change especially in their willingness to trust and depend on others as defined by the Attachment Style Questionnaire: Discomfort with Closeness. Caregivers also reported statistically significant increases in their coping abilities as measured by the Family Crisis Oriented Personal Evaluation Scale (F-copes). Nineteen of 24 items on the F-copes measure showed statistically significant increases in their coping ability. The statistics also report significant decrease in family needs as measured by the Family Needs Scale. Caregivers reported statistically significant decreases in the severity of problems in the parent child relationship as measured by the Index of Parental Attitude.

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Under the Priority Programming domain, caregivers were asked if they agreed or disagreed if they had concerns and needs related to partner/spouse, substance abuse, parent child relations and the need for information on parenting. Statistically positive changes were detected in all four areas which is an indicator of reduction in stress. Over 50% of caregivers still did not want to depend on anyone and a significant percentage of caregivers reported improved knowledge of community resources. Program participants completed a satisfaction survey at the completion of services. Overall, more than 95% of caregivers selected "agree" or "strongly agree," indicating a high level of satisfaction with the PSSFCSCS program.

# 2. Maintain and strengthen a case review system to ensure timely outcomes and the involvement of caregivers.

As of February 28, 2010, the Office of the Child Advocate, through its attorney guardians *ad litems*, is actively providing legal representation to 484 children. Through the attorney representation of children, an important check and balance system exists along with Family Court oversight. This enables attorneys, as well as other vested parties, to advocate for timely outcomes, parental and sibling visitation, and to utilize the Court system as a means of redress to ensure such critical connections are maintained. Also as an APPLA community workgroup participant, OCA continues to advocate for all appropriate manners by which youth in foster care can maintain or build quality familial connections which can assist them as they transition to adulthood.

The Child Placement Review Board continues to review out-of-home placements. As reported in the agency's 2009 annual report, citizen review panels statewide conducted 903 reviews of 752 foster children. They also conducted reviews of 35 juveniles in residential treatment facilities.

Throughout the reporting year, each child that had an open case with the K-5 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. Supervisors met with staff regularly and used a record checklist to ensure all required documents and consents were present in the case file. The checklist is used to coach staff and document any deficiencies found in the file.

# 3. Maintain and strengthen a quality assurance system that supports positive outcomes for families and children.

During the period 4/1/09 to 3/31/10 the total OCS quality assurance (QA) case reviews completed by program area were: Intake/ Rejected Hotline- 150, Investigation- 313, Treatment- 188 and Placement- 188. The existing QA system is the primary method of evaluating safety, permanency and well-being in the Office of Children's Services. The QA case review system is also used to report outcome performance for the CFSR PIP Outcome measures. Reports prepared quarterly are distributed and reviewed by state office managers, regional managers and supervisors. Distribution of completed review instruments was changed during this period, now made available to supervisors and management in a secure network folder. This method allows for a more timely review of completed instruments between supervisors and staff. One enhancement was made to the QA case review system in the program areas of Treatment and Placement/Permanency. Consistent with the policy developed to require the identification of 'Concurrent Plans', questions were added to the case review instruments to identify that this policy is being met. DFS will now be able to monitor the implementation of this Page 65 of 82

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policy and, identify strengths and deficiencies statewide, by region or by individual staff. The primary activities involving the QA case review system has been to identify and address data entry errors. Outcome data from the QA system is used to report outcome performance in the CFSR-PIP. Due to the poor performance of several measures, a more in depth review of QA responses was conducted and it was found that data entry errors, versus professional judgment, was impacting performance outcomes and the inability to meet PIP goals. This in depth review resulted in two activities. First, was the data clean up and recalculation of outcome performance. As a result of this effort one outcome in the PIP, Item 7-Permanency Goal, was corrected sufficiently to increase performance and achieve the stated goal. The second activity required the QA administrator to conduct review sessions with all QA reviews throughout the state. The review agenda was to review with QA reviewers where errors were being identified and, clarify the questions, directions and expected response options. These reviews were conducted throughout the months of February and March, 2010. The impact of this 'refresher' training will not be known until data entry accuracy can be evaluated in later months.

The Department Safety Council (DSC) plays an integral role in the Department's quality assurance efforts and goal to be a self-correcting agency. The DSC reviews each incident that meets the definition of a Department Critical Incident (Child Death, Hospitalization, Escape from a Level V Program and Institutional Abuse or Child Abuse Resulting in an Arrest) and applies a systemic approach to determine potential system issues. For issues identified, the DSC will make Departmental recommendations intended to improve the quality of services provided to children and families. There were 80 critical incidents reviewed by the Department Safety Council during January 1, 2009 through March 31, 2010. As a result of these reviews, 31 recommendations were made. System issues identified included communication and sharing of information, case documentation, risk assessment, licensing regulations, enhancing Department training, complacency issues and the development of policy and procedures.

In addition to the internal reviews completed by the Department Safety Council, child deaths and near deaths are also reviewed by the Child Death, Near Death, and Stillbirth Commission (legislated, multidisciplinary panel reviews of all Delaware child deaths). The process involves a multidisciplinary, retrospective system review intended to provide meaningful, prompt, system-wide recommendations in an effort to prevent future deaths and to improve services to children. The three review panels (New Castle County Child Death Review Panel, Kent/Sussex Child Death Review Panel and the Child Death/Near Death due to abuse/neglect Panel) reviewed a combined total of 27 child deaths/near deaths that had some Department involvement during 4/09–3/10.

During 4/1/09 through 3/31/10, there were 239 System of Care (SOC) reviews completed. The SOC review was developed to measure the Department's progress in incorporating SOC philosophy and framework in our service delivery system. The review tool consists of 31 questions designed to measure Delaware's seven SOC Page 66 of 82

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principles (*Practice is individualized, Services are appropriate in type and duration, Care is child-centered and family focused; Care is community-based; Care is culturally competent; Care is seamless, within and across systems and; Teams develop and manage care*). The review findings showed an increase in scores for each of the seven principles. As a result of the SOC reviews, recommendations including training, to enhance team based planning and cultural competency were put forward.

