State of Delaware

CHILD AND FAMILY SERVICES PLAN

2016 ANNUAL PROGRESS AND SERVICES REPORT

DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

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I. General Information and Collaboration

This is the first annual report for Delaware's 2015-2019 Child and Family Services Plan (CFSP) approved November 17, 2014. During this reporting period and into FFY2016, Delaware is a round three Child and Family Services Review (CFSR) site, having chosen the option to conduct state administered on-site case reviews. In collaboration with Administration for Children and Families Region III and national Children's Bureau CFSR Team representatives, the Division of Family Services (DFS) drafted policy, procedure and training components of the case review process. Approval to implement the state option was received January 20, 2015. Case reviews occur at four regional offices in Kent, New Castle and Sussex Counties. Sussex and New Castle – Beech Street Regions have completed their case reviews leaving Kent and New Castle - University Plaza Regions scheduled for June and July 2015. At the same time, DFS completed the first phase of the CFSR, the Statewide Self-Assessment, and submitted the final report March 19, 2015. The assessment targets the effectiveness and level of functioning of seven systems: Statewide Information, Case Review, Quality Assurance, Staff and Provider Training, Service Array and Resource Development, Agency Responsiveness to the Community, and Foster and Adoptive Parent Licensing, Recruitment and Retention. Based on information provided in the state's self-assessment, federal representatives conducted CFSR Stakeholder Interviews as part of the Review process. Both the Statewide Self-Assessment and Stakeholder Interview engaged child welfare internal and external partners through focus groups. For the Self-Assessment, DFS met with a total of 245 staff, family members and community partners including adopted youth, adoptive parents, DFS administration, adoption/permanency caseworkers, community professionals, parents, foster home coordinators, foster parents, investigation caseworkers, treatment caseworkers and foster youth and former foster youth. The Self-Assessment also included six web-based surveys, based on the 36 Items covered by the CFSR. Surveys were distributed via email links targeting these groups: community professionals, DFS staff, Department of Services for Children, Youth and Their Families' staff, Family Court Judges, Court Appointed Special Advocates, Guardian Ad Litems, foster and adoptive parents and foster teens and young adults that aged out of foster care. The survey was distributed February 2nd and closed February 16, 2015. Approximately 300 responses were received and tabulated. The CFSR Stakeholder Interviews conducted by Children's Bureau and Administration on Children and Families (ACF) staff occurred May 11-22, 2015 with over 130 participants attending one of 27 group or individual sessions. The 2015-2019 CFSP was distributed for electronic review among 42 community partners, agencies, Nanticoke Chief Daisey and Department of Services for Children, Youth and their Families (DSCYF) staff between April 22nd and May 8th, 2015. The electronic review method was chosen over meetings since the Self-Assessment focus groups and CFSR Stakeholder Interviews were conducted during the same time covering the same Safety, Permanency, Well-Being and Systems elements. In the April 22, 2015 CFSP Review message to partners, DFS proposed these priorities for the coming year:

- Implementing policy and provisions to comply with the Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183) – federal instruction released October 23, 2014:

  - Establish policy and provisions to identify, document and serve foster children who are also victims of sex trafficking
  - Establish and train prudent standards for foster parents to ensure developmentally appropriate activities are provided to foster children
  - Set expectations for foster children to participate in age and developmentally appropriate activities, especially youth age 14 and older
  - Implement protocols to report missing children to law enforcement and entry into the National Crime Information Center
  - Limit long term foster care permanency planning (APPLA – Another Planned Permanent Living Arrangement) for foster children and youth
  - Add judicial review requirements for youth with APPLA permanency goals
- Continue to implement, train and promote Safety Organized Practice (SOP), Structured Decision Making® (SDM®), differential responses to reports of abuse and neglect, Team Decision Making (TDM), family search and engagement and timely permanency strategies
- Strengthen the array of services for challenging foster youth, especially those served by multiple Divisions
- Respond to the findings of the Child and Family Services Review and Title IV-E Foster Care Review
- Continue activities to replace the automated case management system, (FACTS – Family and Child Tracking System)
- Establish and implement protocols and standards for oversight of psychotropic medication administered to foster children
- Review DFS' quality assurance (QA) case review system and recommend updates DFS is reporting progress with the original 2015 Strategic Plan goals, benchmarks and measures. The edited 2016 version is attached and become active July 2015. (See Attachment: 2015-2019 Strategic Plan, Version 2016)

In preparing the Annual Progress and Services Report (APSR), DFS shares writing and editorial input with over 30 agency and community partners. Contributors for the FFY2016 APSR include representatives from DFS, the Division of Youth Rehabilitative Services (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), Division of Management and Support Services (DMMS) Interstate Compact Unit and Center for Professional Development, Office of Child Care Licensing (OCCL), Court Improvement Program (CIP), Court Appointed Special Advocate Program (CASA), Child Placement Review Board (CPRB), the Office of the Child Advocate (OCA), Delaware Youth Opportunities Initiative (DYOI), Children's Advocacy Center (CAC), Prevent Child Abuse Delaware (PCAD) and Division of Public Health (DPH). Collaborations and shared activities to implement the CFSP are visible in the Statewide Community Service Partner Updates and Update on Progress Made to Improve Outcomes Sections.

The goals, objectives, measures and activities of the Child and Family Services Plan are aligned with and support Child and Family Services Review outcomes and systems; the past year's activities has demonstrated the high level of collaboration and cooperation among the many statewide child welfare system partners as they participated in the

Self-Assessment and Stakeholder Interview focus groups or surveys. The CFSP will be updated for FFY2016 to adjust benchmarks, timeframes and measures. Community partners will continue collaborative efforts with DFS as indicated in the goals, objectives, benchmarks and measures in the strategic plan. Delaware will finish the CFSR over the summer months and prepare a Program Improvement Plan to address areas needing improvement in response to the final report. Delaware is also scheduled for a Title IV-E Foster Care Review August 2016 and will use the community partner network to design and implement improvement planning to improve processes or outcomes as deemed appropriate, especially with foster care service providers, Family Court, DSCYF Divisions and national consultants.

II. Update of Assessment of Performance

The Assessment of Performance Section of the 2015-2019 Child and Family Services Plan conducted 2014 remains relevant to date. Delaware also completed a self-assessment of outcomes and systems as part of the CFSR. Delaware has updated national data profiles since the CFSP submission to include FFY2014. These tables are from the 3-14-11, 5-6-13 and 3-18-14 profiles. The state's information system FACTS is the source of this data.

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

National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.						
	2009	**2010**	**2011**	**2012**	**2013**	**2014**
	97.9%	97.1%	97.8%	97.5%	96.9%	97.9%
National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.						
	2009	**2010**	**2011**	**2012**	**2013**	**2014**
	99.85%	99.75%	99.92%	99.85%	99.57%	100%

Permanency:

Delaware's performance on national standards for reunification, re-entry to foster care, placement stability, youth aging out of long term foster care and adoption is mixed.

National Standards						
FFY	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
Reunification within 12 months from the most recent removal from home. Goal is 75.2% or higher.	68.1%	67.9%	76.7%	64.6%	68.2%	58.9%
Re-entries to foster care in less than 12 months. Goal is 9.9% or lower.	10.3%	7.1%	7.3%	3.5%	6.8%	6.5%
Of those children in care less than 12 months - % with 2 placements or less. Goal is 86% or higher.	81.5%	84.0%	82.1%	79.4%	83.3%	85.9%

National Standards						
FFY	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
Of those children in care for 12 but less than 24 months - % with 2 placements or less. Goal is 65.4% or higher.	59.3%	64.3%	69.0%	62.6%	61.3%	65.9%
Of those children in care 24 or more months - % with 2 placements or less. Goal is 41.8% or higher.	29.4%	26.4%	28.2%	35.5%	33.6%	32.4%
Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.	35.2%	35.8%	34.7%	31.9%	43.2%	33.3%
Children Emancipated Who Were in Foster Care for 3 Years or More. The goal is 37.5% or lower.	40.5%	38.2%	31.1%	36.8%	30.8%	43.8%

Delaware received two Round 3 CFSR data profiles (10-13-14 and 5-27-15) since the CFSP submission. This CFSR data profile changes the methodology for several key measures. The following table demonstrates Delaware's strong performance on achievement of permanency for foster children, re-entry to foster care, placement stability, maltreatment in foster care and recurrence of maltreatment. Scores on two measures, re-entry to foster care and recurrence of maltreatment, exceeded the 95% confidence interval. Scores on the three permanency measures, placement stability and maltreatment in foster care fell within the interval. Both of these scoring categories translate to data profiles being excluded from CFSR corrective action.

	State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination													
	Using data submitted to the Children's Bureau as of July 10, 2014 (dataset used in initial NS determination)							Using most recent data submitted as of April 16, 2015						
Indicator	12-month period	Data used	RSP	95% interval	National Standard	Performance relative to NS	PIP	12-month period	Data used	RSP	95% interval	National Standard	Performance relative to NS	PIP
Perm in 12 months (entries)	11B12A	11B – 14A	41.6	37.2-46.1	40.5%	No dif	No PIP	12AB	12A – 14B	37.5	33.0 - 42.2	40.5%	NA*	NA
Perm in 12 months (12-23 mos.)	13B14A	13B – 14A	40.7	34.9-46.6	43.6%	No dif	No PIP	14AB	14A – 14B	36.1	30.1 - 42.4	43.6%	NA	NA
Perm in 12 months (24 + mos.)	13B14A	13B – 14A	31.1	25.7-37	30.3%	No dif	No PIP	14AB	14A – 14B	25.2	20.3 - 30.7	30.3%	NA	NA
Re-entry to foster care in 12 mos.	11B12A	11B – 14A	4.6	2.6-7.9	8.3%	Met	No PIP	12AB	12A – 14B	4.9	2.7 - 8.7	8.3%	NA	NA
Placement stability	13B14A	13B – 14A	4.17	3.68-4.73	4.12	No dif	No PIP	14AB	14A – 14B	4.2	3.68 - 4.8	4.12	NA	NA
Maltreatment in foster care	13AB, FY13	13AB, FY13	10.41	6.78 - 15.99	8.50	No dif	No PIP	14AB, FY14	14AB, FY14	7.47	4.39 - 12.71	8.50	NA	NA
Recurrence of maltreatment	FY12-13	FY12-13	4.8	4-5.9	9.1%	Met	No PIP	FY13-14	FY13-14	4	3.1 - 5.1	9.1%	NA	NA

*The national standard was met in a prior period.

Delaware's performance for permanency is now available by age. While not the same calculation, the RSP (Risk-Standardized Performance) and Observed Performance (raw score) scores are both indicators of performance against the national standard. Comparing the national standards with Delaware's observed performance for 11-17 year olds demonstrates that the longer a teen stays in foster care, the less likely they are to exit to permanency. RSPs are not available for age distributions. Further review and technical assistance is needed to draw comparison between RSPs and observed performance scores. (See Attachment: Delaware – CFSR Round 3 Data Profile – May 26, 2015)

Data Indicator		12-Month Period	National Standard All Foster Children	RSP (Risk-Standardized Performance) DE All Foster Children	Observed Performance DE Ages 11-16	Observed Performance DE Age 17
Permanency in 12 Months (Entry Cohort)		10-1-11 to 9-30-12	40.5%	37.5	38.7%	8.1%
Permanency in 12 Months (12-23 Mos.)		10-1-13 to 9-30-14	43.6%	36.1	13.7%	0.0%
Permanency in 12 Months (24 + Mos.)		10-1-13 to 9-30-14	30.3%	25.2	8.5%	4.2%

Reviewing multiple years of profiles, there are positive performances for recurrence of maltreatment, maltreatment in foster care, re-entry to foster care and placement stability for foster children in care less than two years. As for reunification, Delaware is slow to reunify but has a low rate of foster care re-entry. Exits to adoption within 24 months fell below the standard for FFY2014. Permanency exits for foster children in long term foster care also fell below the standard for FFY2014. Delaware's CFSR final report and Title IV-E Foster Care Review will provide further assessment of strengths and areas needing improvement.

III. Update to the Plan for Improvement and Progress Made to Improve Outcomes

Revision to the Plan for Improvement (2015-2019 CFSP)
A revised 2015-2019 Strategic Plan will be effective July 2015, pending ACF approval. Edits include deletion of completed benchmarks, revised timeframes and new objectives and benchmarks. The 2016 version will be the progress reporting document for the FFY2017 APSR. (See Attachment: 2015-2019 CFSP Strategic Plan, 2016 Version)

Update on Progress Made to Improve Outcomes

2015-2019 Strategic Plan
Based on the 2012 assessment by the Child Welfare Strategy Group (of the Annie E. Casey Foundation), the DFS *Outcomes Matter* (OM) initiatives and evaluation of metrics, along with stakeholder comments and partner collaboration, the goals and objectives discussed below were established for 2015-2019. There are several broad principles and priorities supported by this strategic plan. The focus on child safety is paramount at all stages of a case from prevention to permanency. Children deserve to grow up in stable, nurturing and permanent families. Family interventions should be proportionate based on risk and protective factors. Key decisions include family and youth voices. Child welfare systems are strongest when partners share common goals and resources. A skilled and experienced workforce is supported by competency based training, facilitative supervision, community-based services and technology. The following section provides updates on benchmarks and measures for the FFY2015 reporting period. A revised Strategic Plan, 2016 Version will be effective July 1, 2015 pending ACF approval.

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Progress Report

A. Safety

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

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

Objective: Implement Structured Decision Making® across all program areas.

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

Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Benchmarks:

1. Implement SDM® tools across program areas from intake to permanency. Timeframe: January 2015. Measure: Percent and number of quality assurance reviews for intake, investigation, treatment and permanency cases indicate use of SDM® tools.

   Progress Report: The SDM® Screening Assessment and Priority Response were implemented on May 22, 2012 and the SDM® Safety and Risk Assessments were implemented on February 12, 2013. One hundred percent of intra-familial reports are written utilizing the SDM® Screening Assessment and Priority Response tool, but the tool does not apply to institutional abuse reports. The SDM® Safety Assessment is utilized by 100% of investigation, treatment and permanency staff and the SDM® Risk Assessment is utilized by 100% of investigation staff, with the exception of the institutional abuse investigators, because these are the only tools available in FACTS I. A comparable safety assessment has been developed for institutional abuse investigators to assess safety by foster care/child care home providers and it will be implemented when FACTS II becomes effective. Both the SDM® Intake and SDM® Safety and Risk Assessments Policy and Procedures Manuals were reviewed, updated, and effective April 2014. Quality assurance investigation case review tools were modified to address focused issues associated with the SDM® tools. During 2014, 100% of the 177 sampled intake/investigation cases indicated use of the SDM® Assessment tools. DFS' treatment and placement quality assurance tools are currently suspended. This benchmark will continue to monitor treatment and placement quality assurance case review tool reactivation and modification to measure compliance. Timeframe for completion is moved to April 2016.

2. Continue technical support from Children's Research Center to support SDM® implementation with fidelity. Timeframe: September 2015 (Expected end date).

Measure: Completion of contract deliverables for training, fidelity reviews and technical assistance resulting in termination of contract.

Progress Report: Since the last APSR, the Children's Research Center (CRC) conducted two more SDM® safety and risk assessment fidelity case readings for a total of six since March 2013. The fifth case reading was completed in August 2014 for June 2014 reports and the sixth case reading was completed in February 2015 for November and December 2014 reports. The case readings also included the contracted Children & Families First (CFF) Family Assessment and Intervention Response (FAIR) cases. In addition to the case readings, the CRC provided on-site coaching in four statewide regional offices on a quarterly basis. The coaching was tailored to each region and involved discussion about the array of assessment tools, as well as SOP. The CRC conducted their first Fidelity Review of treatment cases from September 29 - October 2, 2014. The review indicated that DFS workers were still adjusting to the new tool and there were areas in need of improvement. As a result of the fidelity review, the CRC returned to Delaware February 10th thru the 13th, 2015 to provide additional training and coaching identified in the review. Given the delay in the implementation of FACTS II (SACWIS), SDM® tools for treatment and permanency have only been possible in paper form. DFS is hoping to have the SDM® tools automated by the end of 2015, at which time the QA tool will again be utilized. To support implementation of SDM®, DFS is extending this contract through March 2016. This benchmark's timeframe is adjusted to March 2016.

3. Use a continuous quality improvement framework to monitor and guide implementation of SDM® practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Continue to review performance. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SDM® data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

   Progress Report: This benchmark is pending. One set of initial data demonstrates the effectiveness in SDM® tools at Intake at assisting in the decision about which reports warrant an investigation. For the four years prior to the implementation of SDM® at the Hotline, 23% of Screened-Out cases received a subsequent report within one year that was then screened in for a child protection investigation. In the two years since implementation of SDM®, only 18% of screened out reports receive a subsequent report within a year that is screened in for a child protection investigation. This reduction has been achieved although the volume of reports has more than doubled since 2009. DFS is utilizing similar data sets to track the safety outcomes of Screened-Out reports, Investigations, and ultimate dispositions of cases. This benchmark data will form the foundation for CQI efforts in this critical area.

4. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing

until CQI system is operational. Measure: Production of SDM® data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The results of the SDM® safety and risk assessment fidelity case readings are distributed to investigation work group members that includes all statewide regional administrators, investigation supervisors, and senior leadership that includes the Director, Deputy Director, Office of Children's Services Administrator, Program Support and Resources Administrator, and Quality Assurance Program Manager. The results are also distributed to the DSCYF Center for Professional Development and CFF's FAIR staff. The Children's Research Center seeks feedback about the case reviews during monthly status calls with DFS Central Office and Regional Administrators. Finally, the reports are available to all staff on the Division's shared computer files. The case readings results are available to APRS reviewers upon request. From September 23-26, 2014, the CRC conducted mandatory training with caseworkers, supervisors and contractors. The focus of the training was to help staff develop performance-based services plans that allow families to address areas of concern while at the same time ensuring safety for all of the children. DFS continues to partner with the CRC to further refine the SDM® tools used by treatment and permanency staff. The Family Strengths and Needs Assessment (FSNA) was revised May 2015 and the Child Strengths and Needs Assessment (CSNA) will be revised by the end of the summer, 2015. The revisions allow workers and families to more clearly assess all areas of functioning. The CRC will be providing FSNA/CSNA Enhancement Training to trainers August, 2015. CRC staff will return fall, 2015 for coaching sessions with staff and contractors. During 2014, 100% of the 177 sampled intake/investigation cases indicated use of the SDM® Assessment tools. DFS temporarily suspended use of the QA tool for treatment and permanency cases so data from that source is unavailable.

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

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

Benchmarks:

1. Train all front line case workers, supervisors and managers in SOP that uses strengths-based, child-centered principles and tools to ensure inclusion of youth voice and rigorous safety assessment and planning. Timeframe: March 2015. Measure: Percent of staff attending SOP modules.
   Progress Report: Between November 2013 and November 2014 twenty DFS staff and seven provider staff were trained as trainers in the 12 Safety Organized Practice modules developed by CRC. Modules, ranging from 3 hours to one day, were trained in each region at a rate of three times a month. Attendance was required for all agency staff, including those who provide direct services as well as those in various supervisory, administrative and support roles. Metrics indicate a total of 150 sessions were ultimately

delivered during that 12 month period. Over the twelve modules, the average DFS attendance was 227, or approximately 82% of total staff. Five modules had over 90% DFS staff attendance. In addition to staff, the SOP trainings were attended by the contract agencies who also manage foster placement cases. In addition, some of their staff have been trained as trainers so that they could sustain the training within their own organizations. SOP training has now been incorporated into new worker training and ongoing refresher training sessions will be started in the fall of 2015, as DFS continues to strive for 100% of staff being trained. This benchmark is completed. **(**See Attachment: DFS SOP MODULE FY2015**),**

2. Partner with Children's Research Center to support implementation of SOP with fidelity across program areas from intake to permanency. Timeframe: January 2015 (expected end date). Measure: Completion of contract deliverables for training, coaching and case reviews. Issuance of case review findings.

   Progress Report: Based on CRC case readings, consultants provided on-site coaching in four statewide regional offices on a quarterly basis. The coaching was tailored to each region and involved discussion about the array of assessment tools, as well as SOP. The last on-site coaching occurred May 20, 2015 for report line staff. All program areas receive on-site coaching over the four sessions. See reports under Objective: Implement Structured Decision Making® for additional information. Due to the delay in implementation of FACTS II and the federal CFSR, the timeline for completing all contract deliverables has been extended to March 2016.

3. Implement supervisor Learning Circles. Timeframe: March 2015. Measure: Documentation of supervisor Learning Circle sessions.

   Progress Report: Supervisor Learning Circles have not started. Timeframe is moved to March 2016 due to the CFSR activities in all regions during 2015.

4. Fully implement Consultation and Information Sharing Framework for group supervision. Timeframe: September 2015. Measure: Percent of case reviews with documented Framework utilization.

   Progress Report: Each DFS regional office has adopted the Consultation and Information Sharing Framework as a mechanism for caseworkers and supervisors to review and discuss cases. Each region has different schedules locations and team makeup for Framework Consultations. Each region is using this strategy at least once a month, but often more frequently. Staff also has the ability to request a Framework/Group Supervision on any case at any time. The process is available for staff in all program areas and is a great way to discuss roadblocks, safety concerns and next steps with peers. This has also become the practice when caseworkers and supervisors are considering closing a case. Because this process is documented in our current FACTS system as a narrative event, DFS is unable to query these events to produce reports showing the percentage of cases in which a Framework was completed. DFS is anticipating that an update to the current FACTS system or the launch of FACTS 2 will allow this process to

be queried in the future. Also the current investigation QA case review tool does not specifically measure use of the Consultation and Information Sharing Framework. This benchmark will continue until a measure is evaluated either through QA or FACTS query. Timeframe is moved to March 2016.

5. Use a continuous quality improvement framework to monitor and guide implementation of Safety-Organized Practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SOP data reports from case reviews. Meeting minutes documenting findings and recommendations.

   Progress Report: This benchmark is pending.

6. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of SOP data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

   Progress Report: The Children's Research Center's fidelity case reviews assess incorporation of Safety Organized Practice techniques, in addition to assessing adherence to the SDM® tools. Fidelity case review reports are used to identify topics of on-site regional coaching provided by CRC. The investigation QA tool measures use of SDM® Safety and Risk Assessments and Safety Organized Practice (SOP) family engagement techniques. Data is available for the period January to August 2014. This area of performance represents many new practice activities and, therefore, 2014 was considered to be a year of emerging practice. Some of these activities are not necessary in all investigations. DFS has not developed baseline performance criteria by which to measure all subsequent performance outcomes. It is anticipated that, as these tools will become normalized in daily practice, significant improvements will be seen during 2015.

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

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

Benchmarks:

1. Develop, implement, and expand a differential response within DFS using Family Assessment and Intervention Response (FAIR) to accepted reports of child abuse and neglect. Timeframe: June 2016. Measure: Number and percent of accepted reports of abuse and neglect receiving FAIR response.

Progress Report: DFS has two adolescent investigation units in New Castle County that operates both investigation and pilot family assessment responses to abuse and neglect reports. The units began FAIR June 2013. Expansion of internal FAIR to address other lower risk cases is planned to occur in New Castle County by the end of 2015. Through June 12, 2015 the internal FAIR units have served 422 cases plus 44 linked reports or 2.7% of all screened in reports. Additional reports on FAIR cases are under construction to monitor the expansion.

2. Continue the contracted community-based FAIR Program to prevent unnecessary entries of teens into foster care statewide. Timeframe: Ongoing to September 2019. Measure: Number and percent of children and youth receiving community-based FAIR and entering foster care.

   Progress Report: DFS continues to contract with the community-based agency Children & Families First for FAIR programming focused on safely preventing teens from needing foster care. The age limit was expanded on July 29, 2014 to include children ages 11 and 12 in addition to ages 13-17. Of the 392 families referred to CFF FAIR during 2014, 351 accepted a FAIR response rather than the traditional DFS investigation. A total of 315 families received services beyond the initial assessment. Fifty or 15.87%, of these families were re-reported to the Division after closure by CFF FAIR. A total of 15 children entered out-of-home placement during CY2014. DFS has not established data perimeters for percentage of cases or foster care entries. Additional statistics and information for CFF FAIR are attached. (See Attachment: CFF FAIR Stats 2015)

3. Continue the voluntary, community-based pilot for screened out cases involving infants and toddlers, which connects their families to home visiting and Evidence-Based parenting support programs. Ongoing to September 2019. Measure: Number of screened out cases referred to home visiting and parenting support programs.

   Progress Report: DFS was fortunate to be able to partner with the Infant Caregiver Project at the University of DE as part of one of their grants to provide outreach to parents of screened-out cases involving infants and toddlers. Staffs from this particular project receive basic contact information from DFS on these parents and then attempt outreach to engage them in several voluntary community-based programs. The outreach process has proven to be challenging, as often the information received on screened-out cases is incomplete or erroneous, making it difficult to locate these families. This pilot project has been able to locate and engage 114 parents of young children from July 2014 – May 2015. Of those, 54 were engaged in the most intensive service, A Bio-Behavioral Check-up (ABC); 50 were referred to Help Me Grow (the central intake for home visiting programs in DE; and 10 families with toddlers were referred to the Parent-Child Interaction Therapy (PCIT) Program. The funding for this pilot ended in May 2015. Results of this pilot are pending for publication and the hope is that the success of this

pilot can be utilized to build ongoing community capacity to reach these families prior to involvement in the child protection system.

Data from the statewide Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program from last federal fiscal year, 10/1/13-9/30/14 indicates that 739 children were served during this time. This program continues to be an important effort to serve at-risk families with young children and prevent their maltreatment.

- 10% (73/739) of children served by the home visiting program were reported in a case of suspected maltreatment.
- 2% (13/739) of children served by the home visiting program were reported in a case of substantiated maltreatment.

1. Use a continuous quality improvement framework to monitor and guide implementation of differential response by reviewing DFS data, Quality Assurance case review reports and contractual performance measures with DFS staff and system partners. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of FAIR data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

   Progress Report: This benchmark is pending.

2. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports, contract performance data and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of FAIR data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

   Progress Report: This benchmark is pending. DFS is constructing FACTS reports and metrics for monitoring agency FAIR programming.

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

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

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

Benchmarks:

1. Continue considered removal TDM meetings for DFS custody decisions; strengthen practice of using TDM prior to removal. Timeframe: Ongoing to September 2019. Measure: Number and percent of TDM meetings occurring before and after foster care entry.

Progress Report: One of the most impactful family engagement strategies implemented by DFS to ensure children are safely cared for in the community has been TDM. These facilitated meetings are mandated during investigation, treatment or FAIR, for children at risk of removal or within 48 hours after entering DFS custody. In SFY2014, 55% of all TDMs were held prior to removal. In SFY2015, the percentage of pre-removal meetings increased to 61%.

2. Consider TDM at other key case decision points involving placement changes. Timeframe: March 2016. Measure: Documentation of discussion and decisions for using TDM at replacement.

   Progress Report: To date, DFS has not considered using TDMs at other key case decision points. DFS in collaboration with its sister Divisions of Prevention and Behavioral Health and Youth Rehabilitative Services are planning implementation of a TDM process across the department for all youth who are at-risk of moving to a more restrictive placement (e.g., group care, residential treatment). This implementation is anticipated in the fall of 2015.

3. DFS to continue to gather data on timing, attendees, decisions and outcomes of TDM meetings. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing to September 2019. Measure: Issuance of reports on timing, attendance, decisions and outcomes of TDM meetings.

4. *Progress Report*: The DFS Data Unit produces monthly data reports detailing TDM activity. The reports are discussed with the TDM Workgroup on a quarterly basis. If trends emerge, such as fewer TDMs occurring pre-removal or a decrease in the percentage of youth attending meetings, those issues are discussed at investigation and treatment workgroups. At the conclusion of the TDM meetings, the facilitators provide attendees with Participant Feedback Surveys. To date, we have received over 700 surveys. Aggregate data for the survey results indicate that 93% of all attendees felt positively about the TDM they attended. In SFY2015, mothers attended 84% of all TDM meetings, fathers attended 53% of the meetings, and youth attended 78% of the meetings. In 42% of the TDMs, it was recommended that DFS retain or petition for custody.

5. Use a continuous quality improvement framework to monitor and guide implementation of TDM by reviewing DFS data, Quality Assurance case review reports and participant surveys with DFS staff and system partners. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of TDM data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

   Progress Report: This benchmark is pending.

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

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

Benchmarks:

1. Participate in Multi-Disciplinary Teams through the Children's Advocacy Center, promoting collaboration of child welfare, law enforcement, criminal justice, mental health and medical professionals. Timeframe: Ongoing to September 2019. Measure: Data reports on use of Multi-Disciplinary Teams at the Children's Advocacy Center.

   Progress Report: For the period July 1, 2014 – March 31, 2015, there were 1,044 forensic interviews at the Center. DFS participates in Multi-Disciplinary Teams through the Children's Advocacy Center for cases referred by the agency.

2. Support the education of Multi-Disciplinary Team members through joint training programs such as the Protection Delaware's Children Conferences, National Conferences on Abuse Head Trauma and related opportunities. Timeframe: Ongoing to September 2019. Measure: Documentation of training events attended by Multi-Disciplinary Team members.

   Progress Report: Delaware's Multi-Disciplinary Team Training Data for April 2014 to March 2015 is recorded in the following table:

MDT Training	Date	# of Attendees
19th OCAN National Conference on Child Abuse and Neglect	April 30 - May 2, 2014	10
Fourteenth International Conference on Shaken Baby Syndrome/Abusive Head Trauma	September 21 - 24, 2014	19
Protecting Delaware's Children Conference MDT Advanced Training	March 3, 2015	138
31st International Symposium on Child Abuse	March 23 - 26, 2015	20
29th Annual San Diego International Conference on Child and Family Maltreatment	January 24-29, 2015	2
19th OCAN National Conference on Child Abuse and Neglect	April 30 - May 2, 2014	10

The Intake and Investigation Program Manager participated in the development and panel delivery of a 2.5 hour training about the revised Child Protection Registry statute to about 60 public and private attorneys on March 16, 2014. The panel also included Tania Culley (Office of the Child Advocate) as the Moderator, the Honorable Janell Ostroski (Family

Court), Valerie Farnan (Department Of Justice), and Kathleen Vavala (Office of Disciplinary Counsel). The training explained the Registry, how a person is entered on the Registry, the Registry levels, Substantiation proceedings, removal from the Registry, and ethics. The training was professionally recorded and is located on the Office of the Child Advocate website for online training. Each attendee was given a folder with thirteen exhibits that contained such items as sample investigation outcome letters, sample petitions, sample answers, and sample orders. One of the goals for conducting the training was that many of the attendees will come forth and volunteer as pro bono attorneys for children through Delaware Volunteer Legal Services.

The Mandatory Reporting Workgroup under the Child Protection Accountability Commission (CPAC) Training Committee updated its 3 mandatory reporting training program for educators, general community and professional audiences, and medical professionals. In December 2014, CPAC partnered with the Medical Society of Delaware to revise the medical training and to obtain approval for CME credit. Both onsite and web-based formats are available for each training program; all web-based training can be accessed through OCA's online training system at http://ocade.server.tracorp.com/. For public schools, the Department of Education's Blackboard course management system hosts the web-based training for educators. Staff from DSCYF, DOJ, and OCA conducted several onsite training sessions for educators and general professional audiences. One onsite, medical training was provided at the Medical Society of Delaware and co-facilitated by Christiana Care Health System and DFS.

For the general training, approximately 27 onsite trainings were provided to 770 participants and 256 participants completed the training online. For the educator training, approximately 18 onsite trainings were provided to 1,165 participants, and 10,634 participants completed the web-based training through the Department of Education's Blackboard course management system. In addition, 211 participants completed the web-based training on OCA's online training system. For the medical training, 5,634 participants completed the training online; 43 participants attended the onsite training. As a result of new software, the web-based training was offered to medical professionals in two formats for desktop computers and mobile device users.

3. Participate in the Joint Investigation Committee of the Child Protection Accountability Commission, which researches and implements best practices in investigation of child maltreatment. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes.

   Progress Report: A CAN (Child Abuse and Neglect) Best Practices Committee was convened in April 2014 to begin revisions to the Memorandum of Understanding between statewide law enforcement agencies, DSCYF, the Department of Justice, and Children's Advocacy Center. The plan is to include other responders such as the hospitals and the Medical Examiner's Office. Revisions are pending. Meeting minutes for the Best Practices Committee are located at this website: https://egov.delaware.gov/pmc/#agency4.

4. Participate in the Statewide Neonatal Abstinence Syndrome workgroup of the DE Health Mothers and Infants Consortium to address the needs of drug exposed infants. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes.

   Progress Report: The DE Health Mothers and Infants Consortium (DHMIC), a multi-disciplinary group of health care professionals, the Division of Public Health, and other advocates for young children adopted the evidence-based Neonatal Abstinence Syndrome Guidelines this year for all maternity hospitals in the state. There are two statewide workgroups continuing to support enhanced collaboration around the needs of substance-affected infants given the epidemic of substance abuse. The first workgroup is comprised of subgroups in each maternity hospital who support implementation in their respective hospitals and coordinate with the regional office of DFS in planning for the safe care of these infants upon discharge. The other workgroup is a statewide group that includes representatives from each of the maternity hospitals, as well as leadership from both DFS and the Division of Public Health. This latter workgroup helps ensure coordinated and aligned efforts statewide. In January 2015, the Child Protection Accountability Commission and the Child Death, Near Death, and Stillborn Commission held a joint retreat to consider strategic priorities for coming years. One of the priorities identified was the development of a Joint Committee on the Needs of Substance-Affected Infants. This committee includes broad participation of health care and substance abuse treatment providers, home visiting programs, DFS, and other child advocates. The goal of this committee for the coming year is to continue to research and advocate for best practices for multi-disciplinary responses to the needs of these young children and their families. DFS is utilizing its Substance Abuse Liaisons to implement an expedited referral form that maternity hospitals can directly utilize when a mother or infant is assessed as substance exposed. These Substance Abuse Liaisons provide outreach to these mothers to engage them in screening, referral and connection to needed services.

5. Continue collaboration with system partners, especially providers of services related to domestic violence and substance abuse (e.g. Division of Substance Abuse and Mental Health, Domestic Violence Coordinating Council, Children's Advocacy Center, Brandywine Counseling, Psychotherapeutic Services Inc., Child Inc., People's Place II) to promote comprehensive assessment of families' needs and integrated service planning. Activities include co-location of staff, multidisciplinary interviewing, community training and interagency agreements. Timeframe: Ongoing to September 2019. Measure: Documentation of collaborative efforts such as meeting minutes, collocation of staff, contracts, Memoranda of Agreement and training events.

   Progress Report: Domestic violence liaisons from private agencies continue to be collocated statewide in four regional offices. The liaisons are primarily funded by the VOCA (Victims of Crime Act). The liaisons discuss safety planning with adult victims, assist victims with filing protection from abuse petitions, and provide financial assistance to strengthen the victim's independence and to maintain family unity. The liaisons are invited to participate in TDMs that are held prior to child placement when domestic violence is a factor. Oversight of this program is provided by the Program Manager for

Intake and Investigation who holds quarterly meetings with the liaisons and their supervisors, as well as the Division supervisors where the liaisons are housed. The quarterly meetings since the last APSR occurred July 16, 2014, October 15, 2014, and April 8, 2015. The liaisons provide training during core training for new staff and offer other ad hoc training as needed. During Calendar Year 2014, the DV liaison in Region I (Beech Street) met with 67 adult victims while the DV liaison in Region II (University Plaza) met with 92 adult victims. The Kent County liaison served 73 adult victims and the Sussex County liaison served 39. The statewide total served for FY2014 is 271.

DFS also continues to have substance abuse liaisons (SAL) co-located with DFS staff in our four regional locations. For SFY2014, the SALs worked with 789 families statewide. Of those 789 families, 15% had children placed in foster care. Domestic violence was an issue for 22% of those families and 45% of the families had additional mental health issues. In addition to working with families, the SALs also conduct the portion of the DFS new worker training related to substance abuse and in April 2015, they conducted 2 trainings for the Home Visiting Network.

6. Monitor effectiveness of training with participant evaluations. Use existing DFS leadership and CPAC Training Committee meetings to evaluate findings and guide curriculum development and topics. Timeframe: Ongoing to September 2019. Measure: Trainee surveys and evaluations.

   Progress Report: Evaluative data on trainings are collected from DFS caseworkers and contracted providers using a hard copy survey completed immediately following each training event and/or course. This 30 question survey is composed of ordered categories, where course objectives, course content, relevance and understanding, trainer delivery and facilities items are rated either Excellent, Very Good, Good, Fair, or Poor. Also included on the survey is an open-end question under each of the categories listed above requesting ideas on improving that area. Relevant themes are developed regarding trainee's perception of effectiveness of training content, process, relevance to job, and trainer performance. The participant responses are reviewed following the training and utilized to inform training content, learning strategies, trainer competence and delivery. Participants rate the content for its direct applicability to their job and if their knowledge and skill level increased by the end of the training. A sampling of the raw survey data from a total of 74 pre-service course offerings and 110 ten in-service course offerings during FY2015 indicates the rating with the highest frequency from participants regarding effectiveness falls into the "very good to good" range.

Safety Measures:

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

   Performance: For the 12 month period ending 12/31/14, 94.4% of children were assessed as safe in investigation.

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

   Performance: For the 12 month period ending 3/31/15, 98.5% (808 of 820).

3. National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.
   Performance: For the 12 month period ending 3/31/15, 100%.

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

Progress Report: For Safety Measure 1, due to the suspension of the treatment/permanency QA case review instrument in 2014, only investigation data is available. In late 2013, the investigation QA case review instrument was modified, incorporating questions consistent with adoption of the SDM® Risk and Safety Assessment. As a result, the baseline questions for which outcomes are derived were changed to reflect this. The investigation safety measure is calculated using these changes. Delaware continues to use the National Standard Safety Measures established prior to the changes recommended for CFSR Round III.

B. Permanency

Goal: Children maintain or achieve timely permanency

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

Objective: Implement family search and engagement practice.

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

Benchmarks:

1. Fully implement statewide strategies, tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and placement options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives. Timeframe: March 2015. Measure: 95% of Quality Assurance reviews for intake, investigation, treatment and permanency cases indicate family search and engagement activities.

   Progress Report: DFS continues a contract with CFF to provide 'Family Finding', a family search and engagement (FSE) service to children who have been in foster care for more than 3 years and who have a goal of TPR/Adoption or APPLA. The contract also includes 'Family Outreach'. This service ranges from 3 to 6 months per case, but the

caseworkers have determined this search and engagement work takes longer in some cases whether previous information may not be readily available. The service locates and engages relatives and other important relations for children in foster care with the objective of those individuals becoming permanent resources and/or lifelong connections. In most cases, a number of family members are found and become engaged in a child's life. Even when resources do not emerge as a placement, families are often ready and capable to provide pictures, stories, and some family history for the child. In DFS case progress notes in investigation through permanency, there is documentation that caseworkers used various family search and engagement (FSE) tools and strategies. FSE is also documented in family team meetings and STEPS (Stairways To Encourage Personal Success) meetings. Search activities used by caseworkers include sending notification letters to relatives, mining the case record, and using internet search tools (US Search, Facebook). Caseworkers use tools such genograms, Eco Map and MY LIFE to gather information about family resources. This program started on 1/1/2013. This data is from 1/1/2013 to 12/31/2014. During this period, 22 children were referred to CFF, 5 children declined so the data is for 17 children. Fifteen of the children have made some type of family connection and two children were adopted. Of the 15 children, CFF reports 5 were placed with one of their connections, 4 aged out of foster care with some connections and 6 children are currently in foster care. TDM meetings require workers to invite maternal and paternal extended family whenever feasible. In SFY15, mothers attended 84% of all TDM meetings, fathers attended 53% of the meetings, and youth attended 78% of the meetings. Relatives and informal support persons attended 74% of the meetings. Because maternal and paternal relatives attend TDM meetings, it provides DFS with a much larger pool of resources for placement and support. Only the investigation QA case review tool measures family search activities. Of 49 applicable cases (January–August 2014), reviewers agreed 85.7% that the family's networks or community/cultural assets were included in the Child Safety Agreement or other activities focused on improving child safety. Considering the QA case review tools for treatment and placement cases are currently inactive, this benchmark's timeframe is extended to March 2016.

2. Use a continuous quality improvement framework to monitor and guide implementation of family search and engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SDM® data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

   Progress Report: This benchmark is pending.

6. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of family search and engagement processes and outcomes. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is

operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The DFS Data Unit produces monthly data reports detailing TDM activity. The reports are discussed with the TDM Workgroup on a quarterly basis. If trends emerge, such as fewer TDMS occurring pre-removal or a decrease in the percentage of youth attending meetings, those issues are discussed at investigation and treatment workgroups. In SFY2015, mothers attended 84% of all TDM meetings, fathers attended 53% of the meetings, and youth attended 78% of the meetings

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

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

Benchmarks:

1. Recruit in-state foster homes to meet the needs of minorities, teens, siblings groups and children with special needs. Timeframe: Ongoing to September 2019. Measure: Annual number of new foster parents serving minorities, teens, siblings groups and children with special needs.

   Progress Report: During CY2014, 15 of 32 approved families committed to serving the targeted population of teens, sibling group or special needs population. Ten of the approved families are African American.

2. Implement a statewide foster parent recruitment plan. Timeframe: Ongoing to September 2019. Measure: Issuance of plan and annual reporting of progress towards goals and objectives.

   Progress Report: DFS' foster care recruitment plan was issued June 2013, and is updated annually. The current version is effective June 2015. The plan maps specific messaging and activities to recruit specific target groups such as teachers, professional organizations and faith-based organizations to fill resource gaps for teens, sibling groups and special needs foster children. See Section XIV Updates to Targeted Plans, Foster and Adoptive Parent Diligent Recruitment Plan for additional information. (See Attachment: Foster Care Recruitment Plan)

3. Fully implement a new foster parent pre-service and in-service training curriculum supported by the Institute of Human Services. Timeframe: January 2015. Measure: Completion of new pre-service and in-service training sessions.

   Progress Report: DFS has fully implemented the new foster parent pre-service and in-service training curriculum supported by the Institute of Human Services. DFS began

presenting the 10 Institute for Human Services (IHS) pre-service training modules to foster care applicants in February of 2014. The first module, similar to an orientation, is presented by DFS Foster Home Coordinators once per month, normally on the first Wednesday. Our training contactor Prevent Child Abuse Delaware (PCAD) provides the additional modules in the model.

The feedback from applicants has been very positive. Equally positive has been the feedback from existing foster parents participating in the IHS in-service modules which began in the fall of 2014 (PCAD provides evaluations at the end of each training). All eleven in-service modules have been implemented as indicated below.

IHS IN-SERVICE TITLES

1. Cultural Issues in Foster Care: Dealing with the Dynamics of Difference
2. Defusing Crisis Situations Safely and Sanely
3. Discipline in Foster Care: Managing Our Behaviors to Manage Theirs
4. Effects of Abuse and Neglect
5. Foster Families and How They Grow: Understanding the Effects of Fostering
6. Recognizing and Responding to Children Who Have Been Sexually Abused
7. Relating to Primary Families: Challenges, Issues, and Strategies for Success
8. Roots & Wings
9. The Caregiver's Voice: Being a Valuable Part of an Effective Child Welfare Team
10. The Development of Adolescents: The Effects of Abuse and Neglect
11. Understanding and Building Attachment

Below are the dates the modules were offered on the Fall 2014 and Spring 2015 training calendars.

Fall 2014 Training Calendar Dates

9/23, 11/22	Relating to Primary Families: Challenges, Issues, and Strategies for Success
9/23, 11/5, 11/22	The Caregiver's Voice: Being a Valuable Part of an Effective Child Welfare Team
10/4, 12/3	The Effects of Abuse and Neglect: *Adolescents*
10/4, 10/7, 11/8	Defusing Crisis Situations Safely and Sanely
10/8	Understanding and Building Attachment
10/8, 10/22	The Effects of Abuse and Neglect: Preschoolers: *Infants and Toddlers*
10/21, 11/25	Recognizing and Responding to Children Who Have Been Sexually Abused
11/6	The Effects of Abuse and Neglect: *Preschoolers*
11/22	Discipline in Foster Care: Managing Our Behaviors to Manage Theirs

Spring 2015 Training Calendar Dates

2/26, 6/3, 6/18	The Effects of Abuse and Neglect: Preschoolers: *Infants and Toddlers*
3/11, 6/27	Foster Families and How They Grow: Understanding the Effects of Fostering
3/18, 4/21	Roots & Wings
3/28, 5/5	Recognizing and Responding to Children Who Have Been Sexually Abused
3/28	Understanding and Building Attachment
4/18, 5/9	Relating to Primary Families: Challenges, Issues, and Strategies for Success
6/3	The Effects of Abuse and Neglect: *School Age Children*
6/16	Cultural Issues in Foster Care: Dealing with the Dynamics of Difference
6/18	The Effects of Abuse and Neglect: *Adolescents*
6/27	Discipline in Foster Care: Managing Our Behaviors to Manage Theirs

This benchmark is complete.

4. Identify and promote foster family supports for all functions and levels in the Office of Children's Services. Timeframe: December 2014. Measure: Distribution of Role Cards to all staff across program functions.

   Progress Report: Nine "Support Is Everyone's Job" pep rallies were held December 3-5, 2014 in regional offices statewide, with over 250 staff participating. Michael Saunders, a national, consultant with Annie E. Casey, Child Welfare Strategy Group facilitated 5 rallies in New Castle and Kent Counties. John Bates Foster Care Program Manager and Nicole Cunningham, Foster Care Administrator, facilitated 4 rallies in Sussex and New Castle Counties. The rallies were a culmination of a process that started earlier in the year. Eighteen focus groups were held for all agency functions, such as administrators, administrative assistants, caseworkers, supervisors, managers and foster home coordinators, identifying 10 ways each group can support foster caregivers. Focus groups included contractors who interact with DFS foster families (A Better Chance for our Children, who does assessment of foster families prior to approval, Prevent Child Abuse Delaware, who does pre-service and in-service foster parent training and Progressive Life Center who provide after-hour crisis support to DFS foster families). DFS produced promotional materials such as a function specific laminated card for attendees and distributed office posters statewide. Rallies included DFS foster parents who spoke about support they receive and offered suggestions to improve support to foster families. This benchmark is completed.

5. Receive technical assistance from the Annie E. Casey Foundation to train on recruitment and support activities for all levels of staff in in the agency. Timeframe: January 2015. Measure: Completion of Role Card Kick-Off events statewide.

Progress Report: Completion of role cards events was done in December 2014 with over 250 staff participating with foster parent panels at each session. This benchmark is complete.

6. Continue post-adoption services to strengthen bonding and prevent disruptions. Timeframe: Ongoing to September 2019. Measure: Number and percentage of adopted children re-entering foster care.

   Progress Report: DFS has a contract with A Better Chance for Our Children (ABCFOC) to provide adoption services for children in foster care. In 2007, DFS expanded the contract with ABCFOC to include post-adoption services for children who exited foster care via adoption or permanent guardianship. The agency has a 24-hour hotline for families in crisis. The activities include information and referral, crisis assistance, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers 5 or 6 times throughout the year. The topics have included Bullying, Sexting/Texting, Brain Based Parenting, Attaching to Children Who Have Experienced Trauma, and What Do I Do When My Teen Explodes. Some of these support groups and activities are in conjunction with Adoptive Families with Information and Support (AFIS), an adoption community agency. Referrals come from DFS foster care, private agency adoptions, other state adoptions, and international adoptions. There has been a slight increase in the number of new referrals for 2014 for post-adoption services. No children entered foster care resulting from an international adoption disruption or dissolution during FFY2013 or FFY 2014 (ABCFOC post-adoption services reports). In CY2014, 327 children entered foster care. Of those children, 14 children or 4% had been adopted. Of those 14 children, 7 were Delaware foster children and 7 were private adoptions or children who had been adopted from another state and the family is currently residing in Delaware (FACTS query of Level of Care events).

7. Use a continuous quality improvement framework to monitor foster care and adoptive placement stability by reviewing DFS data (foster parent recruitment/training and placement stability), foster parent surveys, Quality Assurance case review reports and adoption disruption/dissolution data with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of placement stability data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

   Progress Report: This benchmark is pending.

8. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports, contractual performance measures and feedback from DFS staff, trainers and system partners to monitor foster parent recruitment, training and placement stability. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is

operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: As DFS' new IHS pre-service training began January 2014, there is limited feedback from participants. Thirty two foster parents participated in CFSR Self-Assessment focus groups; 90% stated they receive what they need in regards to training. Three foster parents who participated in the new IHS pre-service training described it as a "great experience and a very supportive trainer." They stated it was helpful to them in preparing for foster children to enter their home. As for foster parent training in general, of 29 respondents to DFS' bi-annual foster parent survey completed in fall 2014, 23 or 79% answered 'Usually' or 'Always' responding to "I have adequate opportunities to increase my knowledge and skill as foster parent through in-service trainings." Twenty or 69% answered 'Usually' or 'Always' to "I take advantage of in-service training opportunities available to foster parents". The rating scale choices were Never –Seldom –Sometimes – Usually – Always. Although the majority of foster parents stated they received the training they needed there were a couple of suggestion to add training on street drugs, Asperger's, autism and sickle cell. In response, the May 2015 foster parent conference had a training session on street drugs. Foster parents provided positive feedback regarding the varied options to receive in-service training which includes books, on-line training, community offered trainings, college courses, attending and participating in therapy with foster children, and DVD's. All non-traditional trainings must first be approved by foster care staff. Another foster parent survey was taken during the May 27, 2015 foster parent conference. The survey included questions regarding the new IHS training. Results of that survey are pending. QA case review statistics on placement stability are not available as placement case reviews are currently suspended. Placement stability statistics are referenced in Update of Assessment of Performance. Delaware performs better with placement stability for children in care less than 2 years. Placement stability statistics were shared at the May 7, 2015 DFS Strategic Leadership Team meeting, reinforcing caseworker contact, training, support line, consultation and engagement strategies. Survey feedback and recruitment statistics are reviewed quarterly at statewide foster care meetings. IHS training will continue. Recruitment of DFS foster homes has not met the goal of 40 targeted population homes. Recruitment planning continues to target special populations. (See Attachment: Foster Care Recruitment Plan)

Objective: Improve timely exits to reunification, adoption and guardianship for foster children.

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

Benchmarks:

1. Provide MY LIFE programming to all appropriate foster children and youth; prioritize children with a permanency plan of adoption or APPLA. Timeframe: January 2016. Measure: Number of children and youth by permanency goal receiving MY LIFE services.

   Progress Report: The MY LIFE (My Young Life In Foster care Explained) Program is DFS' adaptation of the 3-5-7© Model developed by Darla L. Henry, PhD, MSW, of Darla L. Henry & Associates, Inc. The 3-5-7 Model© is a state-of-the-art, evidence-informed relational practice supporting the work of children, youth, individuals and families in rebuilding their lives after experiencing traumatic events, specifically as they relate to losses. Since February 2011, 356 children (unduplicated count) in foster care have received this service through April 2015. Services are provided by A Better Chance for Our Children, Bethany Christian Services, Children & Families First and Children's Choice. Case referrals have been prioritized starting with legally free children (2012), APPLA youth (2013) and is now available for reunification cases and post-adoption families (2014). Cumulative (duplicated) totals of children served statewide since 2011 are:

Goal Status	# Served
TPR Adoption and/or TPRAPPLA	366
Non-TPR APPLA/Reunification	110
Post-Adoption	8
TOTAL	**484**

   Initial and ongoing training has been provided to DFS and contracted agency staff by Darla L. Henry & Associates, Inc. MY LIFE training provided on July 9, 2014 was in regard to the Skills Development Guide, Readiness Inventory, and Readiness Continuum. MY LIFE training on April 21, 2015 was Group Facilitation as it relates to MY LIFE services. Our contracted private adoption agencies' staff is interested in providing group sessions to supplement the individual meetings they have with our children. Plans are to implement that in SFY2016. The next step for MY LIFE moving forward is provision of services to children with goals of reunification in Treatment Units. It is hoped we will be able to implement this during SFY2017, pending sufficient funding. The timeframe for this benchmark is moved to June 2017.

