



**CHILD AND FAMILY SERVICES PLAN**

**2012 ANNUAL PROGRESS AND SERVICE REPORT  
2013 BUDGET REQUESTS**

**DELAWARE DEPARTMENT OF SERVICES FOR  
CHILDREN, YOUTH AND THEIR FAMILIES**

**1825 FAULKLAND ROAD  
WILMINGTON, DE 19805**

# 2010-2014 Child and Family Services Plan Strategies, Measures and Activities

## Outcome: Safety

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

### Performance Measures and Goals:

*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, 2012:

- Investigation- 98.5% of the children were assessed as safe.
- Treatment- 97.13% of the children were assessed as safe.

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

For the twelve month period ending March 31, 2012, 96.4% of the victims did not have a recurrence of abuse or neglect.

*National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.*

For the twelve month period ending March 31, 2012, 100% of children were not maltreated in foster care.

### Activities:

#### 1. Provide and support training and education.

The following mandatory reporter training sessions were conducted by Linda Shannon, Program Manager for Intake and Investigation, Division of Family Services (DFS):

- 1) December 8, 2011 – Training was delivered to the Division of Public Health Dental Services staff. Twenty staff were in attendance including dentists.
- 2) July 6, 2012 - Training was given to ten interns in the Division of Prevention and Behavioral Health Services (DPBHS).
- 3) January 25, 2012 – The training was provided for at least 25 Division of Prevention and Behavioral Health Services staff at the Barratt Building in Dover. The staff included psychologists, school Family Crisis Therapists, and the clinical lead for Delaware's B.E.S.T. (Bringing Evidence-Based Systems of Care and Treatment) for Young Children and Families.
- 4) February 2, 2012 - A half hour mandatory reporter training was provided during the evening to Kent County Crime Watch of Delaware in the Kent County Levy Court Building. The training was attended by 75 people.

Promoting the linkage of staff competencies in their areas of responsibility and child safety, the Office of Child Care Licensing (OCCL) has made available seven (7) webinars since January 1, 2012. These webinars have been offered by National Association for Regulatory Administration, National Initiative for Children's Healthcare Quality, State of Delaware, Consumer Protection Safety Commission and Caring for Our Children. At the end of April 2012 Licensing Specialists

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begin train-the-trainer courses offered by the Delaware Institute for Excellence in Early Childhood to become Master Trainers. This allows OCCL to conduct quality Level 2-Level 4 training. In addition there are regular staff meetings at which specific compliance issues are discussed to ensure a uniform application of Delacare.

Among many offerings under the Court Improvement Program (CIP), the Family Court sponsored the following training and education sessions which addressed the safety of children:

- September 2011 – Judicial Retreat including Sheryl Dicker on “Autism Spectrum Disorder: What Judges Need to Know”;
- October 2011 – Protecting Delaware’s Children multidisciplinary conference including but not limited to:
  - § Openings Doors (ABA representatives Mimi Laver and Garry Bevel);
  - § Multidisciplinary team responses to child abuse;
  - § Prosecution in case of non-verbal children.

In addition to committing to several new child welfare initiatives, Delaware’s Citizen Review Panel, the Child Protection Accountability Commission (CPAC), focused its resources on enhancing the training programs in the state. To establish fluidity, the Office of the Child Advocate (OCA), on behalf of CPAC, contracted with DFS to fund a Children’s Justice Act (CJA) Training Coordinator to provide administrative support for all training activities related to the investigation and prosecution of suspected child abuse and neglect cases. Such activities include facilitating the various CPAC mandatory reporting trainings, the Child First Forensic Interviewing Training, and the Protecting Delaware’s Children Conference. As a result, the position created an opportunity for CPAC to coordinate all multidisciplinary child abuse intervention trainings under a central location. Since December 2010, the Training Coordinator has been facilitating these unique trainings through OCA, which has not only furthered the goals of the Children’s Justice Act but also CPAC. Although the Training Coordinator position has been in place for only 15 months, Delaware has been able to create a more uniform child abuse intervention curriculum. More specifically, consolidating the trainings under one entity, CPAC, ensures that professionals receive and have access to the same education on trending topics in child welfare. CPAC’s pool of knowledgeable facilitators can be credited with reaching a large number of diverse training audiences, ranging from child welfare professionals to community based child serving agencies, across the state.

Since April 2011, CPAC has continued to provide mandatory reporting training to the general community and professionals audiences through on-site and online presentations. *Child Abuse Identification and Reporting Guidelines for Delaware Medical Providers*, a presentation co-presented by a DFS regional employee and a physician, was utilized to train 758 physicians, physician’s assistants, respiratory care practitioners, and paramedics online, as well as an additional 130 medical professionals on-site. In the last report, it was estimated that over 5,000 medical professionals were trained online. Upon further review, it was found that the online registration contained several duplicates which created the disparity. It should be noted that the

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online training was created with assistance from Deputy Attorney General Janice Tigani, Michael Sullivan from DFS, and Dr. Danielle Giddins, a family practitioner. It is available online at: <http://courts.delaware.gov/childadvocate/CPACtraining.stm>.

After several requests to provide mandatory reporting training to audiences consisting primarily of nurses, the medical training was modified with the help of Pediatric Hospitalist, Dr. Amanda Kay. As a result, the newly approved CPAC training, *Child Abuse Identification and Reporting Information for Delaware Nurses*, was utilized throughout the summer of 2011 with the Delaware Nurses Association, Nurse Family Partnership, and the Delaware Nurse Educator Conference. Since April 2011, over 339 nurses have been trained.

The CPAC mandatory reporting training session, *How to Identify and Report Child Abuse and Neglect in Delaware*, continues to be the most requested training session. The attendance increased dramatically after DFS identified this training as the approved program for schools per the requirement in 14 DE Code § 4123 for full-time teachers to receive one hour of training every year in the detection and reporting of child abuse. Since April 2011, 37 on-site training sessions trained 1521 teachers, school nurses, guidance counselors, K-5 Early Intervention Family Crisis Therapists, and contract providers for the Division of Prevention and Behavioral Health Services. At the end of December 2011, the training also became available online at: <http://courts.delaware.gov/childadvocate/CPACtraining.stm>. Since that date, only 18 professionals have been trained online. However, an increase in online training is anticipated due to the efforts of the Mandatory Reporting Outreach Campaign and prior to the start of the 2012-2013 school year.

In addition to training, educating the community on recognizing the signs of child abuse and raising awareness about Delaware's mandatory reporting obligations continued through April 2012. CPAC and the Child Death, Near Death, and Stillbirth Commission's Mandatory Reporting Outreach Campaign Subcommittee followed through with its action plan to develop and/or coordinate two core initiatives: media activities and community education. In addition to the previous efforts, the Subcommittee broadly disseminated its message, *See the Signs, Make the Call*, through the distribution of posters and magnets and through the release of public service announcements and billboards throughout the month of April. Additionally, a Protecting Delaware's Children Fund was established at the Delaware Community Foundation, thanks in part due to the generous donation by the Ellen and Alan Levin Family Foundation. Despite these initial actions, the Subcommittee hopes to demonstrate significant progress and garner additional funding to support the media activities in the upcoming fiscal year.

As a second priority, the Subcommittee is charged with coordinating the community education and prevention activities to ensure that the private and public sectors have knowledge of the child abuse prevention programs available across the state. For instance, the Subcommittee supports the steadfast implementation plan for the Darkness to Light Foundation's *Stewards of Children* prevention program. Specifically, multiple organizations have embarked on a

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collaborative initiative to bring a nationally utilized, evidence-based training program to Delaware. Prevent Child Abuse Delaware (PCAD), the local community-based child abuse prevention agency, is leading the effort with the *Stewards of Children* program, which uses an adult-based training curriculum to help adults prevent, recognize and react to child sexual abuse. Other lead partners in this endeavor include: the YMCA of Delaware, which is the designated fiscal agent for the program, and the Department of Justice (DOJ), which has championed with press conferences, training of its staff, and the development of trainers to take the program into the community. Following this further, multiple government and nonprofit child-serving agencies have also pledged ongoing support, including the Arsht Cannon Fund, Family Court, the Latin American Community Center, Child Inc., DFS, DOJ, Children's Advocacy Center (CAC), and OCA. A total of 64 facilitators from various state and non-profit agencies have been trained. In addition, the YMCA of Delaware was awarded a grant from the Delaware Community Foundation to fund a Program Director to support the project. Also, a representative from all the major universities throughout the state committed to have their staff trained. Additionally, the Department of Services for Children, Youth, and Their Families began training all of their employees online. As a result, almost 3300 people have been trained since February 29, 2012. As a reminder, the goal is to train 5% of Delaware's adult population or 35,000 Delawareans by March 2016.

K-5 Early Intervention Family Crisis Therapists (FCTs) are based in 51 elementary schools throughout 13 school districts and 3 charter schools within the state. The FCTs provide training and education to parents and staff regarding child safety. FCTs also provide training and support to staff and parents regarding child abuse and neglect issues. More than 40 FCTs have been certified in the Positive Parenting Practices Program (Triple P) through a partnership with the Nemours Foundation. The FCTs are providing this Triple P parent education program to caseload and non-caseload families. Family Crisis Therapists (FCT) complete 3 assessments at the beginning of each new case to assess the safety of caseload children: 1) a 19 question Initial Assessment, 2) a UCLA Trauma Screen, and 3) the Child and Adolescent Functional Assessment Scale (CAFAS).

The FACET (Families and Centers Empowered Together) 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 monthly training sessions on components of the program's core competencies and other topics 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.

I Can Problem Solve (ICPS), a nationally recognized science and research based violence prevention program for preschoolers, is being used in the FACET early childhood education programs. FACET coordinators have been trained in the program model and have completed a

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“train the trainer” course in the ICPS’s parent piece “Raising a Thinking Child”. This training will be used to train the parents of the children in the Early Care Centers participating in the FACET Program. This 6-8 week individual training uses the “Raising A Thinking Child” work book which provides activities for parents and children to help parents teach children how to solve problems. Children learn how to solve problems in the family environment, increase pro-social skills and decrease social withdrawal and impulsivity. Problem-solving has been researched as one of the major techniques that prevent family and community violence, including child abuse and neglect.

In collaboration with Public Health’s Birth to Three programs, Child Development Watch (CDW liaisons) caseworkers support, educate and connect caregivers to resources regarding the assessment, child needs, management of the child’s needs, and parent skills necessary to effectively parent a child with developmental challenges. There are two case managers who act as liaisons to DFS as well, when children are identified as needing an assessment for developmental delays. These workers average a caseload of about 54 cases; safety in the child’s setting is assessed and the goal is 100% will be assessed as safe or reported to the Child Abuse Report Line should the residence not be safe.

The Promoting Safe and Stable Families Consultation and Support Program family consultants (FCs) receive training and materials on how to report incidents of suspected child maltreatment through initial PSSF core competency training, booster training and annually.

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

For the past five State fiscal years OCCL has conducted an annual visit to 100% of all licensed facilities. The public has internet access to the history of compliance with Delaware licensing regulations through a “Child Care Search” function on the Office of Child Care Licensing website <http://www.apex01.kids.delaware.gov:7777/occl/>. This user friendly option has been helpful and saved parents/guardians a trip to the offices of OCCL in order to do a “file review”. The information on the website is updated every 24 hours and shows compliance and substantiated standards investigations for the most recent three year period. The search shows the date a citation was made, the Rule that was violated, the detail on how the Rule was violated and the date the violation was corrected. The section for Standard Complaints shows only that there was a “substantiated” complaint. It does not show all such complaints nor the detail of what was involved. For more detailed information on Complaint Investigations and other information the “file review” remains available at both OCCL offices. During a “file review” a Licensing Specialist sits down with the person conducting a review and is available to answer questions about meaning of terms, procedures and generally to assist the person in understanding the provider history so that they can make an informed choice for the best interest of their child. Through a cooperative agreement with the Delaware Department of Education a map function is also available at this site. Using this function someone can find the feeder schools associated with a specific child care provider, and see schools and all licensed child care providers in the

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area. To help locate the provider for doing a site visit there is also a link to MapQuest that provides driving directions.

More than 40 FCTs have been certified in the Positive Parenting Practices Program and are providing parent education to caseload and non caseload families.

K-5 Early Intervention Family Crisis Therapists opened 664 new cases from January 01, 2011 through December 31, 2011. During the 12 month period from January 01, 2011 through December 31, 2011, the K-5 Early Intervention Program had an average of 735 cases open each month. During each of these months, the cases loads averaged 1,813 students per month and 1,323 adults per month. The FCTs provided 73,084 individual counseling sessions, and 11,548 group counseling sessions with caseload children in 51 elementary schools state-wide. The FCTs also provided 9,420 family counseling sessions in families homes during the period.

Additionally, K-5 Early Intervention FCTs had 12,256 interactions with non-caseload children from January 01, 2011 through December 31, 2011. These same FCTs also interacted with non-caseload adults 5,129 times.

While working to stabilize families before the families enter deeper end services, the K-5 Early Intervention Program conducted 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. More than 80 percent of FCTs have been certified in the Positive Parenting Practices Program through a partnership with the Nemours Foundation. The FCTs are providing this Triple P parent education program to caseload and non caseload families.

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.

DFS has begun partnering with the Children's Resource Center to implement Structured Decision Making® (SDM®) tools for safety assessment. By adopting SDM®, there will be significant changes to both the Safety Assessment tool and the accompanying policy. SDM® Safety Assessment will be utilized by both investigation and treatment caseworkers.

The system goals of SDM® are:

- Reduce the rate of subsequent abuse/neglect referrals and substantiations.
- Reduce the severity of subsequent abuse/neglect complaints or allegations.

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- Reduce the rate of foster care placement.
- Reduce the length of stay for children in foster care.

The process goals of the SDM® model are:

- Improve assessments of family situations to better ascertain the protection needs of children.
- Increase consistency and accuracy in case assessment and case management among child abuse/neglect staff within the county and among counties.
- Increase the efficiency of child protection operations by making the best use of available resources.
- Provide management with needed data for program administration, planning, evaluation, and budgeting.

It is anticipated that the initial phase-in of the SDM® safety assessment model in investigation will be operational by December 2012.

Policy requires 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 emphasize 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 contacts 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 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.

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. 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

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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.

All contracted treatment services available to families active with DFS are provided in the family's home. Home-Based services are geared towards families with an elevated level of risk but for which placement is not imminent. DFS Home Based Family Support contractors are required to meet with the family within 10 working days of receiving the case. Prior to services beginning with any home-based provider, a joint meeting between the family, the contractor and DFS takes place so that all parties are aware of concerns and expectations. It also helps the contractor establish a contact schedule. The 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 as well. The focus of the parent aide is to help families address areas of concern that might place their children at risk. For placement cases, the parent aide may assume 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 provide education to the parent(s) within the context of a family setting.

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 2010-2011, one home-based contractor was 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 FY11, 57% of the cases referred for in-home services qualified for the incentive.

In addition to contracted in-home services, DFS also contracts with a licensed mental health facility to complete mental health evaluations of parents. The mental health agency 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 mental health facility is located in New Castle County, in the event that the agency is unable to see a client in a timely manner or the client feels that the office is not conveniently

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located, staff also have access to other psychologists willing to see DFS clients and testify in court.

Of particular note is the fact that DFS entered into a contract with a psychologist that is fluent in Spanish and French. Although this particular psychologist is also located in New Castle County, she is able to see clients who are more comfortable speaking Spanish or French regardless of the county in which they reside.

Child Development Watch (CDW liaisons) workers help families understand public health's full assessment findings and recommendations once the family is screened and determined to meet the threshold for this assessment. These staff have access to a wide range of DSCYF services (prevention, early intervention and treatment; family services, and on rare occasion juvenile justice services — for the child as well as for siblings), as well as knowledge and access to community resources appropriate to meet the support, training and treatment needs of the family. This intensive case management and support assists the families in better understanding, preparing for and adjusting to the needs of a child with developmental challenges. CDW liaisons staff also assist the family in understanding, preparing for and adjusting to parenting a developmentally challenged child while attending to the needs of the parents/caregivers and siblings in the family. Developing an integrated plan that addresses not only the identified child's needs, but the needs of the family better supports the family to remain intact and stabilize following the identification of developmental issues in their child. The program has a goal of absence of substantiated maltreatment in 95% of the residences.

The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) combined the effort of its family preservation and family support components to provide universal/targeted/indicated approaches in the continuum of service. 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
- (4) Crisis and stress, when safety is assured

Promoting Safe and Stable Families Consultation and Support contracts with five community-based organizations to:

- (1) Increase formal and informal support networks
- (2) Address concerns
- (3) Increase family's advocacy efforts to address their need for services
- (4) Empower families to make the connection to appropriate services and resources

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- (5) 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.

These community based providers are located at two service sites in Sussex County, one site in Kent County and three sites in New Castle County.

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

The DFS Quality Assurance (QA) 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 their workers' 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. In 2011 DFS committed to adopting the full array of evidenced based Structured Decision Making® tools offered by the Children's Research Center. Some of these tools will be adopted in 2012/2013, specifically Hotline Screening, Investigation Risk Assessment and Safety Assessment. The balance of these tools will be adopted through the FACTS II project. A part of the collaboration with the CRC in this initiative is inter-rater reliability testing. Efforts will be made to ensure all users are utilizing the various tools accurately and consistently with developed policy, procedures, definitions and decision making logic. Outcomes may be application of case specific decisions or, may result in a comprehensive re-evaluation of the definitions and statewide applications within a tool. Many of the tools have components that can be used separately or incorporated into existing quality assurance tools for enhanced analysis. DFS will be reviewing these tools and considering how best to incorporate best practice monitoring guides into its Quality Assurance Case Review tool sets.

It is the expectation of all supervisors that they will discuss the worker's on-going assessment of safety during their regular case conferences. This discussion is captured in both the Directed Case Conference and in the regular monthly case conference notes.

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. If issues are identified, the DSC will make Department recommendations intended to improve the quality of services provided to children and families. There were 59 critical incidents reviewed by the Department Safety Council during calendar year 2011. As a result of these reviews, 15 recommendations were forwarded to the Divisions for implementation. System issues identified include

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communication and sharing of information, safety practices, case closure policy and practice, client contact requirements, policy compliance and policy revision.

In addition to the internal reviews completed by the Department Safety Council, DSCYF/Office of Case Management case reviewers review all child deaths/near deaths as a requirement of the Child Death, Near Death, and Stillbirth Commission (CDNDSC). This legislated, multidisciplinary panel reviews of all Delaware child deaths and near deaths that are a result of abuse or neglect. This 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. In 2011, there were 51 child death/near death cases reviewed (24 child deaths reviewed by the New Castle County Child Death Review Panel, 13 child deaths reviewed by the Kent/Sussex County Child Death Review Panel and 14 child deaths and near deaths as the result of abuse or neglect were reviewed by the Child Death/Near Death Review Panel). The CDNDSC then presents an annual report to the Governor of system recommendations.

Beyond the monitoring of licensed facilities by the Office of Child Care Licensing, there exist processes to hold providers accountable for compliance and consequences beyond a citation for those failing to comply with Delaware regulations. The “enforcement” continuum also includes technical assistance throughout the course of licensure. Technical assistance is provided by the Licensing Specialist that serves to educate the provider about the specific Rule, what is required to be in compliance, what resources may be available to assist in compliance and a due date by which correction of the non-compliance is required. This is all contained in a corrective action plan. Timeframes for completion of activities consider the specific correction needed. When there are items that may be corrected immediately they should be corrected immediately. This plan is monitored by the Licensing Specialist and technical assistance is provided when needed.

The Office of Child Care Licensing uses a review form identifying issues of non-compliance by a provider. This data generates an internal review of a provider’s history when a pattern of serious incidences of non-compliance occur. Reviews address practices presenting imminent danger to the health, safety or well-being of children, a history of non-compliance or complaints, and other risk elements. Agency actions can result in probation, revocation and denial of a license; these serious responses require the review and approval of the Director of Family Services. Moving to an enforcement action is done generally after a series of interventions have been tried. These interventions include technical assistance, training, conferences with provider. Enforcement generally involves a progression of strategies to encourage and obtain cooperation and compliance by the provider. The exception to this progressive discipline approach is a serious injury or death of a child or another event that clearly shows that there is a situation which would jeopardize the health and safety of children in care.

Included in the progressive disciplinary continuum is a warning of probation or probation. Experience shows that this has been widely successful and leads to providers achieving

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compliance. It is the intent of these actions, as stated in notices to the provider, to provide opportunity to demonstrate compliance with Delacare rules. They are further advised that “the office of child care licensing and you share the goal of ensuring the safety, health and well-being of children in care. It is essential that you understand and follow applicable Delacare rules so that we may work together to achieve this goal. The licensing specialist is available to meet with providers to discuss their program, licensing requirements and to provide technical assistance.” During a period of warning of probation or probation a provider may continue to operate their child care program. The actions to place a provider on an enforcement action or to revoke their license are not taken without serious consideration of the potential effects on the health, safety and protection of children. A policy for enforcement has long been in place and cause for revocation, denial and suspension are contained in Delacare. During a period of warning of probation, additional visits are made to the facility, generally unannounced unless the purpose is to provide technical assistance.

Next along the continuum is the status of probation. Probation is generally the final action taken before revocation or denial of a license renewal. The process follows the same course as the warning of probation; however, failure to comply while under probation may result in OCCL moving to revoke a license.

When actions by OCCL to promote compliance by a provider are not successful then a revocation action is taken. If successful the provider would be excluded from operating a licensed facility and the facility must be closed. Fortunately this does not happen frequently.

If there is a situation which is deemed to present a serious or imminent threat to the health, safety and well-being of children a suspension order is issued. While under suspension the licensee is prohibited from providing care.

CDW liaisons staff participates in on-site multi-disciplinary team meetings as well as clinics to review and discuss the status of cases, progress, continuing needs and any gaps in services. Internal review of DFS cases results in referral, review of cases in supervision with a DSCYF supervisor Staff also attend regular meetings with the Birth to Three director, public health supervisors, DSCYF CDW liaisons staff and the DSCYF CDW liaisons supervisor. These meetings address information dissemination (discussion of the new public health data system, other data needs), quality assurance (timeliness, effectiveness of the identification and referral process), case reviews, staff and provider trainings (DSCYF CDW liaisons staff trainings for community and state agencies), performance measures, other activities and strategies to improve services. The program sets a goal of 99% absence of maltreatment in foster homes.

The Office of the Child Advocate (OCA) received a total of 127 referrals regarding private custody matters alleging child welfare system concerns which place a child at risk or alleging a child was at risk with a custodial parent or guardian and requires legal representation. The referents in these matters were family members, attorneys, probation officers, teachers, medical

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professionals, and other professionals. Upon receipt of these referrals, OCA completes a retrospective case review of the Children's Department and Family Court records to ensure the child welfare system was adequately protecting those children. In a few cases, OCA determines a child needs guardian *ad litem* representation. However, in the majority of those cases, the child welfare policy concerns were documented in OCA's Child Protection Policy Concern database, and the case was closed if risk factors were minimal. Lastly, any safety issues or concerns are brought to the immediate attention of the Division of Family Services.

In addition to its internal policy reviews, OCA participates on CDNDSC's Child Abuse and Neglect Panel along with professionals from various disciplines. Following a referral of a child near death or death, the panel meets monthly to conduct a comprehensive review of the history and circumstances surrounding the incident. The panel is also charged with determining whether system recommendations are crucial to prevent future deaths or near deaths. Disclosure of the circumstances of the child's death or near death is required by the federal Child Abuse Prevention and Treatment Act (CAPTA). Nine CAPTA reports have been promulgated since April 2011, which included a total of four system recommendations. These recommendations are then added to OCA's "Compilation of Delaware's Child Protection Issues and Recommendations from Child Abuse/Neglect Death and Near Death Case Reviews." The purpose of this compilation is to identify future initiatives for CPAC and CDNDSC to address, as well as to track progress towards accomplishing the recommendations. The CAPTA reports are available online at: <http://courts.delaware.gov/childdeath/reports.htm>.

The Child Placement Review Board (CPRB) conducts reviews of Delaware's children in out of home placements once a year. The CPRB is an independent citizen foster care review body made up of individuals who have worked directly with children and who have been appointed by the Governor of the state of Delaware. Child safety is always discussed and assessed during CPRB reviews. Recommendations to address any concerns identified by the review committee are included in the report generated following the review. Additionally, the Board has the authority to identify concerns through direct advocacy on behalf of the child.

The CPRB underwent a Joint Sunset Review by the General Assembly this past year. One of the recommendations was for there to be better coordination between the reviews conducted by Family Court and those done by the Board. A Task Force was established to address this recommendation.

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

Family Services convened an Institutional Abuse (IA) Work Group in May 2011 to address recommendations made as a result of a root cause analysis report concerning abuse of an interstate compact child in his pre-adoptive home. IA Work Group membership included Linda Shannon (Program Manager for Intake and Investigation), Michael Sullivan (Statewide Services

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Administrator who supervises the IA Investigators), Michael Peyser (Quality Assurance Program Manager), John Bates (Foster Care Program Manager), Jean Gardner (Report Line Supervisor who previously worked as an IA Investigator and Supervisor of IA Investigators), Sharon Keen (University Plaza Foster Care Supervisor), Patti Quinn (Office of Child Care Licensing Administrator), Joan Carlson (Child Care Licensing Supervisor), and Janice Tigani (DSCYF Deputy Attorney General). Additionally, Michele Rogers and Michael Zuka, the current Institutional Abuse Investigators, were invited to attend the last three meetings. A total of ten meetings were held between July 19<sup>th</sup> and February 9<sup>th</sup>. In view of the issues raised by the root cause analysis and, in consideration of reoccurring issues over the years involving institutional abuse investigations, the IA Work Group conducted a comprehensive assessment of the IA investigation process and how that process interfaces with assessments of standards violations by the Office of Child Care Licensing and assessments of DFS foster care policy violations. One accomplishment was the development of an IA investigation decision tree and written protocol. (See Attachments: Institutional Abuse Decision Tree and DSCYF Institutional Abuse (IA) Investigation Protocol).

#### SDM® for the Child Abuse Report Line

Rick Weibush and Shannon Flasch of the Children's Research Center (CRC) met with DFS staff on September 20<sup>th</sup> and 21<sup>st</sup> to begin development of Structured Decision Making® or SDM® for the Report Line. These meetings focused on refining the definitions in the screening tool for DFS. Subsequent meetings were held on October 10<sup>th</sup> and November 7<sup>th</sup>. Work continued on the definitions and decision trees related to response timeframes. DFS was represented by Linda Shannon (Program Manager for Intake and Investigation and Project Lead), Michael Peyser (QA Program Manager), Michael Sullivan (Statewide Services Administrator responsible for Report line operations), Jean Gardner (Statewide Day Shift Supervisor) Robin Hamilton (New Castle Second Shift Supervisor), Geoff Howard (Kent and Sussex Second Shift Supervisor), and Joe Potts (Day Shift Worker). Mariann Kenville-Moore (Department of Justice) attended the first day and Rosalie Morales (Office of the Child Advocate) attended all meetings. Vicky Kelly (Director), Rodney Brittingham (Deputy Director), and Keith Zirkle (Policy and Program Support Administrator) participated or observed during parts of the meeting days. Full day training for Report Line staff and selected Report Line volunteers was conducted by CRC staff on May 15 and 16. Half-day overview training sessions was conducted by the Department's Center for Professional Development for Investigation Supervisors and Regional Administrators on May 18<sup>th</sup> and 21<sup>st</sup>. The Delaware SDM® Intake tool was implemented on May 22, 2012.