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, OCA continued to foster its partnership with the DFS and the Court Appointed Special Advocate Program. OCA and CASA collaborate to ensure that foster children are represented in Court. This continued collaboration between the three agencies has resulted in a comprehensive database that indicates the number and ages of children entering DFS legal custody each month, the number and ages of children aging out of DFS legal custody, the total number of children in DFS legal custody along with the age breakdown of such, the counties in which they reside, the representation status, and the Deputy Attorneys General and Judges assigned to their cases. The monthly statistics generated by the database enables all partners to more fully understand their workloads and facilitates the formulation of strategies by OCA, CASA, and DFS for ensuring all children receive legal representation.

The K-5 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. The K-5 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. Each Family Crisis Therapist's monthly contacts, caseload size, interventions and other information are reviewed monthly by the supervisor and by the management team.

The PSSFCS program continues to maintain the program data collection, management and record review process. The PSSF program has a program fidelity review process. The OPEI PSSFCS – Psychiatric Social Worker III conduct bi-annually on-site review of providers' compliance of the program design. Case reviews are also conducted twice a year with seasoned community base Family Consultants (FC) and quarterly with new community base FC's. The on-site reviews occurs to support and foster health exchange of service delivery information and provide the Family Consultant opportunity to ask site specific questions regarding the service delivery process.

During the on-site case review and fidelity review the OPEI-PSSFCS staff review with the FC their implementation of the consultation process and tools. In the case review process a minimal of 5 cases per site are reviewed as part of the process. Attention is devoted to the FC's ability to engage and retain participants through the consultation process, ability to explain and implement the consultation process in an effort to build and enhance the participant's efforts to take the lead in the consultation process. The reviews include assessing the FC's critical assessment skills, engagement skills and ability to implement family support services based on system of care principles.

In addition to the PSSFCS fidelity monitoring process and case review process, the OPEI PSSFCS Psychiatric Social Worker III (PSW) also monitor the delivery of the family consultation process and the implementation of the program tools through observation. Through case consult observations, services are monitor to assure the

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participants are encouraged and supported to take the lead in the consultation process, and that the service delivery supports the use of a strength-based approach. Monitoring also includes the FC's ability to critically assess the identified needs of the participants through the FSAR tool, and the FC's ability to connect the identified needs of the PSSFCS-FSAR to the FNSS to the A&I tool. Through the observation of the consultation process the PSW is ability to determine the FC's level of functioning in relation to the program "core competencies".

The tools utilized in the PSSFCS family consultation process are used to document demographic information, information relating to family risk factors, information on concerns, needs, social supports, resource provision. These tools are: OPEI Family Information Form (FIF), Pre/Post Family Stressor and Resource Assessment, Family Needs and Social Support Scale (FNSS), Family Assessment and Intervention Plan (FAIP), and the Service Outcome (SO) and Satisfaction Survey. Each PSSFCS tool supports the implementation of the family support principals and the service delivery of the system of care principals. The purpose/functions of the "tools" used in the PSSFCS process are: OPEI Family Information Form (FIF) is used to document family demographic information. The Family Stressor and Resource Assessment (FSRA) tool which consists of 92 questions assessment is used to by the participant and the Family Consultant to assess and address the following area of concerns: isolation issues, coping skills, relationship with their children and other adults, 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 also helped the family prioritize these concerns and identify additional concerns that may turn into a crisis. The SO form is used to identify services outcomes and families barriers to accessing services. The SO provides participant's feedback about the quality and effectiveness of the program's interventions. The review of the completed program tools is another measure used to document the FC's level of function in reference to the PSSFCS "Core Competencies" as well.

The outcome of the fidelity review in FY09 noted 6 of 8 community-based Family Consultants received a rating of "full compliance". Two of the FCs obtained a rating of "substantial compliance". Both FCs have been working in the family consultation model for less than one year. OPEI PSSFCS provides ongoing technical assistance to the FC's as needed. OPEI-PSSFCS collects and maintains data for inclusion in monthly statistical reports provided to the contract providers supporting their efforts to monitor performance. Data submitted monthly by the FCs is monitored for accuracy and analyzed for program clarification or additional training. Another initiative to monitor quality service delivery of PSSFCS, participants complete a satisfaction survey at the conclusion of the consultation process. The program also assesses the community awareness about PSSFCS and the services through a Community Survey. 412 satisfaction surveys were completed during FY09. On average 98% of respondents agreed the program focused on building family and community strengths; was located in an environment that is respectful and welcoming; identify individual and family strengths, family concerns and needs; helped participants define short and long term goals and connect to appropriate resources and supports; and, develop goal statements and create action steps based on family needs. Overall, the participants who participated in the PSSFCS Family Consultation and Support process were very satisfied with program services and the survey has proven to be one reliable indicator that the program is meeting its outcomes. Additionally, on the satisfaction survey, 98% felt that they could identify goals based on their needs for themselves and their families after being in the program. And lastly, they felt they were more comfortable with approaching resources and supports for themselves and their families after being in the program. Another QA tool utilized in PSSFCS is the Community Survey. The Community Survey is completed by community members during their attendance to different outreach events throughout the State. A total of 624

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Community Questionnaires were completed in FY09. The purpose of the survey is to capture a snapshot view of one's knowledge of resources and services in the areas of drug/alcohol, healthy marriages/ adult relationships, child behavior and parenting. The outcome of the survey helped the PSSFCS 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 79% of the community members completing a survey were aware of the PSSFCS Program, 79% were aware of where to direct someone for drug and alcohol concerns, 70% would know where to obtain assistance in parenting, 70% knew where to direct someone for healthy marriages/adult relationship concerns and 73% would know how to obtain help for children with behavioral issues. The support most frequently requested from families participating in the program during the FY09 service year was emergency crisis assistance.