2. Research, develop and implement kinship care programming. Timeframe: September 2017. Measure: Number of children placed in approved kinship homes.

   Progress Report: Over the last two and half years DFS has researched and engaged in kinship care program development and has begun a pilot Kinship Care Program in New Castle County in October of 2014. Annie E. Casey Foundation consultants assisted DFS in research and organization. The program outlines include the goal which is to "Create a kinship care path to increase the number of kin providing care to youth in DFS custody and to improve the financial and non-monetary support that DFS is able to offer these caregivers". For the pilot, kin is broadly defined as any individual with a significant,

positive relationship and emotional connection with the child and/or family to include fictive kin. The pilot kinship program allow DFS to identify barriers and make informed decisions related to policy and infrastructure readiness and needs, in order to successfully fully implement a kinship program statewide. A foster care coordinator volunteered to pilot the kinship pilot program and agreed to carry a caseload of 6 kinship families. Referrals are generated from TDM meetings. The pilot tracks 4 data points: number of children/youth placed with kin, length of stay, placement disruptions, and permanency exit type. As of May 21, 2014, there are 6 families in the kinship care program.

3. Collaborate with the Family Court through local and state level meetings and review of DFS and CIP key measures to strategically plan strengthening legal processes to improve timely permanency. Timeframe: Ongoing to September 2019. Measure: Meeting minutes documenting review of data reports and actions taken.

   Progress Report: On February 25, 2015, representatives from DFS met with representatives from Family Court to review the 2013 CIP Data Report. Information discussed included CIP case flow, data perimeters, strengths and barriers. Since the data definitions and perimeters are not the same as child welfare national standards, comparing the two is challenging. DFS and Family Court CIP judges have quarterly meetings to discuss the mutual objectives of CFSR, CFSP and CIP activities. Meetings also include statutory changes, policy and operations issues**.** Delaware CIP Key Performance Measures Annual Report FY13 was reviewed at the April 30, 2015 meeting. Participants agree to continue monitoring the reports and national standards for timely permanency of foster children.

4. Continue expediting permanency goal review by caseworkers, supervisors, child advocates and local permanency planning committees of children age 5 and younger. Timeframe: Ongoing to September 2019. Measure: Number of children age 5 and younger reviewed by permanency committees before the 9th month.

   Progress Report: Children under the age of 5 are reviewed by the supervisor, Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), Deputy Attorney General (DAG) and local Permanency Planning Committees in each region for fast tracking to permanency, if early indications are the child cannot return home, birth parents had prior involuntary termination of parental rights, birth parents have felony convictions and maybe incarcerated, or birth parents whereabouts are unknown. The Permanency Planning Committee meetings include DFS managers and supervisors and community providers. Young children are prioritized for reviews and are reviewed frequently by DFS and the court until permanency is achieved. For children age 5 and younger, the caseworkers continue to look at past history with DFS and consult with legal counsel for further discussion or unless directed by the court to refer the case to the PPC. Supervisory case conferences focus on the permanency planning efforts and activities for the younger children. All of the children in foster care needing permanency are referred to the MY LIFE Program, child specific recruitment and family search services as needed and as appropriate. In CY2014, there were 347 children reviewed by the PPC statewide. Forty four of those children were under the age of 5 years. Twenty seven of the 44

children had an early permanency review before the 9th month. The recommendations by the Permanency Planning Committee for those 27 children were as follows: 17 reunifications, 9 adoptions, and 1 permanent guardianship. The Division of Family Services continues to provide concurrent planning for children in foster care and in particular for those children who are five years or younger. Of the 79 children exiting to adoption during CY2014, 53 were age 5 and younger. As of December 31, 2014, there were 33 children between ages 0-5 with the goal of adoption.

5. Use a continuous quality improvement framework to monitor exits to permanency by reviewing DFS data, CIP key measures and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency exit data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

   Progress Report: This benchmark is pending.

6. Until a CQI system is operational, use existing data reports, CIP key measures, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor timely permanency. Use existing DFS and CIP forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

   Progress Report: DFS reviews national data profile permanency measures at Senior Leadership Team meetings at least twice per year. Permanency data, measures and performance were discussed with various groups during the CFSR Self-Assessment, CFSR Stakeholder Interviews and CIP/DFS meetings. The information is also shared at the statewide permanency work groups, meetings with the contracted adoption agencies and the Interagency Committee on Adoption. The November 13, 2014 national profile scaled scores for the Permanency Composite 2: Timeliness to Adoption and Permanency, and Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time, finds Delaware exceeded the national standard for 3 years (3-31-12 to 3-31-14). Agency and community partners believe initiatives on family engagement, SDM®, SOP and frequency of court reviews contribute to this strong performance. DFS continues partnership with Children's Research Center for SDM® and SOP technical assistance and consultation.

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

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

Benchmarks:

1. DFS Strategic Leadership Team and Policy Review Team to review and assess permanency planning policy for older youth with the goal of APPLA. Timeframe: June 2015. Measure: Documented review of permanency planning policy for older youth with the goal of APPLA by the Strategic Leadership and Policy Review Teams.

   Progress Report: DFS receives a monthly data report from FACTS showing the number of children in foster care with a goal of APPLA. On January 1, 2014, the number of children in foster care with a goal of APPLA under the age of 18 was 115. As of January 1, 2015, the number of foster children with a goal of APPLA under the age of 18 was 96. This is a decrease of 19 or 16%. The monthly APPLA report data and information is discussed at the CPAC Permanency Options Work Group of the CPAC Permanency for Adolescents Committee. Committee updates and data are shared with DFS regional managers and supervisors at regular statewide permanency work group meetings. A chart on permanency options for foster children was developed. Training on permanency options occurred at the DFS Beech Street and Sussex County regional offices, at the Annual Foster Parent Recognition May 2015 event, at the March 2015 Protecting Delaware's Children Conference, at CFF staff meetings, CASA training and GAL trainings. This information has been well received by everyone. Since the enactment of the Preventing Sex Trafficking and Strengthening Family Act on October 23, 2014 DFS has been educating staff that the new federal law limits APPLA as a permanency plan for youth age 16 and older. There needs to be documentation at each permanency hearing the efforts made by DFS to place a child permanently with a parent, relative, or in a guardianship or adoptive placement and why this plan is in the child's best interest. After the above work group completes the assignment, DFS policy and procedure manuals will be updated. This benchmark's timeframe is moved to September 2015.

2. Analyze system and case specific data on youth served by multiple divisions to make recommendations to improve services to stabilize in-state placements, support timely permanency and reduce the number of youth exiting foster care at age 18. Timeframe: January 2015. Measure: Documented review of data and recommendations for youth served by multiple divisions.

   Progress Report: Since October 2013 a DSCYF workgroup is focusing on multi-divisional teens to troubleshoot problems, establish priorities, improve outcomes, examine national models and formulate system reforms. The workgroup identified a goal to more effectively serve youth at risk of deep-end system penetration in their homes and communities with least restrictive, most effective services that are well-integrated within a collaborative approach. The workgroup analyzed placement data and identified 900 children in out of home placement, of which 247 were in more intensive placement settings like group care, residential treatment, hospitals, Division of Youth Rehabilitative Services facilities, crisis beds and out-of -state residential programs. With support from Annie E. Casey Foundation's Child Welfare Strategy Group, the team developed an initiative called '*Partnering for Success'* that utilizes 'Expedited Transition to Family' (ETF) team meetings. ETF, similar in design to Team Decision Making, is a step down meeting identifying strengths, needs and barriers. ETF will implement an action-based

timeline for reunification or community placement with a support network. There are plans for data collection and tracking, quality improvement, and an assessment of necessary departmental services and interventions to sustain family-based placements. With in-state community based placements, foster youth have more opportunities to exit foster care before age 18. To complete the recommendations, this benchmark's timeframe is moved to August 2015.

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

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

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

Benchmarks:

1. Participate in the Permanency for Adolescents Committee of the Child Protection Accountability Commission, which leads policy efforts to reduce barriers to permanency. Timeframe: Ongoing to end of workgroup (June 2015 estimated). Measure: Meeting minutes documenting attendance and efforts to reduce permanency barriers.

   Progress Report: The Child Protection Accountability Commission's Committee on Permanency for Adolescents continues to serve as the body charged with reducing barriers to permanency specifically for adolescents. There are four representatives from DFS, as well as representatives of DFS counsel from the Department of Justice on this committee. Efforts during the year include the development of the Permanency Options Resource sheet which provides an outline for DFS staff and community partners to determine the supports available based upon the permanency option under consideration for the youth. The document can be provided to foster parents and relatives to help create better decision making relative to permanency decisions. This document led to the development of a coinciding training to further provide a deeper understanding of the options. Trainings have been held for the Office of the Child Advocate staff, foster parents, and community partners who attended the Protecting Delaware's Children Conference. Additional efforts of this committee include a subcommittee focused on decreasing the number of youth with a goal of APPLA. This committee began with an in depth qualitative review by DFS, CASA, OCA, and the courts for all youth ages 11-13 with a goal of APPLA. Reviewing the trends of determinations made by the involved parties to accept a goal for youth in this age range has resulted in recommendations for all parties to prevent occurrences in the future. As a direct result of the review, the number of children with a goal of APPLA in this age range has decreased from 7 to 5. Efforts will continue to focus on reducing the number of children and youth with APPLA with additional plans to conduct a similar review of youth 14-15. Such efforts will best prepare our state to meet the new federal requirement to not have court ordered goals of APPLA for youth below age 16. Meeting minutes are located on the OCA website: https://egov.delaware.gov/pmc/#agency4.

2. Participate in strategic planning efforts of the Department of Services to Children, Youth and Their Families to promote collaboration and coordinated service delivery to multiple division youth served by child welfare, behavioral health and/or juvenile justice systems. Timeframe: Ongoing to September 2019. Measure: Meeting minutes documenting attendance and coordination of service delivery.

   Progress Report: DSCYF created a multi-divisional workgroup with participation from all divisions effective October 2013. Under the banner '*Partnering for Success'*, the workgroup developed a list of objectives to guide the work moving forward. The objectives are: communicating the values and recommendations of the workgroup throughout the department, creating a data dashboard to track and manage performance, establish a unified family and youth engagement approach, develop a more intensive case planning and management strategy and expand the current community-based service array. Six priority areas were established:

   - Specialized intensive therapeutic foster homes for youth who cannot return home, especially youth with inappropriate sexual behavior
   - Intensive family-based services to include:
     - Team-based collaborative process
     - Focus on needs of entire family with multiple goals for multiple individuals
     - Contact as often as needed; therapists available 24/7 to aid in crisis intervention and behavior stabilization
     - Services geared toward youth at risk of out-of-home placement due to severe emotional or behavioral disorder or severe mental illness
   - Better transitional and re-entry services for in- and out-of-state youth leaving residential institutions
   - Department-wide respite care
   - Parent and foster parent aides and behavioral health aides for youth
   - Therapeutic, recreational, pro-social activities for non-school hours

   See Benchmark #2 under Permanency Objective: Reduce the number of youth exiting foster care at age 18, for related information on implementing actions under the banner '*Partnering for Success'*. Minutes and all coordinating documents are stored in a shared drive Partnering for Success folder, maintain and managed by the division leads.

3. DFS leadership to monitor meeting attendance and system partner feedback regarding collaborative effort to reduce barriers to permanency. Ongoing to September 2019. Measure: Meeting minutes and feedback from system partners.

   Progress Report: DFS leadership and senior staff serve in key leadership roles in the Partnering for Success Initiative. Additionally, over 70 staff from DSCYF at all levels are participating in the various work groups. In the next phase of planning, external partners will be included. The various work groups of this initiative are staffed by consultants from the Annie E. Casey Foundation. They will be providing assistance through ongoing convening with system partners, communication strategies, and implementation support.

Permanency Measures:

1. Caseworker foster care contacts. Measure 1: Percent of foster children visited each and every month; and, Measure 2: Percent of those visits occurring in the child's residence. Goal for Measure 1 is 95%. Goal for Measure 2 is 50.5%.

   Performance: Measure 1: For FFY14, the percent of child visited each and every month was 94.49%. Measure 2: For FFY14, the percent of visits occurring in the child's residence was 80.56%.

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

     Performance: For the period ending 3/31/15, the scaled composite score was 96.6.

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

     Performance: For the period ending 3/31/15, 87.2%.

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

     Performance: For the period ending 3/31/15, 59.1%.

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

     Performance: For the period ending 3/31/15, 35.1%.

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

   Performance: For the period ending 3/31/15, 59.1%.

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

   Performance: For the period ending 3/31/15, 34.4%.

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

   Performance: Due to the suspension of the permanency QA case review instrument in 2014, no data available.

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

Progress Report: For the 2016 APSR, Delaware will continue to use the national standards, originating prior to the changes proposed for CFSR Round III. Delaware will re-evaluate these measures for 2017**.**

C. Well-Being

Goal: Families are empowered to meet their own needs

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

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

Rationale: Children and families are more likely to actively engage in a plan in which they had a key role in designing. Key decisions include family and youth voices. AECF assessment and *Outcomes Matter* promote family engagement strategies and tools.
Outcome: Successful and timely assessment, planning and services with parents and youth participation while maintaining safety of children of families served.

Benchmarks:

1. Continue Team Decision Making statewide for children at risk of removal from their homes. Timeframe: Ongoing to September 2019. Measure: Data reports on number, participants, recommendations and outcomes of TDM meetings.

   Progress Report: Since July 1, 2014 thru March 31, 2015, DFS held 223 TDM meetings involving 370 children. Birth mothers attended 84% of the meetings, birth fathers attended 53% of the meetings, youth attended 78% of the meetings, and relatives and informal support persons attended 74% of the meetings. When possible, DFS tries to ensure children are placed with relatives or non-relatives when it is not safe for the child to remain in the home. Since July 1, 2014, DFS was able to divert 189 children (51%) from foster care. DFS tries to have TDMs pre-removal whenever safely possible. DFS was successful in meeting that objective 61% of the time.

2. Implement Safety-Organized Practice strategies, including family conferencing to be utilized at key decision points in child welfare cases. Timeframe: March 2015. Measure: Quality assurance case review reports on SOP activities.

   Progress Report: Between November 2013 and November 2014 DFS staff and provider agency staff received 12 modules of Safety Organized Practice. All program areas, investigation, treatment and permanency, participated and began incorporating SOP strategies and tools in their daily case management activities. Only the investigation QA case reviews measure SOP activities until treatment and permanency QA review tools are reactivated. Investigation QA results for January-August 2014 measured evidence of

using solution-focused questions, use of mapping, identifying harm and danger statements with the family and inclusion of family networks in safety planning. With the implementation of any comprehensive practice model, there is a predictable evolution of the usage of and growing competency in the various components. While staff have been trained in all the modules of SOP, DFS has initially stressed the linkages of the SDM® safety and risk tools into more comprehensive safety mapping and planning through use of the family networks in safety planning. The best performance was that 86% of 49 cases sampled showed evidence of including family networks in safety planning. The more advanced skills (e.g., solution-focused questions and comprehensive family teaming) will be supported in coming years as the practice model matures. Only anecdotal information is known of SOP practice strategies and tools at this time in treatment and permanency cases. This benchmark's timeframe is moved to March 2016.

3. DFS Program Support Team to conduct literature reviews, contact states' liaison officers, research evidence-based models as promoted by Child Welfare Information Gateway, Child Welfare League of America and American Humane Society and make recommendations for improving the continuum of family preservation, reunification and support interventions. Timeframe: June 2016. Measure: Documentation of research, findings, recommendations and action taken.

   Progress Report: This benchmark is pending.

4. Use a continuous quality improvement framework to monitor and guide implementation of family engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SOP data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

   Progress Report: This benchmark is pending.

5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of TDM and SOP. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

   Progress Report: The TDM workgroup, which is composed of the three TDM facilitators, their supervisors, regional administrators or assistant regional administrators from each region, meet quarterly to discuss the TDM process. It is during this workgroup that any operational issues are discussed. If issues are identified, the group also strategizes how to address the issues/concerns. More TDMs are occurring pre-removal as the practice gains popularity and trust. At present, there are limited reports available measuring SOP implementation. Fidelity case review results are distributed and discussed

during CRC teleconferences and are used to inform on-site coaching sessions. Investigation QA case review results also indicate room for improvement Available reports indicate room for improvement using solution-focused questions, mapping and identifying harm and danger statements with the family.

Goal: Youth are empowered to meet their own needs

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

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

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

Benchmarks:

1. Use family search and engagement strategies (e.g. family meetings and record mining) to build connections and supports for foster youth and young adults aging out of foster care. Timeframe: June 2016. Measure: Quality Assurance case review and independent living data reports.

   Progress Report: Contracted independent living (IL) providers assist youth in identifying adults with whom they can create a permanent connection or help foster such relationships with family. During CY2014 96% of the youth receiving IL services reported having a connection to a supportive adult. Two percent reported not knowing that if they had a permanent connection with a supportive adult and one percent reported that they did not have a permanent connection with a supportive adult. Efforts to further assist youth in developing permanent connections occurred through the Creating Hopeful Adults Mentoring Program (CHAMP). Three youth were connected with mentors through this program during the reporting period and mentoring relationships were maintained for two additional youth.

   DFS entered into a contract January 1, 2013 with Children & Families First to provide family search and engagement services to youth who have been in foster care for more than 3 years and have a goal of TPR/Adoption or APPLA. CFF is tasked to discover and engage relatives and other important relations for youth in foster care with the hopes of those individuals becoming permanent resources and/or lifelong connections. Data is

available from 1-1-13 thru 12-31-14. During this period, 22 youth were referred to CFF for this service. Fifteen of the youth made some type of family connection and two children were adopted. Of the 15 youth, five were placed with one of their connections, four aged out of foster care with some connections, and six of the youth continue in foster care. Five youth declined this service. QA case reviews do not currently measure family search and engagement strategies.

2. Conduct STEPS (Stairways To Encourage Personal Success) for all foster youth age 17 and older to plan a successful transition to adulthood. Timeframe: Ongoing to September 2019. Measure: Quality Assurance case review data reports.

   Progress Report: Stairways to Encourage Personal Success (STEPS) was implemented to address the need for a more seamless transition process for young adults aging out of the foster care system. Pre-dating the federal requirement which mandates that all youth must have a transition plan, STEPS was designed to be youth driven and to aide youth aging out of foster care via a comprehensive plan covering needs related (but not limited) to: housing, employment, transportation, education, health, mental health and finance. STEPS meetings are scheduled within two months of the youth's 17th birthday. Youth identify key participants for their meeting. A trained STEPS facilitator invites participants, schedules the meeting at a time and location convenient for the youth and also facilitates the meeting. Upon conclusion of the meeting, the STEPS facilitator drafts and distributes the transitional plan.

   To ensure that meetings are held in a timely manner, weekly reports which are generated by the data administrators are sent out to each region as a reminder of the youth's birthdate and also to serve as a prompt for caseworkers to initiate preparations for STEPS meetings. Additionally, a STEPS Database is maintained and housed on the agency's shared-drive computer system and is accessible to caseworkers, supervisors and administrators. STEPS meetings have been adopted into division policy and information related to such can also be found in the DFS User Manual (Independent Living Preparation, Section F). QA case review results are not available due to the suspension of placement case reviews. Beginning July, 2014 thru April 21, 2015, approximately 58 youth turned 17 years of age. According to the STEPS Database and FACTS roughly 57% of these youth had STEPS meetings. (Data source: Kids In Custody In And Out Of Placement Report 12/29/14, Kids In Custody In And Out Of Placement Report 4/20/15 and Transitioning Youth Database 4/21/15)

3. Fully fund and implement ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) for young adults (ages 18-20) who are aging out of foster care. Timeframe: June 2017. Measure: Budget allocations for 3 years of ASSIST funding.

   Progress Report: The ASSIST program has been designed to further support the needs of youth as they transition from traditional foster care. Although Delaware considered and evaluated the ability to extend foster care, it was ultimately determined based upon the input of the youth that additional years of traditional foster care would not best

prepare the youth for adulthood. Instead this stipend program makes a variety of housing options affordable, including remaining with former foster parents under a rental agreement. The program requires that youth complete six hours of financial literacy training along with a requirement to work, attend school, or volunteer. Youth are eligible for monthly stipends at a maximum amount of $1000. Additional benefits of the program are the ability for youth to save a portion of their stipend in an Individual Development Account (IDA). The program is effectively teaching youth valuable budgeting skills. It is anticipated that youth will be better prepared by age 21, homelessness will be reduced, and improved education and employment outcomes will be noted. A significant aspect of this program is that youth with student loans are able to begin repayment of their loan with the use of the funds. This option offers youth the opportunity to decrease the amount of debt that they will be responsible to repay. To date in SFY2015, a total of 181 youth have benefited from the stipend program. Funding has been secured for youth that turned 18 during FY2014 and FY2015. Funding for the stipends for these two fiscal years equates to $1.03 million. The final request of $515k is currently included in the Governor's recommended budget. To date Cohort 1 youth have utilized $407,561.26 and Cohort 2 has utilized $53,867.70.

4. Continue Opportunity Passport™ programming to provide financial skills and match savings accounts. Timeframe: Ongoing to September 2019. Measure: Documentation of active training and match funds.

   Progress Report: Launched in November 2013, the Opportunity Passport™ program is an important financial literacy and matched savings program that helps Delaware youth develop a general understanding about personal finances and goal setting. After determination of eligibility and training, participants open an Individual Development Account, a matched savings account. Money saved in the account by the youth will be matched, dollar for dollar up to $1,250 per year, upon purchase of specific assets. This is made possible through a partnership with the West End Neighborhood House, a $tand By Me program partner. With $tand By Me, youth have a financial coach to help plan for asset purchases. Each independent living case worker also works with the youth enrolled to provide financial literacy, often using the Money Matters curriculum. Since launch, 50 youth have enrolled reaching full program capacity. Currently, there are 32 youth currently enrolled, with over 15 youth on a waiting list to participate. The funding for the Opportunity Passport has been made available via bridge funding from the Jim Casey Youth Opportunities Initiative. The funding was conditional with the expectation that Delaware Youth Opportunities Initiative (DYOI) would secure funding in order to continue the program. Efforts to secure such funding have occurred throughout 2014 and into 2015. To date, funding has not been secured and the program is currently continuing to operate from the original funding of $50k. West End Neighborhood House, Inc. has indicated intent to continue efforts to secure future funding in order to maintain the program. (See Attachments: OP Participant Enrollment and OP Program MOU Rev. 11.14)

5. Partner with Delaware Youth Opportunities Initiative (DYOI) to achieve positive outcomes for foster youth and young adults aging out of foster care. Timeframe: Ongoing

to September 2019. Measure: Minutes documenting joint participation in DYOI meetings.

Progress Report: DYOI has a Community Partnership Board, chaired by former State Senator Liane Sorenson, with 30 active members from diverse backgrounds. DFS is represented on the Board. From that board, there are seven working groups focusing on different outcome areas meeting monthly to create real change:

- Education - Tuition Waivers
- Employment -Customer Service Training & Statewide Job Shadow Day
- Housing and Transportation - Sanctuary Model Implementation and Pre-18 Trial Supportive Housing Pilot
- Permanency - APPLA and Extended Jurisdiction
- Physical and Mental Health - Sexual Education Curriculum and Medicaid Oversight
- Policy - Ready By 21, Bill of Rights, and Youth Involvement in Court
- Transitions - Self-Sufficiency Benchmarks

Through the working groups, DYOI engaged 75 active professional partners in collaborative policy work. In the working groups, DYOI gathered data to inform policy change by administering a Youth Involvement in Court and Legal Representation Survey to over 150 professionals and 96 youth and developed a housing survey completed by 68 youth. DYOI is closing due to lack of funding. This item is deleted. (Meeting minutes are available upon request.)

6. Partner with the Youth Advisory Council (YAC) to achieve positive outcomes for foster youth and young adults aging out of foster care. Timeframe: Ongoing to September 2019. Measure: Documentation of joint participation in YAC meetings and events. *Progress Report:* The Delaware Youth Advisory Council (YAC) continues to grow its membership and influence. Each month, the Advisory Council meets and includes statewide representation. Approximately 25 youth per month attend the meetings. The Independent Living Program Manager has oversight responsibilities of the council and attends each monthly meeting. The youth have continued to serve as the representative voice of foster youth. During the year numerous focus groups and surveys of the youth have occurred. These youth continue to effectively convey the challenges they have experienced and the positive improvements of the Delaware child welfare system. Events during the reporting period include the annual youth conference, youth representatives providing testimony regarding ASSIST funding, the Employment Education event at Six Flags, and the Ropes Course-a team building exercise. The Council was recognized for their statewide advocacy efforts via receipt of the Muriel E. Gilman Award in 2014. Recent activities include a community service event, where members teamed with the Prevention of Behavioral Health and helped educate the community about mental health needs of children and the importance of de-stigmatizing mental health. YAC participated in CFSR Self-Assessment and Stakeholder Interview focus groups in 2014 and 2015.

7. Support the initiative for Youth Involvement in Court and Youth Led Representation led by the Family Court and the DE Youth Opportunities Initiative. Timeframe: Ongoing to

September 2019. Measure: Documentation of agency participation in court and DYOI meetings.

Progress Report: DYOI, Office of the Child Advocate, CASA, DFS and the Family Court partnered to bring the training entitled "The Missing Piece – Encouraging Youth Involvement in Court" to professionals who represent children in Family Court proceedings. The trainings were held in each county and attended by approximately 150 attorneys, CASAs and child welfare providers. Continual trainings have occurred at the 2014 Family Court Judges' Retreat, the Protecting Delaware's Children Conference, and at the Youth Advisory Council (YAC). Currently, DYOI is finalizing documents for professionals to use to foster youth involvement in court. A booklet is also being created specifically for older youth. (See Attachment: Youth Involvement in Court Brochure)

8. Review existing foster teen handbook for strengthening youth roles and responsibilities and edit as appropriate. This handbook will be used in the initiatives referenced above in #7. Timeframe: September 2015. Measure: Documented review of current foster teen handbook and appropriate actions to revise.