#### SDM® for Investigation

The development of Delaware SDM® Investigation took place March 28-30, 2012 in the DSCYF Administration Building. Shannon Flasch and Heather Meitner from the Children's Research Center (CRC) facilitated the work group. The work group accomplished its intended goals of refining the safety assessment tools for intra-familial and institutional abuse cases and clarifying definitions to the risk assessment tool for use in Delaware. DFS developed its own institutional abuse (IA) safety assessment in response to the last CFSR, however, the CRC has a

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formal safety assessment tool that can be used for out-of-home care placements (e.g., foster care, non-relative placements). The safety assessment tool is not used for facilities so DFS will continue to use its safety assessment for facilities. SDM® Investigation participants included: Vicky Kelly (Director), Rodney Brittingham (Deputy Director), Linda Shannon (Intake and Investigation Program Manager and Project Lead) Mike Peyser (Quality Assurance Program Manager), Bob Wingo (Sussex Investigator), Margaret Anderson (Sussex Assistant Regional Administrator - ARA), Christian Craig (Kent - Supervisor), Diana Fraker (Kent - ARA), Margy Lacinski (University Plaza - Investigation Supervisor), Sue Radecki (University Plaza - Regional Administrator), Tammy Gilliam (Beech Street - Investigator), and Greg Jackson (New Castle County Police Department - After-hours Investigator). Michael Sullivan (Statewide Services Administrator) and John Bates (Foster Care Program Manager) attended parts of the meetings over the three days. External work group members included Rosalie Morales (Office of the Child Advocate), Anne Pedrick (CDNDSC), and Ashlee Starratt (CDNDSC). The next step will be to conduct inter-rater reliability tests of the revised definitions by members of the work group. Linda Shannon and Mike Peyser have met with the contracted FACTS programmer April 23, 2012 to begin the process of creating the new safety and risk assessment tools in FACTS. It is hoped that SDM® will be implemented in Investigation by the end of December 2012.

### Differential Response

On March 22, 2012 DFS convened the first meeting of the Differential Response (DR) Workgroup. Rob Sawyer and Caren Kaplan are the consultants from the National Resource Center on In-Home Services, whom ACF Region III approved for technical assistance. Both Rob and Caren have consulted across the U.S. and internationally on the development and implementation of varied DR models in many different jurisdictions. Tamara Horne also participated, representing the Delaware Engagement Team from Annie E. Casey (AECF). Community partners Karen DeRasmo, Prevent Child Abuse Delaware, Rosie Morales, Office of the Child Advocate, and Anne Pedrick, Child Death Commission, also participated. Linda Shannon facilitated the meeting and was joined by other DFS staff including Shirley Roberts, Stephanie Guiswite, Carla-Benson Green, Sue Murray, Keith Zirkle, JoAnn Bruch, Kathleen Rees, George Roach, Sarah Azevedo, Rachel Mullens, Danielle Kromka, Rodney Brittingham and Linda Shannon. DYRS was represented by Lisa DiStefano and Susan Burns. DPBHS was represented by Doris Corbett-Darby, Kelly Dobrowolski, and Melanie Harmon.

Rob Sawyer provided an overview of the history of DR, including common elements, research, and frequently asked questions. DR is a term that describes a child protective service system organized to offer at least two responses to reports of child maltreatment. DR creates flexibility in a system so that a proportional response is possible: high risk cases follow the traditional investigation response, while low to moderate risk cases begin to be diverted to family assessment responses. Caren Kaplan provided additional information based on her experience. These consultants stressed that DR is one of 7 Transformative Strategies that create a best-practice continuum for child welfare. These strategies include DR, Targeted Early Intervention,

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Structured Decision Making®, Social Work Practice Model, Consultation Framework, Group Supervision-Group Decision Making, and Family Involvement.

Linda Shannon provided the group with several summaries of data from the DFS hotline on types of reports. The group then discussed types of reports that require a child protection investigation as mandated by statute and other types that seem more appropriate for a family assessment response. While there was great consensus on these options, there were a number of different types of reports for which discretion is needed due to the child's age, functioning, or other factors.

The second Differential Response Work Group meeting was held on April 26, 2012. Vicky Kelly provided opening remarks to clarify the role of the team to provide recommendations regarding potential target populations. Caren Kaplan discussed two other prospective target populations: drug-exposed infants and families impacted by chronic neglect. Tamara Horne and Anne Holton, also from the Annie E. Casey Foundation, did a presentation about preventing unnecessary out-of-home placements, particularly with older youth. Ms. Holton discussed Casey's recent visit to North Carolina and that state's implementation of differential response. Thomas Sexton, PhD from Indiana University gave an overview of Family Functional Therapy which is one treatment modality that could be used for the teen population. Linda Shannon followed with a discussion of a budget handout that showed estimated numbers of full time contracted employees that could be hired and the number of families that could potentially be served. The remainder of the day was spent discussing teens as a target population. ACF Region III representative, Thomas Strawderman also attended the meeting.

A third Differential Response Work Group meeting was held at University Plaza on May 24<sup>th</sup>. Rob Sawyer facilitated the meeting by discussing a series of considerations for each target population. This process culminated in an anonymous vote that required each Work Group member to write their top three target populations on index cards. The top three results were: (1) families with adolescents at risk of or entering placement outside the family home for reasons other than maltreatment [not court-ordered], (2) families with children exposed to intimate family violence, and (3) families with frequent involvement with child protective services due to reports of child neglect. Again, ACF Region III representative, Thomas Strawderman was in attendance and offered his insights into the selection process.

There will be a fourth meeting on June 21<sup>st</sup> to discuss Request for Proposal (RFP) content issues and RFP review panel membership. (See Attachment: Summary of Differential Response Meetings).

DFS continued focus on inappropriate sexual behaviors children and youth following the training by the nationally renowned educator Dr. Ina Page who provided two days of training in August of 2011 for foster care staff public and private workers. From the training a collaborative workgroup was formed to develop training for foster families statewide. The workgroup is in the

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process of finalizing three modules, two of which will be mandatory for all foster families and the third mandatory for any family who care for youth who have been adjudicated for inappropriate sexual behaviors. (See Attachment: Inappropriate Sexual Behavior Training Modules for Foster Parents).

Foster care workgroup developed a Directed Case Conference tool for foster care supervisors that will be used for supervision with foster care staff; document ensures regular documented review of foster home. It consistently reviews safety, quality of care, concerns, IA and standard reviews outcomes and any other relevant activity in the foster home. (See Attachment: Foster Care Directed Case Conference FACTS Screen and Description)

Child Development Watch staff focuses on continuous expertise in the issues, systems, research and safety/risk management practices relative to child and family services. The role of staff includes training community and state agencies and organizations about the Birth to Three Program. Through this performance expectation, there is a structured mechanism for dissemination of research, effective models for managing risk and supporting safety practices. This goal is enhanced by the support of all three divisions' services that are focused on safety and risk management - whether it is issues of abuse, neglect or dependency, behavioral health risks or legal/court issues. This program strives to obtain 99% success collaborating with service agencies/programs to effectively manage risk; and for 95% of clients be connected with appropriate and necessary services beyond the authority or scope of DSCYF services.

The Office of Child Care Licensing (OCCL) continues research for developing 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, Center for Disease Control, US Consumer Product Safety Commission and local subject experts to highlight a few sources. The rule revision process in Delaware is extensive and input is sought from a broad section of stakeholders. All licensed programs are asked to complete a survey to identify areas for revision and to "test the water" on certain items that were being considered for inclusion in a revised set of Rules. Focus groups are often conducted among providers and consumers. Input is also obtained from subject experts.

The Office has been nationally recognized for its regulations and monitoring by the National Association of Child Care Resource & Referral Agencies (NACCRRA). Delaware was recognized in a report by the National Resource Center for Health and Safety in Child Care and Early Education "Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010" issued January 2011. Among states leading the nation in overall treatment of obesity prevention terminology, Delaware and Mississippi scored the highest overall means and also were two of three states that ranked in top quartile for each of the three content areas. Delaware has been recognized by the CDC for its work in obesity prevention and participated in a conference sponsored by the CDC in 2012 on

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the subject. The comprehensive Delaware model may be instructive for other states rising to the challenge of preventing childhood obesity in child care and/or in multiple sectors.

NACCRRRA's Ranking of State Child Care Standards and Oversight" continue to show that in the area of health and safety standards Delaware addresses 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.**

In the fall 2011 and spring 2012, Annie E. Casey Foundation conducted an assessment of Delaware's child welfare system. The initial assessment, included policy reviews, data analysis and interviews with DFS staff and community partners. DFS identified several areas needing improvement in the early stages of the assessment. These areas are strengthening services to intact families to avoid out-of-home placements, achieving permanency for teens already in foster care, and implementing a new risk assessment model. This is an exciting partnership and collaboration with AECF and the agency. The implementation of activities based on the assessment's findings will strengthen outcomes for children and youth. The agency is considering or implementing these initiatives under the banner "Outcomes Matter – Enhancing Practice and Transforming Lives":

- Structured Decision Making®
- Differential Response
- Safety Organized Practice
- Team Decision Making
- Kinship Care
- Permanency for Foster Teens
- Foster Care Resource Recruitment
- Cross-Agency Collaboration
- Outcome Performance Management

Safety organized practice provides an approach to child protection work that:

- Is focused on enhancing child safety,
- Values working with families,
- Values reliable and valid assessments,
- Provides the field with practices and tools to concretely help their day-to-day work, and
- Integrates rigorous, collaborative human judgment with research-built tools

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Safety organized practice includes strategies and approaches to working directly and collaboratively with families and research-supported assessments that help workers make better decisions. The purpose of the safety organized practice overview sessions, planned for July 31<sup>st</sup> and August 2<sup>nd</sup> 2012, is to introduce the basic concepts and elements of the system to all staff at once. There are several benefits to this approach:

- This overview session with help agency staff see how many individual changes fit together into a cohesive, unified approach to child protection. This perspective will prevent confusion and feelings of being overwhelmed down the road because everyone will have the same understanding of the full strategy.
- Introducing new concepts and language to staff at once helps everyone to move forward from a common understanding as they use new ideas in their daily interactions. This common background helps everyone to move forward together.
- For many agencies, and many workers, safety organized practice may represent a different way of working and making decisions with families. Having a brief, early exposure to the system helps these workers begin to consider core concepts as they go about their daily work *before* they are asked to put these ideas into practice, building familiarity and, eventually, comfort.
- Overview sessions set the stage for more specific follow-up training. After this introduction to safety organized practice, groups of workers (e.g., investigation, treatment) will receive more in-depth training regarding the portions of the system that apply directly to their work. This orientation gives workers a framework for understanding their subsequent training more fully.

DFS has organized system improvement strategies under the banner ‘Outcomes Matter’, with the assistance and technical assistance provided by Annie E. Casey Foundation. The agency plans to implement Safety Organized Practice to improve outcomes for children and families. Safety organized practice provides an approach to child protection work that:

- Is focused on enhancing child safety,
- Values working with families,
- Values reliable and valid assessments,
- Provides the field with practices and tools to concretely help their day-to-day work, and
- Integrates rigorous, collaborative human judgment with research-built tools

DFS staff has access to certified substance abuse liaisons co-located in each regional office. All substance abuse liaisons are required to complete the DFS New Worker Training offered by the Center for Professional Development. By doing so, the liaisons are also able to assess the safety of the children during every contact they have with the family.

The substance abuse liaisons are 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 an assessment, they make

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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 complete a formal substance abuse evaluation (work schedule, transportation needs, day care issues, etc), the liaisons have the ability to complete a formal substance abuse evaluation (The Addictions Severity Index – ASI) either in the client’s home or in the DFS office. 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. This group does not replace any substance abuse treatment that the client might be receiving but instead, supplements what their treatment program is providing. To date, over 175 women have attended the Women’s Empowerment Group.

The substance abuse liaisons have a connection to the Lighthouse Program in Greenwood Delaware. The Lighthouse Program is the only residential program for mothers and their children in the state of Delaware. Three of the four substance abuse liaisons work for the agency that runs the Lighthouse Program. As a result, they are familiar with the admission criteria, the program itself, discharge criteria, benefits to mothers and their children, and how the Lighthouse Program can partner with the Division of Family Services. Since the liaisons are aware of mothers that might meet the necessary criteria for admission, they’re able to make the referral in a very timely manner.

OCCL is not responsible for conducting investigations into allegations of abuse or neglect. Within DFS is the Institutional Abuse Unit (IA) which is responsible for conducting abuse/neglect investigations. There is an accent placed on a cooperative investigation when a licensed facility is involved between IA and OCCL. This may include representatives from both jointly conducting investigations and interviews with OCCL looking at if and how Delacare regulations may have been violated.

Through the regular meetings of the Birth to Three director and direct service/supervisory staff, as well as the larger Interagency Children’s Council (ICC) meetings, the team that is providing this service is updated on the growing number of new services available to support families dealing with a child with developmental challenges. The team meetings analyze data, monitor effectiveness of services, assess gaps in service and plan for capacity building, more effective coordination of services, and improved management of issues related to safety. The program sets a goal that 95% of gaps identified will be addressed and resolved through the multi-disciplinary team.

The CPRB review is designed specifically to assess the plan for the child and to monitor the progress of its implementation and to make recommendations regarding any additional services or supports that are necessary.

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For each of the 664 new cases opened between January 01, 2011 and December 31, 2011, by K-5 Early Intervention Family Crisis Therapists, there were three 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. Third, the K-5 Early Intervention Program implemented the UCLA Trauma Screen to identify children whose past trauma continues to affect their ability to succeed. Each child screening positive for trauma is referred to a nearby counselor certified in Trauma Focused Cognitive Behavioral Therapy. 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 DFS Pilot Consultation Project is a collaborative agreement between the Division of Family Services and the Division of Prevention and Behavioral Health Services designed to provide a behavioral health evaluation of all new foster care children, and consult with any child in foster care with behaviors that may disrupt the placement. In addition, this project provides education for foster parents on any diagnosis that the child may have, expected behaviors and parenting or behavioral management skills that address the problems presenting in the placement. The DFS Consultation staff (clinicians) complete a summary report of their visit and assessment with recommendations for treatment services or other services/resources that will support success in the placement, and facilitate access and admission to the services recommended. In regard to safety issues, the DFS consultants will assess and identify risks, develop safety plans and work with the DFS worker, foster care provider and other service providers to address immediate and on-going safety issues. The goal is to assess 100% of children in first time foster placements.

The DFS consultants work with DFS as a team to assess the risks presented by mental health or substance use/abuse issues. A plan is developed with DFS and the foster parent to monitor safety, and to access the appropriate mental health or substance abuse services. The plan and recommendations are implemented and supported by the consultant, DFS, and foster parent, and consultants provide support with accessing services to affect the success of the plan or to amend the plan to better meet the safety needs of the child and the foster care family. This program strives to support absence of maltreatment in foster care at the national standard of 99.68% or higher.

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The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) focuses on families in crisis, but where extenuating risks may lead the family to enter or re-enter into deeper end services. Every effort is made to engage and retain adult, children and teen participants into service. Contact is made with all referrals within 48 hours from the date of the referral. The Promoting Safe and Stable Families (PSSF) waiting list protocol has been in practice for four years established to identify families who could not be seen within five working days due to a scheduling backlog. The PSSF community based provider continues their effort to provide seamless services to allow for all participants referred to the PSSFCS to be seen within 5 working days. During the FY11 reporting period, no program participants were placed on a waiting list. The PSSF Consultation and Support Program maintained a baseline of zero participants on the waiting list as established the previous year, FY2011. During this time period, the PSSF Consultation and Support Program experienced three vacancies which took an average 2.0 months to hire. In addition, new worker training and technical assistance was provided over a period of six weeks before a new family consultant began to see program participants independently. This constitutes ongoing success in demonstrating the effectiveness of the consultation and support provider network. The PSSF Intensive Family Consultation service has the same waiting list protocol but did not experience a need to implement.

The frequency in which a family meets with the PSSF family consultant depends solely on the needs of the individual family. Based on the analysis of providers ranking their average time in working with family consultation and support referrals, the average timeframe for program participation continues to be 7.0 to 8.5 weeks. The average timeframe for providers working with families to provide only resource connection services averages to 34 days.

PSSFCS continues to provide an array of supportive services to families active and not currently active with Departmental core services. The family consultation and support 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 child maltreatment occurring. 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
- (4) Crisis and stress, when safety is assured.

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**FY2011 PSSFCS REFFERALS**

**61 Departmental Referrals (excludes DFS and self reporting)**

**Total Participants 2,436**

Referral Source	Community Agency	Self Referrals	Word of Mouth Unknown	Other State Agencies	Other Community Sources	Child Protective Services
	35%	34%	16%	7%	6%	2%

The pre/post stressors were not evaluated timely to provide an accurate report to determine program effectiveness in reducing stressors and building parental resiliency to prevent child maltreatment. However, partial data was gathered for FY2011 on PSSFCS participant's involvement in Child Protective Services and Recidivism. 416 were once involved with Child Protective Services, only seven (7) returned to services within one year of becoming active with PSSFCS service.

The 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 family consultation and support services to stabilize PSSF families. The five top ranking needs for families were emergency assistance, employment, financial wellness, housing and counseling. Out of 759, (557) 74% families completed their goals through their action plan thus resolving their issues of concerns. 40 out of 759 (5%) a majority of families completed their goals, 55 out of 759 (7%) completed half of their goals, 40 out of 759 (5%) completed few steps, 67 out of 759 (9%) took no steps to complete their goals.

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 Promoting Safe and Stable Family Responsible Fatherhood Initiative, in the year of 2006, the Delaware Fatherhood/Family Coalition (DFFC) was established in collaboration with the Office of Child Support and other community groups and organizations. The DFFC mission is to strengthen collaboration among stakeholder, engage the involvement of non-residential fathers in the lives of their children, build healthy adult relationships, and decrease the barriers that may challenge these efforts. The Prevention Unit employs four (4) Prevention Strategies (Information Dissemination, Community Coalition Building, Educational Opportunities and Intervention Service Activities). The Delaware Fatherhood/Family Coalition promotes the healthy development of children by strengthening and preserving families in a caring community, when safety can be assured.

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As a result of the “2007 Responsible Fatherhood Survey” conducted by the (DFFC) PSSFCS formalized a steering committee to formalize a strategic plan supporting community initiative addressing the findings of the 2007 Fatherhood survey. In 2011, the DFFC strategies were revised to address the needs of fatherhood involvement and effective co-parenting through the redefining the Delaware Fatherhood and Family Coalition goals from a service coalition to an advocacy coalition. The revised DFFC goals are:

1. Promote Father Involvement as a Positive Influence: Through increasing awareness through ambassadorship, technology, media and information dissemination on the importance of fatherhood involvement and effective co-parenting.
2. Strengthen the Delaware Fatherhood/Family Coalition: Stimulate a broad-based positive social movement to combat father absence and promote responsible fatherhood.
3. Provide Education Opportunities: Increase the community level of knowledge involving parents, laypersons, professionals, agencies and government on the subject matter of Fatherhood and Healthy Adult Relationships.
4. Providing Service Alternatives: Infuse responsible fatherhood and healthy adult relationship components into new and existing services.

Mini-grants continue to be offered throughout Delaware by the PSSFCS Program Community Advisory Board (CAB) during the contract period. 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 conducted community needs assessment to identify the type of support services of interest to the communities served by PSSFCS. The availability of the Mini Grants is announced through newspaper advertisements, internet and community news papers. During the 2011 fiscal year, Promoting Safe and Stable Families (PSSF) Community Advisory Board (CAB) implemented and supported: Relationship Therapeutic Couple Sessions, Parenting, Parent Child Relationship, Substance Abuse, Child Youth Behavior, Fatherhood and Healthy Adult Relationship, and Father and Male Child Relationships totaling to 12 community grants based on community input of service need. Out the 600 adult participants, 195 enrolled in men only programming. 405 out of the 600 adults participated in programming where both male and female received services. 500 children participated in 10 community grant services. These mini grants were awarded to empower and strengthen community skills to help develop and provide appropriate support for needy families.

A Selected/Targeted prevention program provided by DPBHS 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 with children 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. The objectives of the program are to (1) develop and

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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 FACET program averaged 33 active families per site per month in FY2010. The FACET program served 334 unduplicated families and 368 unduplicated children during this review period. The FACET longitudinal surveys are completed by FACET parents twice a year.

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

All foster parents must be trained prior to approval as a foster parent (PRIDE - 27 hours, or Teen PRIDE - 30 hours) and required to have continued in-service training annually as long as they are a foster parent. Beginning January 2012 foster parent preservice training and initial home study approvals are contracted with Prevent Child Abuse Delaware (PCAD), the same provider for in-service training to DFS foster families statewide. To date there has been one hundred and fourteen families referred for preservice training, forty nine completed and four fully approved.

Over the last fiscal year, our contractor, PCAD, trained 248 foster parents in 35 in-service trainings including: Child Advocacy, Communicating To Get the Best Out Of Your Children, Conflict Resolution, CPR/First Aid, Crisis Intervention, Depression and Suicide, Domestic Violence and Its Effects on Children, Effective Discipline, Growing Up Unsafe: The Double Whammy of Attachments Related Trauma, Helping Foster Children Develop Social Skills, Introduction To Developmental Disabilities, Love and Logic, Module 1 Child Development, Preparing For Adoption, Sexual Abuse: How Can We Help, Stewards of Children, Suicide Prevention, Understanding Temperament, What Foster Parents Need To Know About Psychotropic Medication, and Working with Birth Parents.

The foster care program provided refresher training for the statewide foster care staff, focusing on safety and support of foster family's areas of focus included: Helpful hints to assess safety of children during foster home visits; Supporting foster families during Institutional abuse allegations; Quality of foster home; LGTBQ population and foster care placement; and Difficult to place children and youth. (See Attachment: Child Well-Being Brochure for Foster Families)

DFS continued focus on responding to inappropriate sexual behaviors of children and youth following the training by Dr. Ina Page who provided a two day training in August of 2011 for foster care public and private workers. From the training a collaborative workgroup was formed to develop training for foster families statewide, the workgroup is in the process of finalizing three modules, two of which will be mandatory for all foster families and the third module is mandatory for any family caring for youth who have been adjudicated for inappropriate sexual behaviors. (See Attachment - ISB, Outline of Training Modules for Foster Parents)

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DFS expanded the protocol on standard reviews when public and private foster families have quality of care complaints. The direct family worker no longer reviews the concerns, the new protocol allows for higher oversight and improved communication. (See Attachment: Standards Investigation Information, Protocol, and Letters of Outcome).

DPBHS continues to provide support to foster families with home based services. Once a child enters a foster home, a behavior consultant screens for any behavioral health needs, and, if needed, recommends referrals for a full mental health assessment. When there is a potential for placement disruption in a foster home the behavioral consultant visits the foster family to provide behavioral management techniques to support stability of placement and avoid disruption. In the last four reporting quarters the program has served ninety- one children and/or foster families.

It is required by Policy for the worker to have a face to face visit within five days of a child being placed in a new foster home. Children in foster care must be seen on a monthly basis thereafter and the majority of the contacts must 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. FACTS contains an event which allows workers to enter specific information regarding their monthly foster care contact, including where the contact was made. This FACTS event 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 has a monthly foster care contact template that all workers use when documenting their contacts in the record.

Prior to placing a child in a relative or non-relative (non-foster home) placement, DFS must complete a home assessment. 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 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.

OCCL site visits of Child Placing Agencies for monitoring compliance with Delacare Rules are conducted no less than annually and may be provided at the request of providers. During each visit technical assistance is provided. In addition OCCL offers free training sessions to providers on staying in compliance. These are often provided as part of a corrective action plan or in response to a request by a provider. Each training focuses on specific regulations under which the provider is licensed. All participants receive annual training credits.

Two years ago, OCCL initiated a one day business conference aimed at providers and those who are contemplating becoming a provider. The 2012 conference was held at Delaware State University on Saturday, April 21<sup>st</sup>. OCCL had identified the lack of business acuity as a contributing factor to non-compliance with Delacare regulations and a reason why business fail. Since 2007 OCCL has adopted the mantra, "We want you to succeed", as the theme for

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developing a cooperative relationship with providers and the backdrop for technical assistance.

To address the lack of business skills we sought out the experts in business which brought us together with the Small Business Administration (SBA). Then Executive Director, Jayne Armstrong, embraced the idea of working together to help child care business owners. SBA remains a partner in the business conference along with other founding partners DSU-DE Center for Enterprise Development, First State Community Loan Fund and UD Small Business Technology. This year two new partners joined in - Department of Health and Social Services and Delaware Economic Development Office.

This year's event "Successful Childcare-The Bottom Line Starts With Quality" focused on how developing and enriching a quality child care program can help the bottom line and make a provider more competitive. Senator Margaret Rose Henry gave the keynote address and presented a proclamation issued by Governor Markell and Lt. Governor Denn in recognition of Provider Appreciation Day. There were separate tracks offered for family child care providers and center providers geared to meet their unique needs. All attendees were required to participate in the first workshop of the day presented by Dr. Rena Hallam, UD and Delaware Institute for Excellence in Early Childhood, and Director of the Delaware Stars for Early Success initiative. Dr. Hallam presented a comprehensive overview of the importance of quality, the one time opportunity that years birth to five present for setting the path of success for a lifetime, the recent changes in the Delaware Stars program and the impact of the State's \$22 million investment and \$49 million plus received for Race To The Top will have on improving quality care and the economic status of providers.

Other workshops included: Keeping the Tax Man Away, Effective Marketing Strategies Equal a Powerful You, Platform for Quality-Developing a Strong Business Plan and Best Practices for Hiring, and Retaining and Training Quality Employees. Presenting those workshops were Lou Marconi, accountant; Lillie Crawford, Director of the DSU Center for Enterprise Development; Jessica Carmona, First State Community Loan Fund; and Erika Broadwater, Executive Director Talent Management Team. During lunch attendees were seated by geography to bring together those within neighborhoods to engender development of learning collaborative/cohorts. There was a formal discussion at each table which covered a series of preset questions with a focus on quality. This was the second year this has been done and both were a resounding hit with providers. The conference was quality assured by the Delaware Institute for Excellence in Early Childhood and for attending the whole day six (6) annual training hours were awarded through the Delaware Institute for Excellence in Early Childhood.

Two major training initiatives which began in 2009 continue to be available. 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 fulfill their annual training requirements. This topic falls under the core competency area of health and safety. During the session providers received information to

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develop a best practice plan that meets or exceeds Delacare rules. The training was developed by Delaware Emergency Planning Agency, Delaware Citizens Corps, New Castle County Emergency Management, RSVP, and American Red Cross in conjunction with the Office of Child Care Licensing. Emergency planning training sessions continued through 2010 and 2011. During those years a total of 214 persons were enrolled in these sessions. The second topic was “Safe Sleep and SIDS Risk Reduction”. The Delaware Child Death, Near Death and Stillborn Commission is statutorily charged with reviewing every child death in the State of Delaware and will often make recommendations to state agencies or entities in an effort to prevent future deaths. The Office of the Child Care Licensing has been a willing proactive partner in helping fulfill that mandate.

The PBH Consultation Project to DFS is designed to provide psycho-education, behavior plans, crisis support and an array of treatment, early intervention and prevention services to support foster care providers gain the skills and supports necessary to maintain safe and stable placements. The Project sets a goal that 99% (or higher) of children presenting with a significant safety risk due to behavioral health issues receive the most effective services in a least restrictive environment.