In a continued 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 PSSFCS. There continues to be an effort to develop a more efficient way to report out on the relationship between OPEI program participants and protective service 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 PSSFCS are cross-checked in the Department's FACTS system. Strengthening Families has been successful in retrieving data reporting on protective service involvement. 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. PSSF is hopeful the program will be successful in retrieving data from FACTS for the service period of FY09–10 services.

#### 4. Provide training and supports to maintain a stable and competent workforce.

During FY2010 the Department's Professional Development Unit (PDU) provided 283 days of mandatory new worker core training to newly hired Family Services workers in the Office of Children's Services. This training is offered to contracted services agency staff. From 07/01/09 through 04/30/10, 19 new staff were trained. PDU continues to offer month 1 and month 2 cores (see DFS Training Chart in IV-B Training Chapter) every month. The cores listed as taken by workers in months 3 through 6 are offered every other month. This enables new workers to complete the core training in 4 to 5 months rather than 6 months. The Office of the Child Advocate presents a portion of the Division of Family Services Legal Training to new case managers with the Office of Children's Services.

New staff complete the first two months training cores prior to being assigned their first case. During periods when they are not in the classroom, they observe and complete specific field experiences with mentors. They also practice routine pieces of case work with the supervisor as coach. In 2009, all contents were posted on the DFS computer drive in a folder accessible to all staff members. Training Pilot was first offered online during 2009. This resource remains available and meets the annual education requirements of the Mandatory Training Policy. This folder contains one document that contains information on two online trainings reviewed and supported by PDU. The second document, the Online Course Completion form, provides instructions on how use to get establish a record that you successfully completed the course. New Worker Training Requirements is a document in the package that spells out what new workers must complete, and submit in order to receive a New Worker Training Certificate of Completion. Pre/Post assessments required for the cores are located in this

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electronic folder. The Pre-Assessment can be printed, completed and brought to training, or completed electronically and emailed to trainers before coming to training. The Post Assessment will be done at the conclusion of training. Training evaluations also are located in this folder. These evaluations can be used for any DFS training, not just new worker training. The Training Evaluation form can be printed, or it can be completed as an online survey. The Training System Survey is a new data collection tool used to monitor and evaluate the whole DFS training system (training, mentoring, supervision, organizational support). It too can be printed out, or completed as an online survey, the preferred method. Links to online surveys are on the DFS Training webpage. Results of the survey evaluation process led to tweaking and modification of core training process and resources.

During the past year, the 3<sup>rd</sup> edition of the manual was issued and is available online. It is over 90 pages long, containing information for new trainees about the components of the new worker training program, along with the core competencies, required shadowing activities, checklists, assessments, TOL activities, surveys, training ground rules, links to supplemental information, and PDU contact information. System of Care Training is now integrated into all DFS New Worker Training.

During FY2010, training needs were determined as a result of the CFSR-PIP. To date in 2009, 177 DFS staff attended preliminary Safety Training conducted by Division Program Managers and 232 staff attended Intake Training. Safety Assessment Refresher Training was conducted during November and December of 2009 and a total of 172 experienced staff attended. In October 2009, DFS staff attended training provided by the National Resource Center on Legal and Judicial Issues. The focus of this training was on improving the Divisions efforts related to concurrent planning. The trainer also touched on the requirements of the Fostering Connections legislation. A total of 131 staff was trained. In March and April 2010, DFS staff attended Treatment Refresher Training. This training focused on changes to the DFS policy manual as well as a refresher of existing policies. Among other things, the training focused in policy changes related to the Adam Walsh Act and the Fostering Connections Act. The training also attempted to help workers understand the process and requirements for the Child and Family Services Review as well as the accompanying Program Improvement Plan.

The Child Abuse Prevention Act of 1997, amended in 1999 (14 Del.C, 4123), requires that each public school ensure that each full-time teacher receives training in the detection and reporting of child abuse. DFS provides one hour of training on child abuse and neglect or a related topic to each public school and head start facility in the state. At each of these training sessions we review the mandatory reporting requirements. The DFS Professional Development Unit is responsible for developing the training curriculum. For FY2010, we offered this training on the internet as an alternative to classroom training. Schools received a new downloadable power point presentation on the signs, symptoms and reporting procedures for child abuse and neglect. Additionally, schools had the choice of several videos on child abuse and neglect and reporting that they could use. Also, schools could request a DFS staff member to present the training to their schools. This new approach offered maximum flexibility to schools.

DFS augmented the system of care practice model by developing a required facilitated meeting for all teens during their last two years in care. Stairways to Encourage Personal Success is a meeting driven by the teen where the teen invites all the persons who support the teen. STEPS was embraced and named by the Youth Advisory Council. The transition topics of housing, education, employment, transportation, medical care, counseling, and others named by the youth are discussed with options developed through youth and team

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interaction and various team members assuming responsibility to assist the youth in specific preparation for independent living. The Professional Development Unit designed, developed and executed STEPS training during 2009 and continued in 2010 to assist with facilitating STEPS meetings and as consultants to workers and supervisors on the process.

The Professional Development Unit continues the provision of Infant and Adult CPR Training to foster parents and interested workers.

The Division of Youth Rehabilitation Services was award a grant to continue their Inappropriate Sexual Behavior (ISB) training. The new grant includes a train the trainer component for PDU. PDU will conduct refresher trainings for all staff on ISB issues by 12/2010. PDU will also modify and update the appropriate Core trainings to include the ISB material. PDU will also assist the foster home coordinators unit to upgrade and modify their curriculum as well.