   Progress Report: The foster teen handbook has been reviewed by the independent living program manager and community partners that participate on the DYOI Transitions Workgroup inclusive of youth. It was determined that the handbook should be recreated to provide additional resources and explanations in accordance with enhancements that are now available. The format was changed to a more vibrant and youth friendly one. It is anticipated that the handbook will be approved in 2016 for use in both a printed and online format. This benchmark's timeframe is moved to June 2016. (See Attachment: Transitions Handbook Draft)

9. Use a continuous quality improvement framework to monitor timely permanency, employment, education and personal/community engagement by reviewing DFS data, Quality Assurance case review reports and youth feedback with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency and independent living data reports; meeting minutes documenting findings and recommendations.

   Progress Report: This benchmark is pending.

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

Progress Report: Permanency exits for foster teens are referenced in Section II. Update of Assessment of Performance. CPAC's Permanency for Adolescents Committee, APPLA Workgroup and Extended Jurisdiction Workgroup are reviewing available data reports and making recommendations to improve permanency outcomes for foster teens. Meeting minutes are available at this website: https://egov.delaware.gov/pmc/#agency4.

Monitoring of foster teen education, employment and personal/community engagement is achieved through the DYOI working groups and the CPAC Education Committee. These committees review data from school districts and DFS IL data reports to guide action planning to improve outcome. Additionally, youth input either via participation on these workgroups or through survey submissions provide insights for consideration. An example of the combination of data and youth voice relative to employment is the development of the Job Shadow Day. With IL data reports reflecting low employment rates (7% full time and 26% part time), it was determined through the DYOI Employment workgroup that there are many instances where youth obtain employment but are unable to sustain employment due to poor employee skills. It was determined that simultaneous to assistance to obtain employment youth should also receive additional experiences to prepare them for the workforce. As such the Job Shadow Day was implemented in 2014 as an annual event. This day helps educate the employers about the needs of youth who have experienced foster care along with giving youth an opportunity to learn the responsibilities of an employee in a supportive environment. It is also anticipated that these experiences will potentially pave the way for future employment at these agencies. Another example of data review with positive outcomes is reflected in the passing of legislation which developed a standard graduation requirement which allows youth in foster care who have changed schools the ability to meet the Department of Education graduation standard as opposed to the specific school graduation requirement. Review of graduation statistics, currently at 45%, will monitor the impact of this law. Assisting youth with personal and community engagement is not an easily identifiable data point. Surveys of the youth have occurred as a measure to help identify the needs of the youth. Approximately 30 youth surveyed in February 2015 reported desiring tutoring, mentoring, and leadership programs. Youth also reported they wanted more access to camp, volunteer and church events. These responses inform case planning activities with DFS, IL providers and youth. QA case reviews will provide data for improved identification of the needs of youth in these areas.

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

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

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

Rationale: Agency needs to continue foster care entry mental health screenings and implement tracking systems for individual and system use of psychotropic medications. Outcome: Foster children's health and mental health needs are identified early and are matched with appropriate services.

Benchmarks:

1. Continue Screening and Consultation Unit's assessment of developmental needs and ensure connection to appropriate services to foster children age 5 and younger within 4 weeks of foster care entry. Timeframe: Ongoing to September 2019. Measure: Foster care entry and assessment compliance reports.

   Progress Report: As of June 2013, children age 5 and younger who are placed in foster care are screened by the Office of Evidence-Based Practice's Screening and Consultation Unit (SCU). The screening tool used to assess the developmental needs of these young children is the Ages and Stages Questionnaire (ASQ). The ASQ is an evidence-based tool that assists in the identification of potential developmental delays for children ages 1 month to age 5. Results from the ASQ that indicate possible delays trigger SCU staff to make referrals for appropriate services, such as Child Development Watch (CDW) or Child Find. Consultations are provided as an alternative to formal screenings in the event that a child is already receiving early intervention services or if the child has already been screened through another resource (e.g., Division of Prevention and Behavioral Health Services (DPBHS), outpatient behavioral health provider, Child Development Watch). Prior to August 2014, a consultation was also provided in place of a screening if a child was placed in the home of a relative; however, as of August 2014 placement with a relative is no longer considered a reason for exclusion from screening and these children now receive formal screenings. The goal of the SCU continues to be to screen children within the first 30 days of placement in foster care. Data from January 2014 through December 2014 indicates that 115 children age five and under were referred to the SCU upon entry to foster care. Of those 115 children, 84 of them were screened using the Ages and Stages Questionnaire (ASQ) to assess their developmental needs. A consultation was provided as an alternative to screening for 31 children, due to the fact that 8 that were already involved with early intervention services, and 7 were screened by an alternative resource. A consultation was also provided in place of a screening for 15 children that were placed in the home of a relative. One child was excluded because he or she had already exited care at the time of the screening. Data resulting from the 84 screenings that were conducted indicate that: 1) 26 children were referred for statewide early intervention services; 2) 9 were referred for behavioral health services; and 3) 3 were referred to the DPBHS for comprehensive neuropsychological testing.

   In terms of the timeliness with which screenings were administered following entry to foster care in 2014, 69% (58 out of 84) were screened within 30 days of entry to foster care, 89% (75 out of 84) were screened within 40 days of entry to foster care, and 100% were screened within 60 days of entry to care. One explanation for the delay in getting children screened following entry to foster care is that the screening unit was short-staffed from January through July 2014 (i.e., only one screener was employed during that

time). Efforts will continue to improve upon the timeliness with which children are screened upon entry to foster care.

2. Continue Screening and Consultation Unit's assessment of foster children within 4 weeks of entering care for mental health services, using developmentally-appropriate and trauma-informed screening tools. Ensure connection to evidence-based interventions as appropriate. Timeframe: Ongoing to September 2019. Measure: Foster care entry and assessment compliance reports.

   Progress Report: Foster children, ages birth to 18 years old entering foster care, are screened by the Office of Evidence-Based Practice's SCU to assess for their mental health and well-being needs. Consultations are provided as an alternative to formal screenings in the event that a child is already receiving mental health services or if the child has already been screened through another resource (e.g., DPBHS, outpatient behavioral health provider, Child Development Watch). As of August 2014, children placed with relatives receive formal screenings. The goal of the SCU continues to be to screen children within the first 30 days of placement in foster care. Current tools used in screening for mental health and well-being needs include: Brief Problem Monitor (BPM), Trauma Symptom Checklist for Children (TSCC), Trauma Symptom Checklist for Young Children (TSCYC), Global Assessment of Individual Needs (GAIN-SS), Fetal Alcohol Syndrome Disorder Screener (when appropriate), and Adverse Childhood Events Questionnaire. The SCU is also currently in the process of training on a new assessment tool called the Treatment Outcome Package (TOP) that will be used as part of division-wide pilot, that is scheduled to take place between April and September 2015. TOP is a web-based tool that assesses child well-being for children ages 4-18. TOP has been used in behavioral health for more than 20 years, and the Annie E. Casey Foundation is supporting Delaware in modifying the tool for use in child welfare. Our goal for using TOP with our children in foster care is to increase the use of behavioral health information early in the case to guide treatment and placement decisions, and to provide enhanced provider data to aid performance contracting. The TOP will be used by not only SCU staff when a child initially enters foster care, but also by case workers during case planning throughout a child's time in care. This tool should be a useful addition to our screening protocol and should greatly assist in identifying the mental health and well-being needs of children in Delaware's foster care system. Data from January 2014 through December 2014 indicates that 309 children ages birth to 18 were referred to the SCU upon entry to foster care. Of those 309 children, 131 of them were screened using developmentally-appropriate and trauma-informed screening tools to assess their behavioral health and well-being needs. A consultation was provided as an alternative to a formal screening for a total of 178 children, including 47 that were already receiving behavioral health services, 83 that were screened by another resource (e.g., DPBHS, DYRS, CDW), and 30 children that were placed in the home of a relative.18 children were also excluded because they had already exited care by the time of the screening. Data resulting from the 131 screenings that were conducted indicate that: 1) 43 were referred for behavioral health services (including 11 children that were referred for trauma-specific treatment); 2) 26 children were referred for statewide early intervention services; and 3) 4 were referred to the DPBHS for comprehensive neuropsychological

testing. In terms of the timeliness with which screenings were administered following entry to foster care in 2014, 63% (82 out of 131) were screened within 30 days of entry to foster care, 83% (109 out of 131) were screened within 40 days of entry to foster care, and 99% were screened within 60 days of entry to care. One child was not screened for 81 days due to extenuating circumstances. One explanation for the delay in getting children screened following entry to foster care is that the screening unit was short-staffed from January through July 2014 (i.e., only one screener was employed during that time). Efforts will continue to improve upon the timeliness with which children are screened upon entry to foster care.

3. Partner on a consultation project with Tufts University Medical School, Casey Family Programs, DPBHS and DSCYF Office of Trauma Informed Practice on monitoring and managing psychotropic medications in foster care. Timeframe: November 2015 with option to extend. Measure: Documentation of findings, recommendations and actions taken.

   Progress Report: DSCYF was awarded support and consultation from the experts from Tufts Medical Center and the. Casey Family Programs Foundation (Tuft-Casey Consultation Project) as part of an ongoing effort to improve mental health and psychotropic medication services to youth in foster care. The department created an inter-disciplinary board of health and mental health services researchers and clinicians interested in the identification and treatment of developmental and mental health needs of children and adolescents in child welfare. Board members have a wide range of experience and backgrounds in pediatrics, psychiatry, psychology, research, statistics, Medicaid, pharmacy, developmental healthcare and screening. More specifically, the board consists of three child psychiatrists, three child psychologists, a mixed methods researcher, an anthropologist, and a Medicaid analyst and pharmacy consultant. The mission is to improve the quality of care for children and adolescents in child welfare systems, including child welfare, health, mental health, and education. The board serves as a steering committee and addresses a wide range of topics from Medicaid Managed Care Organizations (MCOs), data analysis, legislation, to foster parents and child advocates. Meeting are held monthly to work on goals, discuss updates, dissect data, report on focus groups, and establish baselines and standards of psychotropic and behavioral medication use and oversight. Each month a portion of the meeting is predetermined to discuss 4 main goals that were generated by the board from the beginning. The goals and relevant work are described below:

   Goal 1: Analyze patterns of prescribing psychotropic medications

   Using data and leveraging tasks, Medicaid data is being analyzed for 1,458 children in foster care in fiscal years 2013 and 2014 to obtain a baseline of psychotropic use in foster kids. Definitions regarding measurement and approaches have developed, documented and validated against national guidelines and standards. The results and resultant story have been reviewed for gaps in care and areas of improvement.

Goal 2: Examine the informed consent process

Informed consent is an important part of the doctor, patient, parent/foster parent relationship. Risks verses benefits of treatment are documented and elaborated on so parties involved can have a clear understanding of the plan of care. DSCYF recognizes that individuals have a right to receive sufficient information to enable informed decision making whether to consent to or refuse the test, services, or treatment. Before treatment begins, a consent to treat statement is signed by the parent or a grandparent or other relative that is acting as the parent for the child. The process is continuously assessed and updated as barriers are identified and policies and procedures are implemented.

Goal 3: Understand and be responsive to the needs of stakeholders

A clear communications management process provides structure and guidance for the following major functions of communication:

- Identify stakeholders
- Plan communications
- Distribute information, letters and publications
- Manage stakeholder expectations
- Report performance

Stakeholders in foster care are interviewed by the Department through a variety of means including focus groups, letters, and surveys. Results are documented, analyzed and peer reviewed by the clinical team and the mental health board. Information and feedback are gathered to ensure all aspects and needs of foster care children are being adequately addressed. Resulting reports, summaries and letters are prepared to support program and policy planning, organization, implementation, and evaluation. Appropriate methods of communication are used depending on the needs, objectives and goals of the state.

Goal 4: Understand and address gaps in continuum of mental and behavioral health care

In order to understand and address gaps in the continuity of mental and behavioral health of foster care children, it is recognized that accurate information on the adequacy and availability of services is needed. Input from foster parents, children, and healthcare providers regarding needs are used to gauge any gaps in care. Interagency partnerships in providing trauma-informed and evidence based services have been identified. Possible location specific barriers have also been identified such as provider shortages, especially of child and adolescent psychiatrists in some geographic areas and lack of access to effective non-pharmacological treatments in outpatient settings. The transfer sheet used when a child moves from one placement to another and barriers in proper utilization have been discussed and updates made to improve access. Department sees the needs in these areas and has taken steps to ensure proper treatment. Children are screened through Nemours children's hospital when entering placement. The Department

works closely with Nemours to make sure the child is receiving proper treatment in all areas of care. Needed providers and services are identified, referrals are made, case management is involved and a plan of care is developed. The plan is monitored and continually assessed and updated throughout the child's stay in foster care.

Goal 5: Assure youth entering foster care receive appropriate behavioral health services

Guidelines for best practices and standards for collaborative care are essential parts of assuring youth entering foster care receive the most appropriate behavioral health services. Best approaches taken by the Department include: expanding the availability of non-pharmacological behavioral therapy through collaboration between Medicaid and MCOs, improving access to data to identify at risk populations, targeting quality improvement efforts to youth most in need, and developing and strengthening state level prescribing-monitoring guidelines. Underlying all of it is our focus to have behavioral modifications and therapy for the building of continual relationships and addressing past traumatic events in foster care use.

To better assess medication therapy, DFS has partnered with Division of Medicaid and Medical Assistance (DMMA) and University of Delaware for the tracking and review of Medicaid data of children in foster care. The data has been analyzed to provide information on demographics, locations served, healthcare services received, diagnoses coded, number of medication utilized, and breakdown of medication by category and age. This data analysis has been reviewed by the OEBP and the Tufts and DFS inter-disciplinary board and has served as a baseline of the Delaware foster care child population. Once the current foster care environment was documented, the group began work defining standards of care, guidelines and best practices to ensure the needs of the children are being met. Literature and models were discussed, ideas were generated, and action items are taken. Through this collaboration, a retrospective drug utilization review letter was drafted and will be sent to providers that are treating children aged 2 to 18 that are currently in foster care placement. Providers were identified through National Provider Identifiers used on pharmacy claim data. This claim data was also used to serve as another baseline for medication utilization in foster care. It will be compared to post mailing data to determine effectiveness of the mailing and relevant cost savings. The letter addressed the risks of inappropriate medication prescribing to foster care children. It also documented best practices and approaches that should be taken prior to medication treatment:

- A cautious, selective and structured approach is needed with clear documentation of informed consent, and goals and objectives for behavior and function.
- Diagnoses such as anxiety or Fetal Alcohol Spectrum Disorder should be ruled out as aggression and mood dysregulation can result from past abuse and trauma.
- The use of an atypical or other mental health medication in a child or adolescent must balance the potential risks with the clinical need.
- If a Second Generation Anti-psychotic (SGA) medication is prescribed, children should be carefully evaluated and closely monitored with proper parameters and with

timelines. The lowest possible dose should be used and the patient should be observed closely for adverse events.

- Since long-term therapy always entails risks continual periodic assessment, monitoring, and vigilance are all key aspects involved in treatment.

Monitoring guidelines, best practices and a survey were all included in the mailing. The survey questions were developed by the steering committee and served to further identify areas of need including educational services, and any possible gaps or barriers to treatment.

4. Research and implement a tracking system to monitor and guide administration of psychotropic medications. Timeframe: September 2014. Measure: Documentation of a tracking system for psychotropic medications.

   Progress Report: DFS monitors the administration of psychotropic medications several ways. When a child enters foster care, the SCU performs screening to determine recommendations for treatment, referrals needed, diagnoses, and medication. Information is documented so it can be easily released to the caseworker and supervisor. The office collaborates with outside boards, such as the Delaware Council of Child & Adolescent Psychiatrist (DCCAP), and agencies, such as Medicaid, regarding prescribing of psychotropic medication for youth in foster care, including the use of antipsychotic medication and the practice of polypharmacy. In February 2015, OEBP entered a contractual agreement with a licensed pharmacist to perform medication reviews on foster children and to assist with psychotropic monitoring and establishing tracking systems. DFS has partnered with DMMA and University of Delaware for the tracking and review of Medicaid data of children in foster care. The data has been analyzed to provide information on demographics, locations served, healthcare services received, diagnoses coded, number of medication utilized, and breakdown of medication by category and age. A case level tracking of the individual case reviews has been drafted by the consultant pharmacist. As for guiding administration of psychotropic medications, OEBP serves as a resource to gather information and knowledge to support the health of children in foster care on a case and system level. Policies and practices of the Division are validated against national standards. Guidelines and services that target specific populations can then be developed that are empirically supported with evidenced based literature. This benchmark is complete.

5. Establish baselines and standards for psychotropic medication oversight. Timeframe: September 2015. Measure: Documentation of baselines and standards for use of psychotropic medication.

   Progress Report: DFS takes the health and wellbeing of foster care children very seriously and has implemented procedures, and guidance to help curb inappropriate prescribing of psychotropic medication in foster care. DFS recognizes that foster care children have a variety of complex needs, including those related to emotional and psychological wellbeing and steps have been taken to ensure safe and effective treatment with medications. OEBP has taken steps to ensure children entering foster care have their

medications thoroughly assessed, monitored and reviewed by a pharmacist in order to optimize therapy and ensure effectiveness of the medication regimen. The pharmacist works closely with the Division of Medicaid and Medicare (DMMA) through a collaborative understanding agreement and reviews past medical records, diagnoses, and claims to ensure complete past medical history is obtained and reviewed for appropriateness of dosing, indications, and regimen. Profiles are assessed for duplicate therapy and polypharmacy and possible diagnoses resulting from adverse effects and side effects of other medication being prescribed. Prescriber outreach occurs regarding any medication questions, concerns, or suggestions. Through these consultations, adverse drug effects are prevented or resolved and a medication care plan is developed to maximize the child's response to drug therapy and improve quality and compliance of drug regimen. DFS is using existing standards as set by the Federal Drug Administration (FDA), DMMA, and DCCAP. The Medication Management Information System (MMIS) run by DMMA has several edits, audits, quantity limits and prior authorizations placed on behavioral health medication so medications will be used as indicated by the FDA and according to DMMA policy. Edits are placed on antidepressants, antipsychotics, central nervous system stimulants and other behavioral medications. When claims adjudicate, the system compares information against predefined criteria from past medical history to determine if a potential therapeutic problem will exist if the prescription is dispensed. When a pharmacy claim fails predetermined drug utilization review criteria, the system alerts the pharmacist of the therapeutic problems that have been identified. Edits such as therapeutic duplication of medications are hard coded and automatically stop the claim from paying. A prior authorization would be required. FDA quantity limits on doses and age restrictions are also hard stops and require prior authorizations from the prescribing physician. This benchmark is complete.

6. Research, recommend and implement clinical monitoring of psychotropic medication prescribed to foster children. Timeframe: September 2015. Measure: Documentation of research, recommendations and status of clinical monitoring of psychotropic medication.

   Progress Report: See Objective: Assess and monitor foster children's health and mental health needs, benchmarks 3-5. This benchmark is complete.

7. Office of Evidence-Based Practice to monitor and report to DFS' Strategic Leadership Team progress on developing psychotropic medication tracking and establishing oversight standards. Timeframe: Ongoing until September 2019. Measure: Meeting minutes document review of psychotropic medication tracking, standards and actions taken.

   Progress Report: Regular updates are given to leadership regarding tracking and oversight progress. Documentation of monthly contacts and meetings track important action steps taken. Current efforts as part of the Tufts-Casey consultation project include data collection; strategic approaches include education of stakeholders on the appropriate use of and best practices of prescribing psychotropic medications in foster care youth and oversight and monitoring of current prescribing patterns on case and system levels. See benchmarks 3-5 for additional information.

8. Use a continuous quality improvement framework to monitor mental health assessment and psychotropic medication by reviewing DFS data, Quality Assurance case review reports and DFS staff and system partner feedback. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of psychotropic medication data reports; meeting minutes documenting findings and recommendations.

   Progress Report: This benchmark is pending.

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

   Progress Report: Using data and leveraging tasks, Medicaid data is being analyzed for 1,458 children in foster care in fiscal years 2013 and 2014 to obtain a baseline of psychotropic use in foster kids. Definitions regarding measurement and approaches have developed, documented and validated against national guidelines and standards. The results and resultant story have been reviewed for gaps in care and areas of improvement. Areas of improvement have been identified including more rigorous examination of the use of antipsychotics in the foster care population and the early identification of ADHD and anxiety to ensure that symptoms are addressed appropriately using first line psychosocial interventions. The Division has been collecting input from stakeholders on multiple levels to assist in system improvements. Gaps in care have been identified and several workgroups have been created to build up capacity of community base-services for youth in care. The department has several Requests for Proposal to build up community-based evidence-based programs that will assist in providing important psychosocial interventions for youth in foster care. With effective therapeutic interventions and services, overreliance on psychotropic medications will decline. Interagency partnerships and building up coordination of care have also been pursued to develop a more cohesive continuum of services as part of the CQI process.

   In June 2014, the Delaware General Assembly created the Taskforce on the Health of Children in Foster Care. The taskforce was chaired by the Director of DFS and a pediatrician from the Nemours Health System and included a broad array of health providers, DFS staff and contract agencies, advocates, and the University of Delaware Center for Community Research and Service. DFS and the Division of Medicaid and Medicare partnered to merge data sets to enable a comprehensive assessment of claims data by all children in foster care. The resulting report, Report to the Delaware Taskforce on the Health of Children in Foster Care, was prepared by the University of DE. Children in foster care were found to have considerably higher claims than other children in Medicaid. The average prescription costs were also approximately three times higher for children in foster care. This difference is largely attributable to the higher costs associated

with psychotropic medications (e.g., 40% of children in foster care had at least one claim for this type of medication; 22% had claims for three or more of these medications). Only 31% of children entering foster care received all of the well/preventive visits recommended by the American Academy of Pediatrics. Children entering foster care have often not received recent medical treatments, indeed, 43% did not have a claim for the prior year while in their birth families. The report provides additional benchmark data on the types and frequencies of chronic medical conditions, utilization of types of medical services, etc. This report helped inform several areas of recommendations involving the need for enhanced screening, access to care, care coordination, and ongoing data sharing to support these efforts. The findings of this report also will help guide ongoing CQI efforts to improve well-being outcomes for children in care.
See Objective: Assess and monitor foster children's health and mental health needs, benchmarks 3-5 for additional information.

Goal: Improve high school graduation rates for foster youth

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

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

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

Benchmarks:

1. Collaborate with schools to share system level educational information on foster children and youth. Timeframe: Ongoing to September 2019. Measure: Documented production of academic reports.

   Progress Report: DFS continues to send DOE monthly reports identifying children that are in foster care. Recently, the report was modified to include the name and contact information for the assigned caseworker. DOE then sorts the data DFS sends and forwards students names as well as caseworker names and contact information to individual schools. This monthly data exchange allows each school to identify the students in their building that are in foster care and it allows them to contact the worker directly if they have questions/concerns. Annually, DOE produces an aggregate data report that compares the general population of students with students in foster care. Beginning with the 2014-2015 school year, the format of the report and the number of measures reviewed increased. Aggregate data is now broken down into school districts and have added measures:

   - Attendance
   - % of special education students
   - # of discipline incidents - NEW
   - # of students with at least 1 disciple incident - NEW
   - # of in school suspensions - NEW

- # of students with at least one in school suspension - NEW
- # of out of school suspensions - NEW
- # of students with at least 1 out of school suspension - NEW
- # of expulsions - NEW
- # of students repeating current grade - NEW
- Single year # of graduates - NEW
- Single year # of drop outs - NEW
- % of students passing Algebra 1 by 9th grade - NEW
- % of students proficient in math
- % of students proficient in ELA

2. Identify, recommend and implement supports for improving academic performance for foster children. Timeframe: December 2015. Measure: Documentation of review of data and resulting recommendations and actions taken.

   Progress Report: CPAC's Education Committee is focused on improving educational outcomes for foster children. There are 3 workgroups: MOU Implementation, Collaboration Training and Data. The CPAC Data Subgroup, chaired by the DFS Treatment Program Manager, is comprised of representatives from the Department of Education (DOE), the Office of the Child Advocate, and the Homeless Liaisons from Woodbridge School District and Brandywine School District. The group meets regularly to review data. The Subgroup developed a comprehensive list of recommendations to decrease the academic performance and discipline disparities between the general population of students and children in foster care. Most recently, DOE modified their internal data system (Eschool) that all teachers have access to with the following information:

   - Best Interest Meeting Date
   - Name of Homeless Coordinator
   - Meeting Attendees
   - Current School
   - Reason for Meeting
   - Meeting Decision
   - School to Attend

   The Education Recommendations from the CPAC Workgroup are attached for review. Meeting minutes are available at this website: https://egov.delaware.gov/pmc/#agency4. (See Attachment: CPAC Education Committee, Data Workgroup minutes)

3. Participate in the Education Committee of the Child Protection Accountability Commission that is focused on system collaboration to address educational needs of children and youth in foster care. Timeframe: Ongoing to end of committee. Measure: Documentation of participation and actions taken in meeting minutes.

Progress Report: DFS attends all CPAC Data Workgroup meetings. Meeting minutes are available at this website: https://egov.delaware.gov/pmc/#agency4.

4. Use a continuous quality improvement framework to monitor and guide foster children's academic performance by reviewing system level data and using appropriate forums (Department of Education Memorandum of Understanding or CPAC Education Committee) to recommend and implement improvements. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of academic data reports. Meeting minutes documenting findings and actions taken.

   Progress Report: This benchmark is pending.

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

   Progress Report: Revision of the QA case review tools for treatment and permanency cases will include questions related to the student's academic performance. At the present time, the Child Strengths and Needs Assessment (CSNA) includes information regarding the student's strengths and concerns related to their academic success. Areas identified as a concern in the student's CSNA are addressed in the student's service plan. The Plan is developed jointly with the student, the parent(s), the foster parents, and DFS. This plan is then reviewed every 90 days. The CPAC Data Workgroup continues to meet regularly to discuss the gap in academic performance for foster children versus the general population of students. It is anticipated that the recommendations made by the subgroup will help close the gap.