The services rendered in the Birth to Three Program are geared toward the child’s family and/or caregivers. The case management, consultation and home visits are available to all child caregivers to support safety and stability in the home whether it is the family home, kinship home, or foster home. Training and educational aspects of this program are available to support out-of-home caregivers either in preparation for receiving a child with developmental challenges, or in working to build skills to parent and manage behaviors associated with these challenges. The goal here is to work in collaboration with other department programs (e.g. PBH Consultation Project to DFS) to provide effective training, education and supports to families and foster families to manage risk in 95% of high risk situations.

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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:**

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) 2011 results. The target goal for FFY11 was established at 90% of children in foster care will receive a face to face contact 100% of the time. DFS missed that target, achieving an 81% contact performance. For the second measure, of the contacts that did occur, 84% 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 101.5.

- *Of those children in care less than 12 months - percent with 2 placements or less. Goal is 86% or higher.*

81.9% 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 62.7% 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.*

23.7% of the applicable children had 2 placements or less.

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 75.4% were reunified within 12 months.

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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 36.0% did so in 24 months or less from last home removal.

*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 24 children reviewed who had a goal of APPLA, 91.7% of the reviewers agreed with this goal.

**Activities:**

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

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. 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. Eligible clients are prohibited from the program if they have a criminal history involving drugs or crimes of violence. As of March 2012, all 20 of the housing vouchers have been utilized.

In 2011, DFS partnered with the Delaware State Housing Authority to establish an additional 25 housing vouchers for families active with DFS. The program is called “The State Rental Assistance Program (SRAP). Funding for the SRAP program is included in the state budget. This program provides rental assistance for up to two years for families that meet specific admission criteria. If a family meets the admission criteria and they agree to receive one of the housing vouchers, they must also agree to meet with a case manager at least one time per month for two years. The first year of case management services helps the family to locate a landlord that will accept the housing voucher and then help them to maintain their house by keeping a budget, keeping up with maintenance, maintaining employment, etc. The second year of case management services will help the family to begin transitioning away from the housing voucher and toward complete independence. Criteria for families to obtain a housing voucher through

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this program are similar to the criteria for the unification vouchers. As of April 2012, 23 of the 25 vouchers have been filled. Applications are pending for the two remaining vouchers. Because of this voucher program, DFS was able to reunify seven families for which housing was the only barrier preventing the children from leaving the foster care system. Foster care was avoided for the remaining 16 families as each family was able to locate stable housing.

DFS staff was provided with an updated comprehensive list of emergency and subsidized housing resources for families that were ineligible for the housing voucher program.

In spring 2012, DFS staff 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. By having these lists readily available, DFS staff are able to locate appropriate medical providers that are closest to the child and/or their family.

In November 2010, DFS staff identified the need for additional parenting classes in Sussex County. As a result of their expressed need, DFS partnered with a community-based agency to provide an additional series of parenting classes. That need continued in the 2011-2012 fiscal years, and in fact, had expanded to include Kent County. As a result, two new series of classes were developed for parents and children residing in Kent and Sussex Counties. The classes are interactive, being comprised of a parenting module as well as a simultaneous children's model. After the instructional period of the class each week, the children and parents use the last portion of the class to demonstrate the skills that were taught during that particular session. This new series of parenting classes is in addition to the Strengthening Families parenting classes that are offered by a contracted agency.

DFS continues to contract A Better Chance For Our Children, Inc (ABCFOC and formerly Upper Bay Adoption and Counseling) to provide post-adoption services. This contract provides ABCFOC the necessary funding to provide statewide support for adoptive families after finalization. The goal of this program is to prevent adoption disruptions. As part of the programming ABCFOC provides case management and crisis management to at risk adoptive families. Additionally ABCFOC provides training and programs that teach families how to enhance their family environment by dealing productively with negative behaviors. ABCFOC provides support groups in the southern part of the state which complements the support groups provided in northern Delaware by Adoptive Families with Information and Support (AFIS). ABCFOC also provides an innovative program that serves to stabilize placements named "Rec and Respite". Through this program, a day of respite is provided for adoptive families two Saturdays each month, 9:00 to 4:00. Families commit to a full year of participation. ABCFOC has found that families who utilize this program are better able to deal with crisis because they have had some time to relax and unwind; thereby providing support that is a deterrent to disruption. None of the children who participate in the group – although they are all enormously emotionally challenging – have disrupted from their adoptive family. Previously this program

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only served New Castle County, but plans are underway to offer the program in Kent and Sussex Counties next school year.

The K-5 Early Intervention Program stabilizes families by providing a range of interventions helping remove barriers to academic and social success. From January 1, 2011 through December 31, 2011, K-5 Early Intervention Family Crisis Therapists provided 73,084 individual, 11,548 group, and 9,420 family counseling sessions; 11 child and parent support groups; 10,767 home visits for reinforcement training; social skills workshops; and conflict resolution classes to an average of 663 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 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 program. In 2011 the FCTs received additional training in the Positive Parenting Practices model, which is another top 5 nationally recognized and empirically validated parent education program. The parenting and children's groups increase the chances of children remaining in their homes. Additionally, Early Intervention FCTs continue to refer clients to community and state based agencies with the goal of strengthening the family unit.

The Families and Centers Empowered Together (FACET) program is in its 18<sup>th</sup> 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. The FACET program averaged 33 active families per site per month in FY2010. The FACET program served 334 unduplicated families

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and 368 unduplicated children during this review period. The FACET longitudinal surveys are completed by FACET parents twice a year.

As the PBH Consultation Project to DFS is established and as resources allow, the goal is to expand some of the services provided to include support, coaching and access to prevention, case management and treatment services to both foster and birth parents when reunification is the plan. This project will support the national standards noted above by collaborating with DFS colleagues to develop effective plans, implementation and support. Ongoing case review through a collaborative process will allow for tracking progress and making changes to ensure the most effective interventions and positive outcomes. This has been a pilot project and DPBHS is working to build capacity.

**DFS Consultation Program Statistics**  
**(Data reported from January 2011 through March 2012)**

<b>Section I : Referrals</b>	<b>Referrals Consulted and Worked</b>	<b>January 2011 through March 2012 Total</b>
<b>1. NCC</b>	<b>25</b>	<b>34</b>
<b>2. Kent County</b>	<b>31</b>	<b>44</b>
<b>3. Sussex County</b>	<b>28</b>	<b>39</b>
<b>Total Referrals</b>	<b>84</b>	<b>117</b>

<b>Section II: Services Provided</b>	Needs Assessment & Psycho-educational Information Parenting Strategies	GAIN Short Screener Completed	Behavior Intervention Action Plan Completed	UCLA PTSD Index	Crises Prevention Staff (CPR) Collaboration Services
NCC	25	7	7	14	1
Kent County	31	7	2	16	1
Sussex County	28	8	7	16	1

In support of goals around permanency, the DSCYF CDW liaisons staff work with the families and community organizations/agencies/providers to develop a plan that includes building a support network for children and their families. This would include working with teens in care who have their own child(ren) who has an identified developmental issue, and when the plan is reunification providing appropriate services to the biological parent that supports return to home; when the plan is APPLA, assuring that the support network is in place to support the planned permanency living arrangements effectively so as to assure stability. The DSCYF CDW liaisons

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staff has a goal of at least 50% of visits occurring in the home. In addition these staff persons work to support the DFS caseworker to achieve permanency.

PBH continues to provide contractual services that maintain community and cultural connections for children and their families. The PSSF Consultation and Support model successfully employs family support practices and promotes 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-based approach, family tools are used to empower families who are active or not active with the Department.

PSSF continues to employ community-based family consultants and internal program intensive family consultants to implement the family consultation, the intensive consultation and support process provided to families. Through the tools used in the family consultation and intensive family consultation process to empower families, families begin to take the lead in the decision making. Families build and or enhance their skills to assess and identify concerns, address needs, increase informal and formal support systems, and develop a plan on how they want to meet their needs. The Family Stressor and Resource Assessment (FSRA) help the family member and the family consultant focus on the following:

1. Isolation issues
2. Coping skills
3. Relationship with their children
4. Child's behavior, the resource needs of the family and the barriers in seeking and acquiring assistance around substance abuse
5. 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 their needs, each participant establishes 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 individual goals. As a result, families are empowered to take the lead in the planning process to reach the identified goals, reduce life stressors and increase their ability to meet the needs of their family.

PSSFCS program services are designed to work with families who fall into all prevention strategies. The families who have shown to be at risk and begun to engage in negative or undesirable behaviors receive the PSSFCS Intensive Family Consultation (IFC) and the Positive Behavior Intervention (PBI) services. The Intensive Family Consultation process is the second tier of the PSSF Family Consultation and Support Services process. The Intensive Family Consultation process is designed to work with families building from the family consultation

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process who exhibit common risk factors that may contribute to child maltreatment. Through a critical assessment process, skilled interventionists provide support services that will address high levels of concern. These risk factors may be limiting the family’s ability to successfully work through the issues or challenges they face. This hinders their progress to resolve fundamental core issues and concerns.

The Intensive Family Consultation provides a collaboration of partners who serve families with formal and informal social and clinical supports. These supports provide positive health and competency-enhancing effects for the entire family. The Intensive Family Consultation process seeks to work with the family and incorporate team participants who have been identified. The team provides support to the family by examining their core concerns instead of simply addressing their symptoms. While utilizing person centered planning tools such as the Making Action Plan (MAP) and Planning Alternative Tomorrow with Hope (PATH) positive growth can be accomplished.

**FY11**  
**94 Families Served (IFC & PSSFCS)**  
**Average Length of Service is 3-4 months**

Programs	Engaged Families	Complete Consultations	Incomplete Consultations
IFC Services	56	26	38
PSSFCS	30		8

In addition to the IFC and PSSFCS services, two Psychiatric Social Worker IIIs provide technical assistance to seven sites. The PSW’s ensure service, practice fidelity and provide program consults. The benefit of all our services is to address family issues in order to promote stabilization, healthy relationships and make wise choices.

The PSSFCS Community Advisory Board (CAB) is yet another venue within the Division of Prevention and Behavioral Health Services used to disseminate information; the CAB continues to aware mini-grants throughout the year. Through these efforts, the PSSFCS CAB remains an active community partner in addition to other organizations.

The PSSFCS five priority programming services implemented and supported through CAB are:

1. Healthy Marriages/Fatherhood Initiatives
2. Parent Education
3. Children and teen character development
4. Substance abuse prevention
5. Early Intervention

PSSFCS continues to make concerted efforts to engage more fathers. The PSSFCS providers’ family consultants receive annual training on the importance of engaging and retaining fathers to

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strengthen father-friendly environments. The PSSFCS Family Consultation and Support process initiated into practice the identification of fathers or male partners in the household as support participants in the family plan. By involving fathers in services, the programs hope to:

1. Reverse the rise in father role model absence
2. Improve child well being
3. Improve healthy adult relations
4. Increase support to fathers

PSSFCS continues collaborative efforts in order to raise awareness of opportunities to support other service providers in the community as well as create and sustain a father-friendly environment to support family services both formally and informally.

The Intensive Family Consultation process is the second tier of the PSSF Family Consultation and Support program. The Intensive Family Consultation process has been designed to work with families building from the family consultation process who exhibit common risk factors that may contribute to child maltreatment. Through a critical assessment process, skilled interventionists provide supportive services that will address high levels of concerns. These risk factors may be limiting the family's ability to successfully work through the issues or challenges their ability to move forward to resolve their core concerns. The Intensive Family Consultation provides a collaboration of both formal and informal social supports that can have health-promoting and competency-enhancing effects on individual family members as well as the family unit. The Intensive Family Consultation process seeks to work with the family and incorporate team participants that have been identified. The team participants provide support to the family in examining their core concerns instead of simply addressing their symptoms by utilizing person centered planning tools such as the Making Action Plan (MAP) and Planning Alternative Tomorrow with Hope (PATH).

Fifty-six families were served by the Intensive Family Consultation program for New Castle, Kent and Sussex County in FY2010-11. Out of the 94 referrals received during FY2010-11, the numbers of case consults provided to the family consultants were 30. These case consultations consisted of cases that were complex in needs such as sexual assault, blended families, and parents with multiple partners. Children behavioral issues addressed during the case consultations such as parent-child conflict, ADHD, truancy, and drug abuse. Other issues were the lack of mobilization of the family to address stress and crisis. The number of completed IFC cases in FY2010-11 was 26 full consultations with the average length of service being 3 to 4 months.

Established in 2006, the PSSF sponsored the Delaware Fatherhood/Family Coalition (DFFC). DFFC continues to collaborate with the Office of Child Support and other community groups and organizations to provide resources and events for fathers. Fatherhood activities support family stabilization and well-being, preventing more intensive child welfare interventions.

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The purpose of DFFC is:

1. To build upon the efforts of the community
2. Increase community collaboration
3. Strengthen resources that support involvement of residential and non-residential fathers in children's lives
4. Build healthy adult relationships
5. Decrease the barriers that may challenge these efforts

At this point, DFFC is only targeted as a front-end prevention strategy.

In 2008 PSSFCS formalized a community committee that formalized a strategic plan. This plan supports the community initiative addressing the findings of the 2007 fatherhood survey and focus groups. In support of the Fatherhood survey results, PSSFCS supported the development and implementation of the DFFC strategic plan.

The DFFC strategic initiatives and activities were revised as to include:

1. Promoting father involvement as a positive influence through increasing awareness of ambassadorship, technology, media and information dissemination on the importance of fatherhood involvement and effective co-parenting
2. Strengthening the Delaware Fatherhood/Family Coalition by stimulating a broader-based positive social movement that combats absent fathers and promotes responsible fatherhood
3. Provides educational opportunities to increase the community level of knowledge involving parents, lay persons, professionals, agencies and government on the subject matter of Fatherhood and Healthy Adult Relationships
4. Provide service alternatives that infuse responsible fatherhood and healthy adult relationship components into new and existing services

The purpose is to build upon the efforts of the community to increase awareness, collaboration and partnership, address system resources and challenges that face non-residential fathers. We hope to gain the support of residential fathers who are more involved in the lives of their children and build upon healthy adult relationships. The collaborative efforts of the DFFC are working to expand the community's capacity to develop and sustain a broad base collaborative partnership. The expected outcome of DFFC efforts and its community partners is to increase positive involvement of fathers with their children. Additional goals include increasing child resiliency against negative factors which may cause child negative behaviors, thus decreasing parental conflict and lessen the stressors for parental care of their children.

The Delaware Fatherhood/Family Coalition (DFFC) Mini-Grant Initiatives awarded 12 grants sponsored by the Promoting Safe and Stable Program. Although there was a decrease in the total number of grants awarded this year, there was more focus on increasing awareness through the use of creating videos for advertisement, pilot services of educational and engagement activities in a school setting, healthy adult couple retreats, fatherhood workshops, training and parental

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skill building techniques, reunification initiatives and computer skills to access to resources. The DFFC mini-grants provide an opportunity for community based services to develop a trusting relationship with Title IV-B, subpart II sponsoring the grants. Each recipient of the grant was awarded \$3,000. These programming services and activities equipped community agencies to re-engage fathers with their children and/or spend additional quality time with their families. These are protection factors building child and family resiliency.

In addition, to the DFFC Mini-Grant Initiative, the Community Alternative Service and Technology grants were awarded with state funding to empower the community to address teen and parent relationships, crime and drug free environment, child abuse/bullying, prenatal and infant care education, children and youth positive development, and technology/science careers. These grants focused more on building youth skills, educating and awareness of navigating through challenges faced by the youth in their communities.

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

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 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. A second letter is sent to all relative and non-relative resources periodically 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 periodically 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

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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.

Office of Children's Services' caseworkers continues 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. DFS is considering edits to the continuing notification letter policy in the coming year.

Child Development Watch staff work closely with DFS workers as well as consulting with Public Health's Birth to Three Program around the assessed needs of children in out of home care and supports the family will need to reunite in a timely and permanent manner.

Workers have access to an array of support services for clients. Those services include transportation, language translation, deaf interpretation, substance abuse assessment and counseling, domestic violence intervention, home-based services and prevention and early intervention programming.

The Division of Family 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 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

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their children. Contractors are required to complete a Visitation Observation Checklist for every visit. The Checklist is then forwarded to the assigned Office of Children's Services (OCS) caseworker for inclusion in the record. The enhanced parent aide service continues to be the most requested service by DFS caseworkers.

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

DFS policy requires the completion of the Plan for Child in Care 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 III must be completed within 30 days of a child being placed in a new foster home. The PCIC IV is completed every six months and reviews the needs of the youth. 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

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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 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 emphasizes safety. It also emphasizes 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 it most definitely 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.

In addition to providing training to substance abuse counselors, this year the treatment program manager also conducted brownbag seminars with clients admitted to substance abuse treatment agencies to discuss the role of DFS as well as their rights and responsibilities as parents and possibly clients of the Division.

The Division of Youth Rehabilitative Services continues to plan for permanency with youth involved in our system in out of home treatment services related to juvenile justice. 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, the Division of Prevention and Behavioral Health Services 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 DFS' 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.

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The DFS Consultants will work closely with the DFS and Foster Care Coordinators to ensure that the primary clinical and support services/resources are in place to support successful and timely reunification. Joint assessment of the issues and services needed, enhance the likelihood of not only the success of reunification, but the quality of family relationships that foster growth and achievement.

The primary mission of the CPRB is to monitor the state's efforts to achieve timely permanency for children in out of home placements. During every CPRB review, efforts to facilitate the achievement of a permanent home for the child is assessed and recommendations are made when concerns are identified. In addition, the Board is able to initiate advocacy on behalf of an individual child in pursuit of permanency for that child.

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

Supporting child safety and placement stability, it is the policy of DFS for workers 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 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.

DFS and private foster care providers are currently convening a workgroup to identify what supports are needed in order to stabilize placements of teenagers who have been adjudicated and those with mental health and behavior concerns. Once the workgroup completes their work, recommendations will be shared with DFS and all foster care private agencies.

Starting July 1, 2010, DFS contracted with an adoption agency to provide post-adoption services for children and families. This service has been extended to children that exited foster care via a permanent guardianship arrangement approved by the court. The services include information and referral, crisis assistance, statewide training on adoption related topics, support groups for parents, therapy and support groups for children, Love and Logic Parenting groups and parent/child bonding workshops. The goal is to keep the adoptive families intact. This service is available to support foster and adoptive families planning to adopt a child in their home or who have adopted and residing in Delaware. This also assists the families in crisis by connecting them to community services to help support these families and prevent the children from entering the foster care system. Adoptive families and child advocates have been advocating for additional post-adopt resources. From July 2011 to March 31, 2012, post adoption services have been provided to approximately 150 families statewide under this contract. As these children

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become older and the need for services increases, DFS anticipates a need to increase the post adoption services.

On June 30, 2011, the adoption agency (Upper Bay Counseling and Adoption Services) providing this service terminated their adoption program in Delaware. A new adoption agency (ABCFOC- A Better Chance For Our Children) was established effective 7/1/2011. ABCFOC will continue to provide the post adoption services for children and families touched by adoption in Delaware. The agency director and social work staff from Upper Bay were hired by ABCFOC in Delaware and continue to work with the families for which the agency has been providing the services under the previous name. (See Attachment: Post Adoption Brochure).

In 2011, statewide training topics for adoptive families include Understanding Fetal Alcohol Spectrum Disorder on March 9, 2011 Maintaining Your Commitment to Your Kids During Tough Times on April 5, 2011, Love and Logic Parenting in April-May-June, Talking to Adopted Children About Sex on May 4, 2011 Enhancing Attachments with Older Kids Who Have Been adopted on June 14, 2011 by Dr Lark Eshleman, Bonding Workshops on April 16<sup>th</sup> and June 18, 2011 and What I Do When My Team Explodes on March 6, 2012 and March 13, 2012, and a Bonding Workshop on April 21, 2012.

In September and October 2011, DFS contracted with Darla Henry and Associates to provide three 2-day trainings on the 3-5-7 model for DFS staff, contracted agencies, CASAs (Court Appointed Special Advocate), GALs (guardian *ad litem*), other divisions' staff and agencies working with foster children. This case management strategy supports foster children making sense of their removal from home and works through their grief and anger. These activities prepare them for accepting permanency. There were 135 people who received this training. Feedback and the results from the evaluations were very positive. Many suggested the training be provided to foster parents and caretakers as well. As a result from the recommendations from the training, a work group and sub-groups were developed to follow up with some of the activities discussed in the training. One of the subgroups drafted a brochure to share with staff, community partners, the courts, GALs, etc. (See attachment: My Young Life In Foster Care Explained). Another subgroup developed feedback surveys for the child and foster parent/caretaker who participated in this 3-5-7 model for child prep/readiness. (See Attachments: Child Readiness Survey – Child and Child Readiness Survey - Parent). DFS is working to identify additional resources in order to provide this training to DFS treatment and investigation staff as well as community partners again in the fall of 2012.

Adoptive Families with Information and Support (AFIS) provides training, support groups and community activities for adopted children and families. There is a strong support group in northern Delaware. The hope is to continue to expand this support group to southern Delaware as well. This group also advocates for services, resources, and assists with the annual National Adoption Day conference each November. The 2011 event was held on Saturday November 19<sup>th</sup> at Delaware Technical and Community College in Dover. About 280 people attended this

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celebration event. This year's event will be held on Saturday November 17, 2012. (See Attachment: 2011 National Adoption Day Brochure).

Consultation, case management and home visiting services supporting out of home foster care placements are provided by Child Development Watch staff.

As mentioned in the 2010 report, 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 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. John Bates, Foster Care Program Manager, and his team are developing the training modules for foster parents. The DSCYF Center for Professional Development is tasked with developing the training for the DFS workers. All training is based on information gleaned from experts (Dr. Page and Dr. Burton) brought in via the CASOM grant.

The PBH Consultation Project to DFS staffs develop behavioral plans and training that build skills for the foster parent that enhances their ability to effectively manage difficult behaviors in the home. In addition, this collaboration includes the option of engaging the Child Priority Response (crisis services) services to coach, respond and support the foster care provider in the implementation of the plan or in accessing acute care services 24/7. The supports in total are individualized to each child and foster care provider with the goal of placement stability

OCCL licenses Child Placing Agencies (CPA) and through Delacare regulations require a CPA have a written description of its philosophy, purpose and program. This description shall outline all services provided by the CPA and the methods of service delivery.

A CPA shall not approve any foster or adoptive parent unless the CPA has completed a written evaluation which demonstrates how that family has met the requirements for approval. Approval shall only be given when such approval is in the best interest of children requiring foster or adoptive services.

CPAs and DFS foster program shall provide services to support and train foster and adoptive families. These families shall be responsible to provide information to the treatment team regarding the child for the purpose of creating and implementing an effective plan. Training is provided prior to approval and ongoing training is required while the family remains a foster or prospective adoptive parent.

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Documentation is required for the preparation of each child regarding a pending move. Such preparation shall be appropriate to the child's individual needs, circumstances of the move and age.

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

DFS continues to contract with community providers to provide out of home care for about three hundred children on any given day. They provide regular, medical, specialized and treatment family foster care and group and shelter care. As partners they have agreed to open training for any foster parent who can attend. All providers agreed to be trained and train foster families in Delaware's version of the permanency child preparation model 3-5-7 (this is Dr. Darla Henry's model, not Delaware's model) Delaware's adaptation of this model is titled "MY LIFE" (My Young Life In Foster Care Explained) and focuses on preparing children for permanency in the various form including reunification, guardianship and adoption. In addition the public/private collaboration to ensure all statewide foster families are trained in the three modules developed for inappropriate sexual behavior using the same training and language to train foster families to ensure there are continuous opportunities to support foster families manage and care for children with ISB. DFS continues quarterly meetings with contractors to review and address any areas of concern with the ultimate goal to keep children safe in care with a renewed emphasis on well-being.

DFS and all Child Placing Agencies (CPAs) collaborated to plan a full day foster parent conference and recognition banquet for statewide foster families. Participants earned six training hours at the May 31<sup>st</sup> event. An award luncheon banquet included recognizing a private and public foster family of the year and celebrating years of service. (See Attachment: Foster Care Conference Program)

The Inter-Agency Committee on Adoption (IACOA) is a state-wide coalition of private and public agencies, as well as advocates, working together to enhance, support and sustain successful adoption outcomes for children who have been involved with Delaware's foster care system. The committee meets monthly to identify and address issues surrounding adoption for children through advocacy, education and inter-agency collaboration. Two times during the year, the ICOA schedules a special meeting for social workers. In the past, the meeting time was used as a matching event where the social workers would bring the names and information of the children and the adoption agencies would bring approved home studied families. Other meetings were used for training on the AdoptUSKids web site and on completing the prediction path for children in foster care moving on to permanency.

The PBH Consultation Project to DFS staff collaborates with external partners such as therapists, treatment facilities, mental health, drug and alcohol programs, schools, daycare providers,

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program managers, and other agencies to establish service continuity supporting out of home care.

Child Development Watch staff collaborates with Public Health and other community agencies, organizations and providers to support out of home foster care placements.

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

DFS continues to be successful finding adoptive homes for the children in foster care needing permanency. In FFY 2011, there were 95 children adopted from foster care. This was an increase from the previous year. This increase is in part due to the fact that there are more children entering foster care at this time. Also, DFS continues to reach out to relatives and those who have had a connection to the child at some point in their life as a permanency option for children in foster care. Currently, there are 202 open adoption cases within DFS. Of those children, there are 44 children in foster care, including 7 sibling groups, for whom we are recruiting adoptive families. Of the 44 legally free children, 28 are at least 12 years of age and/or are part of a sibling group.

There was an audit of the IV-E cases for adoption assistance in March 2011. Given the results of this audit, which reduced the federal financial participation funding, there are no adoption assistance recovery act savings at this time. Corrective actions were implemented to ensure Title IV-E adoption assistance approvals and records are in compliance with requirements.

DFS and the Interagency Council On Adoption (IACOA) held the annual adoption conference on November 19, 2011, "National Adoption Day", at Delaware Technical Community College in Dover. There were approximately 280 people in attendance including children and families seeking information on foster parenting and adoption, Family Court judges, agency social workers and administrators, community partners and foster and adoptive families. This is an increase in attendance from the previous 2 years. This conference provides educational workshops and trainings as well as opportunities for families and service providers to network and interact during this conference.

All legally free children needing a forever family are placed on the AdoptUSKids web site. During this period, there were 35 inquiries for children listed on the web site. DFS continues to recruit for adoptive families by contracting with the National Adoption Center in Philadelphia. Newspaper articles, PSA's, flyers, videos and other information are available at all related National Adoption Center activities and events. Some of these children have been identified to participate in the Wendy Wonderful Kids program on Philadelphia's NBC10. The National Adoption Center has a social worker assigned to Delaware to assist with the recruitment

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activities for the legally free children needing a forever family. They assisted in 8 placements that led to finalized adoptions.

DFS continues to attend local community events or shows to recruit foster and adoptive families. DFS advertizes in the Wilmington Blue Rocks baseball team playbill distributed to fans every home game during the 2011 baseball season. This publication reaches fans from PA, NJ, MD and DE.