The Professional Development Unit was asked to provide training for new foster parents of teens by the Foster Care Program Manager. During the first four months of 2009, curriculum research and development took place. Twenty-seven hours within 9 sessions are planned. Topics include: Orientation & History of Foster Care, Child Welfare System and Foster Parents Part of the System, How a Child Enters the System and Family Violence, Child Development & Trauma Part 1, Child Development & Trauma, Part 2, Attachment & Loss, Discipline, Culture and Keeping Connections, Planning for Change, Informed Decision Making. The Youth Advisory Council provided input to the development of the Foster Parents of Teens Curriculum. Training was provided to 21 DFS staff and community partners. Train the trainer was provided to 14 DFS foster home coordinators.

In conjunction with the State Office of Volunteerism, DFS was awarded a VISTA three year grant to develop a mentoring program for foster teens and foster teens that have maxed out of the system. The PDU has partnered with the Office of Volunteerism and a community partner Connecting Generations to develop curricula to train not only the VISTA volunteers, but also the mentoring volunteers who will be recruited. The VISTA Volunteers will be supervised by three community partners, and housed in their community based settings. A fourth VISTA Volunteer will be housed and supervised within DFS. VISTA volunteers are scheduled to come on board and be trained by August 2010. The scheduled plan is for a group of mentors to be recruited and trained and assigned youth by early 2011.

The Institute for Human Services (IHS) of Columbus, Ohio graciously provided DFS their entire Adoption Curriculum which was carefully researched and developed by IHS. In 2010 the DFS Professional Development Unit continued to offer the following sessions:

#### 213: Family and Child Assessment (12 Hours)

This two-day module will provide workers strategies to mutually assess families as adoptive resources for children; and introduce the philosophy of joining the Foster Care/Adoption home study process. The workshop will present information to assist trainees in the identification of families who will have a high probability of long-term success in parenting adopted children.

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The Family and Child Assessment module will provide workers strategies to assess the social and emotional functioning of children, their developmental needs, and readiness for adoptive placement.

Finally, the workshop will present information regarding Selection and Match in Adoption including clarification of the requirements of both the Indian Child Welfare Act and the Multi-Ethnic Placement Act.

#### 222: Adoption Assistance (3 Hours)

This module includes a discussion of the value of subsidies to families, children, and the child welfare system. The workshop includes information regarding rules and procedures for accessing adoption subsidies as well as strategies to maximize resources for adoptive families.

#### 214: Placement Strategies (3 Hours)

This module will present trainees with placement strategies to maximize success and minimize trauma to the child, foster family, and adoptive family. Trainees will learn pre-placement visitation rationale and methodology as well as information that should be shared with families making an adoptive commitment to a child.

#### 215: Pre-Finalization Adoption Services (6 Hours)

This workshop will provide workers strategies for assessing the adjustment and attachment of the child and family prior to finalization. Trainees will learn to recognize stages of adoption disruption and strategies to avoid disruption. Finally, the workshop will identify strategies and techniques to strengthen the adoptive placement.

#### 225: Gathering and Documenting Background Information (6 Hours)

This workshop is part of the Tier II Foster & Adoption Assessor training. The workshop will examine the importance of honesty in disclosure of information to adoptive families as well as the ethical and legal consequences of wrongful adoption (misrepresentation, intentional concealment, or negligent disclosure). Participants will learn what information adoptive families need and creative ways to access that information. Finally, participants will learn how and when to share information effectively with adoptive parents.

### 220: Cultural Issues in Permanency Planning (12 Hours)

This workshop will identify the role culture can play in permanency planning and will enhance the worker's cultural competence in serving both children and prospective families. Finally, the workshop will outline the tenets of both the Indian Child Welfare Act and the Multi-Ethnic Placement Act, assuring workers can make placement decisions that meet the needs of children while complying with federal and State administrative rules.

These sessions were held from September through January 2010. Total number of DFS staff and community partners trained was 37.

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On March 26, 2009, 26 new staff participated in Mock Trial training coordinated by the Professional Development Unit and developed by the DFS Deputy Attorney General and a PDU representative. Family Court administrator assisted and a Family Court judge presided with DFS staff serving as actors for the Mock Trial along with attorneys. CASA and Office of the Child Advocate also participated. This training will again be offered during 2010. Advanced Court Training is in the advanced planning stages with the Attorney General's Office. This training will be targeted at seasoned workers.

Mentors for new staff are trained by PDU. Mentor training is offered once per year or more frequently, if needed. Mentor Training was held September 23, 2009, thirteen staff were trained. New mentors learn the basic principles of mentoring, transfer of learning knowledge, coaching skills and giving feedback. The next mentor training will be 6/24/2010.

Due to the retirement of 2 key trainers for the supervisory core training, a decision was made to refer new supervisors to the supervisory training offered statewide. One last departmentally offered supervisor training is slated to begin in May 2010.

During FY2009, a Casey Foundation Online Program featuring Cultural Diversity was offered to Department managers and supervisors. In 2009, the offering was expanded to the remainder of the Department's staff members.

DFS Division Director initiated a training sub-committee of the Child Protection Accountability Commission. DFS, other DSCYF divisions, Family Court,

Office of the Attorney General, Domestic Violence Commission, Office of the Child Advocate, Child Death, Near Death and Still Birth Commission, Police, and community agencies are represented. The committee meets quarterly to share agency training information and to pool resources, where possible. This committee coordinated a two-day conference June 2010. A web site has been identified with member agencies contributing agency events and training information for all to view.

The Division of Family Services is represented on the Child Protection Accountability Commission's (CPAC) Education Subcommittee. During the past year, the Subcommittee began development of training modules that will be placed on the Department of Education website and inserted into the DSCYF School Collaboration folder. The brief training modules cover topics such as "School Enrollment and Education" (See Attachments) and "DFS 101." Other modules will be developed for Special Education and Educational Surrogate Parents.

The Medical Subcommittee of the CPAC Abuse Intervention Subcommittee finalized a PowerPoint presentation to educate family practitioners, pediatricians, and hospital emergency department professionals on the identification and reporting of child abuse and neglect. The Delaware Child Death, Near Death and Stillbirth Commission (CDNDSC) agreed to schedule and to provide oversight for the training sessions that are provided jointly by a physician and a Division supervisor or administrator. The following training dates are scheduled: April 16, 20, 23 and June 15, 2010.