Well-Being Measures:

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

   Progress Report: Due to the suspension of the Treatment/ Permanency QA Case Review Instrument in 2014, no data is available.

   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.

Progress Report: Due to the suspension of the Treatment/ Permanency QA Case Review Instrument in 2014, no data is available. From the Investigation QA Case Review Instrument, the statewide composite performance was 87.9%.

2. 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.

   Progress Report For CY2014 the measurements are 45% graduated or obtained a GED, 33% are employed, and 30% were enrolled in post-secondary/vocational programs.

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

Progress Report: There are no changes to these measures.

D. System Supports

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

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

Objective: Fully implement a new statewide data tracking system.

Rationale: Federal SACWIS requirements and DSCYF business needs drive the design and implementation of a new FACTS II automated system.
Outcome: A fully functional automated system that is SACWIS compliant and meets the business needs of the Department.

Benchmarks:

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

   Progress Report: FACTS II (Delaware's Statewide Automated Child Welfare Information System - SACWIS) original "Go-Live" date was 4/1/14. Due to significant defects identified in the application, during DSCYF's user acceptance testing period, FACTS II did not get implemented according to schedule. A re-evaluation of the project methodology, timetable and deliverables is currently being negotiated between DSCYF and the FACTS II vendor, Deloitte Industries. This benchmark's timetable is moved to April 2017.

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

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

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

Benchmarks:

1. Obtain technical assistance to provide processes, analysis of data, information and organizational structure supporting objectives of this strategic plan. Timeframe: January 2016. Measure: Documentation of technical assistance.

   Progress Report: This benchmark is pending. Delaware continues to evaluate the need for technical assistance in this area.

2. Draft policy and protocols to use data-based information for all levels of staff. Timeframe: July 2016. Measure: Issuance of policy and protocol documents.

   Progress Report: This benchmark is pending.

3. Draft a communication plan supporting the distribution and use of data-based information. Timeframe: July 2016. Measure: Documentation of a CQI communication plan.

   Progress Report: This benchmark is pending.

4. Develop training for staff at all levels of the organization on continuous quality improvement. Timeframe: September 2016. Measure: Documentation of a CQI training plan.

   Progress Report: This benchmark is pending.

5. Implement stakeholder sessions to review data and recommend activities to improve progress towards goals. Timeframe: January 2017. Measure: Stakeholder sessions documented by meeting minutes.

   Progress Report: This benchmark is pending.

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

Rationale: Staff competencies and skills are vital to implementing Safety-Organized Practice as DFS' practice model.
Outcome: A trained, competent, experienced and stable workforce.

Benchmarks:

1. Review and modify new worker training to include Safety-Organized Practice principles, strategies, and tools. Timeframe: March 2015. Measure: Documentation of an updated new worker training curriculum.

   Progress Report: The DSCYF Center for Professional Development (CPD) instituted a procedure for curriculum reviews every two years. The first curriculum review was completed in December, 2012 updating the new worker core training contents to reflect SOP and FSE practices and tools. In December 2014 a subsequent review was initiated. Attached is the working plan for revising the DFS core training for new workers and developing training for supervisors and mentors. This benchmark's timeframe is moved to October 2015. (See Attachments: DFS New Worker Curriculum Core Revision Timeline, DFS Curriculum Chart 2015, DFS Core Curriculum Review Matrix 2014-2015)

2. Make provisions supporting caseworker coaching and facilitative supervision. Timeframe: December 2014. Measure: Documentation of coaching and facilitative supervision through Quality Assurance case reviews and staff interviews.

   Progress Report: DFS has delayed the establishment of a formal coaching program. CPD is in the process of developing training for supervisors and mentors focused on coaching across the core curriculum with a projected delivery deadline of fall of 2015. As DFS regional offices develop and initiate coaching events like coaching clinics, CPD trainers are in attendance to observe and support regional efforts. CPD has also created a coaching survey designed to determine the desire of staff to receive coaching and determine the needs of staff trained as coaches by CRC in FY2014 to step into that role. In addition, CPD is including DFS Coaching Supervisors in the development of supervisor training. QA case review tools will be updated to measure coaching and facilitative supervision. This benchmark's timeframe is moved to March 2016.

Objective: Review and update the Quality Assurance Case Review System

Rationale: Since the implementation of *Outcomes Matter*, DFS' Quality Assurance Case Review System needs to be reviewed and updated.
Outcome: A Quality Assurance Case Review System that includes measures for current practice model activities, processes and outcomes.

Benchmarks:

1. Review option to adopt federal on-site Child and Family Services Review Instrument. Timeframe: September 2014. Measure: Documented decision regarding the case review tool.

Progress Report: Delaware has not made a decision regarding this benchmark and will re-evaluate adopting the On-Site Review Instrument following the 2015 CFSR. This benchmark's timeframe is moved to March 2016.

2. Take appropriate steps to implement a new Quality Assurance system or review current system for sample size, reliability and inclusion of Safety Organized Practice measures. Timeframe: April 2015. Measure: Documented review of case review sampling methodology, inter-rater reliability and SOP updates.

   Progress Report: The investigation QA case review instrument was modified and put into production in January 2014. The modifications included focused questions addressing SDM and SOP practices and staff use of family engagement strategies. DE has not completed is review of the sampling process and sample size. Anticipate completing this evaluation by January 2016. The treatment and permanency QA case review instruments are still being modified. Final changes, training and implementation are anticipated for October 2015. No evaluation has occurred regarding sample size. This benchmark will be affected by the decision to adopt the federal tool as noted in Benchmark 1.This benchmark's timeframe is moved to October 2015.

   Feedback Loops
   See Section I General Information and Collaboration for discussion of this reporting period's consultations with stakeholders through focus groups and surveys conducted as part of the Child and Family Services Review Self-Assessment and Stakeholder Interviews.

IV. Update on Service Description

Stephanie Tubbs Jones Child Welfare Services Program -Title IV-B, subpart 1
See IV. Services: Child and Family Services Continuum and Description in the 2015-2019 CFSP for description of child welfare services. As of Updates and progress reports on child welfare services are noted in Section III Update on Progress Made to Improve Outcomes; also see V. Statewide Community Service Partner Updates, OCCL. (See Attachments: IV-B 1 Budget Summary and FY14 StatsFacts)

Promoting Safe and Stable Families Program (PSSF) -Title IV-B, subpart 2
The U.S. Department of Health and Human Services, Administration for Children and Families, Title IV-B subpart 2, Promoting Safe and Stable Families Program allocates federal funding to provide Family Support and Family Preservation services. The Title IV-B subpart 2, Family Support and Family Preservation funds are combined to provide a continuum of services whose primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety can be assured. The program builds on family strengths, increases family stability, provides opportunities to improve the parent's capacity to meet their children's needs and focuses on prevention and early intervention services that alleviates family crisis and stressors in an effort to prevent child maltreatment and enhance child well-being. The Promoting Safe and Stable Families Consultation and Support Program

(PSSFCS) is administered through the Division of Prevention and Behavioral Health Services (DPBHS). The program services are provided through a universal/targeted/indicated approach focusing on providing supportive services intended to reduce the occurrences of child maltreatment by addressing the four associated risk factors which are: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services and (4) crisis and stress.

The intervention of the PSSF Program focuses on increasing the protective factors of children and families, thus stabilizing and preventing the need for out of home placements/deeper in services. The goals of the PSSF Consultation and Support program are:

1) To reduce life stressors that may negatively impact family functioning and child well-being, while helping families access needed services
2) To build family skills and strengthen family functioning
3) To reduce the risk of child maltreatment

Service decision-making process of the PSSFCS services occurs through the family consultation process. The families are guided through a self-assessment, thus providing clarity of concerns and awareness of what's needed to reduce and or resolve concerns. Through the planning and intervention process the participants learn to take the lead in developing an intervention plan that identifies family strengths, informal and formal supports/resources, create a course of action to achieve the plan and method for monitoring progress toward goal obtainment. The program participants, through the consultation process, is supported in building and enhancing their ability to assess their core concerns, establish a plan to address concerns and enhance awareness of both information and formal support/resources available to offer needed support to the family. The family consultant and the participant are able to assess the families' coping skills, determine if the participant is experiencing behavior difficulties with their child(ren) and if the participant's parenting skills are being challenged. The family consultant helps the participant take the lead in developing a support network and plans to decrease stressors and to promote healthy development and linkages to the appropriate type of services such as parenting education, parent support groups, child behavior intervention services, additional linkages to appropriate support services according to the child, parenting and family need.

The four community based organizations contracted that provide family preservation and family support service of the PSSF consultation model in seven sites offered an array of services needed to support families experiencing stressors that could lead to child maltreatment. These services included family counseling, adult and youth mental health services, substance abuse services, youth programing, employment training/placement, housing counseling, emergency services, parenting and other related services designed to address the stressors experienced by care-givers of children birth – 18 years of age. There are 7 PSSF program contract provider sites throughout the state. The zip code areas serviced by the PSSF contract provider in FY2015 with the highest abuse and neglect referrals continue to be:

Zip Code	Location
19701	Bear
19702	Newark
19703	Claymont
19709	Middletown
19711	Newark/Christiana
19713	Newark/Christiana
19720	New Castle
19801	City of Wilmington/Southbridge
19802	Wilmington/Northeast
19804	Wilmington
19805	Elsmere/West Wilmington
19808	Wilmington
19901	Leipsic
19904	Dover
19947	Georgetown
19952	Harrington
19956	Laurel
19963	Milford
19966	Millsboro
19973	Seaford

In In 2016 DPBHS will release a Request for Proposal seeking to award contracts to community based organizations that proposed to provide family support and family preservation services of the PSSF consultation model to at risk populations for child maltreatment in the identified zip code areas in Kent, New Castle and Sussex Counties reported by DFS to have high levels of child abuse and neglect referrals in 2015. The PSSF Consultation and support program will serve an estimate of 1800 individuals and 600 families.

Update of PSSF Activities 2014-2015

1) During the service period of 2014 – 2015, the PSSF consultation and support program served 1027 children, 739 adults and 541 families.

   Of those participants actively involved in the PSSF consultation process the following outcomes were demonstrated:
   - Total number of program participants to obtain needed services - 1766
   - Of families completing the consultation and support process, 373 or 69% demonstrated decreased life stressors and improved family functioning-assessed through the post service Family Stressor and Resource Assessment tool scoring
   - PSSF was successful in engaging 79% of the families referred to the consultation and support process. PSSF family consultants successfully engaged 100% of individuals seeking connection to community resources.

2) During the service period of 2014 – 2015 PSSFCS program implemented the final components of the program's re-design of the assessment and service evaluation

components and the consultation process tools as the consultation process tools were successfully implemented in their entirety. The revised consultation tools were implemented in their entirety: Family Needs and Social Support tool; Family Stressor and Resource Assessment tool (FSRA) and Scoring Sheet; Participant/Client Satisfaction Survey and the program Daily Service and Activity Log. With the implementation of the revised tools, it was determined that the interpretation guideline and the scoring form of the FSRA required further clarification in the explanation of two subscales. These subscales were: Index of Parental Attitudes – (IPA- My Child & Me) and the scoring sheet instruction procedures addressing the reported score of the F-Copes subscale. The Family Consultants continued to receive ongoing training in the implementation of the program's revised consultation tools and clarification of the FSRA scoring sheet.

3) PSSF program service evaluation:
The PSSFCS program contracted with James Bell and Associates (JBA) to conduct a review of the programs' existing evaluation plan and to re-design the program evaluation plan to assure the approach for assessing implementation, service delivery and expected client outcomes are appropriate for the program goals and objectives. As part of the evaluation review and redesign processes, JBA completed a review of selective program data.

The PSSF program preliminary analysis of the existing program design found the program to currently fall under the emerging programs and practices criteria as established by FRIENDS - National Resource Center for Community-Based Child Abuse Prevention (CBCAP) Evidence Based and Evidence Informed Categories. JBA completed a preliminary analysis of the select PSSF program data which determined that the fidelity of the program implementation was maintained.

The PSSF consultation and support program discontinued the program evaluation contract with James Bell and Associates in 2014-15. PSSF has been successful in the implementation of 80% of its established evaluation plan. The management of the program service data continues to be a challenge, thus creating a barrier in the programs' ability to report on the data collected by the program. Continued efforts are being made to obtain data for PSSFCS. The FACTS I is being replaced by FACTS II to expand the data housed by the department. The FACTS II will house programs within the DPBHS Prevention unit that are currently not in FACTS I, affording this program the ability to conduct quantitate and qualitative performance and program analysis. While the reconstruction of FACTS II is occurring, PSSFCS service will use a newly developed excel workbook to house sample cases to provide program, practice and contractual outcomes. The implementation of the excel workbook that will house the programs service data: family demographics, FSRA pre/post ratings, FNSS intake/closure skill level, formal and informal support adequacy level and behavioral changes, the family need/concern categories, and Assessment & Intervention goal obtainment. The implementation of the excel workbook will support the programs' ability to provide administrative reports and summary of the program service findings based on service data.

4) PSSF Program Monitoring:
Monitoring of the contract providers implementation of the consultation process occurs a minimum of once a year. Service monitoring is conducted with a program specific monitoring tool assessing the implementation of the consultation process, the implementation of the process assessment and planning tool, the use of family support principles and resources, and assessing the community service collaboration. During the service period of 2014-2015, five provider sites performance reflected 70% (379) to 82% (449) of participants completed 2 service goals. A review of files that not completing 2 goals found the participant goals were more appropriately reflective of longer term goals that were not fully achievable within the 12 to 16 weeks of the program service. Of the 7 PSSF provider sites, 5.75 sites achieved the contract deliverable of connecting 300 individuals per site to appropriate resources. As a result of the provider site fidelity monitoring results, the program implemented a case management goal establishment training and provided one on one goal development training to 2 provider sites at the request of the family consultant. Of the 7 PSSF contract provider sites, 6 provider sites were assessed to implement the consultation process according to the model design, assuring the fidelity of the consultation process.

In 2016 the PSSFCS program will offer a RFP in which the average length of service for the consultation process will be increased from 12 to 16 weeks as opposed to the current 8 to 12 weeks length of services. The frequency of face to face contacts with participants in the consultation process will also increase from 1 to 5 contacts. The extended service time and frequency of contact during the delivery of the consultation process is in line with research of in-home family preservation and support services addressing risk factors of child maltreatment. The proposed length of service will support participants' efforts to successfully complete more intense service goals. The 2016 RFP will reflect a reduction of PSSF provider service sites from 7 to 6. The RFP will seek to award contracts to community based organizations that proposed to provide family support and family preservation services of the PSSF consultation model to at risk populations for child maltreatment in the identified zip code areas in Kent, New Castle and Sussex Counties with high levels of child abuse and neglect referrals in 2015.

5) PSSF 2015 Provider Training:
Training in the implementation of the family consultation process is provided to support the fidelity of the consultation and support process throughout the seven PSSF provider sites. The Family Consultants received a total of 12 trainings covering: family support principles; strength based practice, system of care approach to service delivery; trauma informed service; suicide prevention; child abuse and neglect reporting; community coalition building; goal setting; family engagement strategies; interviewing techniques and goal development and implementation; and 40 Developmental Assets: Success for Youth; Cultural Competence. The trainings were provided by local professionals from the Delaware State University Social Work

department, DPBHS, and Strategic Prevention Framework State Incentive – Division of Substance Abuse and Mental Health.

In its continued efforts to retain trained family consultants, PSSF supports the provider sites with quarterly booster trainings, addressing components of the consultation process where the family consultants demonstrate a lack of fidelity in delivery of service. The PSSF family consultants meet monthly to receive program specific instruction in the implementation of the consultation process, in the identification of needs and supports, around community collaboration, engagement and retention and the implementation and interpretation of the program's FSRA assessment.

During the current period of review, one PSSF provider site in Kent County encountered a two month vacancy in one of their family consultant positions. The program is again fully staffed.

Collaborative Efforts

- PSSF is consistent in its practice and belief that *Strong Communities Promote Strong Families*. Under the PSSF program, the Delaware Fatherhood and Family Coalition (DFFC) was established to create a state-wide group of stakeholders referred to as the County Leadership Committee (CLC) to embark on broader goals. The collaborative partnership between PSSF and DFFC's CLC aims to inform and engage the community of the importance of the re-engagement of fathers back into the lives of their children, their family and the community. The objective of the DFFC is to promote father involvement as a positive influence, to stimulate a broad-based positive social movement to combat father absence and promote father involvement, to provide fatherhood and healthy adult relationship education opportunities and technical assistance to increase the capacity of the community to support father involvement and to promote fatherhood and co-parenting services. There is a CLC in Kent, New Castle and Sussex Counties, operating in conjunction with the community based PSSF program.

- PSSF continued to provide technical assistance to CLCs to solidify their function county branches of Delaware Fatherhood and Family Coalition. The CLC's were successful in:
  - Remaining operational in Kent, New Castle and Sussex Counties, carrying out the strategic priorities of the DFFC with fathers, families and organizations.
  - Successfully engaging 15 new active members in the Kent and New Castle County leadership committees. The Sussex CLC was successful in the retention of 32 active members.
  - Sussex and New Castle Counties successfully engaged 17 faith based organizations. The Pastors meet quarterly, working to meet their three priorities: 1) provide fatherhood supports to other churches, 2) promote DFFC using their venues of communication, and 3) advertise the type of fatherhood services on the DFFC's website.

- Disseminating 7200 pieces of fatherhood and co-parenting literature, father tips, DFFC fact sheets in their participation as service exhibitors during the following activities: Substance Abuse Prevention Month, Child Abuse Awareness Month, Domestic Violence Prevention Month, Homeless Family Awareness Week, School Readiness Conference, Kent County Head Start Professional Conference, South Bridge Day, African American Festival, Sussex Hispanic Festival and the Delaware Devoted Dads 2015 Summit.
- Hosting the 2014 Delaware Devoted Dads Summit and 2014 Fatherhood Recognition Award Ceremony, held at the Chase Center on the Riverfront in Wilmington, Delaware. There were 172 in attendance at the 2014 Fatherhood Recognition Award Ceremony and 342 in attendance at the 2014 Fatherhood and Family Summit.
- PSSF family consultants, in collaboration with DFFC, held one Town Hall meeting in Kent, New Castle and Sussex Counties discussing how to navigate through the Delaware Child Support Enforcement and Family Court Custody processes.
- Establishing Kent, New Castle and Sussex DFFC County Leadership webpages. Each CLC page displays the schedule of the CLC monthly meetings, trainings, CLC sponsored events and related county specific family support events.
- Establishing statewide DFFC and the Kent CLC Facebook pages.
- Hosting activities in Kent and Sussex Counties promoting the importance of father involvement in the lives of their children, supporting effective co-parenting skills and offering technical assistance and educational opportunities to communities serving fathers, mothers and children. The DFFC CLCs engaged 842 adults and 1027 children through the activities sponsored throughout the state promoting the importance of engaged fathers and the importance of and the skills to effectively co-parenting.

Activities provided through the Kent County Leadership Committee:

- Barber/Salon Competition at Corey's Barbershop in Dover;
- "The Christian Cave" at Wesley College; family youth relationship skill building workshop
- Daddy/Daughter Bowling
- The "Ironmen" Conference, Adjudicated Youth Program
- "Annual Talent Hunt"- engagement of high school students grades 9-12
- "Daddy/Daughter Dance" in partnership with Omega Psi Phi Fraternity
- Amelio Mayfield-Mother & Son Skate
- Community Fun Day in partnership with the 1st Baptist Church of Cheswold
- Community Meet & Greet presentation of the Kent CLC
- Tea @ Two recognizing mothers in support of the fatherhood movement

Sussex County Leadership Committee community activities:

- Community Meet & Greet presentation of the Sussex CLC
- 7th Annual Black History Tournament in collaboration with DYRS and other community service agencies

- 3rd Annual Men's Prayer Breakfast in collaboration with Booker Street Church of God
- Tea @ Two recognizing mothers in support of the fatherhood movement
- 2nd Annual Father and Family Day Wellness Day

- In collaboration with the DFFC CLCs, PSSF has supported partnerships with 32 faith-based organizations throughout the state. Through the collaboration there were 3 faith-based DFFC Ambassador trainings, 2 community dialogue sessions addressing the re-engaging with your children and family; 2 parenting workshops for parenting pre-teens and 2 men's health wellness workshops. Kent and Sussex CLCs maintained their partners with the Boys and Girls Clubs of America and Re-Entry Coalitions. PSSFCS has maintained its collaborative partnership with Delmarva Electrical Power Outreach Department in New Castle and Kent Counties.

- DFFC collaborated with DAB Mediation Services, a private consultation resource, to support parents working through custody agreement concerns and child support enforcement. As a result of the partnership between PSSF and DAB, services provided to fathers have been successful in re-engaging fathers in the lives of their children upon the resolution of child custody and child support pending concerns. Parents learn Delaware laws regarding child custody and child support, increase their awareness of parenting responsibility and are reinforced to develop strong, effective communication. Finally, the PSSF/DAB partnership has provided a mechanism for both fathers and mothers to work through differences to reduce the need to be seen by a Family Court Judge to resolve co-parenting issues.

During the 2016 service period the PSSF/DFFC CLC community based operation will be part of the PSSF family support/family preservation program RFP process. The CLCs will promote the solidification of their expanded functions and carry out the strategic priorities of the DFFC. The CLCs are an important component of the DFFC infrastructure, working directly with the community in building upon its efforts to increase community collaboration and strengthening resources which support the involvement of fathers in the lives of their children.
(See Attachment: IV-B 2 Budget Summary)

Populations at Greatest Risk of Maltreatment

There are changes from the 2015-2019 CFSP description of populations at greatest risk of maltreatment. The original populations were at-risk families and children targeted by Promoting Safe and Stable Families' programs serving areas with high incidents of child abuse and neglect reports, referrals from child care providers for behavioral health and parent strengthening services, referrals from school personnel and parents for school based early intervention services, and referrals from mandated reporters and the general public of suspected abuse and neglect. Activities Delaware has taken to target these populations are described in Section III Update on Progress Made to Improve Outcomes and Section V Statewide Community Service Partner Updates.

Delaware is considering substance-exposed infants and medically fragile children as additions to this list. The Joint CPAC (Child Protection Accountability Commission) and CDNDSC (Child Death, Near Death, and Stillbirth Commission) Retreat on January 22, 2015 recommended that a Joint Committee be formed to address the issues surrounding substance-exposed infants and medically fragile children. A Joint Committee will convene to address the following recommendations made during the Retreat:

1) Establish a definition of medically fragile child, inclusive of substance-exposed/addicted infants
2) Draft a statute to mirror the definition as needed and consider adding language to the neglect statute
3) Conduct universal drug screenings for all infants in all birthing facilities in the state
4) Revise the hospital high risk medical discharge protocol to include all substance-exposed/addicted and medically fragile children
5) Referral to evidence-based home visiting programs via Healthy Families America, prior to discharge
6) Review the recommendations from Delaware's Healthy Mother and Infant Consortium, Delaware's Perinatal Cooperative on neonatal abstinence and guidelines for management.

Services for Children Under the Age of Five

Delaware Thrives

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

2-1-1 Help Me Grow

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

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

Another component of HMG is to promote developmental screenings statewide. As part of this initiative, DE has developed capacity through the HMG website for pediatricians and primary care physicians to utilize the PEDS Screening online. Additionally, HMG

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

Statewide Neonatal Abstinence Syndrome Workgroup

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

Foster Care Screening and Consultation

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

Birth to 3/Child Development Watch

It has been the DFS' policy for many years to screen all children, not just foster children, from birth to age three for disabilities or developmental delays. Child Development Watch is the statewide early intervention program for children ages birth to 3 that is managed by the Department of Health and Social Services (DHSS)/Division of Public Health (DPH). The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of their young children.

Participants are referred to CDW through the central intake office. Referrals are completed by DFS workers, children's pediatricians, parents and caregivers. Delaware has created a special partnership in which dedicated CDW employees serve as liaisons to DFS to ensure that children involved in the child welfare system are identified and receive the appropriate level of case management. A multi-disciplinary team of CDW staff and DFS staff meet in bi-weekly triage meetings for review of cases with DFS involvement. This approach ensures that information is appropriately collected and shared so that comprehensive case planning is supported while children are in their homes or if they are placed in foster care.

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

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

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

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

The program's efforts center on creating a well-developed and sustainable statewide family-driven system of care for young children, birth to 5 years, with serious emotional disturbances and their families providing clinically appropriate services and supports that address the individual needs of children and their family and use evidence-based interventions and practice. Enhancements to the clinical community and early learning programs that increase core competencies to serve young children with Serious

Emotional Disabilities are critical. The goals of this initiative are two-fold:

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

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

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

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

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

family during each session, all of which occur in the family's home. During the training sessions, the caregiver learns strategies to enhance the child's development. ABC is available statewide for the infant and toddler population and their families. Foster families are a subset of those families eligible for services.

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

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

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

Services for Children Adopted From Other Countries

DFS continues the contract with A Better Chance For Our Children, (ABCFOC) that provides adoptive families a 24-hour crisis hotline, information and referral, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers 5 or 6 times throughout the year. All of these services are available to international adoption families. See Section III Update on Progress Made to Improve Outcomes, Permanency Objective: Improve foster care placement stability and support adoptive families, Benchmark 6 for additional information.

Youth at Risk for Minor Domestic Sex Trafficking

In 2014, State S.B. 197 was codified, which established the Human Trafficking Coordinating Council (HTCC). The HTCC is charged with a) developing a comprehensive plan to provide victims of human trafficking with services; b) effectively coordinate between agencies, departments and the courts with victims of trafficking; c) collect and evaluate data on human trafficking in the state; and d) promote public awareness of the issue of human trafficking. The HTCC is comprised of representatives from a variety of human service and law enforcement agencies, who are appointed by the Governor. These include the Presiding Judge of Superior Court, Chief Judge of the Family Court, Chief Judge of the Court of Common Pleas, Chief Magistrate of the Justice

of the Peace Courts, Attorney General, Public Defender, Commissioner of the Department of Corrections and Cabinet Secretaries of the Departments of Education, Health and Social Services, Services for Children, Youth and Families, Labor, and Safety and Homeland Security. Additionally, three at-large members with special expertise are also included. DFS represents the Department of Services for Children, Youth and Families and will be playing a leadership role in the newly developed Committee on Children and Youth.