In February 2011, DFS amended the current contracts to include child prep, child specific recruitment and case management services for children who are legally free with a goal of adoption or APPLA. After the training with Darla Henry and Associates, it became evident that My Life program training could be provided for all children in foster care as they work through barriers of multiple placements and separation/loss issues on the road to permanence. From 2/28/11 through 4/1/2012, there were 132 children residing in foster care who were referred for child readiness services. Social workers with four adoption agencies have been successful engaging children in 3-5-7 and in developing a Life Book with the children, but this activity is still not for everyone. The feedback from staff at the My Life workgroups has been very positive. Some of the quotes from the children, caretakers and staff are mentioned in the My Life brochure.

Delaware's adoption network is creatively finding resources for our kids – mining files and learning about past people who were important in the child's life, finding ways to publicize waiting children, and giving children a voice in determining what might be a good "fit" in terms of a family. Pat O'Brien and Darla Henry both relayed the same message in the trainings provided to DFS and community partners where connections are very important and mining the files is an activity that help children/youth in foster care build those connections.

DFS strives to update portraits for the waiting children for the DFS Heart Galley throughout the year. The portraits are displayed 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 and responses have been very positive. These portraits will continue to be used for various recruitment activities statewide throughout the year. There were two separate photo shoots, one in October 2011 and one in February 2012 for 39 children. The children in New Castle County really enjoyed the event as staff brought in clothes so the children could dress up in different outfits. There are some community events in the late spring and summer where these photos will be on display such at local churches, the foster care conference in May, and the children's theatre in June. DFS partners with 4 photographers for Heart Gallery portraits.

DFS continues to place children for adoption in many other states. The monthly Deladopt list of waiting children is sent to over 50 adoption agencies throughout the United States. During this period, DFS placed 3 children in 3 different states for adoption. Delaware children have been placed in 30 different states and in one foreign country for adoption.

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There were 89 state agency adoptions and 64 private adoptions in Delaware during this period. This is a slight decrease from the previous year for the number of private adoptions. During the period, there were 12 disrupted adoptions with children entering foster care. The reasons for the disruptions were due to the child's acting out behaviors, aggressive behaviors towards the caretakers, other mental health issues, criminal activities and severe parent/child conflict. DFS continues to work diligently in finding permanency for all of these children placed in foster care and not only the legally free children. There is no information on the number of international adoptions finalized by Delaware families.

The number of children under the age of five in foster care projected to be without a permanent family in FY2012 and FY2013 is four per year. This projection is based on the number of legally free children under the age of five as of October 2011 not in a pre-adoptive resource. Three of the four children are siblings and all four are legal risk as terminations of parental rights proceedings are underway. Characteristics of special needs are included on Deladopt and these children are described as having mild to moderate emotional problems, ADHD, PTSD and educational delays. These characteristics occur frequently for this group of children needing permanent homes. DFS' Deladopt listing is the source for this data. Children are added monthly when adoption is the goal and need a permanent family. As automated solutions arise or additional federal guidance is issued, Delaware reserves license to adjust the data source for this population.

To facilitate permanency for children under the age of five, Delaware reaches out to relatives and non-relatives who knows the child and/or who has a connection to the child in some capacity. This activity is done prior to or within 30 days of a foster care placement. Subsequently letters are sent out relatives and non-relatives, if applicable, periodically to determine if they are willing to be a support or a resource for the child in foster care. Since keeping sibling groups together is preferred, contacting a current caretaker for siblings to inquire whether or not they would be a resource for the child to join the family is common practice. DFS coordinates with the Division of Developmental Disabilities Services and child placing agencies to locate special needs homes. Parent to child ratios are not set for this population; placements are made according to the skills and experience of caregivers matching child needs and level of functioning. Contracted adoption agencies are authorized to conduct child specific recruitment activities for this population as needed. As children become legally free, they are added to the on-line DE Heart Gallery, Deladopt listing, AdoptUSKids website and the National Adoption Center website.

Child Development Watch and Child Find target pre-school children with developmental delays presenting barriers to daily functioning and learning. Professionals work with parents and children to improve the quality of life by promoting health and well-being of infants and toddlers with special needs and empowering their families to meet their needs. For children ages 0-3, CDW liaisons offer a 5 domain multidisciplinary preliminary assessment to identify diagnosis. Caregivers are engaged in developing an individual family service plan (IFSP) that identifies

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strengths, level of functioning for each domain, parent concerns, and treatment services to address the need. Staff links the family to service providers and track treatment progress outcomes. Services include speech, occupational and physical therapy. CDW liaisons staff initiates transitional services ensuring continuity of care primarily with Child Find. Child Develop Watch staff work with parents who have adopted or have assumed guardianship with the children within the program. Support is given in multiple forms which has the propensity to affect the outcome by providing psycho educational information and referring the new parent to support groups, and other programs for additional peer supports and professional supports.

To comply with Delacare regulations, each child placing agency must have a written plan describing strategies for recruiting qualified foster and adoptive parents. The plan shall be specific to the types of foster care and adoption services provided the ages of the children served, the developmental needs of children, racial identities of children, sibling relationships and special needs of children.

For the past four years, IACOA has sponsored a state-wide adoption conference on National Adoption Day. The NAD conference provides educational workshops and trainings as well as opportunities for families and services providers to network and interact.

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

DFS policy and procedures requires workers to notifying relatives within 30 days of placement and for on-going contacts with relatives or non-relatives periodically thereafter 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 though the person may not be a placement option, they can be a respite resource or provide emotional and recreational support.

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. To date, 408 youth have been eligible for a STEPS meeting. Of those 425 youth, 79% (324) had successful STEPS meetings, 1% refused to participate, 4% are no longer eligible, and 10% need a STEPS meeting scheduled.

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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 options 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 with at least one caring adult. 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.

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. We continue the agreement with US Search to support frontline workers in their efforts to identify relatives as they seek permanency of children in care.

DFS continues efforts to reduce the number of foster children with the goal of Another Planned Permanent Living Arrangement (APPLA). Local Permanency Planning Committees are assisting staff's creativity for this population. 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. This policy was added to the on-line policy manual effective July 1, 2010. There is on-going discussion with DFS staff, the court and community partners where APPLA is not a good permanency option for children in foster care. As of 4/1/2012, there were 174 children in foster care with a goal of APPLA. This number has been decreasing for the past 3 years.

The DFS permanency work group continues to meet every other month to discuss current issues/trends, share resources, discuss and develop policy and procedures, and brain storm as to what services are needed and how to get those services to the children and their families. Some of the activities that took place were: 1. Developing the board extension policy; 2. developing a credit check policy; 3. Inviting representatives from DHSS to discuss the referral process and supports available for relatives and non-relatives guardians of foster child residing in their homes; 4. Getting APPLA workers together to discuss common issues/concerns and to share strategies and good practices with co-workers; 5. Developing a policy and practice for approving resources for overnight visits or visits with relatives who reside in a different state and what activities need to take place for this to happen; and 6. Revising the Long Term Foster Care agreement.

Delaware has local monthly permanency planning committee (PPC) meetings statewide to review foster children at 10 months and to provide a recommendation for the social worker to present to the court at annual permanency hearings or other reviews. The PPC is also used by

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social workers to review and recommendation any subsequent goal changes for the child in foster care.

In April 2012, four representatives from DFS and one from Family Court were invited by Casey Family Programs (CFP) to observe permanency round table meetings in Oxford, MS. Currently, DFS is reviewing materials from CFP and considering next steps to strengthen permanency planning such as possible implementation of round table practices.

In the fall 2011 and spring 2012, the Child Welfare Strategy Group of the Annie E. Casey Foundation conducted an assessment of Delaware's child welfare system. The initial assessment, including policy reviews, data analysis and interviews with DFS staff and community partners, corroborated that permanency for teens and is an area needing improvement. Delaware also wants to strengthen permanent connections for youth aging out of foster care. This is an exciting partnership and collaboration with AECF and the agency. The implementation of activities based on the assessment's findings will strengthen outcomes for children and youth. The agency is considering or implementing these initiatives under the banner "Outcomes Matter – Enhancing Practice and Transforming Lives":

- Structured Decision Making®
- Differential Response
- Safety Organized Practice
- Team Decision Making
- Kinship Care
- Permanency for Foster Teens
- Foster Care Resource Recruitment
- Cross-Agency Collaboration
- Outcome Performance Management

As Delaware has sought to further emphasize the importance of permanency for youth, efforts to identify and support lasting connections for youth aging out of foster care have been a focal point within the Independent Living (IL) program. Four independent living contracted providers assist youth in identifying viable permanent connections. During regularly scheduled meetings with the youth, IL workers inquire of supportive individuals in their lives and determine if the identified resource can serve as permanent connection for the youth. Information regarding identified individuals is recorded in the independent living service plan. The providers are also responsible for helping youth establish supportive relationships with positive community members. Via outcome reporting efforts, 95% of the youth report having a connection with an adult.

DFS has also continued its collaborative effort with the State Office of Volunteerism to offer a statewide mentoring program for current and former foster youth ages 16-21. This mentoring program, the Delaware CHAMP (Creating Hopeful Adults Mentoring Program) Network is supported by AmeriCorps VISTA volunteers. Continuous recruitment and marketing efforts

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have yielded positive results, as there has been a significant interest from many community members. There are youth in each county matched with a mentor, with a total of 12 youth currently matched with mentors statewide. An additional 10 mentors are completing the approval process in order to be matched with a mentee. Although, the program is designed to develop a mentoring relationship amongst participants, an underlying goal is for the mentoring relationship to develop into a permanent connection for the youth.

Extended jurisdiction legislation was signed on July 15, 2010. This law provides continued oversight by the Family Court for youth 18-21 and assesses the appropriateness of independent living services. An order for extended jurisdiction also allows for continued representation by a Guardian *ad Litem* or a Court Appointed Special Advocate. These advocates are additional supports for aged out foster youth.

During 2011, the Delaware Youth Opportunities Initiative (DYOI), a co-investment site of the Jim Casey Youth Opportunities Initiative (JCYOI) was launched in Delaware. In line with the JCYOI principles, DYOI has developed a Community Partnership Board to work on a variety of issues including permanency. Amidst the development of the committee, the Child Protection Accountability Commission (CPAC) developed their sub-committee on Permanency Outcomes for Adolescents. It was later determined that these two committees should be combined. The combined group is working on some strategies to help overcome some of the barriers which inhibit permanency options for youth. Two such examples are, reviewing the statute regarding non-relatives establishing guardianship without the need for Division of Family Services intervention and changing statute regarding child care licensing requirements to allow youth with prohibitive offenses to remain in foster homes beyond the age of 18 where permissible by the former foster parent.

One of the components in the PBH Consultation Project to DFS was to track data regarding the number of aging out youth open with the Division of Prevention and Behavioral Health Services Clinical Services Management Team to evaluate mental health or substance abuse treatment needs, collaborate with DFS to develop a strong transition plan, and to work with the adult divisions to access necessary services for a successful transition to adulthood. A pilot program in Sussex County, the Clinical Services Management Team, opened 8 youth for case management, identifying and authorizing treatment services as needed. DFS and DPBHS worked as a team accessing an array of services that support the youth's transition. This pilot was discontinued after It was determined that the data monitoring of youth aging out was no longer needed. However, services would still be provided through the existing structure, and guidelines of the PBH Consultation Project to DFS. Consultants open cases for children ages 3 through 18 and perform the duties as outlined, monitoring safety, permanency and the well being for the child using a collaborative approach which includes DFS, the foster parent, the youth and external entities. Assessment and recommendations for additional services and assisting with transitioning to adult services are accomplished within the PBH Consultation Project to DFS.

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DSCYF CDW liaisons staff may be involved with youth aging out of care that have children of their own who are identified as having developmental challenges. Staff provides the described services in collaboration with independent living and other DSCYF services in order to support successful transition to adulthood and parenthood.

The Family Court of Delaware convened a statewide multidisciplinary team to work with Casey Family Programs to investigate the Cold Case and Permanency Roundtable models for potential application in Delaware. A permanency summit is in the planning stages for November 2012.

In October 2011, CPAC approved the creation of the Committee on Permanency Outcomes for Adolescents after it was identified as an area needing improvement by Delaware representatives at the National Convocation of Commissions on Children. The charge of the Committee is as follows: To improve outcomes for adolescents in foster care by developing best practices, policies, procedures and statutes that create lasting connections for adolescents, that exit them in a timely fashion from foster care with appropriate caregivers, that reduces the number of children with a goal of APPLA, that pursues legal strategies for keeping connections, and that has appropriate placements for youth that create stability and success while in foster care. It should be noted that this Committee shall not duplicate the work of the DFS APPLA workgroup, the Delaware Girls Initiative or any other groups or initiatives assisting adolescents in foster care, but should instead complement or fill gaps which still exist in Delaware's child protection system. The Committee's membership includes representatives from the following agencies: Family Court, Division of Family Services, Office of the Child Advocate, People's Place II Group Home, Child Placement Review Board, Department of Justice, Delaware Girls Initiative, CPAC, and Division of Prevention and Behavioral Health Services. The Committee began meeting on January 26, 2012, and determined that its priorities will be to provide oversight and/or coordination for existing groups assisting adolescents in foster care and to identify gaps in service and to outline a plan to address those gaps.

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

The Division of Prevention and Behavioral Mental Health Services continues 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; DPBHS committed two clinician who are available to provide 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 will facilitate access and/or address systems obstacles to access to treatment.

The clinicians screen and review cases, making recommendations for mental health and substance abuse needs. They accompany the DFS worker to meet with the foster care provider

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to educate them on a child's mental health or substance abuse issues and behaviors likely to be present related to those concerns. The clinicians offer suggestions on how to manage the behaviors. In addition, the service includes consultation with DFS workers seeking referrals to needed treatment services. These support services to resource families are expected to reduce the length of stay for some of the children in foster care by providing timely services that prepares them reunification or permanency.

The Center for Professional Development, within DSCYF, provides competency-based training to DFS caseworkers as well as service providers in the community, focusing on a wide array of topic areas specific to supporting child safety, permanency and well-being of pre-school children involved in the Division of Family Services. The learning objectives and competencies in the common core training focus on the needs of children from a developmental perspective and on promoting permanency. The DFS new worker training session Core 103, The Effects of Abuse and Neglect on Child Development, specifically addresses the distinct developmental needs of infants, toddlers and children through adolescence. This training requires caseworkers to demonstrate an understanding of the various stages, processes, and normal milestones of physical, cognitive, social, emotional, and sexual development of children as well as recognize the potential negative effects of child abuse, neglect, and sexual abuse on a child's development using a trauma informed lens, and identify indicators of developmental delay or problems in abused and neglected children. Caseworkers are provided with a variety of job aids like developmental checklists and charts as resource tools as well as instruction on how to refer infants and toddlers for an assessment with the Delaware Child Development Watch program housed within the Division of Health and Social Services, which assesses and treats developmental delays in children from birth to the age of three. The learning objectives and competencies in the Core 104 session, Separation, Placement and Reunification, is focused on caseworkers and service providers demonstrating an understanding of permanency; attachment and attachment disorders, identifying the effects of traumatic separation on infants, toddlers and children, and developing pre-/post placement strategies that prevent trauma associated with separation and placement. Employing theories of child development, separation and loss, grief, family dynamics and the impact of abuse and neglect, this training promotes the development of casework knowledge, skills and actions which support kinship and promote reunification, and build towards permanency and reducing time in foster care for children in care by engaging children, youth, families, and caregivers to assist them in building and rebuilding relationships. Foster parents, as all caregivers, receive training and links to resource providers to support them in the area of training, counseling and community supports for developmentally delayed children through Child Development Watch and Child Find.

Over the last fiscal year our contractor Prevent Child Abuse Delaware (PCAD), trained 248 foster parents in 35 training classes that included: Child Advocacy, Communicating To Get the Best Out Of Your Children, Conflict Resolution, CPR/First Aid, Crisis Intervention, Depression and Suicide, Domestic Violence and Its Effects on Children, Effective Discipline, Growing Up Unsafe: The Double Whammy of Attachments Related Trauma, Helping Foster Children

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Develop Social Skills, Introduction To Developmental Disabilities, Love and Logic, Module 1 Child Development, Preparing For Adoption, Sexual Abuse: How Can We Help, Stewards of Children, Suicide Prevention, Understanding Temperament, What Foster Parents Need To Know About Psychotropic Medication, and Working with Birth Parents.

DFS sponsors post-adoption training and education programming through its contract with A Better Chance For Our Children (formally Upper Bay Counseling and Support Services, Inc.). This past year adoptive parents received training focused on Fetal Alcohol Spectrum Disorders, Maintaining Your Commitment to Your Child during Difficult Times, Talking to Your Adopted Child about Sex, Enhancing Attachment with Older Adopted Youth, Bullying, Advocating for Children with Special Educational Needs, Enhancing Attachment with Children Who Have Been Traumatized, Lying, Strategies for Helping Teens Who Are About to Explode and Love and Logic. Additionally, they provided all-day bonding workshops for families to help them learn strategies to enhance their relationship with their adopted child(ren). This past year ABCFOC provided six evening trainings for adoptive parents in all three Delaware counties. ABCFOC will continue to expand their services and hope to reach more families in the coming year. ABCFOC plans to provide at least six trainings per year for foster/adoptive families.

The IACOA continues the practice of conducting a training workshop for all public and private case managers in the state working in adoption. Named the 'Worker Invitational Meeting', this past year, the workshops were on using the internet as a recruiting tool, preparing child predication sheets and learning about Fetal Alcohol Spectrum Disorder (FASD). On May 9, 2012, the ICOA conducted a matching party for the workers and adoption agencies for the placed children in foster care who are legally free and needing permanency. To enhance participation in this activity, AFIS provided a light lunch and refreshments for this meeting/matching event. There were 31 children and about 15 families presented at this meeting. Feedback was very positive and social workers want to continue this activity a few times throughout the year. One common theme was that there are not enough approved adoptive families for the number of waiting children needing a forever family. There is a need for more adoptive families willing and prepared to accept challenging behaviors, older children, minorities and sibling groups.

DSCYF Child Development Watch staff facilitates trainings to Public Health employees, external agencies, as well as DFS new employees regarding services for young developmentally delayed children.

Per Delacare requirements, every Child Placing Agency is required to document that each new social work employee receives at least eight (8) hours of orientation training during the first month of employment focusing on the employee's job responsibilities. A social work supervisor and social worker must receive thirty-two (32) hours of annual training in the principles and practices of the services provided by the CPA and the agency philosophy, policies and procedures. These hours are beyond what is required during orientation and routine supervision.

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In 2011, the Family Court of Delaware leveraged Court Improvement Program (CIP) funds to support the following training and education opportunities:

- March 2011 – CASAs and CASA attorneys to National CASA Conference
- April 2011
  - *You Gotta Believe!* – Pat O’Brien (permanency for older youth)
  - Child Safety – Jen Renne and Therese Roe
- May 2011 – annual CIP meeting
- June 2011
  - ABA Parent Attorney Conference
  - Children and the Law Conference
- July 2011
  - NCJFCJ in NYC
  - Three Branch Institute
- August 2011
  - NAAC Conference
- September 2011 – Judicial Retreat including:
  - Christopher Mallet on “From Trauma and Maltreatment to Juvenile Delinquency” and “Youth with Learning Disabilities in the Family Court;”
  - Sheryl Dicker on “Autism Spectrum Disorder: What Judges Need to Know”;
  - State DOE and school district attorneys on meeting the needs of learning disabled children;
  - Data exchange;
  - State children’s department leadership update.
- September- October: Darla Henry training for DFS workers
- October 2011
  - Ethics in Child Welfare – Jen Renne
  - Protecting Delaware’s Children Conference
- November 2011 – Child Welfare, Education and the Courts Summit
- December 2011 – Casey Permanency Roundtable Convening

The Family Court also entered into collaboration with DFS, the University of Delaware (UD), and Jim Casey Foundation to focus on youth aging out of care. With CIP data funding support, the University is mining DFS data on youth aging out of care and providing analysis to a multidisciplinary Community Partnership Board that includes representatives of all branches of government and leaders in various industries/disciplines and is chaired by Lieutenant Governor Denn. The Community Partnership Board will be working in groups during the year on various challenges facing youth: housing, education, employment, healthcare, transportation etc. The groups will use the data provided by UD to frame their work. The University will continue to collect data. A final report on the work and data analysis is due September 2012.

In the last few years, Delaware’s child welfare system partners have been made aware of such opportunities for ongoing training and education through the directory of Delaware Child

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Welfare Trainings, which is maintained and updated by the Office of the Child Advocate on behalf of CPAC. Trainings and other events, which enhance knowledge and raise awareness about relevant issues that impact youth, can be located under the training section of OCA's website or at [Iseethesigns.org](http://Iseethesigns.org). In addition to the mandatory reporting trainings, the training section also features presentations created by child welfare agencies, which are intended to provide cross-education to professionals. CPAC's Training Subcommittee created a Cross-Education Workgroup in 2012, charged with ensuring that fundamental cross-education training, on the roles and responsibilities of individual agencies, is available in different venues. As mentioned in the prior report, the Department of Education and the Division of Family Services have previously completed presentations, which are available online. The training section of the website will ultimately feature a number of presentations developed by various child welfare partners.

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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.*

For the 12 month period ending March 31, 2012, the outcome performance for this measure was 81.3%. The Quality Assurance Case Review system continues to be the main source of qualitative data regarding the states performance around well-being of families and children. Focal points for this area are the efforts to engage mothers, fathers and children in the assessment, case planning and service delivery activities. Case specific feedback is provided to staff regarding individual review outcomes and, data reports collect this information in aggregate for and report back to regions regarding opportunities to improve performance. Engaging mothers and children is seen with varying degrees of success throughout the state. However, engaging fathers is an area needing continued monitoring and support to staff in order to enhance performance and improve outcomes.

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

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

- Investigation: Education- 94.03%; Physical Health- 94.04%; Mental Health- 94.16%.
- Treatment: Education- 90.0%; Physical Health- 91.2%; Mental Health- 91.8%
- Placement: Education- 96.4%; Physical Health- 98.9%; Mental Health- 100%.

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.*

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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 collection period is April 1, 2011 through March 31, 2012. 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:

- 36% have a high school/GED education.
- 23% were employed.
- 50% were enrolled in vocational training or GED classes.
- 20% were enrolled in post-secondary education and training programs.

#### **Activities:**

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

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 735 families a month from January 01, 2011 through December 31, 2011 and are also available to foster children and their families.

K-5 Early Intervention FCTs help families access financial assistance for 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 1,029 home visits per month for a total of 12,256 home visits. This amounts to more than one home visit per month per family for the period January 01, 2011 through December 31, 2011.

In 2011 the K-5 Early Intervention Program again partnered with the Nemours Foundation resulting in more than 80 percent of FCTs becoming certified in the "Triple P" Positive Parenting Practices parenting program. With the addition of this training, the FCTs have 2 of the top 3 nationally ranked empirically validated programs available for use with Delaware Families.

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The PSSFCS program experienced an increase in the number of fathers as the primary caretaker served in FY2011. The program data reflect the program served 790 males participants in the family consultation and intensive family consultation services combined. The program serviced 199 males as the adult primary caretaker of the 790 males serviced in the program. This is a significant increase from FY2010 service period where the program serviced 113 males as the primary caretaker. The PSSFCS has focused more in training, practice and engagement which is an outcome of this success.

In the reporting of participants' race there was a small decrease of African Americans and an increase in Caucasians. The data reports a small decrease of Hispanics and other ethnic minorities. 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 makeup of their support team.

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.

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.

Foster care expanded the environmental checklist when assessing foster homes to include an area that focuses on child well being, support and attention. (See Attachment: Physical Environment Checklist)

The DFS Consultation program conducts trauma screens for first time entry foster children (checked by reviewing foster care entry data in FACTS) and any children displaying behavior that threatens to disrupt their placement. These screenings are provided for children old enough to participate, ages 7to16. The UCLA PTSD Index is the tool used for trauma screenings. (See Attachment: UCLA Post Traumatic Stress Disorder Index) Trauma-Focused Cognitive Behavioral Therapy is available through a variety of trained counselors in the provider network. This is an effective treatment for childhood trauma from: sexual and/or physical abuse, neglect, witnessing violence, or traumatic incidents/loss. The intended outcomes of this intervention model are to help families and children distressed by childhood trauma and reduce problem symptoms or behaviors. Case planning and placement support activities consider findings and recommendations from trauma screenings and interventions. A.I. duPont Hospital and Nemours Health Clinic developed a foster care health program for children in foster care. The health care

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

program addresses the specific and unique needs of children in foster care. Beginning May 1, 2012 DFS requires all children who enter foster care in New Castle County be seen at the Nemours Foster Care Health Program for initial medical assessment and evaluation that includes a head to toe physical exam, psychiatric and medical assessment, behavioral assessment, vision and hearing exam and immunization review. Once the assessment is complete Nemours will link children to specialty services and provide any foster family's primary physician with the information and planned follow up. Plans are to expand statewide for all children who enter foster care.

With the organizational decision to place the PBH Consultation Project to DFS in the prevention unit, the project is able to facilitate the goals of DFS around safety, permanency and well being not only from the perspective of treatment, but also prevention and early intervention. These services are provided directly by the DFS Consultation staff, sister divisions and community resources that can continue to support the family once the more formal services are no longer needed.

DSCYF CDW liaisons staff provides education, resource access, consultation, home visits, case management and advocacy services to enhance and expand the ability of DE families to provide safe, stable, healthy and nurturing environments for children with developmental challenges. This program ensures continuity in transition to Child Find services at age 3 for those children and families that need the continued supportive, educational and early intervention/treatment resources in order to maintain a safe, stable, healthy and nurturing environment for optimal progress for children with developmental challenges.

Delaware's Health Care Services Plan provides for behavioral health screenings as a component of the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Screening. MCOs are to apply screenings within 30 days of referral. The Health Care Plan will be reviewed in the coming year for revisions and updates.

During the past year, the Promoting Safe and Stable Families Consultation and Support Program provided family consultation and support services to at-risk families involved in DFS, DYRS and DPBHS. PSSFCS efforts continue a consultation process which is a family-focused, child-centered model seeking 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 transitioning youth back into the home as well as the community. Through coordinated efforts to improve prevention and early intervention services based on the needs of departmental families, a system of care has been developed that offers services along the continuum.

This collaboration resulted in 61 referrals from departmental and other state agencies for FY11. These numbers are not inclusive of all the DFS families serviced in PSSFCS as the program depends on self reporting of OCS family involvement.

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## **Outcome: Well-Being**

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 provides a database identifying all school-aged youth in foster care to the Department of Education. The Department of Education compares performance results on statewide standardized testing, drop-out rates, and the percentage of students receiving special education services with youth residing in their own home.

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. 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.