Child First forensic interviewing training was held April 27 – May 1, 2009 for thirty-five multi-disciplinary staff that included fourteen Division of Family Services staff, four Deputy Attorneys General, and nine statewide law enforcement officers.

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On behalf of the CPAC Abuse Intervention Subcommittee, the Division is chairing a work group to develop an MOU or guidelines for private schools to report child abuse. The initial meeting was held on March 22, 2010.

Training on the Memorandum of Understanding between The Department of Education (DOE) – Local Education Agencies and Charter Schools and the Department of Services for Children, Youth and Their Families (DSCYF) – Division of Family Services (DFS), Division of Child Mental Health Services (DCMHS), and Division of Youth Rehabilitative Services (DYRS) were completed. One hour MOU training was developed and provided statewide for 104 DFS staff at all levels by the Program Manager for Intake and Investigation during four sessions in September 2009. External training about the MOU was requested and provided by the Intake and Investigation Program Manager for the following school districts: Brandywine (October 2, 2009), Cape Henlopen (October 9, 2009), and Laurel (November 5, 2009). The Program Manager also conducted MOU training for the Sussex County Interagency Council December 3, 2009 and the Kent County Interagency Council January 14, 2010. The MOU was presented at the Family Court Judges Education Day on September 4, 2009 and for attorneys (e.g., Deputy Attorneys General, GAL, CASA, private) at Court Improvement Education training April 8, 2010. A copy of the School Training Evaluation Summary is enclosed within the Attachments.

Human Resources provided training on personnel issues to DFS statewide management team meeting. Additional training was provided by a state contracted counseling agency on stress management and managing difficult employees.

Each year the K-5 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 June 2009, the FCT's received training in the following areas: Trauma; Sexual Abuse Identifiers; DSM IV Diagnosis; Verbal De-escalation and Grammar in the Workplace. 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.

The Office of Prevention offers training and support to the community at large and community service providers providing a continuum of preservation services. OPEI provides ongoing training in the areas of prevention best practices, building coalitions and community capacity, conducting needs assessments and evaluation protocols, designing environmental strategies for effective prevention programming, and grant writing to staff as well as community partners.

The Families and Centers Empowered Together (FACET) program continues to help program sites incorporate early success principles (long term planning for a quality early care and education system to serve all of Delaware's children) and recommendations to improve the quality of educational services to children. FACET sites continue to meet five pertinent domains: Quality Programs, Professional Development, Family Engagement, Financing and Results. Strides have been particularly evident in the Professional Development domain. FACET staff and parent training are important to the success of the program. OPEI supports the

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FACET program by providing training, technical assistance, quality control and guidance in program implementation to ensure quality programming and effective services to families.

FACET has completed and implemented the use of the core competencies for the coordinators that work with parents and their families in the Early Care Centers, as family support professionals. A training manual has been developed to be used with the core competencies. These core competencies target important areas such as child development, health, safety, nutrition, working with families and professionalism which support Delaware's Infant and Toddler Early Learning Foundations. Through the use of this curriculum and training, the FACET coordinators have been able to improve their job performance and their performance can be evaluated more efficiently. FACET continues their efforts to incorporate preschool "I Can Problem Solve" (an interpersonal cognitive problem-solving program) in the Early Care and Education Centers. A complementary parent training "Raising A Thinking Child" (a curriculum that instructs parents how to teach children how to think) has been incorporated as a parent training to supplement the "I Can Problem Solve" that is being taught to children in the Early Care Center class room. OPEI provides the Early Care Center Directors and their staff the training and materials on the FACET model, the "I Can Problem Solve" curriculum and "Raising A Thinking Child" workbooks. OPEI staff involved with the FACET Program has been trained on the FACET Model, "I Can Problem Solve" and "Raising A Thinking Child".

The Division of Youth Rehabilitative Services secured a Comprehensive Approaches to Sex Offender Management (CASOM) training grant award, funded through the Delaware Criminal Justice Council by the U.S. Department of Justice, Bureau of Juvenile Justice. This training grant, in part, will assist the Delaware Children's Department trainers to develop a Department wide training curriculum to help direct care staff to improve their ability to identify inappropriate sexual behavior (ISB) risk factors and red flags for children and youth in the Department's care.

The Family Court of Delaware has leveraged its Court Improvement Program Training Grant to support both multidisciplinary and discipline-specific training and education sessions on a variety of needs:

- Children First (multidisciplinary/statewide training formally known as Finding Words, produced by CAC) forensic interviewing
- Commitment in Fall 2009 allows CDNDSC/CPAC Conference for June 2010: Protecting Delaware's Children covering myriad aspects of child safety
- Attorney training with ABA re: Confidentiality and Information Sharing; Youth in Court
- Blueprint for Change for DSCYF (provided for Judges; and for attorneys in 2008)
- Endless Dreams for School Superintendents
- Training for Sussex Bar re: assignment to dependency cases
- Judges Training on CIP (monthly meetings)

#### 5. Maintain and strengthen an array of services to promote safety, permanency, and well-being.

The Division of Youth Rehabilitative Services secured a Comprehensive Approaches to Sex Offender Management (CASOM) training grant award, funded through the Delaware Criminal Justice Council by the U.S. Department of Justice, Bureau of Juvenile Justice. Another area of this training grant will target continued

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expansion of the community based therapeutic Inappropriate Sexual Behavior (ISB) continuum of care; to provide additional training for outpatient and intensive outpatient treatment providers with specialized training in the area of dealing with youth with ISB; improve therapists' familiarity and knowledge with a client safety plan and what it should include; provide more in-depth therapist training for those that are working directly with youth and their families that would include clinicians at every level of care in the Division of Child Mental Health system. This training will also include on-going support for experienced therapists with consultation on actual cases; in-depth training sessions for therapists and evaluators on current, best practice ISB assessment instruments; training to assist experienced DCMH therapists/administrators to be trained as train the trainers who could provide refresher training and/or introductory training to therapists and probation officers working with ISB youth.