The Polaris ***Annual Report on State Ratings*** for 2014 indicates that Delaware obtained a perfect score and is one of only 12 states rated as Tier One in its response to sex trafficking and the most improved state for 2014.
DFS has begun an analysis of local data to identify youth at risk of minor domestic sex trafficking. An initial report of children and youth reported as missing or runaway to the DE Criminal Justice Information System indicates forty (40) minors reported so far in this FFY. Of these, ten (10) have had no previous history with DSCYF. At the time the runaway was reported, ten (10) were currently open with DFS (i.e., 5 with DFS, 2 with DFS and Prevention and Behavioral Health (PBH), 1 with DFS and Youth Rehabilitative Services (YRS), and 2 involved with DFS, PBH and YRS). This data provides an initial benchmark as the Human Trafficking Coordinating Council begins its work on system improvement for these victims.

Additionally, DFS has for many years utilized a targeted approach to youth who run away from foster care. DFS Special Investigators search for these youth physically, as well as through social media. Pairs of Special Investigators then travel to locate and bring the youth back to DE. In this process, they build relationships with these youth and continue to provide support and monitoring once the youth is returned. This has resulted in a very low rate of youth running from foster care (average monthly number is 3 – 4 youth). In January 2015, there were no youth on runaway status for the entire month. The team of Special Investigators was recognized by the DE Office of Management and Budget's Team Excellence Award for their outstanding service.

V. Statewide Community Service Partner Updates - Progress, Accomplishments, Barriers, Challenges, Collaboration and Priorities

Internal Partners:

Delaware Fatherhood and Family Coalition (DFFC)

DFFC is an initiative derived from the Promoting Safe and Stable Families Family Support services managed by DPBHS and funded under Title IV-B, subpart 2 operating under the family support component. The operation of the coalition is a shared collaborative effort involving the state, contracted service providers and the community addressing responsible fatherhood and healthy adult relationships statewide, servicing populations at greatest risk of maltreatment.

The DFFC serves as a protective factor for the well-being of children because research suggests positive and frequent father–child contact is associated with better socio-emotional and academic function. Focusing on this protective factor, DFFC formed as an

advocacy group to become a united change agent in Delaware committed to building a sustainable coalition which champions fathers' involvement in the lives of their children and healthy adult relationships, specifically effective co-parenting. Officially, the coalition began structuring its operation in 2010 after several years promoting knowledge of and acceptance of the importance of fatherhood and healthy adult relationships.

DFFC Goals and Overview

DFFC continues to set a foundation for community involvement, thus activating the public/private/social organization's participation in the DFFC's strategic priorities which are:

1. Promote Father Involvement as a Positive Influence
    a. By increasing community awareness of the importance of – and commitment to – father involvement in the lives of their children
2. Build a Self-Sustaining, Self-Determining Coalition
    a. By stimulating a broad-based positive social movement to combat father absence and promote father involvement
3. Provide the Education and Technical Assistant Opportunities
    a. By providing fatherhood and healthy adult relationship educational opportunities and technical assistance to increase the capacity of the community to support father involvement
4. Promote Fatherhood and Co-Parenting Services
    a. By promoting fatherhood and healthy adult relationship service and activities by DFFC members.

Update of Service Activities

In 2014, members of the DFFC Guiding Team led the effort to implement a comprehensive plan expanding the web-site to meet DFFC's media needs. The website expanded to become a format to obtain fatherhood, parenting and relationship educational tips and resources. The web site provides updates to the public about the DFFC structure, contact information, resources and advertising for father/parenting related activities statewide. The websites also serves as a venue where PSSF program services have become more prominent. During the 2014 -2015 service period, DFFC continued to expand efforts to use multiple forms of communication to promote activities, raise awareness and generate membership. This strategic approach reaches a greater number of people possible in a time efficient and cost effective manner for the DFFC. All communication/advertisement of the Coalition uses positive visual images of fathers and families engaged in positive relational activities. The DFFC provided numerous articles to the Delaware News Journal, local community newspapers in Kent and Sussex County (Milford paper) and the Delaware Hispanic Magazine. A total of 3 newspaper articles were printed in the Delaware News Journal, Milford community paper and the Delaware Hispanic magazine regarding the DFFC 2014 summit and 2 articles addressing the importance of effective co-parenting and effectively managing shared holiday visitation arrangements. DFFC members presented on "Fatherhood Matters" on 2 live cable television broadcasts - "Wright Hour" and "Congo Hour". The DFFC published 6 coalition newsletters with updates regarding DFFC CLC activities. The newsletter is

disseminated electronically via email, Facebook, Pinterest and the DFFC website. The expansion of technology improved DFFC's ability to register attendees for trainings, events and meeting and calculates the number of visitors on the website. Other expanded functions of the DFFC websites:

- Established fathering and co-parenting workshop sessions via Go – To – Training webinars hosted by "Go-To" Citrix Online Audio/visual platform. The webinars were piloted and conducted once a month from April –August 2015. The webinar presenters were professionals from Delaware working in the area of fatherhood, child and family services. Webinar topics: Fatherhood Resources That Work; Men and Medical Concerns and Engaged Families Coping with Mental Illness, Substance Abuse and other Traumas and Engaging fathers.
- The DFFC platform used to register new members surged from approximately 97 in 2012 to 273 in 2014–2015.
- In 2014 the first DFFC Fatherhood Award Ceremony nomination process was conducted via the coalition's website through digital media platform by Business Catalyst. There were a total of 21 nominations received and 12 awards were given. There were a total of 172 attendees to the first DFFC Fatherhood Award Ceremony.
- DFFC uses the business catalyst platform for online registration for all of the DFFC and the County Leadership Committees' (CLCs') trainings, workshops and community events. The DFFC had a total of 497 participants to register for trainings, workshops and community events hosted by the DFFC in 2014–2015.
- Registration for the 2014 Delaware Devoted Dads Summit (DDD) was performed on the DFFC's website. The platform recorded 347 participants registered and over 300 attendees to the summit.
- DFFC initiated its first series of fatherhood blogs, providing the community the opportunity to pose general information and questions regarding family child custody and working with the child support enforcement agency.
- There were a total of 44 service inquiries made to the website in 2014-2015. From the service inquiries made to the website, 17 were linked to appropriate services.

In the 2016 service period, DFFC will continue to maintain the volunteer driven website committee, stabilizing the operation and for the website to continue to provide universal distribution of fatherhood and effective co-parenting information, training opportunities and to provide fatherhood resources. The DFFC will improve the functionality of the website to provide enhanced webinars, web-based training, web-based coalition meetings and surveys.

DFFC work on infrastructure is designed to accomplish and build a self-sustaining coalition which can carry out the state–wide strategic priorities. The CLCs established operational protocols/procedures for membership recruitment and training. The CLC community members took the lead in the implementation of the CLC functions in Kent, New Castle and Sussex Counties. The leaders of Kent, New Castle and Sussex CLCs, with the Sussex CLC serving as the executive CLC, revised the roles and responsibilities of the CLC leadership positions for the 2015–2017 service terms. The executive CLC

committee established and implemented a leadership election process that was used in spring of 2015 in the election of the 2015–2017 CLC leadership terms.

The CLCs in Kent, New Castle and Sussex Counties held monthly membership meetings in each county, providing an opportunity for community members to receive information on effective co-parenting, family communication and parent/child interaction during the fatherhood presentation that is provided at each CLC meeting. During 2014–2015, community activities that the DFFC county leadership committee partnered, collaborated and or sponsored were:

- Kent, New Castle and Sussex CLC partnered with local barbers in a winter coat drive statewide
- New Castle CLC volunteered as session monitors at the DSCYF DYRS and Delaware Prevention Networks annual Black History trivia competition event
- Kent, New Castle and Sussex CLC hosted a community dialogue session titled "Effective Co-Parenting: Myth or Fact", promoting the importance a of child's healthy emotional and mental development
- Sussex CLC hosted the first DFFC "Tea @ Two event, acknowledging the protective factors embedded in children and their families when parents effectively co-parent
- Kent CLC, in partnership with Daddy's Little Girl's held a father and family fitness fair named "I'll Walk the Extra Mile For My Child's Well-Being"
- Sussex CLC, in partnership with the Seaford, Delaware International House of Pancakes (IHOP) held a father and child event entitled "Bring Your Father To Breakfast" in recognition of Father's Day
    - Sussex CLC, in partnership with Connections Community Support Programs and First State Community Action Agency, held their second Father & Family Community day. The event supported positive parent–child leisure activities.
    - DFFC sponsored the 5th Delaware Devoted Dad's Summit

The estimated number of participants of DFFC CLC activities was 1289 in 2014–2015.

DFFC trainings are designed to increase the public's awareness to the importance of fatherhood and healthy co-parenting. The DFFC provided the following coalition membership trainings in 2014-2015:

- A total of 4 new member orientation sessions held on a quarterly basis
- Community Dialogues sessions training occurred in 6 barber businesses monthly in Kent and New Castle Counties
- Seven DFFC Ambassador Trainings were conducted throughout the state: (3) in New Castle, (2) in Kent and (2) in Sussex County
- Three faith based Ambassador Trainings statewide
- The DFFC hosted the following trainings in Kent, New Castle and Sussex Counties: "Infusing Fatherhood into Existing Systems"; "Fathering: The Importance of Fatherhood"; and Leadership Trainings, Navigation Through Child Support Enforcement And Child Custody Through Family Court And Ambassadorship Training.

As a result of the DFFC community trainings a total of 779 DFFC CLC members and community participants received the noted trainings. The Community Dialogue trainings hosted 288 participants. DFFC in 2016 will continue to co-sponsor events noted in the 2014-2015 service period. DFFC training unit will increase the number of barbershop and salon shop owners facilitating the monthly DFFC Community Dialogue sessions in Kent, New Castle and Sussex County from 6 to 15 in 2016.

DFFC, in partnership with PSSFCS, entered into a collaborative work agreement with DAB Mediation, LLC to provide support to parents navigating child support enforcement services and court child custody services. DAB Mediation worked with DFFC website committee and created a document providing answers to the most commonly asked questions about child support. While the handbook is under review by Division of Child Support Enforcement, the DFFC plans to make the brief publication available on the coalition's website in a readable and downloadable application in 2016.

The DFFC Guiding Team and DPBHS coalition representatives have worked to maintain active partnerships with various community agencies and program services throughout the state in 2015. These partnering organizations are: Parents as Teachers, Delaware Re-entry Consortium, Division of Substance Abuse and Mental Health SPF- Sig, Interdenominational Ministers Action Council (IMAC), Wilmington Consortium, Delaware Head Start, Delaware Communities Schools and Divisions of Social Services and Child Support Enforcement. In 2016 DFFC will partner with various community organizations throughout the state in the implementation of parent-youth substance abuse prevention communication training and in the development of services addressing the need for workforce development economic stability supporting fathers and their families.

DFFC is broadening its scope of service, infusing a service component to the infrastructure of the coalition to address a documented need of the population served by the coalition. The DFFC recognizes the population of fathers seeking services must be engaged by communicating in non-traditional methods. The DFFC will have to continue to develop its venue of social media and social branding approaches. The coalition continues its work on strengthening the infrastructure of the county leadership committee, promoting the move towards a self–sustainable statewide coalition. The development and revision of the coalition's operational policies and procedures will be an ongoing process; the coalition has been successful in the completion of general operational procedures for communication, training, website/social media and the operation of the county leadership committees.

The functioning of the coalition is not without continued challenges, most notability in the area of coalition sustainability and technical assistance for funding and resources, expanding prevention/environmental approaches and volunteerism. The coalition will continue its work to expand the function of the faith-based component statewide. The steering committee seeks key community stakeholders to establish a board of directors.

Delaware Interstate Compact Unit (DE ICPC)

The Delaware Interstate Compact Unit provides monitoring and administrative case management services to promote the protection of children who are placed into or out of Delaware for the purpose of foster care, relative care, adoption or probation and aftercare supervision. The unit provides technical assistance to staff, families, agencies, attorneys and courts related to the interstate compacts regulating child placements and transfer of supervisions, as well as, pertinent state and federal laws. The compacts included are:

• The Interstate Compact on Adoption and Medical Assistance (ICAMA) - Del C. 31 §5402
• The Interstate Compact for Juveniles (ICJ) – Del C. 31 §5203
• The Interstate Compact on the Placement of Children (ICPC) – Del C. 31 §381

The unit is comprised of a supervisor, two case managers and a program analyst. The Interstate Unit manages approximately 800 cases each year concerning children who are dependent and/or delinquent and are being placed in, or re-locating to, another state. In 2014, DE ICPC processed 158 incoming ICPC cases. Of the 158, 93 were approved and 65 were denied. Delaware sent 311 cases to other states. Of the 311 cases, 242 were approved and 69 were denied.

The continuing challenge to ICPC is in the receiving of home studies and interstate decisions within the expected timeframes. While home studies are mandated to be completed within sixty (60) days, many states are unable to fulfill that regulation. ICPC's priority is the enactment of the New ICPC (Delaware passed in July, 2009). A second priority is the implementation of a National Electronic Interstate Compact Enterprise (NEICE) web-based system to automate ICPC activity. The system was piloted in 2014 and is targeted to be implemented within a three year timeframe. This will enable the secure transfer of home study requests, results and progress reports in real time.

K-5 Early Intervention Program (EIP)

The K-5 Early Intervention Program (EIP) is an innovative collaboration between the DSCYF and the Department of Education (DOE). EIP provides services to students displaying behavioral problems which impede their learning processes, or the learning process of others. The Early Intervention Program was created in 1995 through collaboration between Department Secretaries, the Legislative Joint Finance Committee, and then Governor Carper. The program started with 9 Family Crisis Therapists and currently employs 53 Family Crisis Therapists. EIP targets children who exhibit behavioral, academic, social, or mental health problems that, unless appropriately addressed at an early stage, can manifest through early failures in school into other more serious social and/or emotional developmental issues and potentially lead to early onset conduct disorder. These children often experience early incidents of delinquency and can potentially begin a lifetime cycle of failure. If these problems are not addressed early, children and their families are likely to require more intensive and expensive interventions later in the life cycle and continue to the deeper-end services of DSCYF.

Fifty-three Family Crisis Therapists (FCTs) from DSCYF are assigned to designated elementary schools in fourteen school districts and five charter schools throughout the state. The EIP is a voluntary program. While principals, teachers, guidance counselors, nurses, and other school staff identify students and families for referral, it is the parents/caretakers who ultimately have the choice of whether or not to participate. A typical caseload of an FCT is 15 to 20 children/families.

EIP's holistic approach employs FCTs that are uniquely different from traditional guidance or school counselors. FCTs work with students' entire families, including parents/guardians and siblings. FCTs are not limited by contract stipulations and can address any presenting issue whether behavioral, academic, or emotional. In many instances, FCTs work with families to address survival and/or crisis issues, thus enabling them to focus on the emotional, academic, and social needs of the child(ren). The goals of the EIP are to improve student behavior, strengthen parenting skills, and reduce the number of families and children needing more intensive services from the Department. The FCT begins by providing traditional assessment and behavioral health support to the child at school, then develops a relationship with the entire family. The FCT helps the family identify issues and refer themselves to appropriate community treatments. The FCT often helps with the logistics of first phone calls, attending the first appointments, being on time for appointments, and solving transportation issues.

EIP keeps statistics on number of staff, location, children and families served, cases, contacts and services:

Time period	**January 2010 to December 2010**		**January 2011 to December 2011**		**January 2012 to December 2012**		**January 2013 to December 2013**		**January 2014 to December 2014**
	FY10		FY11		FY12		FY13		FY14
# FCTs	average # of FCTS= 47		average # of FCTS= 49		average # of FCTS= 50		average # of FCTS=51		average # of FCTs=51
# of vacancies	10		5		5		4		5
#Schools	51		51		53		53		53
#Districts	13		13		14		14		14
#Public	48		48		50		48		48
# Charter	3		3		3		5		5
# New Cases	514		664		549		557		535
# Ave Cases/Month	13		15		16		15		15
# Ave Students/Month	32		37		40		39		35
# Ave Adults/Month	23		27		29		27		26

Time period	January 2010 to December 2010		January 2011 to December 2011		January 2012 to December 2012		January 2013 to December 2013		January 2014 to December 2014
	Total for 12 months		Total for 12 months		Total for 12 months		Total for 12 months		Total for 12 months
# Ave Non Caseload Students/Month Total	10716		12256		10344		12281		11106
# Ave Non Caseload Adults/Month Total	4512		5129		4571		4283		4151
# Ave Home Visits/ Month Total	9024		10767		9023		9349		9106
# Ave Office Visits/ Month Total	7332		8131		7280		7679		7429
# Ave Individual Counseling Sessions/ Month Total	71064		73084		78136		79248		77164
# Ave Groups, Large And Small/Month Total	10152		11548		11288		11578		11219
# Ave Family Counseling Sessions/Month Total	7896		9420		8832		9077		8886

During this reporting period, K-5 Early Intervention FCTs have partnered with numerous community-based services, 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. 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. EIP continues a partnership with the Nemours Foundation to be certified providers of "Triple P" Positive Parenting Practices Parenting Program. 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.

The K-5 Early Intervention Program has identified 5 priorities that have the most effect on caseload families' ability to succeed.

- Contact with the child at the school. Each caseload child is seen individually 3 to 4 times each month.

- Parent engagement. Parents from each family are seen at home once each month and at school once each month.
- Communication with the school. FCTs maintain constant contact with teachers and school leaders.
- Assessment and case planning. The FCT, parent, teacher and child all provide feedback to inform case plans and measure progress. Families are assessed by at least 6 instruments within 30 days and are assessed twice annually and again at case closure. These assessments are used to identify and modify case plan goals. These activities drive the changes that lead to success.
- Collaboration with the community.

The Office of Child Care Licensing, DFS, DSCYF

The Office of Child Care Licensing (OCCL) promulgates regulations and monitors the regulation compliance of licensed providers who provide services in the following facilities: family child care homes, large family child care homes, early care and education and school-age centers, residential child care facilities and day treatment programs for children, and child placing agencies (adoption and foster care). Its mission is to ensure the safeguards and enhance the quality for children in out-of -home care.

OCCL completes 100% of its mandated yearly site visits. Relationships and partnerships have been created and strengthened with other agencies, such as the Office of Early Learning, Delaware Stars, and Nemours Health and Prevention Services. Joint visits with representatives from the Child and Adult Care Food Program (CACFP) and Purchase of Care (POC) programs continue as needed to determine regulation compliance. In addition to the training sessions offered for anyone seeking to obtain a childcare license from OCCL, a "Staying in Compliance Training" has been offered to provide technical assistance at statewide educational conferences, to community partners, and as part of a corrective action plan for providers who were struggling to achieve regulation compliance. The OCCL Procedures Manual has been updated to reflect current practices to promote conformity in regulation monitoring procedures throughout the state.

A new regulation was implemented in 2014 that required camps to have their employees and volunteers complete a signed consent to have their criminal record checked by the Delaware Justice Information System (DELJIS) and to have a Child Protection Registry check completed by the DSCYF's Criminal Background Unit (CHU). A DELJIS contractor conducted all of the criminal background checks while CHU completed 1,174 Child Protection Registry checks for 74 camps for children ages 5–18. To date, there are 300 day camps scheduled for checks in 2015.

Challenges include:

- Increased staff turnover; OCCL was not fully staffed for most of 2014; OCCL became fully staffed in late March, 2015.
- An increase in complaints made to this office regarding possible regulation violation by licensed providers, requiring additional visits to facilities to investigate the complaint

- Non-compliance with regulations has increased, increasing the number of providers/facilities placed on an enforcement action
- Because of a loss of Delaware Stars funding to Stars providers placed on enforcement action by OCCL, the number of requests for hearings to challenge the intent to place on an enforcement action has increased significantly. Hearings require much preparation and participation time on behalf of staff and raise costs when an outside attorney serves as the hearing officer.
- Executive Order 36 required a thorough review of all regulations to simplify regulations, eliminate outdated or redundant regulations, and make regulations more business-friendly. OCCL has 7 sets of regulations, many of which are very complex. This task has been monumental and required the combined efforts of the entire supervisory team to review and rewrite these regulations with input from providers and community partners. This project continues.

OCCL works closely with Delaware Stars (Quality Rating System for early care and education providers) and other community partners for the benefit of the early childhood community. OCCL administration, supervisors, and staff serve on multiple early childhood committees including Delaware Stars Management Team, Delaware Stars Infrastructure Committee, Delaware Stars Verification and Assessment Committee, OCCL/Stars Communication Committee, Delaware Early Childhood Council Strategic Plan Goal 2 and Goal 3 Committees, Provider Advisory Board, Integrity Committee, Compensation, Retention, and Education (CORE) Awards Committee, Infrastructure Awards Committee, Early Childhood Professional Development Committee, Delaware Technical and Community College (DTCC) Advisory Board, New Castle County Vo-Tech Advisory Board, Wilmington Early Care and Education Council (WECEC), and Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Awards Advisory Board.

As for priorities, OCCL must begin and complete the revision of child care regulations for Family Child Care Homes and Large Family Child Care Homes. The regulations for Child Placing Agencies and Residential Child Care Facilities and Day Treatment Programs must be finalized. Monitoring procedures will continue to be reviewed to ensure regulation enforcement conformity throughout the state.

Trauma Informed Care - DSCYF

In 2013, DSCYF established a position for a Director of Trauma Informed Care for the purpose of developing a trauma-informed system of care. The Director established a Trauma Informed Care Committee (TICC) comprised of staff from across the Department (child welfare, juvenile justice and behavioral health) to develop a trauma-informed system of care for youth, families and staff. The TICC continued to meet on a regular basis in FY15 with active participation by senior staff in the DFS Office of Evidence-Based Practice (OEBP).

This year, an area of focus for the committee has been to expand trauma informed care knowledge and resources for staff. The TICC launched an internal website and newsletter for staff dedicated to trauma-informed care practice. Both sources have provided staff

links to information about understanding trauma, trauma-specific treatment, the core components of a trauma-informed care practice, and staff self-care. In addition, the Director of Trauma Informed Care assisted with review of requests for proposal for community and residential services to assure that trauma-informed care practice expectations were included and she served on the DFS panel reviewing proposals for Independent and Transitional Living Services.

The TICC also engaged in two strategic planning sessions during SFY2015 and several DFS administrators and supervisory staff participated in the planning. The planning focused on four key domains: workforce (recruitment, training, and retention), cross-system collaboration, service delivery and policy and administrative support. The draft plan is currently being reviewed to prioritize action steps that were developed during the sessions. Initial action steps will likely include trauma training for all DSCYF employees and a survey of DSCYF providers to gather information about the degree to which they are engaged in implementing a trauma-informed care approach. The TICC has also prioritized engagement of youth and families in the agency's efforts to implement trauma-informed care.

The Director of Trauma-Informed Care has continued to be a member of a state-level networking group to address trauma-informed care broadly across the state. The Trauma Informed Care Interest Group (TICIG) includes representatives from state and community agencies as well as advocacy groups. The TICIG held the first-ever state-level trauma-informed care event which attracted about 130 individuals from across Delaware. The event included both formal trauma presentations as well as a survivor panel which included a young adult with prior DSCYF history. The TICIG is in the process of reviewing participant feedback and identifying next steps for continued state-level trauma-informed care discussion and activity.

Two key accomplishments for SFY2015 include providing child trauma training as part of Crisis Intervention Training (CIT) for state law enforcement officers and the engagement of the Department of Education (DOE) and several local school districts in the implementation of a trauma-informed schools approach. The Crisis Intervention Training was provided twice to approximately 100 officers from state, county and local agencies. The training provided education regarding trauma (what it is, signs that a child may have experienced trauma, neuro-developmental impact and trauma-informed response) and was designed to increase awareness about the impact of trauma and to provide some concrete strategies for officers to use when engaging with youth who have experienced trauma including abuse and/or neglect.

The Director of Trauma Informed Care, along with DFS leadership worked during the year to promote a trauma-informed schools approach. Three statewide trauma-focused trainings for school staff (counselors, nurses, school psychologists and teachers) were provided. The Director met with leaders from DOE and facilitated linkage to a Casey Family Programs initiative to implement the Compassionate Schools Curriculum in Delaware Schools. As a result of this effort, representatives from across the 19 school districts received a-one day training and six districts have committed to implementing the curriculum through a yearlong learning collaborative.

Community Based Partners:

Child Development Watch (CDW)

The Division of Public Health has a Central Intake Unit that collects and manages information on clients and families served by the Birth to Three Program (B23) and Smart Start/Healthy Families America home visiting program (SS/HFA). B23 provides developmental screening; coordination and monitoring of therapy services for children with medical, physical and/or behavioral concerns. SS/HFA provides nursing and social work teams to support healthy pregnancies, infants and cohesive families. Focus is on safety –individual and community; as well as health interventions to assist families in achieving a healthy and living environment.

It has been the DFS' policy for many years to screen all children in client homes, not just foster children, from birth to age three for disabilities or developmental delays. Child Development Watch is the statewide early intervention program for children ages birth to 3 that is managed by the Department of Health and Social Services (DHSS)/Division of Public Health (DPH). The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of their young children. The Division has a CDW Liaison located in the Division of Prevention and Behavioral Health Services who works directly with Division families. Participants are referred to CDW through the central intake office. Referrals are completed by DFS workers, children's pediatricians, parents and caregivers. Delaware has created a special partnership in which dedicated CDW employees serve as liaisons to DFS to ensure that children involved in the child welfare system are identified and receive the appropriate level of case management. A multi-disciplinary team of CDW staff and DFS staff meets to review of cases with DFS State of Delaware Child and Family Services. This approach ensures that information is appropriately collected and shared so that comprehensive case planning is supported while children are in their homes or if they are placed in foster care.