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

In the fall 2011 and spring 2012, Annie E. Casey Foundation conducted an assessment of Delaware's child welfare system. The initial assessment, included policy reviews, data analysis and interviews with DFS staff and community partners. DFS identified several areas needing improvement in the early stages of the assessment. These areas are strengthening services to intact families to avoid out-of-home placements, achieving permanency for teens already in foster care, and implementing a new risk assessment model. This is an exciting partnership and collaboration with AECF and the agency. The implementation of activities based on the assessment's findings will strengthen outcomes for children and youth. The agency is considering or implementing these initiatives under the banner "Outcomes Matter – Enhancing Practice and Transforming Lives":

- Structured Decision Making®
- Differential Response
- Safety Organized Practice
- Team Decision Making
- Kinship Care
- Permanency for Foster Teens
- Foster Care Resource Recruitment
- Cross-Agency Collaboration
- Outcome Performance Management

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DFS and representatives from Delaware Medicaid (DMMA), Diamond State Partners (DSP), Delaware Physicians Care Inc. (DPCI) and United Healthcare have developed a partnership to best meet the medical and mental health needs of children in foster care by developing a monthly data exchange for all children placed in foster care. The intent behind this monthly data exchange is to ensure that DFS caseworkers and foster parents are provided with the most up-to-date medical and mental health information for children placed in foster care. DFS recently refined the monthly data exchange. The data exchange provides each managed care organization (MCO) with the following information:

- The youth's name
- Date of birth
- Date of entry into foster care
- MCI (Master Client Index)
- DFS worker name and telephone number

Each MCO has designated a single point of contact (SPOC). Once the MCO receives the list of youth that have entered foster care, the SPOC develops a Medical Profile for each youth. That profile details the name and contact information of the PCP for the child, diagnosis, specialists (including contact information), durable medical equipment and medications. The medical profile is then forwarded to the DFS worker within 30 days of the child entering foster care. The SPOC also contacts the foster home for the child to discuss the child's medical needs and to discuss what supportive services the foster home might need.

Each MCO also established a single point of contact (SPOC) for DFS workers to contact for anything they may need or any questions they may have. This SPOC helps the social worker obtain a Medicaid card if needed and help refer to specialists if needed.

Additionally, if DFS finds out later that a child has a medical condition, the DFS worker can contact the SPOC who will in turn, immediately develop a plan of care for the child. In the past, the MCO needed to wait for 30 days until they received an invoice from the physician to be alerted to any medical issue and to develop the plan of care. This eliminates that delay.

In the spring of 2012, DFS and the various MCOs met to address how we can best assess the rate at which children in foster care are prescribed psychotropic medication. The workgroup agreed to gather data for all children in foster care from January 1, 2011 through May 1, 2012. The team will look at all behavioral health referrals, all psychiatric referrals, and all pharmacological claims. That data will be filtered by age, gender, race, and county. Plans are to obtain aggregate data for the same number of children not in foster care during the same period of time to compare psychotropic medication use against children not placed in foster care. Current oversight of psychotropic medications is referenced in several places. Department Policy #207, Transfer Instruction Sheet instructs the appropriate exchange of medical information and prescriptions between caregivers when children change placements. DFS policy states the criteria and conditions for parental or agency consent for psychotropic medications. The use of

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psychotropic medication in residential facilities is well documented in recent federal issuances. The current Health Care Services Plan references Delacare Regulations for Residential Child Care Facilities saying licensees must have policy and provisions for storing, administering and reviewing all medications including psychotropic prescriptions. The PBH Consultation Project to DFS includes a medication review when children are referred for screening or services. Once the MCO-DFS workgroup has gathered and reviewed the data, additional guidelines and oversight protocols will be considered as needed.

A listing of mental health service providers is distributed to DFS staff each month indicating a list of service providers and availability of service.

To strengthen youth engagement in case planning, the signature pages of the Plan for Child In Care (PCIC) III and IV were modified to include the following: “All participants, including youth, must be included in the development of this plan. They must be provided with the opportunity to review and sign the plan. This includes obtaining the signatures of all parties, including youth.”

The CPAC Education Workgroup was able to aggregate data for the 2010-2011 school year. Data analysis showed that 67% of seniors residing in foster care graduated from high school compared to 91% of all other seniors in high school. The data also showed that there was very little difference in the attendance rate for foster children versus all other students (92% versus 94% respectively). The same cannot be said for the percentage of students receiving special education services. According to the data, 41% of all school-aged foster care students are receiving special education services versus 16% of the general student population. The data also showed a marked difference in the scores on the standardized testing that all Delaware public education students must take. The scores for foster care students were lower than the scores for the general population. This discrepancy became more pronounced in the higher grades (7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> grades). The workgroup also analyzed the number of placements youth have during the school year as well as since they entered care. According to the data, 57% of all children in foster care were able to remain in the same foster home for the entire school year. The data also showed that the older a youth was in foster care, the more likely they were to have multiple foster care placements both during the school year as well as over the course of their lifetime. It is now the task of the CPAC Education Workgroup to strategize how academic outcomes can be improved for students in foster care.

In November 2011, representatives from DFS, Family Court, the Department of Education, and the Cabinet Secretary for DSCYF attended an educational summit in Arlington Virginia. The purpose of the summit was to help all three systems collaborate to strengthen the educational successes of children and youth in foster care. The group established two short term and two long term goals. The short term goals and accompanying action steps include:

1. To study the population of children in foster care that have had disrupted placements and school changes, including suspensions and expulsions

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- a. Update the education database to include changes in school placements
  - b. Provide “difficult to place” data to the CPAC Education Subcommittee
  - c. To report findings to CPAC
  - d. To identify why school placement and/or foster care placements change
  - e. To learn the status of the e-school/DSCYF exchange
  - f. To gather data to show the number of best interest meetings, the number of days between enrollments, and the number of suspensions/expulsions
2. To heighten awareness of the advocacy needs of children in care
    - a. Provide forums for youth in care to tell their story
    - b. Coordinate meetings with other professionals involved and develop action plans were feasible
    - c. Educate foster parents about utilizing the home Access Center

The long-term goals and accompanying action steps include:

1. To reduce the number of school disruptions, including suspensions and expulsions
  - a. Invite YRS and PBHS to join the CPAC Education Subgroup
  - b. Reinforce the MOU between DFS/DOE/school districts as it relates to McKinney Vento and best interest meetings
2. To improve educational advocacy for students in foster care
  - a. Partner with the National Resource Center on Children and the Law
  - b. Develop standardized language regarding the release of information related to educational information
  - c. Implement standards of practice to include educational advocacy for CASAs and GALs
  - d. Develop complementary court rules to gather information regarding a child's educational status

Alfred I. DuPont Hospital and Nemours Health Clinic developed a foster care health program for children in foster care. The health care program will address the specific and unique needs of children in foster care; they are equipped to provide our children with the best medical care available. Beginning May 1, 2012 DFS requires all children who enter foster care in New Castle County be seen at A. I. duPont Hospital for Children within the Nemours Foster Care Health Program. Nemours will conduct the initial medical assessment and evaluation that includes a head to toe physical exam, psychiatric and medical assessment, behavioral assessment, vision and hearing exam and immunization review. Once the assessment is complete Nemours will link children to specialty services and provide any foster family’s primary physician with the information and planned follow up. Plans are to expand statewide for all children who enter

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foster care. Also, DFS collaborated with A.I. duPont Hospital to submit a grant proposal focused on improved health outcomes for youth in foster care. The project seeks to educate the members of YAC to become health ambassadors in order to effectively impart healthy living measures to their peers in a variety of ways including via social media. Included in the project are trainings/focus groups to promote healthy relationship development to prevent domestic violence and suicide prevention. Should this grant be awarded, these services will begin in fall 2012.

On 4-7-12, the ladies of the Wilmington Chapter of Delta Sigma Theta Sorority, Inc. conducted a half day project with six young women at the Gov. Terry Shelter. The event focused on mental and physical health and included activities regarding, nutrition, physical activity, sexual health, and fun interactive activities. All youth received a gift card along with health education materials. Additionally, the sorority donated a Wii video game system and several games to the shelter to further promote physical activity.

During 2011, the Delaware Youth Opportunities Initiative (DYOI), a co-investment site of the Jim Casey Youth Opportunities Initiative (JCYOI) was launched in Delaware. In line with the JCYOI principles, DYOI has developed a Community Partnership Board to work on a variety of issues including health. This subcommittee's primary focus is developing policy that will allow for automatic continuation of Medicaid through age 21 for youth that have aged out of foster care. Additionally, improved mental health transition services are a goal of this committee.

Delaware's collaborative efforts to improve access to and the quality of early childhood education and the strength of the state's proposal to move each forward were acknowledged when Delaware was named a winner in the federal Race to the Top - Early Learning Challenge. The First State was also a winner in the initial Race to the Top contest, which challenged states to make public schools stronger.

Last year (FY 2012), the Governor committed and the legislature approved funding to help build stronger staff and encourage stronger services at early childhood education centers. That effort includes the expansion of the Delaware Stars for Early Success quality-rating program, which provides technical and financial assistance to enable early care and education providers to achieve higher standards. This all came at a time when budgets are under pressure in so many states – with Delaware being no exception – Governor Markell used the 2010-11 legislative session to move aggressively in the opposite direction: by winning approval for a \$22M annual investment in high-quality programming for high-needs children (an amount equivalent to a 35% increase in state spending on early childhood), the Governor established early care and education as the single largest new ongoing spending priority in the state. Also designated in this is \$0.5M to offer additional scholarship opportunities for early childhood educators to attain a degree. The Governor has pushed his administration and all stakeholders to seize the moment presented by this grant, and is committed to sustaining these reforms after the grant period has ended. This funding placed Delaware in a solid position to develop a highly successful application for Race To The Top – Early Learning Challenge funds. Delaware's application and plan focused on:

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- The expansion and Redesign of the Delaware Stars for Early Success (STARS) quality rating program, which is well underway.
- Building a professional, effective workforce of high-quality educators
- Supporting the health and development needs of the whole child – this includes mental health services and our “Parents as Teachers” program
- Improving data to improve Kindergarten readiness and more efficiently target resources

The state’s submission was a collaborative effort from the Governor and Lt. Governor’s Offices, the Departments of Education (DOE), Health and Social Services (DHSS) and Services for Children, Youth, and Their Families (DSCYF), along with community organizations and service providers including the Rodel Foundation, the Early Childhood Council, and the STARS program. The Delaware State Education Association and offered its advice and support, including the direct input of several kindergarten teachers. Members of the Governor’s Cabinet made clear that the federal support will help. The Race to the Top funding brings together the most comprehensive approach to attain consistent quality care and education that supports children’s school readiness and allows providers and teachers to meet the high expectations they desire to meet. Revised Scopes of Work for this grant have been submitted to the U.S. Department of Education at the end of March. Upon approval the projects specified in the grant will commence.

Concerning early child care programming, Delaware has designed a comprehensive plan to create a professional and effective workforce that targets three of the most critical challenges in the field, and does so with a clear priority on the highest-need programs serving the highest-need children. First, it is known that programs in high-poverty areas struggle to attract highly-qualified educators. Second, it is recognized that educators need incentives and resources to invest in their own advancement and to see a viable long-term career for themselves in early care and education. And finally, is the belief that no system will succeed in sustaining a professional and effective workforce if program leaders lack strong instructional skills, and cannot provide meaningful feedback and support for their staff.

Delaware will use grant resources to launch, and then state resources to sustain, a new compensation strategy for early childhood programs that supports the inter-related goals of recruitment, improvement, and retention of effective educators. Delaware is setting eligibility criteria for the compensation program that focus on those programs with the greatest need. Although it is a reality of early childhood education around the nation that all educators could benefit from large across-the-board increases in pay, we know that the challenges faced by programs serving high concentrations of high-need children are even greater than average. Those programs should be and will be the first priority, and the criteria designed reflect that commitment:

- Programs located in high-poverty census tracts will be eligible for the compensation program if 33% or more of the children they serve receive purchase of care subsidies

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- Programs in other areas of the state will be eligible for the compensation program if 66% or more of the children they serve receive purchase of care subsidies
- Programs meeting these eligibility criteria will be allowed to opt-in to the program on the condition that they use the state's career lattice framework as an integral part of their own differentiated compensation plan for educators (with the state's resources being additive to what programs do on their own)
- Programs must be licensed to participate in the compensation program

The investment in across-the-board reimbursement rate increases, combined with the availability of tiered reimbursement, makes it more economically viable for programs to serve these higher concentrations of low-income students. The compensation program will build on these steps to ensure that these programs have additional resources to recruit and retain highly-effective educators.

The compensation strategy has two components:

- Recruitment bonuses for highly-qualified educators. We know that programs serving high-needs children often struggle to attract the most highly-qualified job candidates. For programs participating in the compensation program, the state will provide a \$1,000 one-time bonus to any educator with an Associate's degree or higher who is hired and remains with the program for at least one year
- Ongoing wage enhancements for educators who attain additional credentials and higher levels on the state's career lattice. The wage enhancement program will have three tiers. At each tier, all qualified educators will receive one level of ongoing, annual compensation supplements.

To integrate the program with the tiered QRIS (Quality Rating Indicator System) of the Delaware Stars for Early Success and to provide educators with an incentive to support their program's growth in the QRIS, educators whose program has achieved a Star level 3 rating or higher will receive a higher wage enhancement at each of the three tiers. The steps include:

- Educators who complete the state's Training for Early Care and Education (TECE) 1 and 2 training, and thus meet the requirements for the credential of Early Childhood Educator: \$500 baseline wage enhancement, \$1,000 for educators in eligible Stars 3-5 programs
- Educators who earn one of the new credentials offering specialized expertise: \$1,500 baseline wage enhancement, \$2,500 for educators in eligible Stars 3-5 programs
- Educators who have an AA degree or higher: \$3,000 baseline wage enhancement, \$4,000 for educators in eligible Stars 3-5 programs

Delaware will provide on-site, job-embedded leadership coaching to all early care and education program directors over the course of the grant period. This coaching will be made available to all categories of early learning and development programs on an opt-in basis. Programs who opt-in will receive the coaching support on a monthly basis for two years. Leadership coaches will focus on a few critical skills for leaders to support a professional and effective workforce.

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Delaware will offer the most intensive level of support to the highest-need programs, the same programs that will be eligible for the new compensation program. By creating an overlapping set of supports for these programs, which serve the highest concentrations of high-need children, it is believed that the impact of each individual piece of its strategy will be amplified. These programs will be eligible for the on-site coaching two days a month, and will receive additional resources to support release time for educators to work with leaders and their colleagues outside of normal hours on development needs.

All other programs statewide will be eligible to access monthly leadership coaching support. Leadership coaches will spend one half-day per month, over a two-year period, with individual program directors in this category. Family child care providers will receive the coaching support through a community of practice model. The needs of family child care providers are critical to address, but their smaller scale makes those needs different than the directors of larger early learning and development programs. Those family child care providers who opt in to the leadership coaching will receive this coaching for a half-day each month in a group setting of one coach per five program providers.

The Delaware Institute for Excellence in Early Childhood (DIEEC) is implementing a new series of advanced credentials related to specialized knowledge and expertise and aligned with the Career Lattice – an objective developed in Delaware’s 2006 *Early Success* Early Childhood Plan. Delaware will roll out this series of content-based credentials in the areas of: Inclusion, Administration, Infant/Toddler, Family Child Care, School Age, and Preschool. The Inclusion Credential opened for applicants in April, 2011, followed by the Administration Credential in October of 2011. The remaining credentials will be introduced during 2012.

To obtain an Early Childhood Credential in Delaware, candidates must complete a package of education or training, demonstrate competency via a portfolio, and participate in an interview process related to their specific relevant knowledge and skills. Content credentials are coordinated by the DIEEC and awarded by the DOE. Obtaining credentials makes an educator more desirable as they pursue career advancement opportunities and allows programs to more easily measure and publicize information about their staff. All DPBHS educational sessions are based on best practices.

Delaware’s goal is to ensure that the competency framework is fully integrated into the offerings of all training and professional development providers, from those who focus on educating new entrants to the workforce to others who provide ongoing training for existing workforce members. Delaware’s comprehensive and vocational high school systems have already aligned their coursework with the state’s competency framework. Higher education institutions have supported, through their representation on the P-20 Council and the Early Childhood Council, the development of the state’s competency frameworks. As a part of this state plan, all higher education institutions in Delaware have agreed to actions that will bring their 2 and 4 year

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programs into full alignment with the Delaware Early Learning Foundations, a curriculum tool to help further enhance the quality of early education services for its preschool age populations.

The Delaware Association for the Education of Young Children and the Delaware Head Start Association, Inc. in collaboration with the Department of Education Early Development and Learning Resources and the Delaware Institute for Excellence in Early Childhood presented Making a Difference: A Conference for Early Childhood Professionals on March 30-31, 2012 at Delaware Technical and Community College, Dover campus. This is the first year that the Head Start and Delaware Association for the Education of Young Children (DAEYC) have combined their yearly conferences. Over twenty-one workshops were presented including three by OCCL on “Staying in Compliance”.

Information on quality approved training can be found in “Provider Pursuits” which is published quarterly by DIEEC. Annual training hours are required under Delaware 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 Homes (12 annual hours) and staff members of Large Family Child Care Homes (15 annual hours) and Early Care and Education and School-Age 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 Delaware Institute for Excellence in Early Childhood (DIEEC) manages the “Capacity Grant” program financed by the Division of Social Services. Licensed early childhood programs can apply for grant funds to offset a portion of program start-up, expansion or improvement costs; including personnel, equipment, supplies, contractual services and professional development. DIEEC is seeking proposals for identified gaps in service areas for: infants and toddlers, school-age youth, children with disabilities, non-traditional hours and mildly-ill children. Funds must be used to create, expand or enhance the quality of programs, with an emphasis on serving low-income children. Programs must be licensed through the Office of Child Care Licensing, Department of Services for Children, Youth and Their Families.

T.E.A.C.H. Early Childhood® Delaware is a scholarship program that offers financial assistance to help pay for Associate and Bachelor degrees in early care (EC) and education/early childhood (ECE), a Child Development Associate (CDA) Credential application fee, CDA Advisor stipend

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and coursework leading to credentials in the field of ECE/EC. DAEYC has been contacted to manage the T.E.A.C.H. scholarship program.

Early child care training opportunities are becoming more available in on-line formats. The Delaware Institute for Excellence in Early Childhood, with support from the Department of Education and the Office of Child Care Licensing has made online coursework available to Delaware's early childhood workforce. DIEEC has established a partnership with the National Association of Child Care Resource and Referral Agencies (NACCRRA) to offer new online coursework. These courses have been approved by the Council for Professional Recognition for those wishing to pursue a CDA Credential. All courses are self-paced and can be accessed anytime of any day. The courses include a CDA Credential Training for Child Care Centers (120hours) approved by OCCL as an equivalent course for TECE 1 and 2. This package, when completed successfully, can be used to qualify as an Early Childhood Assistant Teacher, by completing the first 60 hours, or as an Early Childhood Teacher, by completing all 120 hours. It is also a CDA Credential training for Family Child Care Providers (120 hours). Approved by OCCL as an equivalent course for TECE 1 and 2 and a CDA Credential Renewal Training (45 hours), this is an opportunity to keep a valid CDA.

The Military Child Care Liaison Initiative has a project with Penn State University's Better Kid Care to offer quality, online training to providers in areas that have a high concentration of National Guard and National Guard Reserve families. This is now available to all Delaware Counties. This no cost opportunity is available to all licensed providers in DE through the Department of Defense Military Child Care Initiative. OCCL awards annual training credits through this initiative and has promoted this option through notifications to providers. The Department of Defense currently offers a series of three online trainings: Developmentally Appropriate Practice, Planning Language, Literacy, Mathematics and Science Experiences for Young Children. Of the thirteen States participating in this initiative Delaware exceeds all others in usage of this training option. Delaware had 75 participants, who completed 239 lessons for which they received 368 training hours. Other States participating in this option are CA, CO, FL, IN, KY, NC, VA, and WA.

The Division of Prevention and Behavioral Health Services offers free training sessions throughout the year to licensed providers. All of these training hours are recognized by OCCL. All sessions provide information and skill building components to improve workforce competencies. One such training is Child-Adult Relationship Enhancement or CARE. This training provides individuals who work with young children (up to age 7) general behavior management skills designed to build positive relationships so children feel more connected to the adults who care for them and, as a result, are more likely to demonstrate positive behaviors. Providers have reported managing behavioral problems of children in care is one of their primary challenges. Developed by the Cincinnati Children's Hospital Medical Center, CARE is a training that grew out of a series of collaborations with therapists trained in Parent-Child Interaction Therapy (PCIT), an evidence-based mental health treatment for young children that

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focuses on reducing behavior problems, improving parent-child relationships, and increasing positive child behaviors. Joshua Masse, Ph.D., clinical psychologist, trainer and PCIT expert with the Division, has trained a number of licensed mental health professionals as CARE trainers. These trainers include the Division's Early Childhood Mental Health Consultants who will be offering a series of CARE training workshops to staff of early care and education programs statewide.

The Division of Prevention and Behavioral Health Services works closely with OCCL to bring best practices in child mental health to the child care community. The Division of Social Services through the use of Child Care and Development Fund (CCDF) dollars has funded child care mental health consultants. Mental health consultation in early childhood settings is a problem-solving and capacity building intervention implemented within a collaborative relationship between a mental health professional consultant and one or more caregivers, typically an early care and education provider and/or parent or foster parent. Early childhood mental health consultation aims to build the capacity and improve the ability of staff, families, programs, and systems to promote positive relationships and social emotional skills as well as to prevent, identify, treat and reduce the impact of mental health problems among children from age 2 through 5 and their families. The use of these consultants was implemented to also reduce expulsions and to identify problems early so that services can be provided reducing the need for much more intensive services later. This has been a very successful initiative and there is now a waiting list. These are free services. It is a partnership with early childhood education programs, with a focus on children 2-5 years of age and on programs with a significant proportion of children whose care is assisted through the State of Delaware's Purchase of Care program. All consultants are licensed mental health professionals with experience in working in early child care settings and with children and their families. The commitment and collaboration of the center director and staff, along with a child's parents or caregivers is essential to a successful partnership.

Trauma-Focused Cognitive Behavioral Therapy is also available to child care providers through DPBHS. This is an effective treatment for childhood trauma from: sexual and/or physical abuse, neglect, witnessing violence, or traumatic incidents/loss. The intended outcomes of this intervention model are to help families and children distressed by childhood trauma and reduce problem symptoms or behaviors.

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 Can Problem Solve". Sites were selected based on recommendations of licensing specialists, participation in the FACET Program and the interest of site administrators to accept the services.

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OCCL and DPBHS continue exploring other trainings and support services in child care specifically in the areas of early identification of developmental and behavioral problems, engaging parents and supporting appropriate treatment services.

Nemours Health and Prevention Services (NHPS) continues to fund 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 by the Delaware Department of Education to coordinate professional development in the Child Care Workforce. Delaware currently has 53,000 children licensed childcare slots, which makes these facilities ideal outlets to create healthy environments through nutrition and physical activity, as well as encourage parents to support healthy choices at home.

Through a Team Nutrition grant obtained by DOE, Child and Adult Care Food Program (CACFP) and Nemours, a resource "Nutrition Toolkit" was developed and made available to all licensed child care providers. This contains simple instructions for implementing the nutrition, physical activity requirements of Delacare, healthy recipes which meet the requirements, shopping tips and tools. Hundreds of providers were trained in 2011 to use the Toolkit and now Race To The Top funding will enable 1,000 additional early childhood educators to be training in the toolkit over the period of the funding. Race To The Top is also funding the development and implementation into the regular schedule of professional development activities an online version of the Nutrition Toolkit training scheduled to be available to all in 2013.

The Division of Youth Rehabilitative Services continues to partner with programs in the community who are developing mentoring programs for youth. We have entered into MOUs with grant holders who are currently 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. The Division's partnership with Child, Inc. who is providing intensive supervision for low level youth involved in the Sparrow Run neighborhood, and surrounding areas on the Route 40 corridor, has entered its second year of a three year grant. AmeriCorps Fellows continue working with the clients, as Child, Inc. provides their supervision as their host agency.

The FACET Cluster functions as a network for sharing information where child care centers compare their work to the work of the other centers performing similar 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.

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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 group within each of the FACET parent councils. 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.

As prevention and treatment services have been integrated in one division, the community partners, networks, coalitions and stakeholder involvement has expanded significantly. The PBH Consultation Project to DFS has connections through DPBHS to an expansive array of options that can be creatively integrated in a plan that facilitates positive educational, physical, behavioral health and recreational outcomes that incorporate the life skills that children and youth need to reach their potential, develop healthy relationships and manage any challenges that they have. This project focuses on identifying the challenges and working with our sister division, DFS, and other partners to mitigate the impact and enhance abilities through strengths based plan. Collaboration is also accomplished by Consultants participating in provider meetings, being part of committees, and work group participation with sister divisions.

During this reporting period, 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. 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. In 2011 the K-5 Early Intervention Program partnered with the Nemours Foundation resulting in more than 80 percent of the FCTs becoming certified in the "Triple P" Positive Parenting Practices parenting program. With the addition of this training, the FCTs have 2 of the top 3 nationally ranked empirically validated programs available for use with Delaware Families. The combined efforts of these governmental and non-profit organizations reduce child maltreatment throughout the state.

DSCYF CDW liaisons staff uses consultation, education/training, assertive case management, resource identification and facilitation of access to DSCYF services to increase positive outcomes for children and their families dealing with developmental challenges.

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The Family Court of Delaware, through the leadership and participation of its judges in various multidisciplinary workgroups, their individual activities and the Court Improvement activities, are contributing to the identification and provision of services to families. These efforts include but are not limited to education, special education resources, independent living, the Delaware Youth Opportunities Initiative and the Youth Advisory Council.

**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. Additional policy, practice and contractual enhancements have been implemented during this reporting period. Some of the changes include clear timelines and requirements for independent living services and housing application documentation. The policy to provide youth with education on the importance of designating a health care proxy and the provision to establish a power of attorney were implemented. In order to meet this federal requirement a partnership was established with Delaware Volunteer Legal Services.

The necessity to improve the assessment and services to youth at age 14 has been a continued focal point for our program during the year. The Independent Living Life Skills Planning Guide, implemented in 2010, continues to be promoted as a tool to assist DFS staff and caregivers. The tool includes a basic life skills assessment that is conducted beginning at age 14. This tool begins 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 youth's skill level is measured every six months and case plans are developed to assist the youth to obtain experiences which will enhance their skill development.

Life skill programming for youth ages 14 and 15 is slated to begin in summer 2012. Through collaboration with the community partner, Kind To Kids Foundation, life skill training in the following areas will be taught: Daily Living, Home Life, Self Care, Housing, Education, Career Planning, Money Management, and Interpersonal Skills. Curriculum development has been conducted during 2011. The courses will be taught by a high school principal and high school teacher from within the community. Courses will include hands on experience and incorporate the use of a mentor for the youth. Additionally, efforts to improve services to youth 16 to 21 have occurred. Examples of improved services include the development of a curriculum for independent living contractors to utilize in order to better serve the needs of youth who have cognitive learning disabilities. Also, during the reporting period 25 additional housing vouchers were made available to youth in order to increase housing resources. The partnership with Stand By Me, which provided \$1500 scholarships for 15 young women to further their education and

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also provided a mentor, were amongst the improved services rendered. At age 18, youth have been surveyed to determine their perception of the benefits gained during their participation in the independent living program. The results of the surveys are reviewed and have helped to develop enhanced services and the incorporation of additional resources for independent living contracted providers.

The necessity to collaborate in order to obtain employment resources has been key. The partnerships maintained with Opportunity Center Inc., 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. A new partnership was established in 2010 with the Superior Courts statewide. As a result of this partnership, six youth participated in a six week internship through the Superior Courts in Kent, New Castle, and Sussex counties during the summer of 2011. The youth obtained experience in office and customer service skills, were able to sit in on a trial, and received a stipend for their participation. The Fund for Women grant was used by North East Treatment Center to assist the New Castle County participants with a stipend. Independent living program funds were utilized for stipends for Kent and Sussex County participants. IL contractor, People's Place II was chosen as a vendor for Summer Youth Employment, placing 10 youth in 2011. Additional opportunities are slated for the summer of 2012 to include more youth and expand to the Court of Common Pleas and Family Court. In 2011 the New Castle County sites were approved as Summer Youth Employment sites in order to provide payment to the youth for their participation an application to do the same will be submitted for 2012.