The Professional Develop Unit provides core training to all new Office of Children' Service staff including orientation to introduce them to the wide arrange of services and community partners. PDU also assists with supervisory training. All PDU core trainings have community partner presentation/speakers that introduce their programs and services to new workers during training. Legal core training provides new workers and opportunity to work with both the Attorney General's office and the Office of the Child Advocate.

DFS continues to list children on the AdoptUsKids web site, display children's portraits in the Heart Gallery statewide, and conduct media activities for November's National Adoption Day conference. In order to expand on the recruitment for adoptive families, DFS is working with one of the contracted adoption agencies to do some additional recruitment activities for 8 older youth and/or siblings needing a forever family. These activities include newspaper articles, PSA's and brochures with the goal of locating permanent families for these older children and sibling groups. Historically, there is a need for additional post-adoption services for families. DFS is developing an RFP for post-adoption services for the contract year starting July 1, 2010. This service will be available to support foster and adoptive families planning to adopt a child in their home or who have adopted, assist families in crisis and prevent children from re-entering the foster care system.

See Safety #2 for a description of the family support services available for child welfare through the Division of Family Services.

#### 6. Foster and adoptive parent approval, recruitment, and retention.

The Office of the Child Advocate (OCA), through its attorney guardians *ad litem*, may be involved in the approval of adoptive parents during their participation in the Division of Family Services' Permanency Committee Meetings. Additionally, they ensure that services are in place for their child in order to support retention in the foster homes.

DFS continues to approve foster families as adoptive resources and DE is near the national average for foster parent adoptions at 60%. Foster home coordinators and adoption workers continue to promote permanency options to foster parents. During this period, there were 30 DFS foster parents who received the fost/adopt training statewide.

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DFS continues to place children for adoption in other states. During this reporting period, 16 children have been placed in 9 different states for adoption. To date, DFS has placed children for adoption in 30 different states.

DFS continues the faith-based initiative, born 2006, and has logged over 500 faith based organization contacts. All contacts distributed information regarding foster care and some churches sponsored foster care orientation and/or pre-service training at their facility. The faith-based initiative focuses on developing long-term relationships with faith-based organizations willing to partner with the Division to recruit foster and adoptive families or provide goods and services for children in foster care. Some example of our efforts is the Love of Christ Church developing an outreach ministry for goods and services for children in foster care. St. David's Church provided Christmas gifts and school backpacks for children in foster care beginning August 2009. We partnered with the Mid-Atlantic Orphan Care Coalition organizing workshops in May 2009. Division foster care coordinator Vera Greenplate facilitated a workshop on foster and adoptive parenting at the daylong workshop.

The adoption program manager is a member of the National Association of State Adoption Programs board and is aware of shared national issues and state responses on permanency related issues. Also DFS representatives attend Delaware's Interagency Council On Adoption monthly meetings. DFS and contracted adoption agencies discuss changes in policies/procedures, trends, resources, and plan for the National Adoption Day conference in November each year.

The Delaware Ecumenical Council on Children and Families (DECCF) invited DFS to partner in service to at risk families. The mission is to improve the health, safety and well-being of Delaware's children, elderly and families by reducing the impact and incidence of disease, disability and dysfunction. The Division will collaborate with the Council to explore how we can best support children in care. Foster Care Program Manager was invited to speak at two services at St. David's Church. The outreach ministry presented about 30 school book bags and supplies for children in care and agreed to provide December 2010 holiday gifts for children. Crossroads Community Church offered their facility to allow the Division to host foster parent pre-service training enhancing our community outreach and collaboration. Wilmington First Assembly provided gift cards for foster children. Church of God and Christ staged a play for the holidays December 2009 focusing on children in foster care and promoting foster care support in the community. They also included information about foster care on their website. The team continues to initiate contact with churches throughout the state to distribute recruitment information.

The team created and distributed foster care recruitment cards for face-to-face distribution in the community. PRIDE training is available in Spanish. Production of a video with young adults who were in foster care will give prospective foster families information about fostering teens and help them better understand the importance of making life long connections.

We continue to build the faith-based initiative with an event during 2009 National Foster Care Month titled "Kare for Kids Sunday". This event invited faith-based organizations to join in recognizing of Foster Care Month by placing a notice in their bulletin, or posting on their website or marquee. Churches made announcements, collected donations, or scheduled a foster parenting orientation. Faith-based organizations were invited by letter to participate. Follow-up calls were made to as many of them as possible asking them about their willingness to partner with the agency's foster care program. A contact number was listed with an Page 77 of 82

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invitation to call for additional information about how they could help. In addition, during National Foster Care Month, flyers with cut away strips at the bottom containing agency contact information were posted in the community. Spanish versions of the flyers are planned.

The foster/adoptive marketing and recruitment committee has a standing invitation to foster parents and youth to participate and two foster parents have joined. The foster parent Cluster Newsletter, developed per foster parents' request, offers incentives to foster parents to recruit new families. One incentive is a \$100.00 bonus to the referring foster parent. Over 20,000 flyers were distributed to schools. Collaborating with the state personnel office, DFS arranged foster parent advertising inserts in state employee checks. The team has designed and distributed posters targeting teens and minorities. Quarterly meetings are held with the Division of Developmental Disabilities to work in partnership to identify families who can provide care for special needs children. One family to provide care for a special needs child was recruited through this collaboration. In 2009 we had an increase of 28% new foster families over the prior calendar year.

# 7. Continue collaboration among child welfare professionals, community partners, families and children.

Development of the 2010 Annual Progress and Services Report was a collaborative effort between Department and community partners. The Child Placement Review Board, Family Court and the Office of the Child Advocate contribute to the report. Planning began in January 2010 with an organizational meeting. All annual federal reports are available on the Division of Family Services website.