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

CDW is a voluntary program and at times, parents, foster parents and relative guardians do not wish to pursue services, including initial evaluations. Overcoming these barriers includes parent education, which can include referrals to Parents as Teachers and the Parent Information Center. The program also has transportation services, as well as

translator services for families who do not speak English. Data is collected and analyzed by Division of Public Health staff.

The CDW Program partners with DSCYF, other Division of Public Health (DPH) services, and the providers of CDW services, including Christiana Care Health Systems, Easter Seals, Bayada Home Nursing, and Res Care. These specific agencies have contracts for services through the DPH. DHSS monitors the program's outcomes. B23 provides developmental screening, coordination and monitoring of therapy services for children with medical, physical and/or behavioral concerns.

B23 measures timeliness of evaluations and caregivers reporting positive developmental changes:

Program Performance Measures	**FY 2014 Actual**	**FY 2015 Actual**
% of families in the Birth to Three program receiving multi-disciplinary evaluations within 45 days	97	97
% of families in the Birth to Three program who perceive positive changes in their child's development	95	95

The number of children and their families that have been served in FY 2014 is 3,435, with an average monthly caseload of 1,668 receiving services and assessments. For FY 2013 the Program reports that 94% of families received timely evaluations and their initial Individualized Family Service Plan within 45 days of referral to the program. Birth to Three received a federal determination of "Meets Requirements", the highest rating, from the US Office of Special Education Programs for the Annual Performance Report results. Birth to Three maintained a web based data system, recently migrated to a shared consolidated platform with the Division of Public Health's (DPH) electronic medical records program (EMR), to reduce paperwork and increase efficiencies. While the program continues to work with IRM and the vendor (Core) to address necessary modifications, the data system is being utilized statewide to capture data required for state and federal reports.

Results from the annual family survey assists in identifying program strengths and targeting areas of improvement. The most recent survey indicated that 95% of families reported that they perceived positive changes in their child after participating in the Program. In addition:

- 95% of families who responded to the survey indicated they were satisfied overall with the services they received
- 95% of families reported a positive perception of the life change in themselves and their family in relationship to their experience with Child Development Watch
- 94% of families reported a positive family-program relationship with Child Development Watch staff

- 91% of families reported a positive perception of family decision-making opportunities with Child Development Watch
- 93% of families reported a positive perception of the program's accessibility and receptiveness
- 93% of families reported a positive perception of their quality of life

Birth to Three collaborated with the Delaware Office of Early Learning and Help Me Grow initiative to provide follow up services for children screened and found to be high risk based on the Parents' Evaluation of Developmental Status (PEDS) and Ages and Stages developmental screening tools. Birth to Three/Child Development Watch initiated an agreement with the Nemours pediatric practices statewide to access results from the PEDS and follow up information from the Nemours electronic medical records. This increases timely follow up and comprehensive treatment planning. Birth to Three plans to increase the number of family group trainings for children with communication delays in each region. The "It Takes Two to Talk Program" is an eight-week parent support session. Recently, a parent sent a beautiful note to share how valuable this was to her son and family. Comments included: "My son, who was 2½ at the time of his first evaluation with Child Development Watch, was found to have a speech delay. The support of the class is so helpful with discussions and suggestions of how to try a strategy for next time and simply to give you encouragement to try again when it doesn't quite work out so well. My son is now showing a huge change in his self-confidence, pointing out things and saying what they are and imitating words that I say back to him which helps him with articulation….he's still unclear at times, this is going to take persistence and patience but he will get there". Birth to Three distributed the Growing Together Portfolio to parents of babies born in Delaware and surrounding hospitals. Approximately 12,000 English and Spanish portfolios are distributed annually and are also available on the Birth to Three website. The Portfolio provides new parents with a wealth of Delaware specific resources and information about what to expect from their baby and helps them identify milestones in the baby's development so that any potential problems can be addressed as early as possible. Birth to Three also promotes Text4baby, a national free text service providing tips on a baby's first year of life. This is available in English and Spanish. Through the Delaware Early Childhood Council, the Program distributed both the Guide to Promoting Inclusion in Early Childhood Programs and Delaware MAPS: Meaningful Access Participation Supports – A Guide to High Quality Inclusion of Children with Disabilities for Families and their Communities. Both publications are available on the Birth to Three website and are also distributed statewide. The purpose of the Guide to Promoting Inclusion is to assist early care and education providers in identifying children who may have developmental delays and guide them in supporting families in accessing Child Development Watch. Delaware MAPS: Meaningful Access Participation Supports is designed to inform families about accessing high quality environments and illustrate experiences that meaningfully include children with disabilities.
Delaware has been selected as one of 4 leadership partner states in the country to work with the Early Childhood Personnel Center (ECPC) to develop a model Early Childhood Comprehensive System of Personnel Development (CSPD). The work will (a) enhance knowledge and skills of practitioners, and those who support them, including administrators, TA providers, and faculty; (b) support the implementation and

sustainability of evidence-based practices; and (c) increase the size of the workforce skilled in providing inclusive intervention practices. The outcome will be a viable and integrated system contributing to a statewide Early Childhood CSPD that can be used as model for other states.

The annual report is available at this website:
http://dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html

Community Based Child Abuse Prevention Grant (CBCAP)

Prevent Child Abuse Delaware (PCAD) has been the lead agency for the federal CBCAP grant since 2004. The CBCAP grant represents federal set aside dollars that are provided annually. Grant amount is based on population. The base grant for Delaware is $200,000 with an opportunity to leverage additional dollars utilizing state and/or other sources of funding. The funds that are provided to the states are to be utilized to support community-based efforts to develop, operate, expand, enhance and where appropriate, to network initiatives aimed at the prevention of child abuse and neglect and to support networks of coordinated resources and activities to better strengthen and support families.

Each year the Chief Executive Officer of each state is asked to designate a lead agency that is responsible for the use of the federal grant funds. The lead agency has two major areas of responsibility, providing support, training and technical assistance to the community-based programs that receive grant funding and to provide leadership to a network of coordinated resources to better strengthen and support families. In Delaware the Family Support Coordinating Council (FSCC) lead by PCAD serves in this capacity.

During the past year CBCAP grant funding has been used to support home visiting programs, a hospital-based abusive head trauma prevention program and the *Strengthening Families through Parent Provider Partnerships in Child Care* initiative. The funds provided have been used to provide the following activities:

- Home Visiting – Grant funds have been used to support the Parents as Teachers program. Funds received by Parents as Teachers have allowed the program to increase the frequency with which visits are made to families who have come to the attention of the child welfare system and to provide services to women who are residing in homeless and domestic violence shelters.
- Parent Education – Child Death, Near Death, and Stillborn Commission (CDNDSC) continues to provide training to the staff at Delaware's maternity hospitals. Once trained the staff, primarily maternity nurses, then provide information to new parents as part of Delaware's hospital-based Infant Abusive Head Trauma prevention program. Materials and a video about infant crying and ways to soothe a crying baby are shared with all new parents when their baby is born. New parents are also encouraged to sign a Commitment Statement and to provide contact information so that follow up is possible.
- Strengthening Families through Parent Provider Partnerships in Child Care – To date twelve child care centers have been engaged in this program designed to provide staff with the knowledge, tools and supports that they need to help build protective factors

in families. Training and technical assistance is provided by PCAD to each center so that the following goals can be achieved:

- Reach large numbers of children and families with a primary prevention initiative.
- Help the staff at the child care sites to establish personal and trusting relationships with families.
- Train child care center staff to provide family members with encouragement and education.
- Empower the child care center staff to act as an early warning system and to intervene with families before abuse and neglect occurs.

Each program had outcome measures, accomplishments, barriers and challenges for CY2014.

- Home Visiting – Outcomes have included healthy babies being born to participating mothers, children being developmentally on target, mothers being healthy and following a positive life course and improvements in parenting skills/competence as measured by the Life Skills Progression tool.
- Parent Education – To date the number of shaken baby deaths and near deaths in Delaware has continued to increase despite program efforts. During the coming year a pilot program that will supply a limited number of parents with more extensive materials will be completed at Beebe Hospital.
- Strengthening Families through Parent Provider Partnerships in Child Care – Parent surveys have continued to indicate strong and positive outcomes to questions about their relationships with classroom teachers and their willingness to ask questions when they are worried about their child(ren). Staff surveys have demonstrated a general belief that it is important to share information with parents on a daily basis and that building strong relationships between staff and parents is a priority at their child care center. To date anecdotal data has been tied to the five protective factors listed below:
  - Parental resilience
  - Social connections
  - Knowledge of parenting and child development
  - Concrete support in times of need
  - Social and emotional competence of children

  The FSCC is a multi-disciplinary, collaborative, public-private council that includes family members and professionals who are committed to assuring that a coordinated family education and support system is available in Delaware. The FSCC works with the Help Me Grow Advisory Committee, the Home Visiting Community Advisory Board, the Early Childhood Council and the Office of Early Learning to coordinate efforts on behalf of children and families in Delaware. During the past year the FSCC developed a white paper on *Safe, Stable, Nurturing Relationships: Shared Language for Delaware* (Available upon request). PCAD has continued to support the annual *Protecting Delaware's Children Conference* with CBCAP funds. Child Abuse Prevention Month activities included a joint kickoff.

  For the coming year, it is the goal of PCAD, as the lead agency for Delaware's CBCAP grant, to increase the likelihood that at-risk children are safe and protected from harm by supporting, training and providing technical assistance to community-based programs

that are designed to strengthen families by building protective factors. Research indicates that when these factors are present and strong in a family, the likelihood of child abuse and neglect diminishes. All grantees work with the project evaluator to determine program outcomes. In the past each program has determined what these outcomes were and how they were going to be measured. While this data has demonstrated positive results it has been hard to determine the impact within our state of the CBCAP dollars invested. Going forward all funded programs will be assisted by the project evaluator to measure how successful their program has been at building the protective factors that have been identified by the Administration for Children and Families and the Center for the Study of Social Policy.

Court Appointed Special Advocate Program(CASA)

By state statute (31 Del.C. §3601-3612), the CASA volunteer serves as guardian *ad litem* for abused and neglected children who come before the Court and is appointed through an order executed by a Family Court Judge. The CASA is charged with representing the best interest of the child and is a full party to court proceedings. Contract attorneys represent the CASA volunteers in Court proceedings and provide legal advice to the program. The state statute outlines the qualifications, appointment, duties, rights, and status of CASA volunteers. The statue also addresses confidentiality; authorizes the CASA to access information; and provides liability protection for the program volunteers, staff, and attorneys. For CY2014, over 280 volunteer CASAs build close relationships with and serve as one-on-one advocates for children in foster care. There are 3 CASA programs within the Family Court jurisdictions that recruit and specialty train volunteers from the community, who are then appointed as advocates by a Family Court Judge. The CASA is appointed as the child's guardian *ad litem*, which involves being party to any court agreement or court plan for the child and is represented by an attorney for legal guidance.

CASA volunteers are selected, trained, supervised and evaluated by Program Coordinators from the Family Court staff. CASA volunteers commit to spending at least one year:

1. Establishing a strong, stable connection with assigned child(ren),
2. Gathering information and making recommendations to the court about the child's best interest, and
3. Advocating to make sure the child receives needed services. Too often, a CASA volunteer is the only consistent adult in the life of the child.

The advantages of having CASA volunteers include high quality advocacy, better service to children, cost effectiveness and efficiency. Children with a CASA benefit in countless ways. They are more likely to be placed in a safe, permanent home; more likely to receive better services; and more likely to have fewer placement changes.
In 2014, a total of 287 volunteers represented 595 children who were in the foster care system. Fifty new volunteers were inducted into the program, after completing the 30 hour training course. CASA volunteers spent approximately 20,000 hours with their CASA children in 2014.

The CASA program provides many educational opportunities to volunteers and staff in addition to the initial 30 hour pre-service training. Such training assists CASAs in further developing their knowledge and skills to provide quality advocacy to the children served. The CASA program provides over 70 hours of in-service training to their volunteers each year throughout the state. This includes a day long Statewide CASA Conference. In May 2014, nearly 100 CASA staff and volunteers gathered for the statewide conference: "The Court Room and Beyond". The conference focused on educational advocacy for children and older youth who are transitioning to adulthood. The volunteers had an opportunity to learn how to better advocate for older youth and the resources available to them. They also got to hear from a youth first hand who has recently made this journey. In October Sussex County CASA held a day long educational symposium. Guest speakers addressed issues that affect CASA children from birth through 12th grade and beyond. Each month, a two hour in-service program is held in each county. Throughout the year, the CASA program offered many training opportunities including such topics as the following: Best Practices for Finding Permanency for Youth, Independent Living Services, Drugs and Violence: Recent Trends, Mental Health Services, Understanding the IEP, Juvenile Delinquency Programs, Children's Advocacy Center, and PTA—Every Child in Focus—Fostering Success. In addition, the program holds case discussions and trips to various service providers. The CASA Program also partners with other agencies to provide educational opportunities to volunteers and services to the children we serve. CASA volunteers also attended the three day National Pathways to Adulthood Conference in Philadelphia: A Convening on Youth in Transition as well as the Protecting Delaware's Children Conference.

In 2014 CASA partnered with many agencies including The Youth Advisory Council (YAC) to complete the Family Court Mural Project. CASA volunteers got to work alongside youth in foster care and other service providers to create an amazing mural. CASA also partnered with Kind to Kids and The Christiana Rotary club to identify children for back to school supplies and holiday gifts. CASA representatives are active in CPAC and Delaware Youth Opportunities Initiative (DYOI) and serve on most of their committees.

The CASA Program has a vision and plan of action for 2015. The vision of the Family Court CASA Program is:

1. To improve outcomes for more children
2. To continuously increase program quality
3. To recruit volunteers from diverse backgrounds
4. To continuously improve volunteer effectiveness

The plan of action is:

1. To provide advocacy and independent factual information to the court regarding abused, neglected, and dependent children
2. To insure legal representation of the child's best interest in all judicial proceedings

3. To monitor cases involving abused, neglected, and dependent children until the terms of a court order have been fulfilled and or a safe & permanent home has been achieved for the child(ren)

Court Improvement Program (CIP)

The Court Improvement Program utilizes federal funds from the U.S. Department of Health & Human Services, Administration for Children and Families to ensure collaboration between the state-administered child welfare agency and the Courts to achieve safety, permanency and well-being outcomes for children in the child welfare system. Since 1998 the State of Delaware Family Court has administered the CIP and partnered with DFS around dependency and neglect cases. The overall goal of CIP is to strengthen the effectiveness of the decision-making of the Court to achieve the outcomes stated above.

There are three core elements within the CIP including the data, training and basic grants. The data grant allows for an opportunity to improve the data sharing amongst Family Court and DFS; the training grant exists to increase child welfare expertise among the legal community and among other relevant stakeholders to receive cross-training opportunities; and the basic grant allows Family Court to assess their effectiveness in carrying out State laws regarding foster care and adoption proceedings. The State of Delaware Family Court has historically engaged stakeholders in CIP work and will continue to do so in the future.

CIP continues to track and report out on key performance measures each year as it is a requirement for the grant. In FFY2015 the timeliness measures were reviewed with the CIP Judges and the DFS leadership. Delaware performs within standards for most of the five timeliness measures. All CIPs received federal guidance indicating that FFY2013 would be the year that would be used for performance baselines. Some of the accomplishments for the timeliness measures include the timeframe to reach the first permanency hearing and the timeframe in which subsequent permanency hearings were held. The median number of days to reach the first permanency hearing was 367 days in FFY2014 compared to 360 days in FFY13. The goal for this measure is 365 days. Additionally, the median number of days to the subsequent permanency hearing was 95 days in FFY2014 compared to 97 days in FFY2013. The time between permanency hearings has historically been an area where Delaware has performed well. This ensures that cases are being reviewed regularly throughout the state. Other highlights from the timeliness measures include the median number of days to reach permanent placements which was 421 days in FFY2014 compared to 397 in FFY2013. This is an overall increase of 6% and an area that is being explored amongst Family Court and DFS as this median number should be decreasing as opposed to increasing. Further analysis by leadership will be completed so that strategies can be explored to decrease the length of time it takes to achieve permanent placements. Also, the median number of days to the termination of parent rights was 576 days in FFY2014 compared to 538 days in FFY2013. This is an area that requires further assessment for the leadership to review as it is a 7% increase from the prior year. Overall, an important accomplishment is being able to know how we perform in all of our key performance areas – both areas needing

improvement and those areas where we are meeting standards. This allows the Court to further assess/re-evaluate practices when appropriate. The attached report details this information. (See CIP Key Performance Measures Report)

One of the challenges that CIP encounters is how to best share and analyze information with partners. Judicial hearing data rests with the Courts and foster care case management data is housed at DFS. In the interest of sharing information to improve efficiency, it would be beneficial for a variety of Court partners to have up-to-date information through some type of user-friendly portal.

CIP continues to remain engaged in the various sub-committee workgroups within CPAC. Over the last year the Courts have worked with DFS and other stakeholders as members of the CPAC Permanency for Adolescents Committee to ensure that youth over the age of 18 were provided extended jurisdiction services. This was yet another way for youth to stay engaged with the Court and receive additional support services through age of 21. The CIP program has recognized the importance of collaborating with partners around initiatives to keep older youth involved and connected in meaningful relationships. Dozens of youth participated in extended jurisdiction in FFY2015 and ongoing assessment will occur throughout the upcoming year to ensure that we are making the option of extended jurisdiction accessible and available to youth who want it. The Education Demonstration Project, supported by Casey Family Programs, continues to engage statewide partners in efforts to ensure that youth in care can experience improved educational outcomes. This project has involved sharing data amongst partners to understand accurately how youth in care are performing – both academically and behaviorally – and worked to provide training to school districts around the importance of utilizing a trauma-informed practice perspective when working with youth in care. Family Court, Office of the Child Advocate and various stakeholders have been engaged in this work. The Protecting Delaware's Children conference was hosted in 2015 and brought together a variety of agency partners. The conference served as a forum to ensure that child welfare professionals, from a variety of disciplines, received the appropriate and necessary training in order to be effective in their work.

CIP sets these priorities for the coming year:

1. Delaware CIP intends on utilizing technical assistance from the newly created Center of the Courts in the upcoming year to direct some of its collaborative CIP projects. In particular, CIP is interested in engaging an assessment from outside experts to evaluate current functioning and make recommendations for core initiatives that align with work already underway.
2. The Court will focus on capturing additional well-being measures regarding our youth in care. There have been a number of trainings and information gathered in regards to Youth Involvement in Court initiative as well as education-related information. It is likely that there will be a number of practice changes in the courtroom as a result of these initiatives that will need to be communicated and shared with partners. CIP would also facilitate training around these practices with stakeholders as it sets forth different expectations for those involved in the work.

3. CIP partners will continue to work collaboratively and engage in system-wide data review processes. Delaware's CPAC has made this a priority for the state and it is anticipated that a data analyst will join the team to collect and analyze data from the Court, DFS, DOE, CDNDSC and other partners. The ability to evaluate our data and make data-driven decisions is part of our ongoing continuous quality improvement work.

Delaware Youth Opportunities Initiative (DYOI)

The Delaware Youth Opportunities Initiative (DYOI), a program of the Delaware Center for Justice, in cooperation with DSCYF, brings together the people, systems, and resources necessary to assist young people who leave the state's foster care system and must make the difficult transition to managing life as an adult. Founded in 2011 as a Jim Casey Youth Opportunities Initiative co-investment site, DYOI is working with young people leaving foster care become successful, productive adults by helping improve the systems that support them. The five core strategies of DYOI, when working in concert, have the potential to dramatically improve the outcomes for youth transitioning from foster care. They focus on:

- Engaging youth to become better decision-makers and self-advocates
- Forging alliances and building a network of resources through partnerships and collaboration
- Galvanizing public will and policy to effect reforms in practices and policies that will bring about more successful transitions
- Increasing opportunities for economic success
- Using data from research and evaluation to drive decision-making and shape communications

DYOI achieves the strategies through its program components, which include:

- The Youth Advisory Council (YAC)- At each step of the strategic process, the most vital voice is that of the youth. Through the YAC, current and former foster youth take decision-making roles and become active participants in directing their own futures. In addition, the youth gain self-advocacy skills that will help them navigate the adult world.
- The Community Partnership Board - This board, chaired by former State Senator Liane Sorenson, is charged with advancing the goals of DYOI through planning and oversight. Board members include representatives from private and public agencies and organizations . Foster youth, including individuals from the YAC, sit on the board as well, as it is their first-hand experiences that will help identify what is most needed in terms of resources, policies, and practices. The Board has 7 working groups, all focused on specific outcome areas of needed improvement that meet monthly to improve those outcome areas.
- Opportunity Passport™ - Because managing finances to secure economic stability is central to making a successful transition, youth who participate in DYOI will be able to take advantage of the Opportunity Passport™ program. Its goal is to give youth the tools they need to manage finances and capitalize on the banking system by providing

access to personal debit accounts, matched savings accounts, and other "door openers" that support educational, training, and vocational opportunities.

DYOI measures several different outcomes every year. Through the Executive Committee, self-evaluation is always taking place. In addition, through Jim Casey, leverage and policy data is being collected. Those youth who participate in Opportunity Passport™ also take a survey twice a year to measure their own outcomes, from education attainment to personal connections. This information is shared with all partners. In 2014, 50 youth participated in Opportunity Passport™. DYOI has been most successful in its collaborations. The initiative finds unique partners who may not be currently involved with child welfare. This "opens the door" for innovative programming that fits the needs of foster youth. DYOI has also been successful in getting youth who have experienced foster care to be a part of the conversation.

DYOI continually forms partnerships in order to support positive transitions for youth who have experienced foster care. The program's projects are vast and diverse. Some of the more successful projects in 2014 were:

- The Employment Working Group completed a pilot job shadow day in Kent and Sussex County, paving the way for a state-wide job shadow day in 2015 with over 30 employers and 50 youth participating.
- The Housing Working Group in partnership with the DFS Independent Living Services (ILS) has sponsored having the Sanctuary Institute provide training on their trauma-informed model to all providers of housing services to youth involved in ILS.
- The Policy Working Group gathered data to inform policy change by administering a Youth Involvement in Court and Legal Representation Survey to over 150 professionals and 96 youth. This survey provided the foundation for the working group to focus its efforts on youth engagement during legal proceedings. Together with DYOI, OCA, CASA, and the Family Court partnered to bring The Missing Piece – Encouraging Youth Involvement in Court to professionals who represent children in Family Court proceedings. The trainings were held in each county and attended by approximately 150 attorneys, CASAs and child welfare providers. A toolkit was also developed.
- The Permanency Working Group is focusing on youth who are involved in both DFS and juvenile justice, including updating juvenile expungements and juvenile sex offender legislation. The working group is also establishing extended jurisdiction best practices.
- Through the Transitions Working Group, a new tool will be introduced to all foster care providers to follow the youth as they transition. The tool provides a framework for considering a young person's individual needs, strengths, support network and goals.
- DYOI led a community project that created a mural for the New Castle County Courthouse. This is the third such mural in the state done by youth who have experienced foster care. Over 30 youth and 20 professionals participated. These murals, which depict the path through foster care into adulthood, are utilized to inform and inspire other youth during court proceedings. DYOI was successfully able

to leverage just under $1 million in in-kind contributions from community partners. These contributions support the Youth Advisory Council (YAC), the YAC conference, and special events for youth.

- Rights of Youth in DSCYF Custody were passed and will be signed into law on August 5, 2015 at the Annual Youth Conference.

Due to lack of funding, DYOI plans to close as of June 30, 2015. Other agencies will continue these priorities for coming year:

- Youth Involvement in Court Project:—DYOI has helped catalyze the child welfare system's appreciation and understanding of the value of youth's active participation in their court proceedings. The Family Court, Office of the Child Advocate (OCA) and DFS have cosponsored several trainings for youth, system partners, and judicial officers on this topic. The Family Court and OCA will maintain the responsibilities of fulfilling this plan.
- ON PAR Program - The ON PAR Program (Our Needs - Practicing Accountability and Responsibility) will give youth a chance to practice living independently for a week before they age out of foster care and should be rolled out in the summer of 2015. DFS will be the lead agency for this program.
- Opportunity Passport™- Continue to enroll young people in this financial literacy and savings program. West End Neighborhood House will be the lead agency for this popular program.

DYOI's 2014 Annual Report is available through this link: 2014 Annual Report

Office of the Child Advocate (OCA)

The Office of the Child Advocate is a non-judicial state agency charged with safeguarding the welfare of Delaware's children. OCA fulfills this charge by providing legal representation for dependent, neglected, and abused children in civil Family Court proceedings; engaging in legislative advocacy; collaborating with child welfare system partners to evaluate the effectiveness of the child protection system and to make recommendations for changes to policies and procedures; developing and providing quality training to OCA's volunteer attorneys and the child protection system as a whole; and participating in the community to increase public awareness of OCA. In addition to overseeing OCA, the Child Advocate serves as the Executive Director of the Child Protection Accountability Commission (CPAC), which is comprised of key child welfare system leaders, who meet regularly with members of the public and others, to identify system shortcomings and the ongoing need for system reform. CPAC's overall statutory mission is to monitor Delaware's child protection system to ensure the health, safety, and wellbeing of Delaware's abused, neglected, and dependent children. CPAC serves as the federally mandated Citizen Review Panel and Children's Justice Act (CJA) State Task Force.

For its legal representation component, OCA, through its 4 in-house Deputy Child Advocates and approximately 300 volunteer attorneys, was actively providing legal representation to 304 children as of November 30, 2014.

In its capacity as the CJA Task Force, CPAC submitted its Annual Progress Report and Grant Application to the Administration on Children, Youth and Families on May 30, 2014, which was later approved. Additionally, CPAC expanded its membership to include the Chair of the Child Death, Near Death, and Stillborn Commission (CDNDSC), the Investigation Coordinator, a youth or young adult who has experienced foster care in Delaware, and a representative from the Public Defender's Office. CPAC also championed 6 legislative initiatives with support from CPAC Commissioners Senator Patricia Blevins and Representative Melanie George Smith.