In 2011, IL contractor West End Neighborhood House, created a social enterprise entitled, Bright Spot Ventures (BSV) to specifically train foster youth in business development, business application, and soft skills. The business is an online bookstore, which at any one time can employ 15 youth. The youth partake in book drives, community pickups, merchandise handling, inventory, and billing processes. The endeavor has grown to also include a fresh food market component. Youth are matched with local produce growers, receive help developing marketing strategies, and selecting products each week at the community market. An important component of this enterprise is the training and development the youth receive. The youth are given expectations and receive counseling on appropriate employment related behaviors. There are consequences similar to a professional position, but only after several learning opportunities have been given. Youth are also allowed to re-interview in those instances where termination has occurred and must communicate what they have learned from the experience.

The Youth Advisory Council (YAC) has participated in civic events as well as training activities during the reporting period. Civic activities included 11 members participation in Adopt A Highway, which builds community pride and instills the importance of community service. As in years past, the members attended a career day event at Six Flags Great Adventure amusement park which included learning about employment resources, interviewing skills, and concluded with use of the venue. YAC also hosted the 9<sup>th</sup> Annual Youth Conference for approximately 100

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youth. YAC members conducted a presentation to six legislators in October 2011 to convey their policy agenda regarding the extension of foster care to 21, additional assistance with transition planning, and improved policy regarding youth's ability to acquire drivers' license and car insurance. Members also participated at various speaking engagements, including a panel presentation at two CASA trainings. Of significant achievement in 2010 was the production of a documentary entitled, "Through The Eyes of A Child In Foster Care". The documentary was a collaborative effort with the Sussex County Family Court Judge Peter Jones and other court staff. This documentary includes interviews with six YAC members and provides insights regarding their experiences both in foster care and since aging out. It has served as an educational aide for foster parents, social workers, judges, CASAs, GALs, mentors, and the community as a whole. The membership of YAC continues to grow and DFS along with partner agencies, including the Family Court and the Independent Living providers, continue to support and encourage YAC to expand its membership and experiential activities to further engage youth in care.

During spring break of 2012, 18 members of YAC participated in the development and painting of a mural that reflects, hope, challenges, and choices. This mural was made possible through a grant acquired by the Rehoboth Art League and is displayed in the Sussex County courtroom of Family Court Judge Peter Jones.

A significant accomplishment was a recent meeting with Senator Coons in Washington D.C., where the youth further conveyed their policy agenda and requested the support of the senator. The youth were also treated to an opportunity to view Vice President Biden's office and interact with his Director of Legislative Affairs, Tanya Williams.

Delaware State Housing Authority has been an outstanding partner for resources for youth exiting care. This year they provided 55 rental subsidy vouchers to be utilized by youth statewide. A portion of these vouchers were provided through a federal grant and the remaining twenty five are state funded. All vouchers include a supportive housing component. Efforts to obtain additional state funded vouchers are currently underway. The Delaware State Housing Authority budget request includes a provision to supply 25 additional housing vouchers specifically for youth aging out of foster care through the Statewide Rental Assistance Program (SRAP).

In an effort to increase the post secondary educational opportunities for youth, a pilot project with Delaware State University was initiated during the 2010-2011 school year. Four youth are being supported through a partnership between DFS and Delaware State University. Supports include financial assistance, year round housing supports, and university life guidance and supports. An MOU was signed on February 14, 2011 which extends this opportunity to 2(two) youth a year in subsequent years to a maximum of 8 youth. A key partner in this accomplishment was DSHA. Through the use of a state funded voucher one of the youth was able to receive a rental subsidy voucher to cover the dormitory housing costs.

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Delaware became a co-investment site of the Jim Casey Youth Opportunities Initiative in January 2011. Initial efforts included an environmental scan which identified the strengths and unmet areas related to best serving the needs of youth exiting the foster care system. Delaware has begun to incorporate the Jim Casey strategies of: Youth Engagement, Community Partnership Boards, Youth Advisory Boards, Increased Opportunities for Economic Success, Public Will and Policy, and Research, Evaluation and Communication to enhance service delivery and supports to transition age youth.

The Division of Family Services continues with web-based case management and data entry components for IL providers. This initiative supports 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. In accordance with NYTD requirements, DFS began data collection in October 2010 and was in full compliance for the first submission.

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 (STEPS) 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 Iyvanne 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 2010-2011, 48 students received a total of \$143,579 through these programs and used these funds at four-year colleges (17), community colleges (30) and trade schools (1).

The APPLA community workgroup, which includes community partners, continues its coordinated effort to increase the resources for youth exiting the foster care system. Through the efforts of this collaborative team, 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 workgroup also serves as an accountability measure for timely utilization of resources. Forthcoming efforts include the development of a personal responsibility curriculum and guidelines for educational achievements to help improve high school completion rates.

In compliance with new federal requirements, the acquisition of credit reports for youth 16 and older has been implemented. This venture is being carried out in conjunction with Stand By Me,

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a program of DHSS. A review of the report is conducted to identify instances of identity theft and assistance is provided to the youth to rectify discrepant reports. In accordance with the requirement to consult with local Tribes in regards to the annual credit reporting, as in years past, the Nanticoke Tribe has been invited to collaborate with DSCYF regarding child welfare related matters. The annual credit reporting requirement will be addressed should a working relationship be established prior to June 30, 2013.

The Division of Youth Rehabilitative Services continues to contract 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.

DYRS also continues to contract 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 PBH Consultation Project to DFS collaborates with independent living staff both internally and externally. The goal in this partnership with independent living providers is to share recommended services established through assessments and work with the youth to enter adulthood with the educational, physical and emotional stability to create a healthy, stable and safe living environment. Additional goals for the youth focus on engaging in healthy, safe relationships; to have the skills or know where to go for help when they transition, and if they become parents, know how to access services that are needed.

The Family Court of Delaware, through the leadership and participation of its judges in various multidisciplinary workgroups, their individual activities and the Court Improvement activities, are contributing to the identification and provision of services to families. These workgroups address topics such as education, special education resources, needs of youth in APPLA, the Delaware Youth Opportunities Initiative and the Youth Advisory Council.

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**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. Delaware DSCYF began the FACTS II project in June 2012. After selecting a primary vendor in 2011, a great deal of time was spent evaluating the proposal to meet the DSCYF requirements of the information system upgrade. In addition, contract negotiations took several months before a final agreement was reached. The selected vendor, Deloitte Consulting LLP, is proposing transferring many of the components of the Washington DC child welfare system 'FACES.net'. The transfer system will include the Children's Research Centers case management tools Structured Decision Making®. DFS has previously committed, in collaboration with community partners, to move to this evidenced based practice model. In addition, the DSCYF is hopeful that through the FACTS II process, an integrated business model will become a reality, resulting in less duplication of data entry by the three operating divisions (including Youth Rehabilitative Services and Prevention and Behavioral Health Services) and; current and historical information regarding families and children will be more readily available to staff, thus improving efforts to assess and plan for better outcomes. Critical will be the improved integration of case planning tools when multiple divisions are involved with clients in common, thus reducing confusion to clients and staff regarding goals and objectives designed to enhance child and family functioning. The FACTS II initiative included the contracting with Walter R. McDonald as the Quality Assurance Manager, FACTS II Project Manager, Stephen Fletcher and, Change Management Coordinator Eve Austin.

DFS has continued to work with Children's Bureau's Adoption and Foster Care Analysis and Reporting System (AFCARS) administrator in order to improve data integrity regarding the reporting of children in foster care. In November 2011 DFS data team staff entry test scenarios provided by ACF, in order to monitor more recent changes in DE reporting capacity and accuracy. Final test scripts were completed and submitted to ACF in January 2012. Preliminary results are anticipated in summer 2012. DFS and ACF collaborated in a fall 2011 teleconference in preparation of the test case scenarios and, preliminary discussion of the FACTS II initiative occurred. DFS is hopeful it will be in full compliance with all AFCARS reporting requirements. ACF acknowledged that should this not be the case, consideration of releasing DE from the AFCARS Improvement Plan (AIP) will be considered as we move closer to the FACTS II project start.

In the development of a revised DSCYF data system, functions are sought that would allow OCCL to build reports covering a variety of data points that would be accessible by OCCL staff. Data reports are important in monitoring performance and program trends. By having information readily accessible it can be used to adjust technical assistance services and training options to meet emerging needs to improve quality and safety of care.

DSCYF is engaged in the process of a significant improvement in our information system, and the PBH Consultation Project to DFS is considered in the process. Currently the project is working within our current FACTS system to provide a case management case that can be accessed by DFS staff for information as well as

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being able to authorize treatment services as necessary. The information in FACTS can be easily aggregated and data collection based on program measures are collected and accessed in a discover workbook.

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. In 2011, the Early Intervention Program was added to the FACTS system, helping supervisors and managers to review cases in a more timely fashion, thus ensuring timely outcomes for children and families.

The Family Court of Delaware convened a data exchange conference in 2011 that brought the child welfare agency and the Court together with the technological oversight entities to hear about progress in Colorado and Pennsylvania in enhancing data exchange. Both the Court and DFS are upgrading their information systems. The data exchange day informed the next steps of the overall project, and in the next few years, true data exchange should become a part of Delaware practice. In the meantime, the Court is also investing in an upgrade to integrate the CASA and CIP systems.

The Family Court also entered into collaboration with DFS, the University of Delaware (UD), and Jim Casey Foundation to focus on youth aging out of care. With CIP data funding support, the University is mining DFS data on youth aging out of care and providing analysis to a multidisciplinary Community Partnership Board that includes representatives of all branches of government and leaders in various industries/disciplines. The Community Partnership Board will be working in groups during the year on various challenges facing youth: housing, education, employment, healthcare, and transportation. The groups will use the data provided by UD to frame their work. The University will continue to collect data. A final report on the work and data analysis is due September 2012.

In October 2011, CPAC approved the creation of the Data Utilization Subcommittee after it was identified as an area needing improvement by Delaware representatives at the National Convocation of Commissions on Children. The charge of the Subcommittee is as follows: 1. To assess the voluminous data presented to CPAC on a quarterly basis, and determine: (a) if it is the right data and if it is relevant; (b) if there is other data needed to monitor the child protection system; and (c) if the data or analysis of it is outcome driven; 2. To develop dashboards for measuring Delaware's child protection system which will be reported out to CPAC on a quarterly basis; and, 3. To use the dashboards to inform system improvement and CPAC initiatives. The Subcommittee's membership includes representatives from the following agencies: Child Placement Review Board, Children and Families First, Delaware State Police, Family Court, Office of the Child Advocate, and Division of Family Services. The Subcommittee began meeting on January 30, 2012, and its current priority is for representatives to consider what data their agency tracks and how it is tracked, and whether it may be able to be cross-referenced with other agencies' data.

Race to the Top funding is targeting the design and development of a data system and reports between DHSS, DOE and DSCYF to improve early childhood education. A work group is formed to begin planning and implementation of the project.

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

Family Court reports these aggregated totals of child welfare hearings for the 2011 calendar year.

<b>Number of Hearings in Calendar Year 2011 by Hearing Type</b>	
Preliminary Protective Hearing	460
Adjudicatory Hearing	397
Dispositional Hearing	360
Review Hearing	784
Permanency Hearing	186
Post Permanency Hearing	595
TPR Hearing	87
Adoption Hearing*	65

(\*Adoption hearings may not be actual hearings)

This is counting the number of hearings occurring in each petition. The court improvement program database only has petitions that started after October 1, 2007; prior proceedings are not included. At the end of 2011, approximately 90% of the children in care were in the CIP database.

The CPRB conducts reviews for children in foster care as well as adjudicated youth in out of home placements. The focus of the reviews is to assess the appropriateness of the permanency goal and the efforts to achieve permanency for the child, as well as to assess the safety and appropriateness of the child's placement. These reviews are conducted 10 months after the child enters care, and then at the 18<sup>th</sup> month and annually thereafter. During state fiscal year 2011, the CPRB conducted 708 foster care, 35 juvenile and 21 mixing reviews.

The caregivers for a child are always invited to attend and to participate in the CPRB review. When the Board mails their letter of invitation to the caregivers of the child, included in the mailing is a one-page questionnaire to be completed by the care-giver should they be unable to attend the scheduled review. The questionnaire provides the caregivers to submit their views and opinions regarding information that they would have been asked in the review if they had been able to attend.

As of March 30, 2012, the OCA, through its four in-house Deputy Child Advocates and more than 350 volunteer attorneys, is actively providing legal representation to 519 children. By representing the best interests of abused, neglected, and dependent children, attorney guardians *ad litem* make recommendations to the Court regarding the child's placement needs, educational and physical needs, and parental and sibling visitation. Further, throughout their involvement in the court process, the attorneys are able to consistently advocate for timely outcomes, as well as to monitor parents' compliance and involvement.

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Extended Jurisdiction legislation was signed on July 15, 2010. This law provides continued oversight by the Family Court for youth 18-21 and assesses the appropriateness of independent living services. An order for extended jurisdiction also allows for continued representation by a Guardian at Litem or a Court Appointed Special Advocate. The individuals that serve as GALs or CASAs are an additional support and continual figure in the lives of youth who have aged out of foster care. To date, twenty three (23) youth have had the benefit of this additional resource. Case reviews have been conducted for eleven youth during this reporting period. These reviews are conducted at the discretion of the court and generally are held at least every six months. The reviews are beneficial in providing an additional measure to ensure that youth are in receipt of the independent living resources that they are entitled to receive. Youth are also held accountable by the court to pursue their goals and make appropriate choices. These case reviews do not involve caregivers, as in most instances the youth are living independently. In such instances, where a youth is still in foster care voluntarily and under extended jurisdiction, the care taker is noticed of the hearing and is encouraged to participate.

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

During the period April 1, 2011 to March 31, 2012, the total OCS quality assurance case reviews completed by program area were: Intake/ Screened-Out reports- 91; Investigation- 133; Treatment- 45 and Placement- 53. The existing QA system is the primary method of evaluating safety, permanency and well-being in the Office of Children's Services. QA Case review results are distributed monthly for review by supervisors, their staff and administrators. Due to the significant increase in hotline referrals and investigations and, increases seen in the number of treatment cases and children in out-of-home care, DFS went to an amended schedule for QA case review assignments. The reduction in sample size and completed reviews resulted in more time for supervisors and administrators to manage their time, given the increases seen in operational case loads. A comprehensive report was built using the QA outcomes for reviews completed during 2011. Using the end of the Child and Family Services Review – Program Improvement Plan (CFSR PIP) outcome performance data as a baseline, the report focused on a comparative analysis of the 10 critical outcomes. In general the outcome performance remained at or close to the stated PIP goals for each of the outcomes. Of note were measures that met or exceeded these goals such as performance involving APPLA populations and, meeting the needs and services of children and families (WB1 Item 17). Not surprising, the two areas needing continued focus for improvement was stability of children in foster care and worker contacts with fathers. As a result of this information, program managers and leadership are better able to focus their attention on critical performance areas where training, community partnering and identification of available services can enhance practice, strengthen families and improve outcomes.

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 FY10 service period. Approximately 944 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 is represented in a different section of the SDPE survey. In a study comparing pre and post participants showed an increase of knowledge on key course topics (impact of divorce, anger management/conflict resolution, helping children through divorce, co-parenting, and abuse and neglect). After

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Completing the course, over 88% 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 22% increase from those who responded “moderate” about their level of knowledge before the course began. A large percentage of participants deemed to have 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 95% of the participants acknowledged that they had a good awareness of 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 88% felt the course was very relevant to parents’ needs. However, 20% 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 level of benefit from participating in this course. Over 66% 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 15% increase occurred in the ratings of “comfort ability and communication” on being able to interact 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 “comfort ability and communication”.

The PBH Consultation Project to DFS conducts case reviews monthly which include reviewing case notes within the FACTS system, as well as hardcopies of collected information such as releases, psycho-educational information provided, Behavior Plans and Safety Plan reviews and Assessment reports along with recommendations. Prior to final recommendations being established Consultants contact all involved parties related to the treatment of the child to strengthen collaboration and receive input and feedback. Assessment findings and recommendations are provided to foster parents, DFS and other team members involved with the care of the child, either via, e-mail by phone or face to face.

Timeliness is monitored by maintaining referral response time within 1 work day or upon receipt of a referral, but no more than 2 working days from receipt. Caregiver’s involvement is mandatory, and consultants have been flexible in meeting locations and times to maintain engagement along with working with DFS in establishing collaborative efforts by assisting with scheduling and supports during the initial meeting stage.

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DFS staff is present at assessment meetings to strengthen continuity and increase level of engagement with care givers due to familiarity and history with the caregiver.

DPBHS is developing quality outcome measures for this and other programs in the division. Using the national standards in this document along with some of the outcome measures for prevention, treatment and early intervention there will be 3-5 quality outcome measures that incorporate both DFS and DPBHS quality assurance needs.

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 contacts, caseload size, interventions and other information are reviewed monthly by the supervisor and by the management team. In 2011, the Early Intervention Program was added to the FACTS system, helping supervisors and managers to review cases in a more timely fashion, thus ensuring timely outcomes for children and families. Supervisors monitor the case notes for quality assurance and case planning issues in FACTS throughout the month.

The Child Development Watch program maintains and strengthens a quality assurance system by:

- Focused case reviews with DSCYF supervisor monthly
- Integrating DPBHS early childhood efforts as appropriate
- Developing clear, measurable benchmarks for quality services
- Increasing collaborations to meet multiple needs of the families referred

The tools utilized in the PSSFCS family consultation process document demographic information, information relating to family risk factors, and information on family concerns, needs, social supports and resource provision. Each PSSFCS tool supports the implementation of the family support and system of care principles. These tools are:

1. DPBHS Prevention Unit Family Information Form (FIF) - used to document family demographic information
2. PSSF Pre/Post Family Stressor and Resource Assessment (FSRA) – consists of 92 questions used by family consultants and the family to determine concerns of isolation, coping skills, relationships, child's behavior, family resource needs, barriers within the family and substance abuse, parenting and marriage. The FSRA also helped the family prioritize these concerns and identify additional concerns that may turn into a crisis.
3. Family Needs and Social Support Scale (FNSS)
4. Family Assessment and Intervention Plan (FAIP)
5. Service Outcome (SO) - is used to identify service outcomes and family barriers in accessing services
6. Satisfaction Survey (SQ) - provides participant's feedback about the quality and effectiveness of the program's interventions

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The review of the completed program tools is another measure used to document the FC's skill in reference to the PSSFCS core competencies as well. The PSSFCS program has continued work with the program evaluator during the period of this review addressing the recommended revisions in the assessment and planning instruments currently used in the program. The proposed program plans are to implement the revised service instruments in the fall of 2012 through the use of a web based data collection system.

The PSSFCS program continues to maintain the program data collection, management and record review process. The PSSF program referenced in Safety Outcomes implemented a program fidelity review process. During FY 11, the DPBHS PSSFCS Program Administrator and Psychiatric Social Worker III (PSWIII) conduct bi-annual on-site reviews of provider compliance of the program design. The participant's case reviews are conducted twice a year with experienced community based family consultants and quarterly reviews with new family consultants. The on-site reviews support and foster the healthy exchange of service delivery information and provide the consultant the opportunity to ask site specific questions regarding the service delivery process.

During the on-site case review and fidelity review the DPBHS-PSSFCS staff and FC review the implementation of the consultation process and tools. A minimal of 5 cases per site is reviewed as part of the site review process. Attention is devoted to the FC's ability to engage and retain participants through the consultation and implementation process. This allows an effort to build and enhance the participant's effort to take the lead in the consultation process, make critical assessments, guide participants in the assessment and identify their core concerns. The FC reviews and implements the principals of family support services and system of care throughout this process.

In addition to the PSSFCS fidelity monitoring process and case review process, the DPBHS – PSSFCS Psychiatric Social Worker IIIs observe and monitor the delivery of service throughout the family consultation process. The case consult ensures that services are monitored and the family is actively engaging participation. The PSW III reports their findings through the use of strength-based approaches while the FC's assess the family needs utilizing the FSAR tool. The FCs connect the identified needs of the PSSFCS-Family Stressor and Resource Assessment to the Family Needs and Social Support Scale with the Family Assessment and Intervention Plan tool. Through the observation of the consultation process the PSWIII is able to assess the FC's level of functioning in relation to the program core competencies.

To ensure effective implementation of the PSSFCS contracted model, the DPBHS prevention program use a fidelity checklist and contract monitoring tool to determine contract compliance. This tool provides structure, uniformity and consistency in the monitoring process, and increases the transparency of provider accountability. Contracted providers of DPBHS-PSSF program are expected to maintain full or substantial compliance with the deliverables specified in each PSSFCS contract.

The following components are integral parts of the PSSF program fidelity monitoring checklist and the prevention service contract monitoring tool:

- I. Contractor Compliance Deliverables
- II. Service Components
- III. Program Model Training
- IV. Administrative Procedures and Program Reporting

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- V. Evaluation
- VI. Physical Environment
- VII. Fiscal Compliance and
- VIII. Personnel Compliance

The PSSFCS fidelity monitoring checklist is administered in stages, i.e. personnel, fiscal, narrative reports, administrative, training, physical environment and evaluation. This information is gathered, assessed and observed on an ongoing basis. Components of the tool are interchanged throughout the contract year.

Here is a summary compliance statements per sections noted:

**Section II. - Service Components for the Family Consultation and Support Service Compliance**

**Deliverables: Rating – Full Compliance**

All seven sites strive with the participant to derive at the true nature of the participants concern and explore what the intervention that would improve the family’s quality of life and build resilience in an effort to decrease the likelihood of child maltreatment. All seven sites continue to be accessible and resourceful to their families. All seven sites maintain professional relationships with community partners in an effort to advocate and receive better services for their families.

**Section III. - Program Model Training: Rating - Full Compliance**

Seven of the seven sites reported full compliance with attending provider trainings, one-on-one supervision with their agency supervisor and receiving technical assistance from the psychiatric social worker assigned to their county of service.

**Section V – Evaluation: Rating – Not Rated**

Due to the delay in contract start up, lack of resource for consistency in data entry and reporting, the evaluation of these providers were not conducted. This area will be evaluated in the upcoming year.

**Section VI – Physical Environment: Rating - Full Compliance**

All seven PSSFCS service site support the family consultant and participant working side by side in the process. Each family consultant demonstrated a warm, welcoming and friendly atmosphere for families and community partners. All seven of the seven sites maintained adequate office equipment provided for program staff.

**Section VIII – Personnel Monitoring: Rating - Full Compliance**

All seven sites maintained job descriptions that were complete, accurate and according to contract expectations and specifications. All contract funded staff met basic competencies as outlined by their job description. All three providers presented documentation of its’ family consultant’s annual performance review on file and their rating was satisfactory. Two new providers will provide an annual performance review in the upcoming year.

Overall ratings for the entire fidelity/contract monitoring report (average): Full compliance for all seven sites.

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PSSFCS participants complete a satisfaction survey at the conclusion of the consultation process. A total of 581 satisfaction surveys were completed during FY2011. On average, 28% of the 581 respondents strongly agreed the program focused on building family skills in identification of needs and concerns; setting and achieving goals and being connected to appropriate services. Thirty four percent of respondents indicated the family consultant was the key factor in critically assessing the core family needs, building family and community strengths and in helping them evaluate progress toward goal. Overall, the program participants who participated in the PSSFCS Family Consultation and Support process were very satisfied with program services and the satisfaction survey has proven to be one reliable indicator that the program is meeting its outcomes.

The Family Court of Delaware is the first Court to have a database that monitors statewide compliance with all court performance measures published in the toolkit. In 2012, the Court will be focusing on how to leverage the analysis of that data to improve outcomes, as well as exploring opportunities to move forward on the well-being measures being introduced. This combined with the evolution of data exchange will all contribute to an improved quality assurance system.

OCA and DFS staff members continued to meet quarterly to improve multi-disciplinary collaboration and communication on such issues as caseloads, case decisions, training, and system successes and challenges. The last two meetings occurred on February 1, 2012 and April 2, 2012. The two agencies worked together to begin looking at ways to enhance the records request for Departmental records and to discuss the finalization of the Memorandum of Agreement between OCA and the Department. Also discussed were strategies to effectively communicate and utilize the recommendations found in the Compilation of Delaware's Child Protection Issues and Recommendations from Child Abuse/Neglect Death and Near Death Case Reviews. OCA continued working in partnership with CASA and DFS to maintain the comprehensive joint database (OCA/CASA database) of children in DSCYF custody. The statistics that were generated monthly and the regular maintenance and quality assurance of the OCA/CASA database enabled system partners to ensure that children have timely legal representation. Additionally, the joint database is also used to track the amount of time it takes for a child to be appointed representation after entering DSCYF custody, and whether children have representation by the Preliminary Protective Hearing, the first hearing after DSCYF obtains custody of a child.

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

In the fall 2011 and spring 2012, Annie E. Casey Foundation conducted an assessment of Delaware's child welfare system. The initial assessment, included policy reviews, data analysis and interviews with DFS staff and community partners. DFS identified several areas needing improvement in the early stages of the assessment. These areas are strengthening services to intact families to avoid out-of-home placements, achieving permanency for teens already in foster care, and implementing a new risk assessment model. This is an exciting partnership and collaboration with AECF and the agency. The implementation of activities based on the assessment's findings will strengthen outcomes for children and youth. The agency is considering or implementing these initiatives under the banner "Outcomes Matter – Enhancing Practice and Transforming Lives":

- Structured Decision Making®
- Differential Response
- Safety Organized Practice

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- Team Decision Making
- Kinship Care
- Permanency for Foster Teens
- Foster Care Resource Recruitment
- Cross-Agency Collaboration
- Outcome Performance Management

Safety organized practice includes strategies and approaches to working directly and collaboratively with families and research-supported assessments that help workers make better decisions. The purpose of the safety organized practice overview sessions, planned for July 31<sup>st</sup> and August 2<sup>nd</sup> 2012, is to introduce the basic concepts and elements of the system to all staff at once. There are several benefits to this approach:

- This overview session with help agency staff see how many individual changes fit together into a cohesive, unified approach to child protection. This perspective will prevent confusion and feelings of being overwhelmed down the road because everyone will have the same understanding of the full strategy.
- Introducing new concepts and language to staff at once helps everyone to move forward from a common understanding as they use new ideas in their daily interactions. This common background helps everyone to move forward together.
- For many agencies, and many workers, safety organized practice may represent a different way of working and making decisions with families. Having a brief, early exposure to the system helps these workers begin to consider core concepts as they go about their daily work *before* they are asked to put these ideas into practice, building familiarity and, eventually, comfort.
- Overview sessions set the stage for more specific follow-up training. After this introduction to safety organized practice, groups of workers (e.g., investigation, treatment) will receive more in-depth training regarding the portions of the system that apply directly to their work. This orientation gives workers a framework for understanding their subsequent training more fully.