Delaware has received technical assistance from National Resource Center on Legal and Judicial Issues as part of the CFSR-PIP during this reporting period. Delaware will submit requests for technical assistance as applicable.

The Office of the Child Advocate, through task force and committee participation, legal representation, and staffing of the Child Protection Accountability Commission, continues to work together with system partners and families to bring about the necessary reforms.

During this reporting period, K-5 Early Intervention 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. The combined efforts of these governmental and non-profit organizations help promote safety, permanency and well-being.

The PSSFCS program is consistent in its practice and belief that strong communities promote strong families. The PSSFCS Family Consultant helps to develop a Community Advisory Board (CAB) where one does not exist and provides technical assistance. Where CABS do exist, the PSSFCS Family Consultant participates as a member and provides 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 PSSFCS CAB charter, the Advisory Board increases community linkages through partnerships, increases

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community awareness of services/resources, assesses community needs through surveys and/or focus groups, identifies community needs using priority service guidelines and strategically makes recommendations for the selection of community mini-grants.

PSSFCS partnered with the program contract provider Services to Overcome Drug Abuse Among Teenagers (SODAT) of Delaware during the National Alcohol and Drug Addiction Recovery Month to sponsor an informational session and lecture about family consultation services and priority programs offered by PSSFCS. The program's participation in the various events during "Recovery" month resulted in the program directly interfacing with 37 participants regarding the services of PSSFCS. PSSFCS sought to increase the number of participants receiving family consultation and substance abuse services during this reporting period. As a result of the month long effort PSSFCS experienced an increase of 65% for substance abuse services and plans strengthening efforts targeting this population in 2010. PSSFCS will continue efforts in outreaching, engaging and retaining families who are in need for intensive services.

The Delaware Fatherhood/Family Coalition Mini-grant initiatives awarded 21 grants sponsored by the Promoting Safe and Stable Program. A total of 270 males and 369 children participated in programming services.

The Division of Youth Rehabilitative Services secured a Comprehensive Approaches to Sex Offender Management (CASOM) training grant award, funded through the Delaware Criminal Justice Council by the U.S. Department of Justice, Bureau of Juvenile Justice. Another area of training will address improving collaborative relationships with service Divisions providing case management services for youth with Inappropriate Sexual Behavior. This training would address understanding and integrating both DFS Child Welfare and juvenile justice standards such as court ordered special conditions, legislative requirements related to sex offenders in addition to sex offender registration/community notification, curfew restrictions, drug testing, prohibited association with delinquent peers, and prohibited association with minors/victims. It will also address the relationship with Child Mental Health with regards to the importance of family support and involvement in the youth's success in treatment, understanding therapeutic terminology, identifying risk factors for sexual and no-sexual recidivism; and become knowledgeable about each youth's triggers and risk factors, appropriate intervention strategies within the family setting and what information important to share and with whom on the multi-disciplinary treatment team.

DCMHS is a member of the National Child Traumatic Stress Network and actively participates on the national Child Welfare Working Group. Products of that NCTSN working group include the NCTSN Child Welfare Toolkit and the Resource Parent Training Curriculum focused on working with children with child traumatic stress (currently in use by DFS in training foster parents).

The Family Court, judges and staff, have been engaged in and contributed to the CFSR, PIP and IV-E Review processes, established and regularly employ venues for collaboration, and leveraged CIP funding to strengthen the child welfare system in Delaware. In addition to the collaboration around training and education, during the reporting period, there were quarterly meetings of stakeholders meetings in all 3 counties, and quarterly meetings between Court and agency leadership (Great Expectations Meeting) and CIP Judges held meetings to discuss issues and exchange best practices.

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In early 2009, the Governor's Award for Team Excellence was awarded to Court and DFS (GEM) for collaboration on child welfare system issues. Presentation at statewide judges meeting allowed for all Family Court Judges to learn about the progress made through collaboration and issues of mutual interest to Court and DFS.

In addition the Court participates in quarterly Child Protection Accountability Commission meetings, as well as its subcommittees, minutes of which are available on

http://courts.delaware.gov/Arms/childadvocate/cpachistory.stm. Unique to 2009 were a series of meetings among the Chief Judge and CIP Judge Barbara Crowell with the Cabinet secretaries of education and child welfare to plan for and participate in the National Judicial leadership summit (July-October) regarding the educational needs of students in care, and that work continues. Perhaps most exciting was an invitation extended for judges to attend the April 2010 Youth Advisory Council (comprised of youth in or recently out of care) where they participated in a panel, taking questions from the youth. Individual judges are now attending the youth meetings with some frequency and securing resources for the youth group.

The Children's Department continues to collaborate with the Child Protection Accountability Commission (CPAC) to plan and implement opportunities to maintain and strengthen systems to support the delivery of child welfare services. CPAC members include Department professionals, advocates, child welfare professionals, community partners, and representatives from other state agencies, the courts and families. The Division of Family Services is represented on the Child Protection Accountability Commission's (CPAC) Education Subcommittee. During the past year, the Subcommittee began development of training modules that will be placed on the Department of Education website and inserted into the DSCYF School Collaboration folder. The brief training modules cover topics such as "School Enrollment and Education" (See Attachments) and "DFS 101." Other modules will be developed for Special Education and Educational Surrogate Parents.

Delaware's Child Placement Review Board remains a member state of the National Foster Care Review Coalition (NFCRC), which continues to work to collect and distribute data with national partners, including the Children's Bureau and Casey Family Programs, to improve outcomes for children. 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 quality outcomes. Delaware will continue to work with the other active members of the National Foster Care Review Coalition (NFCRC) to build a distinctive database of information that can be used by states and national organizations to improve outcomes for the children in foster care throughout the nation.