Safety organized practice provides an approach to child protection work that:

- Is focused on enhancing child safety,
- Values working with families,
- Values reliable and valid assessments,
- Provides the field with practices and tools to concretely help their day-to-day work, and
- Integrates rigorous, collaborative human judgment with research-built tools

Responding to the request for characteristics the child welfare workforce, the following information describes hiring, training and turnover for state fiscal year 2012. For the Division of Family Services, four caseworker positions are in the progressive career ladder:

- Family Service Specialist (FFS) PG 10
- Senior Family Service Specialist (SFFS) PG 11
- Master Family Service Specialist (MDDS) PG 13
- Family Crisis Therapist (FCT) PG 15

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The Family Service Specialist Career Ladder Series is traditionally recruited in the following manner. When the incumbent leaves the position the vacant position is reset back down to the lowest level of the career ladder and the position is posted as open competitive on the Delaware Employment Link (DEL) website. After the posting closes all applications are run through a quality assurance screen to ensure that the minimum qualifications are met. The qualifications for the Family Service Specialist position:

**Job Requirements For Family Service Specialist (FSS)**

Applicants must have education, training and/or experience demonstrating competence in each of the following areas:

1. Possession of a Bachelors degree or higher in Behavioral or Social Science or related field
2. Knowledge of health or human services work which includes applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention, rehabilitation
3. Knowledge of case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs using effective counseling or interviewing techniques as well as other available resources such as service plans or case management systems
4. Knowledge of making recommendations as part of a clients service plan such as clinical treatment, counseling, or determining eligibility for health or human services/benefits
5. Knowledge of narrative report writing
6. Possession of a Drivers License

The division also has Casual Seasonal FSS positions that are typically hired at the lowest level, however in certain areas (the hotline) the casual seasonal positions are SFSS. All casual seasonal positions are paid on an hourly wage basis as there is no guarantee of number of hours worked per pay cycle.

New staff receives 4 months of New Worker Training Cores and are evaluated for skill development of through 'Transfer of Learning Modules'. Each section includes instruction, activities working with a mentor, and assessment. The training also requires "shadowing" opportunities with experienced staff. New worker training is described in the training plan narrative and training chart sections.

Here are other characteristics of DFS' child welfare workforce:

- Race statistics for the workforce are: 1% Asian, 35% Black, 61% White. Four percent of the workforce are Hispanic.
- Salaries range from \$31,100 to \$52,300 across all positions.
- Supervisor to worker ration standards are 1:5.
- Caseload standards for fully functioning workers are:
  - 12 investigation cases
  - 18 treatment cases

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- Caseload reports for April 2012 state investigation caseloads average 12.8 and treatment caseloads average 15.3 per worker

In-service training is selected annually by the senior managers after reviewing new federal requirements, state Code changes, data measures, new initiatives, and feedback from field staff and child welfare trainers. Training is also identified by the Department's leadership and the Center for Professional Development. Additionally, all staff receives Performance Plans that outline expectations and areas where performance will be measured. New staff has their plans reviewed routinely. More experienced staff's plans are reviewed less formally but issues and concerns are discussed as a part of their case conferences with their supervisors. Every employee receives a Performance Review no less than annually. That review includes a discussion of areas where skill enhancement is needed and strategies to meet that need. Each employee also receives a Professional Development Plan for planning educational and skill advancement.

Staff turnover rates for case carrying positions are unavailable. For the entire DFS workforce (case managers and all other positions there were 62 career ladder promotions for FY2012. There were 70 staff changes during the year including resignations (28%), terminations (6%), retirements (3%), state employment transfers (58%) and promotions (5%).

The statewide foster care team participated in a two day retreat facilitated by the state Office of Management and Budget (OMB) in July 2011 and one day refresher training in September 2011. The retreat produced four key priority areas that included:

- 1.) Support and retention of foster families
- 2.) Safety and quality of care of foster homes
- 3.) Consistent processes
- 4.) Recruitment of appropriate foster families to meet the diverse needs of children entering care, each priority included SMART goals, action and strategies. (See Attachments: DSCYF Foster Care Strategic Planning Meeting Agenda and Foster Care Retreat Meeting Notes Regarding SMART Goals)

The September 2011 refresher training focus included: helpful hints in assessing foster homes at every visits; purchase of care (day care for foster families); supporting foster families during institutional abuse investigations; quality of foster homes; LGTBQ population and placement; difficult placements; and Family And Child Tracking System updates. (See Attachment: Foster Care Training Strategic Planning Meeting Agenda September 2011).

Foster care staff developed a foster care program vision statement; "Providing a Foundation for Life", and mission statement; "We Provide Safe, Stable, Nurturing Homes For Abused and Neglected Children by Matching Them With Quality, Trained and Approved Foster Families". This vision and mission provides a unified and focused path forward. (See Attachment – Foster Care Vision and Mission Statement)

Over the past three years OCCL has been pursuing the use of field technology to use in performing Compliance Reviews and Complaint Investigations. There was one pilot that proved unsuccessful and a second scheduled for fall 2011 fell through due to lack of compatible equipment. Currently DSCYF is exploring an option that could be used by DFS personnel, including OCCL, to use technology to improve workload efficiency.

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Delaware's early care and education workforce knowledge and competency framework, titled Delaware Competencies for Early Childhood Professionals, is a comprehensive document that describes the knowledge and skills expected of professionals who work with young children in early care and education programs. The Delaware Competencies for Early Childhood Professionals includes a self-assessment tool for professionals and administrators to identify skill areas needing improvement and for professional development. The Infant/Toddler and Preschool ELFs (Early Learning Foundations) are an integral piece in the competencies, standards, and self-assessments contained in the Delaware Competencies for Early Childhood Professionals. By nature of the ELFs' incorporation into the Delaware Competencies for Early Childhood Professionals the ELFs are directly linked to the Delaware Early Childhood Career Lattice. The Infant/Toddler and Preschool ELFs are an integral component of the early childhood system in Delaware, and as a result these documents have been embedded in numerous training outlets. This expands educator and administrator exposure to the ELFs, helps increase understanding of and commitment to the document and provides them with tools to help utilize the document for effective curriculum planning and engagement with families. In Delaware, an intentional progression of training and professional development is available to educators to support compliance of health standards in a way that promotes responses to the developmental needs of all children in their care, particularly those most at risk. A linking factor for the array of opportunities available statewide is alignment with Delaware's ELFs. Trainings are oriented so there are multiple touch points available to educators over the course of their career.

To begin basic health safety and nutrition coursework for prospective educators, substantial time is devoted to meeting health standards. Delaware's Training for Early Care and Education (TECE) 1, a requirement to become qualified as an assistant teacher, includes 3 hours each of health, safety and nutrition training. In TECE 2, which is required of those seeking qualification as a teacher, educators must also participate in 6 hours of training on supporting children's social and emotional development. Finally, Delaware Technical and Community College, which is the largest source of graduates entering the early childhood field, provides a Health, Safety and Nutrition course to all students entering the Early Childhood diploma and degree programs. Foundational knowledge of the health standards has been recognized as a crucial training component for any educator working in a licensed program in Delaware.

For professionals already in the field, there are a number of integrated trainings available to address targeted focus areas related to the overall health standards. The Delaware Institute for Excellence in Early Childhood (DIEEC) coordinates trainings for educators that help them support and promote the social, emotional, behavioral, developmental, and health needs of children. For example, educators may choose from professional development opportunities such as Supporting the Social Emotional Health of Preschool Children; Healthy Habits, Healthy Start; Book Bites: Linking Literacy with Healthy Eating; and Take the Learning Outside.

The Families and Centers Empowered Together (FACET) program continues to help program sites incorporate the Early Success (Long term plan for a quality early care and education system to serve all of Delaware's children) recommendations to improve the quality of educational services to children. FACET sites continue to meet five 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. DPBHS supports the FACET program by providing

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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, FACET coordinators improve their job performance and their performance can be evaluated more efficiently. FACET continues their efforts to incorporate a complementary parent training "Raising A Thinking Child" a curriculum which teaches parents how to teach children how to think. DPBHS provides the early care center staff and parents with the required training materials "Raising A Thinking Child" workbooks. DPBHS staff involved with the FACET Program has been trained on the FACET Model, and "Raising A Thinking Child".

DPBHS continues to provide conferences that incorporate workshops to address prevention, early intervention and treatment. Conferences are open to external and internal providers as well as the general public. We are continuing to work on strengthening the family voice in our division, working with the Youth Advisory Council at DFS to grow a youth development/youth leadership track that will foster the strengths in the youth in our care. Staff continues to attend conferences and trainings to strengthen current evidenced based practices and increase awareness of other models that are being used in the areas of prevention and intervention. Our Department is invested in building a competent, stable and quality workforce that effectively serves Delaware children and families.

Each year the K-5 Early Intervention Program plans, schedules, and administers a two-week competency-based staff 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, July, and August of 2011 the FCTs received training in the following areas: time management, drug training, bullying and cyber stalking, domestic violence and protection from abuse orders, autistic spectrum disorders, triage for suspected child sexual abuse, defensive driving, teamwork that makes the dream work, presentation skills, advocating for families at school, classroom behavior management strategies, response to intervention, differentiated instruction, and universal design for learning. 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. In 2011 the K-5 Early Intervention Program partnered with the Nemours Foundation resulting in more than 80% of the FCTs becoming certified in the "Triple P" Positive Parenting Practices parenting program. With the addition of this training, the FCTs have 2 of the top 3 nationally ranked empirically validated programs available for use with Delaware Families. In 2011, the Early Intervention Program was added to the FACTS system, helping supervisors and managers to review cases in a more timely fashion, thus ensuring timely outcomes for children and families.

CDW liaisons staff provides training and educational materials for the staff of DPBHS to make them more aware of the program and to communicate the criteria and protocols for referral. In conjunction with the PBH Consultation Project to DFS and the BEST project, CDW liaisons will expand the array and diversity of educational activities provided for children in the birth to three program by 25%.

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There were two community-based family consultants hired in New Castle County this reporting period. They received one on one training in the PSSFCS family consultation process, tool applications and community ambassadorship. Program technical assistance is provided to the new PSSFCS family consultants up to 12 months. The length of time technical assistance is provided is based on the new hires ability to master the four levels of competency for each service delivery area. PSSFCS staff attended Triple P-Positive Parenting Program, an evidence-based, multi-level, parenting and family support strategy. The program helps prevent behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. The PSSFCS program administrator was certified in the second level Triple-P process for adolescents ages 12 to 16. One of the two program psychiatric social worker III is certified in all three levels of Triple-P Positive Parenting Program. The Family Support Program Administrator and the Psychiatric Social Worker III continue to use these skills when assisting families to address child problem behavior.

The DPBHS prevention and substance abuse units continue to offer training and support to the community on the continuum of preservation services. The prevention unit provides ongoing training in the areas of best practices, building coalitions and community capacity, needs assessments and evaluation protocols, environmental strategies to effective prevention programming and grant writing to staff as well as community partners.

The PSSFCS second DFFC Fatherhood and Family Coalition-Delaware Devoted Dads Summit was held June 26-27, 2011 at the Dover Downs Hotel Conference Center in Dover, Delaware. This two day conference engaged parents, laypeople, faith-based, state and service organizations to increase knowledge, awareness, and take advantage of the networking opportunities to collaborate, partner and join the Delaware Fatherhood and Family Coalition. The number of attendees more than doubled for the second year "Delaware Devoted Dads" Summit. The previous year 101 adults attended and in 2011, 275 adults attended.

The Division of Youth Rehabilitative Services contracted for motivational interviewing skills training for its frontline, supervisory and managerial staff in community services/juvenile probation. The staff is trained in a new assessment model, and able to better connect youth with services based on their criminogenic needs. These trainings have assisted staff in providing youth with appropriate services and improved outcomes.

In 2011, the Family Court of Delaware leveraged CIP funds to support the following training and education opportunities:

- April 2011
  - *You Gotta Believe!* – Pat O'Brien (permanency for older youth)
  - Child Safety – Jen Renne and Therese Roe
- May 2011 – annual CIP meeting
- June 2011

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- ABA Parent Attorney Conference
- Children and the Law Conference
- July 2011
  - NCJFCJ in NYC
  - Three Branch Institute
- August 2011
  - NAAC Conference
- September 2011 – Judicial Retreat including:
  - Christopher Mallet on “From Trauma and Maltreatment to Juvenile Delinquency” and “Youth with Learning Disabilities in the Family Court”
  - Sheryl Dicker on “Autism Spectrum Disorder: What Judges Need to Know”
  - state DOE and school district attorneys on meeting the needs of learning disabled children
  - data exchange
  - state children’s department leadership update
- September- October: Darla Henry 3-5-7 training for DFS workers
- October 2011
  - Ethics in Child Welfare – Jen Renne
  - Protecting Delaware’s Children Conference
- November 2011 – Child Welfare, Education and the Courts Summit
- December 2011 – Casey Permanency Roundtable Convening

In addition to training professionals about identification and reporting of child abuse, CPAC has continued to focus on multi-disciplinary training. After assuming administrative responsibility for facilitating the Child First Forensic Interviewing Training, OCA, on behalf of CPAC, held training sessions April 11-15, 2011, October 3-7, 2011, and April 23-27, 2012; a total of 80 professionals were trained during these sessions. Additionally, in September 2011, the Child First team elected to send the Kent County multi-disciplinary team, which is comprised of members from DFS, CAC, DOJ, and the Delaware State Police, to the national When Words Matter Conference. The conference gave the team members an opportunity to learn advanced forensic interviewing skills with the goal of enhancing the manner in which child abuse and neglect is investigated and prosecuted in Delaware. CPAC staff members were also present to explore opportunities to bring this advanced training to Delaware. Then, in December 2011, the Children’s Advocacy Center of Delaware hosted CornerHouse for Advanced Forensic Interviewing Training, which offered presentations on Modifications to RATAC<sup>®</sup> for Physical Abuse and Witness Interviews and Working with Victims and Witnesses Who Have Developmental Disabilities. Soon after, in April 2012, the CJA Training Coordinator, a DFS representative, and staff members from CPAC and Prevent Child Abuse Delaware attended the 18<sup>th</sup> National Conference on Child Abuse and Neglect in Washington, DC. Sessions were grouped into one of seven learning clusters, which were as follows: partnering to protect children, youth and families; building a research agenda to inform and improve practice; preventing child maltreatment while focusing on early intervention; engaging parents and youth; developing the workforce; reaching underserved populations; and advancing system partners. The Delaware representatives left with significant knowledge to inform current practice and to support new initiatives identified by CPAC.

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Supporting and enhancing current practice in investigations and prosecutions of child abuse was also a goal shared by CPAC and the Child Death, Near Death, and Stillbirth Commission in planning the Protecting Delaware's Children Conference. At the start of the state fiscal year, planning was underway by CPAC's Training Subcommittee to pinpoint national and local subject matter experts on emerging issues in child welfare and to develop workshops with a wide array of learning opportunities for various professionals, who investigate and prosecute child abuse cases or who provide services to this population. With significant funding garnered from the federal Court Improvement Program under Family Court, the date was set for October 19-20, 2011. On this date, five hundred professionals who work in Delaware's child welfare system attended plenary sessions by Cindy Christian, MD, Amy Herman, JD, and Chris Newlin, MS LPC, and workshops on topics, such as successfully prosecuting a case after a child recants or identifying perpetrators of child abuse when the victim cannot point to a specific person. This conference mirrored the success of previous years due to the collaborative efforts demonstrated by the agencies represented on the Training Subcommittee.

The Inter-Agency Committee On Adoption's Worker Invitational meetings provide a free training opportunity that enhances the knowledge and competency of the professionals working in the adoption arena in Delaware. Training topics are selected by IACOA's members that address current topics supporting timely and permanent adoptions.

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

DFS continues to list legally free children on the AdoptUSKids web site, display children's portraits in the Heart Gallery statewide, continue collaboration with the National Adoption Center and Wendy's Wonderful Kids program and conduct media activities for the National Adoption Day conference held each November. In order to expand on the recruitment for adoptive families, contracted adoption agencies enhanced recruitment activities for 8 older youth and/or siblings needing a forever family. These activities include newspaper articles, public service announcements and brochures. Delaware strives to locate permanent families for these older children and sibling groups and to increase the pool of foster and adoptive families.

DFS continues its contract with an adoption agency to provide post-adoption services for children and families. This service has been extended to children that exited foster care via a permanent guardianship arrangement approved by the court. The services include information and referral, crisis assistance, statewide training on adoption related topics, support groups for parents, therapy and support groups for children, Love and Logic Parenting groups and parent/child bonding workshops. The goal is to keep the adoptive families intact. This service is available to support foster and adoptive families planning to adopt a child in their home or who have adopted and residing in Delaware. This agency would also help the families in crisis connect to community services, help provide support groups for these families and to prevent the children from entering the foster care system. Adoptive families and child advocates have been asking for additional resources for years. From July 2010 to March 31, 2012, post adoption services have been provided to approximately 150 families statewide under this contract. As these children become older and there is a greater demand for these services, there will be more and more families accessing this service throughout Delaware. On June 30, 2011, the adoption agency (Upper Bay Counseling and Adoption Services) providing this service terminated their adoption program in Delaware. A new adoption agency (ABCFOC - A Better Chance For Our Children) was established 7/1/2011. ABCFOC provides the post adoption services for children and families so there was no lapse in service. The

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agency director and social work staff from Upper Bay were hired by this new adoption agency in Delaware and continue to work with families served by Upper Bay. (See Attachment: Post Adoption Brochure; Brochure was previously listed in Permanency pg 43).

In 2011, statewide training topics for adoptive families include: Understanding Fetal Alcohol Spectrum Disorder on March 9<sup>th</sup>, Maintaining Your Commitment to Your Kids During Tough Times on April 5<sup>th</sup>, Love and Logic Parenting in April-May-June, Talking to Adopted Children About Sex on May 4<sup>th</sup>, Enhancing Attachments with Older Kids Who Have Been Adopted on June 14<sup>th</sup> by Dr Lark Eshleman, Bonding Workshops on April 16<sup>th</sup>, June 18<sup>th</sup>, and March 3rd, 2012. Additional trainings were What I Do When My Team Explodes on March 6, 2012 and March 13, 2012 and a Bonding Work shop on April 21, 2012.

Delaware is a participant in a national initiative called Help Me Grow, which is being run by the Division of Public Health to provide a comprehensive framework for screening, referral and follow-up, particularly for children with high needs. Help Me Grow will build on the strength of existing partnerships and provide a framework for a centralized point of information/referral and interagency coordination and collaboration. Planned activities include a parent outreach hotline, for parents to learn more about the services available for their child. Delaware will train all participants in the Help Me Grow system, and especially the representatives staffing the phone center, about issues of program quality, the system of Star ratings, and how to provide information about high-quality program options to parents who are seeking support for their high needs children. Help Me Grow supports the most appropriate referral, service provision, and follow up to meet the full developmental needs of young children. It will help to coordinate and streamline developmental screening, home visiting, early intervention, and special education services as well as provide vital linkages to primary care (through medical homes), refer providers to specific initiatives, and offer families a mechanism for locating child care. Help Me Grow will participate in data collection and follow-up to ensure families are connected with and receive appropriate services. This program brings a greater level of coordination to current screening practices provides a means to ensure families are referred to the most appropriate evidence-based service available.

Another critical component in Delaware's ability to support developmental needs of children is through family engagement activities. Delaware supports initiatives that help families provide the foundational support for children's growth and development, such as home visiting, and:

- Text for Baby: Text for Baby is a widely supported public health outreach campaign available free of charge to expecting and new mothers. This online service provides occasional tips and guidance by way of text messages, and is valued as a potential channel for outreach to often hard-to-engage, high-needs communities where cell phones and texting are a widely adopted source of communication.
- Triple P (Positive Parenting Program): Triple P was introduced to Delaware early care and education programs by Nemours Health and Prevention Services (NHPS) in 2009 as a parenting engagement initiative that would complement existing services in the state. It is a program that focuses on creating access to parenting information and services in order to enhance children's emotional and behavioral development. Between October 2009 and August 2011 NHPS trained and accredited 219 individuals in Delaware to provide Triple P services. It is anticipated that over 300 providers will be trained and accredited by early 2012.

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- Just in Time Parenting Newsletter: The Delaware Department of Education provides funding to allow every parent of a child in Early Childhood Assistance Program, Early Head Start, Head Start, and those participating in Parents as Teachers to receive the monthly newsletter. Just in Time provides research-based information to parents that relates directly to their child's stage of development and specific needs. All new parents in Delaware receive a copy of the Just in Time newsletter as part of a packet of resources provided to them when they leave the hospital with their newborn and are provided information to sign up to receive ongoing copies.

To provide the public with information upon which to make an informed decision about child care provider for a child the "Child Care Search" feature was added to the OCCL website. This is a user friendly tool and is one of the most highly used applications on the Department of Services for Children, Youth and Their Families website. Since it was first introduced in 2009 several changes have been made some in response to provider and public suggestions. Two changes are currently under construction; limiting the range of information to a 3 year period and adding a feature that provides a link to the relevant set of regulations next to each non-compliance citation.

With the expansion of Delaware Stars for Early Success a public awareness campaign will be launched. OCCL is developing with the DSCYF Management Information Services Unit an addition of Delaware Star level to each licensed site. Also under development is a feature which would list providers which have at least a three star level first when a search is done. Detailed information about performance in each of the key areas of the program standards will also be available. Five star, four star, and three star programs will be listed alphabetically. After those are all other programs sorted alphabetically.

In Delaware, 9,800 low-income, high-needs children at any given time are accessing Department of Health and Social Services (DHSS) purchase of care subsidies to support their access to child care, and need information about eligibility and funding. Moreover, these parents are at the decision-making point; just about to enroll their child in an early learning and development program. In all materials provided to families receiving subsidies are documents that provide general background on Stars and a map that highlights programs within close geographic proximity that are Stars-rated.

During 2011, the Division of Youth Rehabilitative Services contracted for services to address the needs of youth adjudicated delinquent, but assessed in the low to moderate risk to reoffend, via the Positive Achievement Change Tool (a 4<sup>th</sup> generation assessment tool). Youth involved in the child welfare system are often dually involved in the juvenile justice system and the services offered through the two providers often help to keep the child welfare involved youth from penetrating deeper into the justice system, thus promoting safety and well-being for these youth.

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

One of the primary methods for strengthening the partnership between foster parents and the agency and for enhancing the professional level of foster family care is to provide evidence based training and a thorough assessment of prospective families. Starting September 2011, DFS contracted the pre-service training and home

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studies for prospective foster and adoptive families referred and recruited by the Division of Family Services. This change in foster care coordinator function allows more involvement in recruiting and supporting foster families. ABCFOC, who is experienced in adoption and foster care services, is now providing all pre-service training and home studies for PRIDE, Teen and Foster/Adopt applicants. The evaluations from the families attending the training have been very positive. During this period, there were 32 (21 by ABCFOC) DFS foster parents who received the foster /adoption training statewide. Delaware is below the national average for foster parent adoptions at 53%.

The foster/adoptive marketing and recruitment committee has a standing invitation to foster parents and youth to participate on the marketing and recruitment committee. 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. Racial and ethnic diversity ratios for foster children and foster parents are as follows, African Americans represent 56% of foster children and 9% are Hispanic. African American foster parents represent 50% of DFS foster homes and 3% are Hispanic.

The members of the IACOA collaborate in their efforts to recruit and training new families. Through the annual National Adoption Day conference, training topics are selected to address current concerns or problems experienced by Delaware's families.

Sponsored by Annie E. Casey Foundation, consultant Michael Saunders met with foster care managers and field staff to discuss recruitment, development and support of foster families in Delaware. Next steps include Casey staff interviewing local foster care teams, foster parents and contract providers to develop recommendations to improve recruitment outcomes.

A collaboration of private and public foster care agencies, the annual statewide foster parent recognition event was expanded to include a full day of training. The May 31<sup>st</sup> event was held at the Dover Sheraton with 366 foster parents, advocates and professionals in attendance. Lt. Governor Matt Denn presented a new recruitment video, *Faith, Family and Foster Care*, featuring youth who have aged out of care that targets faith-based organizations asking them to help identify potential foster parents. The event recognized years of service awards including one family with 35 years of service. Sixty-six new foster parents were recognized for joining the program in the past year.

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

Delaware's Annual Progress and Services Report (APSR) is a collaborative effort hosted by the Division of Family Services. The Child and Family Services Plan (CFSP) and APSR are reviewed annually with contributors and partners; the FFY2012 meeting was held January 12, 2012. Representatives from DYRS, DFS, CPRB, Division of Management Support Services, DPBHS, OCA, and Administration of Children and Families Region III attended. There are no edits to the 2010-2014 CFSP. A letter sent to the Nanticoke Tribal Chief requesting time to discuss a partnering with this agency has not been answered. (See Attachment: Letter to Nanticoke Chief) A copy of the 2010-2014 CFSP was shared with the Tribe prior to submission in 2009. The

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Department of Services for Children, Youth and Their Families posts federally approved Annual Progress and Services Reports on their website: [http://kids.delaware.gov/fs/fs\\_cfs\\_review\\_plan.shtml](http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml).

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 community partners. 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 to ensure school registration, as well as, meeting the statutory expectations under McKinney-Vento. DFS also reviews with the Family Court of Delaware Court Improvement Program, comparative data outcomes reported between the two systems. The Family Court began building data reporting capacity in 2009, with a baseline of October 2008. Much of this stemming from the federal "Court Performance Measures in Child Abuse and Neglect Cases" promulgated in December 2008. While an information system is still developing, CIP staff and DFS continue to communicate in order to ensure that data collection will be amenable to comparative analysis in the future.

Including the reports reflected above, DFS has an inventory of over 75 reports which are standardized and disseminated internally 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 such as pre-adoptive services 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.

During this reporting period several additional initiatives have begun, either in data sharing or, to enhance understanding of served populations for the purposes of resource enhancement. These collaborations include participation in a CPAC sub committee charged with reviewing cross agency data reporting capability. The committee is reviewing data reporting from key stakeholders including DFS, Office of Child Advocate, Child Protection Review Board, law enforcement agencies and Delaware Family Court. It is hoped that common reporting items will be identified in an effort to build a comprehensive 'dashboard' of cross agency outcomes.

In the fall 2011 and spring 2012, Annie E. Casey Foundation conducted an assessment of Delaware's child welfare system. The initial assessment, included policy reviews, data analysis and interviews with DFS staff and community partners. DFS identified several areas needing improvement in the early stages of the assessment. These areas are strengthening services to intact families to avoid out-of-home placements, achieving permanency for teens already in foster care, and implementing a new risk assessment model. This is an exciting partnership and collaboration with AECF and the agency. The implementation of activities based

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on the assessment's findings will strengthen outcomes for children and youth. The agency is considering or implementing these initiatives under the banner "Outcomes Matter – Enhancing Practice and Transforming Lives":

- Structured Decision Making®
- Differential Response
- Safety Organized Practice
- Team Decision Making
- Kinship Care
- Permanency for Foster Teens
- Foster Care Resource Recruitment
- Cross-Agency Collaboration
- Outcome Performance Management

The agency is also collaborating with the Delaware Youth Opportunities Initiative (DYOI), the University of Delaware and Delaware Family Court. Under a Court Improvement Project (CIP) grant, the group is reviewing data regarding Delaware's youth aging out of foster care in an effort to improve outcomes for this critical population. This initiative began with an environmental scan detailing the strengths, weaknesses, opportunities and challenges facing Delaware youth aging out of foster care. Further data analysis and service recommendations will continue into the fall of 2012. DFS has begun partnering with the Annie E. Casey Foundation, with a targeted focus on Delaware's older foster care population, looking at both stability of care and achieving permanence. Data sharing with this group has included AFCARS data. Collaboration regarding data outcomes has begun between the DFS data team and the AECF data staff experts to build longitudinal data collection capacity. Similarly, DFS has begun collaborating with Casey Family Programs, through sharing of Delaware's AFCARS data, in an effort to improve outcomes and increase permanency for older youth in the foster care system.

Collocation of private agency Domestic Violence Liaisons in regional DFS offices continues. Child, Inc. staffs liaisons in New Castle County and Peoples Place II –SAFE Program provides liaisons in Kent and Sussex Counties. The program is ten years old. The liaisons are funded through Victims of Crime Act (VOCA) funds that are managed by the Criminal Justice Council with oversight by the Victims Advisory Committee. The funds are highly competitive in Delaware and it is unknown if this program will continue to receive the same level of support from the domestic violence advocacy community. DFS already lost one Liaison in New Castle County due to funding issues.

Each division within state government is responsible for developing a Continuous Operation (COOP) Plan so that critical functions can be maintained in emergency situations. Linda Shannon (Program Manager for Intake and Investigation) and Cynthia Stevenson (DFS Sussex Supervisor) were the leads in developing the DFS COOP Plan. On November 16, 2011, the Department of Technology and Information (DTI) led DFS leadership through a mock exercise to test the plan. Vicky Kelly (Director), Rodney Brittingham (Deputy Director), Shirley Roberts Office of Children's Services Administrator), Keith Zirkle (Policy and Program Support Administrator), Joe Smack (Executive Assistant), Carla Benson-Green (University Plaza Regional Administrator), Sue Radecki (Beech Street Regional Administrator), Ione Truesdale (Kent Regional Administrator), Susan Taylor-Walls (Sussex Regional Administrator), Michael Sullivan (Statewide Services

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Administrator), and Betty Gail Timms (Office of Child Care Licensing Rules Administrator) participated in the exercise. DFS received very positive feedback from both DTI representatives as well as DSCYF observers who recognized the level of expertise and flexibility in the group to deal with different crises. There are no revisions to report on DFS' disaster plan for this reporting period.

DFS successfully conducted a Notifind test on July 25, 2011. Relative to emergency preparedness, Notifind is an electronic way of sending emergency communications and can be used to replace traditional phone trees.

Notifind has three purposes:

- It allows an organization to notify employees of potential emergency events and provides instruction on how employees should respond
- Multiple devices (e.g., home phone numbers, cell phone numbers, work phone number, and fax numbers) can be used to relay information
- The system is intelligent and can detect if the call was received by an answering machine, a wrong number, or if the person is unavailable

Regional contacts report new hires and terminations to a designated central office support staff person on a quarterly basis for Notifind database updating.

Linda Shannon (Program Manager for Intake and Investigation) chaired and met with representatives from all statewide hospitals in Delaware to update the High Risk Infant Protocol on August 25 and October 26, 2012. The Delaware Healthcare Association hosted the meetings and facilitated obtaining representation for the committee. The group decided to make the protocol apply to any age child rather than infants only. In addition to Linda, membership included:

- Louis Bartoshesky, M.D. - Christiana Care
- Lynn C. Davis, MSW – Bayhealth Medical Center
- Diana Fraker - Delaware Division of Family Services
- Marc Gorum, MSW – Bayhealth Medical Center
- Diane Nau – St. Francis Hospital
- Nancy Oyerly – Nanticoke Hospital
- Elaine H. (Holly) Powers, MS, LPCMH– Beebe Medical Center
- Suzanne Raab-Long – Delaware Healthcare Association
- Brenda Roslyn - Delaware Division of Family Services
- Jennifer Spahr, LSW – Nemours/A.I DuPont Hospital for Children
- Jaime Zebroski - Delaware Division of Family Services

The committee decided to not make the protocol a memorandum of understanding because it would delay implementation which began in December 2011. (See Attachment: Hospital High Risk Medical Discharge Protocol)

Linda Shannon continues to attend monthly meetings at Bayhealth Medical Center in Dover. The meetings are attended by multiple disciplines within and external to Bayhealth including: Health Information Management, Emergency Medicine, Bayhealth Social Work, Department of Pediatrics, Maternal Child Health, Neonatal Intensive Care Unit, Family Advocacy Program at Dover Air Force Base, Children's Advocacy Center, Office of the Child Advocate, and Child Death Near Death Stillbirth Commission.

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Linda Shannon also participated in the Bayhealth Grand Rounds on November 30, 2011. Approximately 50 health care staff (including physicians, clinical nurse specialists, and clinical practice leaders) attended the Rounds. The lead presenter was Robin Underwood, RN, MSN, CNS, APN. A rotating slide show in the background showed very graphic pictures of abused children who received treatment at Bayhealth. Diane Klecan, Children's Advocacy Center Forensic Interviewer, also participated in addition to other presenters such as the Sexual Assault Nurse Examiner (SANE) program from Bayhealth. The focus of the presentations was how to report child abuse and neglect and the impact of child abuse on the child into adulthood. JoAnn Davis of Bayhealth presented very accurate information about how to report and emphasized an improved relationship between Bayhealth and DFS.

Linda Shannon was also invited to serve on a committee that Christiana Care convened to address child abuse. They are interested in modeling their committee on a similar one that Bayhealth. Christiana Care plans to review the way that their various departments can work collaboratively to prevent child abuse and, when such abuse is suspected, to ensure that their response is timely and appropriate. Meeting dates were February 10<sup>th</sup>, April 13<sup>th</sup> and June 8<sup>th</sup> 2012.

An update of our MOU with the Dover Air Force Base Family Advocacy Program was completed and signed effective March 28, 2012. (See Attachment: Memorandum of Understanding Between Dover Air Force Base and Department of Services for Children, Youth, and Their Families – Division of Family Services (DFS)).

Plans are underway to update the Memorandum of Understanding (MOU) with Local Education Agencies and Charter Schools. The first meeting was held February 21, 2012 and a second meeting was held May 18, 2012. Separate surveys were issued to the local education agencies and charter schools, as well as DFS investigation and treatment staff to determine how well the MOU is performing.

DFS continues quarterly meetings with the Division of Developmental Disabilities Services to work in partnership to identify families who can provide care for special needs children. DFS and foster care contract providers work together consistently to improve our ability to serve children and youth.

DFS continues partnering with Kind to Kids, a local nonprofit that provides opportunities to children in foster care to attend special activities that they are not typically exposed to prior to coming into care, for example attending professional sporting, theater and museum events. In addition, Kind to Kids has been very instrumental in providing good and services for special events such as holiday celebrations.

Delaware's YMCA continues to provide discounted membership to foster families and youth who age out, and to provide overnight summer camp scholarships to foster children, sponsoring 25 slots at \$1500 per slot for a week at summer camp.

Delaware's Money School, sponsored by the Delaware Financial Literacy Institute, offers foster youth finance and money management curriculum.

As a member of the National Association of State Adoption Programs (NASAP) and ex-president and previous board member, the adoption program manager is well informed of national trends and promising practices on

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permanency related issues. Also, the adoption program manager via various listservs receives current information nationally and internationally on adoption policy and practice. DFS representatives attend monthly IACOA meetings with contracted adoption agencies to discuss issues and resources and conduct matching events without having the child and families present. IAOCA's purpose is to support and enhance communication and collaboration within the adoption service community. This collaborative team also helps plan for National Adoption Day activities each November and partners with other professional disciplines throughout Delaware.

AFIS has developed a web site to share resources and to provide information on the availability of support groups and additional training opportunities for adoptive families throughout the state. The AdoptUSKids website and the national adoption day conference continue to be valuable resources for children in Delaware's foster care system needing permanency. The National Adoption Center assisted in 8 finalized adoptions.

In the spring of 2011, representatives from the MidAtlantic Orphan Care Coalition contacted DFS for information and to offer their assistance in connecting churches with children needing permanency. The group made a presentation to the IACOA at the April 2011 meeting. They have a lot to offer, and are affiliated with Bethany Christian Services. The representatives agreed to continue attending meetings in order to get a better understanding of the children needing permanency and to learn about the resources and adoption practices in Delaware. The goal of the organization is to reach out to as many churches as possible to help recruit permanent homes for Delaware's waiting children and to educate the community as to the adoption process in Delaware and the need for foster and adoptive families. The name of the agency in Delaware is CALD – Children Always Loved in Delaware. They will recruit, educate, and provide information to families thinking about fostering and adopting. If the family is still interested, they are referred to one of Delaware's licensed foster care or adoption agencies for training and home study.

Strong public-private collaboration exists to prepare youth exiting foster care. Independent living services are available to youth ages 16-21. The community partners include the Elizabeth Murphey School, Northeast Treatment Center, People's Place II, and West End Neighborhood House. These partners continue to enhance the service delivery to the youth through their commitment to the youth, growing knowledge of the communities they serve and their ability to acquire additional resources to supplement Chafee funding. 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 workgroup, that includes community stakeholders, continues its coordinated efforts to increase resources for youth exiting the foster care system. This community partner workgroup includes representatives from education, child placing agencies, community service agencies, the CPRB, Family Court, DFS staff, and various other community agencies interested in making an impact. In conjunction with resource development for youth exiting care, there is also an emphasis to decrease the population of youth aging out of care by achieving other permanency goals. Various resources to assist with this measure and other well-being factors have been developed by this workgroup.

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Collaboration with youth is an ongoing focus of our state. This is primarily achieved through the effective voice of our Youth Advisory Council (YAC). 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, DFS staff and leadership about their needs and ways to improve services. Through the development of a documentary entitled, “Through the Eyes of a Child in Foster Care” the youth have furthered their efforts to educate professionals and the community as a whole. The infusion of the youth driven transition planning meeting, STEPS, demonstrates the youth collaborative component. The youth invite the attendees and are 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.

A true testament of collaboration was shown in the MOU between DSCYF, DOE, DOC, DOL, DHSS, and DSHA. This MOU signifies the commitment by the Cabinet Secretaries of each department to work together to increase the supports and decrease the barriers for youth aging out of foster care.

Increasing post-secondary educational opportunities for youth requires collaborative efforts. DFS in conjunction with Delaware State University have developed a partnership to assist youth exiting foster care pursue their educational goals. A pilot project was initiated in fall 2011 to support two students per year with year round housing, financial assistance, and university life guidance and supports. A key component was the ability to utilize a state housing voucher provided by Delaware State Housing Authority for dormitory costs. The success of the program culminated with the signing of a MOU on February 14, 2011 to further support a minimum of two youth per year with a maximum of 8 youth to be served at any one time.

The partnership with DHSS to build a mentor program has continued and will expand in the coming year. Through funding from DHSS, AmeriCorps VISTA members have been instrumental in the development of the mentoring program entitled, the Delaware CHAMP (Creating Hopeful Adults Mentoring Program) Network. Additional supports from DHSS include scholarships for 15 young women for college and vocational training programs and assistance with credit reports and identity theft education.

A noteworthy collaboration between DFS and the Delaware Center for Justice began in 2011 to create improved supports for youth aging out. The Delaware Center for Justice received a grant from the Eckerd Foundation that has been coupled with technical assistance from the Jim Casey Youth Opportunities Initiative. An integral component of this initiative is the development of a Community Partnership Board. This strategy educates and incorporates various community partners in the effort to improve the outcomes for youth aging out of foster care. To date, the subcommittees of the Community Partnership Board include: Education, Policy, Employment, Permanency, Community Engagement/Financial Literacy, Housing and Transportation, and Health. These subcommittees began meeting in March 2012.

In 2009 OCCL established an Integrity Committee with the Division of Social Services Purchase of Care section and the Child and Adult Care Food Program housed in DOE. This was in response to several cases in which contradictory information was given to these entities by certain child care providers including the names of children receiving services, the hours and days services were provided. Such information was referenced to findings of overbilling, over licensed capacity and inappropriate child to staff ratios. Under consideration is the use of a DHSS “swipe card” to enter and discharge a child into child care. Since the initial meetings more

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participants have been added which include the investigators of fraud in DHSS, Deputy Attorney General assigned to OCCL, and the Division of Finance. Representatives of Division of Social Services, CACFP and OCCL will be meeting to explore funding and data sharing possibilities that have come to light to address these problem that affect the integrity of the system of child care and use of public funds.

A dashboard has been developed by DHSS that allows access to the adult abuse registry to conduct background checks on individuals seeking employment. This project may become a model for expansion across Department search engines.

An Agreement of Understanding was developed between DSCYF and DOE to exchange data to build the Quality Rating Indicator System. With funding from Race To The Top, that project is moving along at a heightened level along with a revision of the Department of Health and Social Services data system. DHSS is the state agency which receives CCDF. The ability to share data across systems involved in child care is important to follow a child, to see provider trends and to track the professional development and qualifications of the child care workforce.

DSCYF will contract with a vendor to provide a common comprehensive evidenced-based screening tool to all early learning and development programs participating in Stars (across all four grant years) to screen children annually. Early childhood educators and administrators who have not yet received training on developmental screening will receive training during year one of the grant. This investment will accelerate program access to the materials and resources necessary to conduct evidence-based developmental screening. Ongoing costs after the grant period will be minimal (i.e., purchase of additional tools or training educators in programs new to Stars) so that Delaware may absorb these costs moving forward.

Efforts to increase the perceived importance of developmental screening among families and physicians, combined with increased screenings in early learning and development programs, are expected to yield a corresponding increase in the demand for follow-up services. In order to ensure that Delaware has the capacity to meet this increased demand, DHSS will receive funds to bolster the capacity of follow-up treatment services in three key areas – physical, occupational and speech therapy. This is a direct response to the high referral rate for children 0-3 in Delaware and lack of current resources to meet forecast demand.

As part of the Race To The Top initiative a parental engagement project has begun. Planning will focus on an aggressive communication and outreach campaign that cuts across participating state agencies, includes both provider and community partners, and ultimately provides a platform for deeper levels of *engagement* with families about what quality programming looks like, why it is important, and how to use the Stars and licensing data to find the right option for their child. The ultimate goal of this effort is to foster, over time, a clear shift in parent mindsets when making decisions for their children, and to cultivate – especially among parents of children with high needs – a self-sustaining demand for high quality options. Starting immediately, OCCL plans to prioritize a few areas where the opportunities for contact with parents have the greatest potential for impact – based in large part on their serving parents of children with high needs. We will institutionalize these efforts across state agencies, external partners, and existing touch points with parents statewide over the next 12 months.

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Delaware operates several evidence-based home visiting initiatives that target the most at-risk neighborhoods in the state. Delaware recently received additional funding to expand home visiting, which already reaches thousands of parents of children with high needs each year. Home visitors develop deep relationships with parents, and are well-positioned to provide child care information and stress the importance of high-quality programming to child development and school readiness.

Delaware's commitment to developmental screening is evident in the Governor's current administration overseeing a change to state law that requires private insurers to compensate physicians for conducting evidence-based developmental screening. Physicians may request reimbursement for up to three evidence-based screens consistent with the American Academy of Pediatrics (AAP) guidelines. As further evidence of the statewide screening practices, new state regulations require that all newborns be screened for hearing acuity at birth.

Building the capacity to provide this level of communication and engagement through existing agency structures will take time and resources to develop. Parents need a greater level of baseline awareness of program quality issues generally and Stars ratings specifically to be able to make informed decisions. For that reason, a broad public awareness and communications campaign will be led by the Governor's office.

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. In 2011 the K-5 Early Intervention Program began a partnership with the Nemours Foundation resulting in more than 80 percent of the FCTs becoming certified in the "Triple P" Positive Parenting Practices parenting program. With the addition of this training, the FCTs have 2 of the top 3 nationally ranked empirically validated programs available for Delaware families. The combined efforts of these governmental and non-profit organizations help promote safety, permanency and well-being.

CDW liaisons staff has moved to the supervision of the Division of Prevention and Behavioral Health Services. As a part of this process, data gathering and data management needs of CDW liaisons staff are being considered for the next version of FACTS. The new system will complement the new public health data and reporting system in a way that provides more complete, unduplicated and outcome focused data to drive decision making for this service. Integration of the CDW liaisons program with the array of prevention, early intervention and treatment services builds collaborations with other DPBHS evidence based models such as PSSF, and the PBH Consultation Project to DFS.

FACET initiatives include 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.

These activities demonstrate effective DPBHS collaborations with internal and community partners:

- Collaborations with Nemours with Triple P parenting model

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- PBH Consultation Project to DFS brochures developed and distributed which includes service arrays internally and externally developed
- Foster parent provider trainings through cluster meetings and individual consultations
- Consultants present at DFS new hire trainings, providing program information as a resource
- Collaborations with schools, other agencies such as Delaware Guidance Services Child Priority Response unit
- Development of pilot for foster parent peer to peer phone support group within New Castle and Kent Counties
- Foster Parent satisfaction surveys, DFS staff satisfaction surveys created.

As part of the Division of Prevention and Behavioral Health Services, families involved with the Birth to Three Program, will be included in the Division's efforts to engage parents/caregivers participation in DPBHS' Advisory Council and inclusion in a family coalition or advocacy council as the structure for families evolves.

<b>Kent County DFS/ CDW statistics April 1, 2011 through March 31, 2012</b>	
<b>Kent Total: DFS Children Referred to CDW April 1- March 31</b>	<b>44</b>
<b>Sussex County DFS/ CDW statistics April 1, 2011 through March 31, 2012</b>	
<b>Sussex Total: DFS Children Referred to CDW April 1- March 31</b>	<b>85</b>
<b>NCC DFS/CDW Statistics: April 1, 2011 through March 31, 2012</b>	
<b>NCC Total: DFS Children Referred to CDW April 1-March 31</b>	<b>164</b>

The PSSFCS program continues to be consistent in its practice and beliefs that strong communities promote strong families. The PSSFCS program in collaboration with the Delaware Fatherhood / Family Coalition (DFFC) jointly hosted the coalitions first a statewide town hall meeting of FY11. The DFFC Town Hall Meeting was held May 14<sup>th</sup> at Del Tech Stanton Campus. The meeting was designed to encourage networking and sharing of resources to:

- Promote fatherhood involvement as presented by speakers from national level, state and local contexts
- Present the mission of the DFFC; and to convey how the Department and the federal government support the mission of father involvement and the well-being the child
- Engage fathers/leaders/providers in discussions based on first-hand experience in promoting positive father involvement and healthy adult relationships

The presentations provided information regarding President Obama's focus on fatherhood and family; information on DSCYF and the federal government's commitment to fatherhood and family. The presenters laid the foundation for future community participation with DFFC Town Hall meetings addressing fatherhood and family concerns. Key presenters topics:

- Prevention and Behavior Health Services Commitment to Children, Youth & their Families: presented by Susan Cycyk, Director of DPBHS. Susan emphasized the focus on fatherhood. One parent can make a difference but two can make it better. Fathers play different roles than mothers. Research shows that

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children with good father relationships end up doing better on a number of indicators which she itemized.

- **The President's Commitment to Fatherhood:** presented by Ben O'Dell, White House Office of Faith-based and Neighborhood Partnerships. Mr. O'Dell informed the audience about President Obama's commitment to fatherhood and families. He spoke about the Inter-Agency Working Group coordinating the work of 7 federal agencies. He noted that \$150 million dollars in funding will soon be available for fatherhood and marriage programs. This represents an increase of \$25 million dollars funding over last year for fatherhood. "It is about creating pathways through the challenges and barriers for fathers. It is not just about the men."
- **Supportive Prevention Programs:** presented by Martha Gregor, Director of Prevention and Substance Abuse. Martha spoke about the importance of the work being done in Prevention services and gave detailed information about the importance of fathers. She encouraged the importance of positive co-parenting and of father's involvement.
- **Fathers Count:** presented by The Honorable Senator Chris Coons. Senator Coons presented the difficulties of effective fathering and the keys of being a successful father. "You are not your child's friend and you must establish clear boundaries." He encouraged fathers, parents to be accountable as spouses and in parenting.
- **Lessons from the Front Lines:** presented by Joe Jones, CEO, Center for Urban Families, Baltimore, MD. Mr. Jones affirmed that fathers matter and fathers care. He addressed the need for evidenced-based practices and partnerships with evaluators and child support in reporting the impact and outcomes of services in these areas. Mr. Jones provided an analogy of the phrase; "deadbeat dads" is often times a "dead broke dad." He discussed the impact of low income dads meeting the needs of their families and children. Mr. Jones concluded his interactive presentation with "Fatherhood is much more than the father's initiative; it's a children's initiative."

In a continual effort to build community partnerships and collaborations, The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) provided several program presentations to agencies throughout the State to support community service collaboration. The Staff of the Brandywine Counseling Center in Newark, DE, upon reading a program pamphlet, contacted PSSFCS and requested a presentation to learn more about the strength base approach employed by the program in its service delivery. Brandywine felt the PSSFCS program design of a strength based, skill building family consultation was just what their clientele needed to support their efforts to remain self sufficient in the community. The professionals of Brandywine values skills that identify core concerns contributing to the stress, challenges and barriers families encounter. Brandywine Counseling has become one of the programs largest referral sources of the Intensive Family Consultation services in New Castle County.

In FY12 PSSFCS, in partnership with the Delaware Fatherhood and Family Coalition and Lieutenant Governor Matt Denn will co-sponsor four federal grant writing trainings statewide. The purpose of the trainings is to offer technical assistance in developing responses to federal request for proposals. The trainings have been designed for nonprofit and faith based organizations with little experience writing federal proposals and for those who have submitted applications and seek assistance with strengthening their proposals.

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As reported in 2012, the Division of Youth Rehabilitative Services secured a Comprehensive Approaches to Sex Offender Management (CASOM) training grant award, from the Delaware Criminal Justice Council, which administers funds from the U.S. Department of Justice, Bureau of Juvenile Justice. A conference was held 9/23/11 to address improving collaboration and networking for individuals, as well as agencies, providing services to adjudicated and non-delinquent children and adolescents displaying inappropriate sexual behavior. This conference was well attended and well received by professionals in the child welfare system and our community partners.

The Inter-Agency Council on Adoption's purpose is to support and enhance communication and collaboration within the adoption service community. This multi-disciplinary group is a collaboration of private and public agencies offering adoption services.

CPRB's Executive Director is actively involved in numerous community-based efforts, which allows her to address and advocate on issues and information gathered from the reviews conducted by the Board to improve permanency outcomes for youth in out-of-home placements.

Family Court and DFS renewed the MOU outlining their collaborative efforts and met quarterly as planned during this reporting period. Quarterly stakeholders meetings were held locally in each county. The Court participates in the statewide Child Protection Accountability Commission and several of its subcommittees (ASFA Timelines, Caseloads, Legislation, and Training). Judges participate in workgroups and the Court has offered or sponsored a continuum of training opportunities for all partners in the system. While the Court remains the impartial arbitrator of cases, as a result of the collaboration, the Court is now functioning and viewed as a valuable contributor to the child welfare system outside of the courtroom. In 2011, subjects for the quarterly meetings among stakeholders in each county, and between the Court and agency leadership, included but were not limited to:

- Children in Court
- Delaware Academy of Public Safety and Security –for at risk youth enrolling students for the 2011-2012 school year
- Courtroom assignments
- Opening the courtroom doors
- Children on runaway - CASA attorneys and workers encouraged to probe
- CFSR Program Improvement Plan completed; reform efforts accomplished by DFS, Court and partners
- Exparte requests by parent attorneys
- Training opportunities
- DFS service array
- Witness notes
- Testimony of workers
- Differing to other witnesses
- Representation of children (Court requested and secured additional CASA attorney position in Kent County; monthly stats show 100% of children represented by adjudicatory hearing)
- Requests by parent attorneys for funds for experts
- Courtroom protocol
- Amended petitions

# 2010-2014 Child and Family Services Plan Strategies, Measurements and Activities

## Systemic Factors

- Preparation for hearings
- Tracking of dads and relatives
- Reasonable efforts to avoid out of home placement
- Permanency project for legacy case children
- Data analysis re: children aging out, community partnership to address their needs
- Fostering Connections

Further in 2011, the Family Court collaborated with the Division of Family Services to bring 3 sessions (6 days) of Darla Henry's 3-5-7 Program training to Delaware, for DFS workers, child welfare judicial officers and attorneys. This training builds on the efforts focused on improving permanency outcomes.

The Family Court also entered into collaboration with DFS, the University of Delaware (UD), and Jim Casey Foundation to focus on youth aging out of care. With CIP data funding support, the University is mining DFS data on youth aging out of care and providing analysis to a multidisciplinary Community Partnership Board that includes representatives of all branches of government and leaders in various industries/disciplines. The Community Partnership Board will be working in groups during the year on various challenges facing youth: housing, education, employment, healthcare and transportation. The groups will use the data provided by UD to frame their work. The University continues to collect data. A final report on the work and data analysis is due September 2012.

Through quarterly meetings, the Child Protection Accountability Commission continues to be a forum for interdisciplinary dialogue and reform. Representatives from the Department of Services for Children, Youth, and Their Families, the Department of Justice, the Office of the Child Advocate, the Department of Education, the Family Court, the law enforcement community, the Children's Advocacy Center, the medical community, and others meet quarterly to identify system problems, make legislative recommendations, evaluate and recommend changes in policy, and advocate for system reform. Several subcommittees have developed in response to the issues identified at CPAC meetings, such as Data Utilization and the Permanency for Adolescents Subcommittees. CPAC's endeavors over this past year can be touted as a model for federally mandated Citizen Review Panels, due to the collaborative efforts of its members and the successful implementation of recommendations from the state's child death review team, as well as for nationwide Children's Justice Act Task Forces due to the unwavering attention to improving how Delaware investigates and prosecutes child abuse and neglect cases. Further the goals of each, although they are separate and very distinct, marry well with CPAC's statutory duties. Lastly, CPAC has established continuity in the state's initiatives while functioning as the representative body for both, despite a number of subcommittees with specific goals and unique representation.

For instance, in December 2010, CPAC's Abuse Intervention Subcommittee created a workgroup to discuss and formulate recommendations for Delaware schools to appropriately address suspected violence, either physical or sexual, towards teens in intimate relationships. The workgroup's membership includes representatives from the following agencies: Department of Education, Planned Parenthood, Contact Lifeline, Division of Public Health, Prevent Child Abuse Delaware, Division of Family Services, Department of Justice, Office of the Child Advocate, Delaware Coalition Against Domestic Violence, and Domestic Violence Coordinating Council. For over a year, the Teen Reporting and Confidentiality Workgroup has been meeting on a regular basis and is in

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the final stage of developing reporting guidelines, which are based on national best practices and standards. In addition to providing guidance as to what reports should be made to the DFS child abuse and neglect report line, the document provides a blueprint for creating a comprehensive and effective response to violence and/or abuse. Upon approval from CPAC, the workgroup intends to disseminate the guidelines to the local education agencies and to provide training.

Another new initiative began in December 2011, when CPAC and CDNDSC approved a joint subcommittee to focus on the challenges Delaware faces in investigating and prosecuting child abuse cases. The Joint Subcommittee on the Investigation and Prosecution of Child Abuse is charged with researching and developing statutes, policies, procedures and/or trainings that reflect best practices for criminal justice system responses to abuse crimes against children. The subcommittee's membership includes representatives from the following agencies: Department of Justice, Wilmington Police Department, Delaware State Police, New Castle County Police, Office of the Child Advocate, Family Court, Child Development Watch, A.I. duPont Hospital, CPAC, and CDNDSC. The subcommittee began meeting on February 15, 2012, and its current priority is to collect state specific data and best practices nationwide.