The DFS data unit continues to collaborate with a variety of community stakeholders and other state organizations, with data sharing and review. In most instances the data sharing is done to ensure that the appropriate populations are being served by sister agencies and stakeholders. Foster care population reports are shared with the Child Protection Review Board, Office of the Child Advocate and the CASA programs. These agencies either assign foster children CASA or GAL representatives or, schedule regular reviews with citizen review panels. The Child Protection Accountability Commission receives quarterly reports reflecting DFS caseload sizes in Investigation and Treatment Programs and staff turnover rates. Child Development Watch receives monthly reports of children who may be appropriate for these services. The University of Delaware Infant Caregiver Program receives weekly reports of age specific foster care populations for inclusion in their specific services. A weekly report is submitted to the Department of Education of foster care entries and exits

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to ensure school registration, as well as, meeting the statutory expectations under McKinney-Vento. DFS continues to review with other state agencies and community partner's opportunities to provide both statistical data of populations being serviced and detailed client reporting of populations to ensure consistent and appropriate service delivery for all children active in the child welfare system. Including the reports reflected above, DFS has an inventory of over 75 reports which are standardized and disseminated through regular schedules or upon request. These reports can be used by operations staff, administrators or leadership to either get a statistical picture of the populations being served throughout the agency (i.e. the demographic breakdown of the foster care population) or within specific program areas, or provide information to enhance service delivery (i.e. a companion client contact report that assists staff to meet monthly contact requirements). In most instances client level data detail is available to review specific cases for strengths and weaknesses. The availability of these reports, along with ability to provide ad hoc reports, enhances the agency's ability to understand the served population better and enhance the service delivery to all children and families.

A primary collaboration utilized within our state in relationship to the preparation for youth exiting foster care is the use of community agencies to provide independent living services to youth ages 16-21. The community partners include Elizabeth Murphey School, Northeast Treatment Center, Peoples Place II, and West End Neighborhood House. These partners continue to enhance the service delivery to the youth through their knowledge of the communities they serve, their ability to acquire additional grants and resources to supplement Chafee funding, as well as their commitment to the youth. As a result of their role in the effort to prepare youth and provide aftercare services, more resources are accessed. Each contracted provider also pursues community collaborations with organizations in their community. Resources from the Junior League, Delmarva Clergy, K.I.S.H. Home Inc., First Unitarian Church, YMCA, Food Bank of Delaware and various other service agencies have been acquired.

The APPLA community workgroup has continued its coordinated efforts to increase resources for youth exiting the foster care system. This community driven workgroup includes partners from the field of education, child placing agencies, community service agencies, the CPRB, the courts, DFS staff, and various other community agencies that are interested in making an impact. Supporting the CFSR-PIP, this collaborative team has identified service gaps and strategies to fulfill the needs. These strategies include the development of improved partnerships with other departments that serve our youth. The partnership development has thus far led to the addition of housing vouchers, lowered age limits for applying to subsidized housing, and additional employment resources. In conjunction with resource development for youth exiting care, there is also an emphasis to decrease the population of youth who will age out of care, and instead obtain permanency. Various resources to assist with this measure have been developed out of the efforts of the workgroup. The workgroup also serves as an accountability measure for timely utilization of such resources. Through this continued collaboration the ability to produce positive outcomes for adolescents have been realized and will continue.

Collaboration with youth has been an ongoing focus of our state. This is primarily achieved through the effective voice of our Youth Advisory Council (YAC). The YAC participants have served to ensure that the youth perspective is incorporated in various facets of DFS as well as to other community agencies. The youth have educated judges, attorneys, foster parents, community organizations, and DFS staff and leadership about their needs and ways to improve services. There is an additional plan to create video stories utilizing the YAC participants as a further training measure for child welfare related staff and the community as a whole. The infusion of the youth driven transition planning meeting demonstrates the youth collaborative component. These transition meetings are held just following the youth's  $17^{th}$  birthday. The youth invite the attendees and are

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encouraged to speak openly regarding their plans and the supports that are needed to accomplish their goals. This format empowers youth and providers. Ideas from the youth and community partners to improve these planning meetings have been incorporated.

The fourth revision of the Memorandum of Understanding between Department of Services for Children, Youth and Their Families, Delaware Children's Advocacy Center, Department of Justice, and Delaware Police Departments was signed in 2009. Training was conducted twice on September 17, 2009 at the Dover Police Department in Kent County and in New Castle County at the Division of Family Services Beech Street office. The trainers were Patricia Dailey Lewis, Deputy Attorney General and DOJ Family Division Chief, and Mariann Kenville-Moore, LCSW and Director of the DOJ Victim/Witness Assistance Program. A copy of the MOU training evaluation summary is enclosed in the Attachments.

Planning for emergencies/disasters is continuing on several levels. First, the entire Department of Services for Children, Youth and Their Families (DSCYF) has begun a process called COOP (Continuity of Operations Planning). During the summer of 2009, selected staff throughout the Department completed detailed information about critical work processes for all job positions. A core group of Department staff has recently been designated for plan development. Second, the Division of Family Services gathered and submitted multiple telephone numbers for foster parents to DENS (Delaware Emergency Notification System). This system allows a vendor of the Delaware Emergency Management Agency (DEMA) to automatically call all available phone numbers for foster parents in the event of a disaster and advise them to evacuate or shelter in place. The Division is in the process of finalizing a similar system for notifying all child care providers. In addition, multiple phone numbers have been collected for all DSCYF personnel for submission to a different system called Notifind. This system will notify employees where to report to work or not to report during a disaster. All of the phone notification systems can be used for local emergencies or disasters. Third, the Division's representative on the DSCYF Emergency Preparedness Steering Committee (Intake and Investigation Program Manager) participated in a disaster exercise that commenced at 4:30 a.m. on April 11, 2010. The scenario involved a mass shooting incident in a large mall in the center of the State. The Program Manager was one of the seriously injured victims. Fourth, emergency preparedness training for child care providers was offered to child care providers. A summary of the training sessions offered September – December 2009. (See Attachments)

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