In addition, CPAC provided local and national training opportunities to child welfare system partners through multiple channels. Approximately 10,000 educators, healthcare providers and members of the public were trained on their statutory, child abuse mandatory reporting obligations through onsite and online training. Partial scholarships were provided to members of the multidisciplinary team (MDT) to attend the 30th National Symposium on Child Abuse in March 2014 and the Thirteenth International Conference on Shaken Baby Syndrome/Abusive Head Trauma in September 2014. To improve the investigation and prosecution of serious physical injury, death and sexual abuse cases, approximately 20 representatives from the following agencies attended each national conference: Children's Advocacy Center, Department of Justice, Division of Family Services, Family Court, Office of the Child Advocate, and law enforcement.

CPAC and CDNDSC, along with significant funding from Delaware's Court Improvement Program and U.S. Department of Health and Human Services, jointly sponsored a conference to educate 525 professionals on the many critical aspects of Delaware's child protection system. The Protecting Delaware's Children conference was held March 3-4, 2015. In addition to opening remarks from Governor Jack Markell, Chief Judge Chandlee Johnson Kuhn, Attorney General Matt Denn, and C. Malcolm Cochran, IV, Esquire, the Chair of CPAC, the conference featured national and local experts addressing multidisciplinary collaboration and various aspects of the response to child abuse through plenary sessions and 39 workshops on topics, including: the neurodevelopmental, molecular, and behavioral effects of child maltreatment; vicarious trauma, compassion fatigue, and resilience; hoarding; decision-making in domestic violence-related custody disputes; social media usage in court proceedings; victimization and children with autism; protecting children in a digital world; human trafficking; and investigative strategies in child sexual abuse and child homicide cases. Additionally, on Tuesday, March 3, 2015, an all-day Child Abuse Multidisciplinary Team (MDT) Advanced Training Course was offered for professionals investigating and prosecuting child abuse cases in Delaware. The course was taught by a group from the National Children's Advocacy Center training Delaware professionals on best practices for investigating and prosecuting serious physical injury, sexual abuse and death cases. The advanced training course was by invitation only to professionals from law enforcement, DFS workers, civil and criminal Deputy Attorneys General, victim advocates, and Children's Advocacy Center staff.

CPAC has identified the following priorities for the upcoming year: develop best practices and/or trainings to help professionals recognize and appropriately respond to

cases of child torture; finalize revisions to the Memorandum of Understanding between the Division of Family Services, Department of Justice, law enforcement and the Children's Advocacy Center; utilize the data dashboards to make system recommendations to CPAC for identified priority areas; improve the medical response to suspected child physical and sexual abuse cases and cultivate additional medical experts; identify a system response for substance-exposed infants and medically fragile children; develop and provide additional quality training programs to Delaware's child welfare professionals and other professionals working with children; address barriers for youth achieving permanency and eliminate Another Planned Permanent Living Arrangement (APPLA) as a permanency plan for youth under 16 years of age; and advocate for the educational success of children in foster care through the collection and analysis of data and the development of performance measures.

Annual reports are available at these websites:

CPAC Annual Report: http://courts.delaware.gov/forms/download.aspx?id=79638

OCA Annual Report: http://courts.delaware.gov/forms/download.aspx?id=79648

CJA Annual Report and Grant Application:
http://courts.delaware.gov/childadvocate/docs/2014CJAApplication.pdf

VI. Program Support

Training FY2015

Staffing and Organizational Structure

The Center for Professional Development (CPD) provides training and professional development for DSCYF employees and its partners who work with children, youth and families. CPD is housed within the Division of Management Services. CPD is staffed with a complement of seven trainers plus one support staff supervised by a Training Administrator II. There are also two coaching supervisors within DFS whose primary responsibilities are to ensure new DFS workers complete pre-service training and required on-the-job experiences.

Goals and Objectives

The goal of training in the Division of Family Services is to develop the necessary knowledge, skills and attitudes needed for workers, supervisors, managers and contracted partners to competently to apply the DFS child welfare practice model. During FY2015 training continued to be focused on the following casework practice initiatives grouped together under the banner 'Outcomes Matter': Structured Decision Making®, Safety Organized Practice, Differential Response, Family Search and Engagement, and Team Decision Making.

CPD's ongoing primary training objectives are: (1) Developing, updating and modifying the DFS training curricula to embed the values, knowledge, and intervention skills in the practice framework to meet the job responsibilities of DFS staff, to comply with changes

in policy, practice and program areas; (2) Provide competency-based pre-service training; provide in-service training to caseworkers, supervisors, administrators and contracted in-home service providers supporting best practices and integrated service planning; (3) Implement and sustain practice approaches by teaming with DFS leadership and its partners to develop the skills necessary for workers and supervisors practice with fidelity; and (4) Be an internal partner as members and/or leads of ongoing DFS workgroups, and participants in leadership meetings and other policy and practice committees to assist in defining, planning and executing training to targeted DFS staff.

Activities Supporting IV-B and IV-E

The following training activities support the CFSP goals and objectives, including training funded by titles IV-B and IV-E.

CPD provides competency-based training to caseworkers, supervisors and administrators as well as to DFS contracted in-home service providers promoting and supporting best practices, and integrated service planning.

- *Pre-service training*: CPD provides training in the skills and knowledge needed by new hires to understand and implement the DFS practice model. Twelve competency-based pre-service core trainings are delivered to cohorts of newly hired workers in the Office of Children's Services. CPD trained mentors are paired with new workers to facilitate learning in the field which includes required on-the-job field experiences. In addition, a graduated caseload assignment is applied allowing for increased practical application of knowledge and skills trained.
- *In-service training:* In FY2015 training involving Children's Research Center, Annie E. Casey Foundation and CPD trainers occurred to build knowledge, practice skills and attitudes supporting the full implementation of Outcomes Matter initiatives. All levels of staff were trained, from senior leadership to frontline caseworkers continued to receive training in the elements of safety organized practice, which includes a family search and engagement focus through a series of training modules delivered in the regions. (See Attachment: DFS SOP Module Attendance)
- *Statewide Partners*: Our contracted in-home service delivery partners attended new worker training and in-service with state employees. Additionally, provider staff were co-trained, and co-facilitated and/or presented several of the in-service module trainings delivered in FY2015 to DFS staff.
- In regional sites coaching in various forms, such as coaching clinics facilitated by senior DFS staff who are module trainers, are being initiated to support training in the transfer of learning to field practice for new and experienced caseworkers as they develop a level of comfort and improve their practice skill.

Data and Statistics

During FY15 training records indicate that 34 new workers attended pre-service training and 7 contracted provider staff attended several pre-service trainings. Training records indicate 100% satisfactory completions for DFS new workers for all pre-service training within the agency four to six months with supervisors being the control for ensuring their staff completes training. The FY2015 DFS staff training chart documents the number of

courses offered and the number of classes for each course. (See attachment: DFS Staff Training Chart FY2015)

Hard copy survey data on rating course content, understanding and relevance to their job responsibilities pre-service trainings is collected at each training session of DFS new caseworkers and new contract providers. Rating categories consist of Excellent, Very Good, Good, Fair, or Poor. Also included on the survey is an open-end question under each of the categories listed above requesting ideas on improving that area. The raw survey data indicates the rating from participants observed in the greatest frequency across the 12 core pre-service trainings falls into the "very good to good" range.

The DFS New Worker Training Survey Mid-Point formative survey administered to each cohort of new DFS caseworkers in a hard copy format at the mid-point of their pre-service training indicates in FY2015 97% of respondents agree that they are using what is learned in training on the job. Eighty one percent report applying learning within a week after training. Eighty Seven percent agree that skills being learned in training are important for the successful performance of their job functions. Ninety percent listed co-worker‘s assistance, applications in training and their own initiative and creativity as helping them apply what they learned to the job. Help from a supervisor rated 79%.

The survey responses indicate that 100% of new caseworkers are shadowing workers in the field in areas associated with training content and job responsibilities. The frequency of specific shadowing events varies. The timing of this survey, the availability of mentors and experienced workers to shadow a particular event at any given time are factors to consider relative to completing any shadowing experiences. In addition Safety Organized Practice shadowing experiences are still emerging within the population of experienced workers.

At the conclusion of the pre-service training program the DFS New Worker Training System Survey is administered, using rating scales to evaluate their experiences and levels of satisfaction with classroom training, supervision, mentoring, job shadowing and the overall workplace environment categorically as Excellent, Very Good, Good, Fair, or Poor. Included on the survey is an open-end question under each of the categories asking for ideas on improving that area.

Training design and delivery metrics for DFS new worker training is captured on the DFS New Worker Training System Survey. The survey captures demographic information on the respondents. It employs qualitative and quantitative elements designed to gather the perceptions and On-the-Job (OJT) training experiences of new workers on elements of the DFS training systems at the conclusion of their new worker training program. The survey is available online and in hard copy. Using Likert scales of agreement, it directs new workers to indicate their satisfaction with classroom training, supervision, mentoring, shadowing/OJT) and the overall workplace environment. The table below represents data collected from FY2013 to FY2015.

DFS New Worker Training System Survey Responses FY 2013- FY2015 N= 99

Class Room Training Questions	**% Agree**	**% Neutral**	**% Disagree**
Content was appropriate to orient me to the job	80.00	15.00	5.00
Training reflected policy and best practice	75.00	18.00	7.00
Training prepared me to begin doing my job	65.00	25.00	10.00
Supervision Questions			
Supervision proved me adequate direction	71.00	20.00	9.00
Supervision Supported classroom training	78.00	18.00	16.00
Supervision provided me regular feedback about my job performance	72.00	20.00	5.00
Mentoring Questions			
Mentoring provided enough shadowing opportunities to orient me to the job	65.00	25.00	10.00
Mentors gave me useful performance feedback	70.00	25.00	5.00
Mentoring prepared me to do my job	64.00	30.00	6.00
Shadowing Experiences/On –the Job Training			
Shadowing activities were sequenced well to help orient me to the job	62.00	27.00	13.00
Shadowing helped me learn my job more effectively	78.00	17%	5.00
Shadowing experienced workers helped prepare me to do my job competently	70.00	12.00	8.00

Within each element assessed on the survey there is an opened ended questioned asking participants for feedback focused on improving that element. Themes surfaced in each. Themes in training focused more on a more interactive instructional design and timing of training. Recommendations to improve mentoring revolved around assigning an experienced mentor in both investigation and treatment. Shadowing a variety of workers was recommended and lining up shadowing in advance. Comments regarding supervision included supporting classroom training, being more hands on, and offering more specific feedback. Group supervision was also recommended in addition to one-on-one supervision.

In-service training in FY2015 consisted of SOP modules trained. Percentage rates of staff attendance varied from 100% to 66% with a mean attendance rate of 71%. (See Attachment DFS SOP Module Training FY2015)

There are limitations involved in data collection and analysis. The data are purely descriptive. Data quality is determinant upon the accuracy of registration and attendance

records, the timeliness of data entry, and the accuracy of manual data input. Also to be considered is administration procedures, survey questions design and the nature of self-reporting.

Outcomes and Measures

Indicators that training outcomes are met include: 1) Ongoing curriculum reviews to ensure training maintains focus on the outcomes of safety, permanency, and well-being and the knowledge and skills pertaining to the OM practice framework; 2) Caseworkers who can demonstrate understanding and an emerging ability with OM practices and tools as observed in training, indicated by self-reports, and supervisor and mentor feedback during training; 3) Providers are being trained along with DFS staff as indicated by attendance records and trainers reports; 4) Reported employee satisfaction on training surveys, and retention of casework staff as reported by DFS leadership; and CPD participation is reflected in workgroups and in senior leadership meetings.

Barriers and Challenges

Implementing a large number of trainings statewide with a limited number of training staff dedicated to DFS proves to be a challenge. Limited access to free training space that can accommodate over twenty participants is an ongoing challenge. Additionally delivering training often at other sites creates a challenging regarding the use of technology embedded in training curriculum. An overreliance of traditional classroom training can be a barrier to getting learners the information and knowledge they need when they need it.

Supervisors are learning the practices along with workers. Consequently, their workers do not have the advantage of supervision from the point of experience using new practices.

Priorities for Coming Year

With a new learning management system going live in July 2015, CPD is planning to create online module training as a refresher and a just-in-time training resource using web based services and other training technology that can be used on smartphones, tablets and iPads. CPD can support the coaching efforts of supervisors and workers using effective applications technology.

The implementation of learning circles for supervisors, the launch of which is to be determined by DFS is another opportunity for ongoing professional development; critical thinking, coaching and solutions focused interaction and support for supervisors. When DFS moves ahead with a coaching structure and supervisory learning circles CPD will be involved in the launch of learning circles and the continued support of coaching with a focus on assisting DFS and DSCYF on sustaining movement in the implementation and utilization of all the Outcomes Matter practices, while assuring fidelity.

Technical Assistance, Capacity Building, Infrastructure Support

Implementation supports described in the 2015-2019 CFSP remain active. References in Section III Update on Progress Made to Improve Outcomes include training, coaching and technical assistance for Safety-Organized Practice and Structured Decision Making® from Children's Research Center. In the coming months, DFS will expand its differential response from an internal pilot of 2 teen investigation units in New Castle County to all investigation units serving all ages for targeted typologies. This expansion is supported by Robert Sawyer, national consultant on differential response. Implementing a new automated data system and a continuous quality improvement system are distinct system objectives included in the CFSP. These system improvements strengthen the foundation for data informed practice changes, targeting areas needed improvements. Databases are in development for foster care psychotropic medication, academic performance and behavioral health tracking (TOP). Partnerships with Annie E. Casey Foundation, Tufts University and Outcome Referrals, Inc. build capacity to serve children in least restrictive, community-based settings through data informed policy decisions. See Section XIV Training Plan for updates on staff training.

VII. Consultation and Coordination Between States and Tribes

DFS' CFSP Coordinator established a relationship with Nanticoke Chief William Daisey in the past year. There were three in person meetings that accomplished three objectives. First, there was an agreement for the Chief to review and advise the agency on the CFSP from the Nanticoke's perspective. Second, contacts were re-established for assisting the agency with foster home recruitment and support should an Indian child enter state custody. Finally, there was agreement to allow foster parent recruiting at tribal membership meeting and at the annual Pow Wow event that attracts 35,000 visitors. The agency attended a tribal general membership meeting May 5, 2015 to promote and recruit foster parenting. Meetings with Chief Daisey and the CFSP Coordinator occurred 10-28-14, 12-9-14 and 3-17-15. The Chief was also interviewed by federal representatives as a CFSR Stakeholder 5-12-15. Chief Daisey is committed to be a CFSP community partner. He reviewed and approved the CFSP, 2016 version, and draft via correspondence dated 5-11-15.

VIII. Monthly Caseworker Visit Formula Grants

Delaware's automated case management system supports monitoring and reporting of case worker contacts per ACYF-CB-PI 12-01. Adjustments to the reportable population were made to comply with FFY2012 changes to report the total number of visits that would occur if each child were visited once every month while in care and visits occurring in the child's residence. PI 12-01 also set a 95% standard for monthly caseworker contacts effective FFY2015. For FFY2014, Delaware's performance for Measure 1: Percent of Visits Made Monthly is 94.49%. For Measure 2: Percent of Visits in the Child's Residence is 80.56%. Supporting these scores, Delaware has policy on foster child visits cited in Placement Chapter, Section G of the DFS User Manual which states that children in out of home placements must be visited monthly. In January 2008, a standardized reporting format was issued for foster care contacts for these factors: time, location, purpose, issued discussed, participants, safety and next steps. This format was distributed to DFS case workers and purchased care agencies. In January, 2009,

FACTS was modified to include a specific monthly foster care contact event. This event allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. This FACTS modification also allows the supervisor to track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. Caseworker visit grant funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

Delaware will report foster care contacts for FFY2015 by December 15, 2015.

IX. Adoption and Legal Guardianship Incentive Payments

DSCYF did not receive adoption and guardianship incentive payments in FFY 2014.

X. Child Welfare Waiver Demonstration Activities

Delaware does not have a child welfare waiver demonstration project or activities to report.

XI. Quality Assurance System

DE completed a modification of the investigation QA instrument in January 2014. Primary focus has been on the changing practice model in DE, with the adoption of SDM assessment tools, Safety Organized Practice and, family engagement processes. Quarterly reports have been built to inform regional office and program managers of progress toward integrating engagement strategies into documented case management activities. DE sampled 177 investigation cases during CY14 and, has no plans to change the sampling population, at this time. Similar changes are planned for the treatment/permanency QA instruments, with a goal of a fall 2015 rollout.

DE is participating in the CFSR Round 3 processes during 2015. Consideration of adopting the CFSR On Site Review Instrument will be made following the CFSR review and, any discussions regarding a Program Improvement Plan, if needed.

XII. Child Abuse Prevention and Treatment Act State Plan Requirements and Update

Requirements and Updates

1. Requirement: Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA).

   Progress Report: There have been no substantive changes to state law or regulations and none are proposed that will affect Delaware's CAPTA eligibility.

2. Requirement: Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

Progress Report: No significant changes are proposed to Delaware's approved CAPTA plan.

3. Requirement: Describe how CAPTA state grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2014 (section 108(e) of CAPTA).

   Progress Report: CAPTA funds supported the following program areas during FFY2015:

   - *CAPTA, Section 106.a.1. the intake, assessment, screening, and investigation of reports of child abuse or neglect*

     Two 0.50 FTE Institutional Abuse (IA) Investigators are funded that investigate statewide allegations of child abuse in licensed and State run child care facilities. (See Attachment: Institutional Abuse Statistics January 2014 – December 2014)

   - *CAPTA, Section 106.13.B.to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports*

     DFS contracts with A.I. DuPont Hospital for Children for the purpose of obtaining an expedited medical examination for the determination of child abuse or neglect. This contract also provides for the services of a social worker to manage DFS cases and assist DFS caseworkers. (See Attachment Two -A. I. DuPont Hospital for Children – Emergency Department, Division of Family Services, January – December 2014 Statistics)

     The remaining CAPTA funds supported travel for the State Liaison Officer (SLO) to attend the yearly SLO meeting and the National Conference on Differential Response in Seattle, Washington in November 2014.

4. Requirement: Submit a copy of the annual report(s) from the citizen review panels and a copy of the state agency's most recent response(s) to the panels and state and local child protective services agencies, as required by section 106(c)(6) of CAPTA.

   Progress Report: The Child Protection Accountability Commission (CPAC) serves as Delaware's Citizen Review Panel. CPAC's State Fiscal Year 2014 report is located online at http://courts.delaware.gov/forms/download.aspx?id=79638.

Delaware seeks to continue CAPTA funding for FFY2016. (See Attachment: CAPTA FFY 2016 State Budget Plan)

The State Liaison Officer and contact information:

Linda Shannon, Intake and Investigation Program Manager
1825 Faulkland Road, Wilmington DE 19805
Linda.Shannon@state.de.us
302-633-2663

XIII. Chafee Foster Care Independence Program

Consultation with Tribes

Members from the Nanticoke Tribe are invited to review Delaware's coordinated plan. The ILP is included in this review. The Program Support Administrator met with the Chief of the Nanticoke Tribe in the fall of 2014. An invitation to participate in coordinated planning and plan review was accepted. Chief Daisey agreed with the CFSP in response to the April 22, 2015 electronic review message.

Education and Training Voucher Program

Delaware has had the Davis Scholarship since 1989, but over the years, the infusion of the Educational and Training Voucher (ETV) program has enabled the scholarship funds to proliferate; accordingly the number of students served by the Davis Scholarship and ETV program has increased as well. Despite the increase in recipients, award amounts have been reduced due to decreased funding from the federal allocation. The state has recently sought to supplement the loss through an approved request of $25k. Because of Delaware's size, award decisions can be, and often are, tailor made to address the unique needs and living situations of the students. Efforts have been made to remove as many barriers as possible to ensure everyone who is eligible for these funds has access to them. These efforts include streamlining the application forms, on-line access to applications, one-on-one assistance with completion, and working with all applicants (even the struggling student) to achieve at least a certification; so at a minimum youth achieve a level of training that will allow them to earn a living wage.

CPRB staff continually educates the community regarding the scholarship and ETV resources. Additionally, CPRB maintains an ongoing commitment to educating youth at the Annual Youth Conference regarding the program and requirements. They will also continue their participation in the annual event entitled Destined for Greatness. Participation in this event helps to inform youth that have achieved various accomplishments including high school completion. This will help such youth understand the resources available to achieve their educational/vocational goals.

XIV. Updates to Targeted Plans within the 2015-2019 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

DFS hired a contracted statewide recruiter and continued initiatives started as a result of Annie E. Casey Foundation's 2012 assessment and recommendations supporting foster family caregiving. AECF's assessment revealed resource gaps for teens and recommended improved recruitment, development, and support for resource families for teens. DFS responded with an initiative to recruit for targeted populations of teens as well as children with special needs and sibling groups. The needs of these children and youth challenge the current available resources. The statewide recruitment plan maps specific messaging and activities to recruit specific target groups such as teachers, professional organizations and faith-based organizations to fill resource gaps for teens, sibling groups and special needs foster children. During calendar year 2014 DFS received 629 inquiries to foster, of those, 94 inquired about our targeted population. Of the 32 families approved in CY2014 only 8 were approved to foster our targeted population. As a result, DFS made the decision beginning January 2015 to only accept families who are willing to serve the targeted populations, all others inquiries are directed to private foster care agencies for approval. This decision will be reassessed half way thru CY2015. Another barrier that was identified in the approval process is the length of time for new foster parents from inquiry (attendance at first informational session) to approval. In some cases this process is as long as 6 months. Based on this information, all parties involved with this process convened in April 2015 to review and evaluate the approval process to identify the areas needing improvement to improve the efficiency of this process. The group developed a single point of response to inquiries, streamlined the application requirements and reviewed the training schedule to allow easier access to pre-service training. The workgroup planned to conclude its efforts to be more efficient in approving foster families at in the coming months with new process beginning July 2015. Delaware over the last several years have been consistent with matching the racial diversity of children in care with foster families. Recruiters have gone to many faith based organizations with diverse congregations and those who do not. We have developed many relationships with diverse faith based organizations; some examples are Bethel A.M.E Church, Perfecting Holiness Ministries, Church of Jesus Christ of the Latter Day Saints, St. Paul United A.M.E Church, Limestone Presbyterian Church, Sussex County Bible Church, Mt. Olive Brethren Church, St. David's Church and Morning Star Institutional Church. These faith based organizations are throughout the state. Many have long standing affiliation with the Mid- Atlantic Orphan Care Coalition's (MAOCC) 50 Churches/50 Children Initiative and the Lt. Governor's Faith, Family, and Foster Care Initiative. Our plan is to continue to reach out to as many faith based institution as possible to maintain our achievement in having families that meet the diverse needs of children who enter care. (See Attachment: Recruitment Plan)

Health Care Oversight and Coordination Plan

There are no changes to Delaware's Health Care Services Plan dated October 2010. Health of foster children is administered by Medicaid Managed Care Organizations (MCO) and a network of primary care providers. The Office of Evidence Based Practice has contracted with a licensed pharmacist to review psychotropic medication concerns

and contribute to system oversight. See Section III Objective: Assess and monitor foster children's health and mental health needs, for progress reports on activities to monitor psychotropic medications. The Coordinated Plan is due for review considering the issuance of new MCO contracts by DMMA.

Medical professionals are consulted and involved in assessing the health and well-being of foster children. The Children's Advocacy Center, A.I. du Pont Hospital for Children, Christiana Care, Nanticoke Hospital, Kent General Hospital, Beebe Medical Center, Division of Public Health, Division of Child Mental Health Services, school-based Wellness Centers and private medical practitioners provide a network of medical, dental and mental health care for foster children. Per policy, medical examinations are required when investigating physical abuse, sexual abuse and physical neglect for any child under the age of eight. Policy provides guidance for examinations for older children based on criteria. High risk infants must be reviewed per protocol prior to discharge from hospitals. Children entering foster care must have a physical examination prior to entering care or within two weeks of entering care. The Division of Child Mental Health Services coordinates higher levels of care for foster children. A pediatrician, specializing in abuse and neglect, is a member of the Child Protection Accountability Commission. Delaware is reviewing current coordination of medical, dental and mental health services for foster children at the child and agency level per Fostering Connections Act requirements.

Disaster Plan

Delaware was not affected by a disaster requiring activation of the Plan. On October 9, 2014, DFS' Deputy Director, Program Manager for Intake and Investigation, and the Executive Assistant to the Director joined with other DSCYF staff to participate in the 10th annual Department of Technology and Information Cybersecurity exercise entitled Maximum Mayhem. Fifteen State agencies participated in the exercise that centered on a multi-day heatwave event coupled with power outages and cyber security issues. Participants had to decide how DSCYF would respond to emergency situations based on our emergency plans and protocols. The exercise facilitator asked questions during the process and periodically introduced new information that required action. The DSCYF crew made phone calls to other state agencies to inform them of the Department's actions and to obtain information needed to act. The other agencies also contacted DSCYF when needed. The after-action report is available upon request. As part of the overall Continuity of Operations Plan (COOP) for DSCYF, the Division's COOP was updated jointly with staff from the Delaware Department of Technology and Information (DTI). The lengthy revisions process began during the latter part of 2014 and concluded with an updated COOP in March 2015. Changes included updated staff and contractor information. The DFS Emergency Procedures Plan was updated in May 2015 and is available upon request.

Training Plan

The following is an update to the staff development and training plans which support of the goals and objectives of the 2015-2019 CFSP. Technical assistance activities planned to be undertaken in support of the goals and objectives are described therein. At this

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

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

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

1. Maintaining a digital library of training curriculum: This activity is ongoing. Training staff are compiling digital media including research articles, PowerPoints, whitepapers, infographics, and video in support of the core child welfare content areas that are trained. This media will be accessible to staff in as it is loaded onto a digital library in a new learning management system (LMS) Cornerstone ONDEMAND. This LMS is being installed with a go-live date July 2015. DFS trainers and support staff are being trained to use the new LMS through OMB. Training began in October, 2014 and January 2015. Additional training is pending.
2. Formal curriculum review bi-annually or as needed: Guidelines for curriculum reviews were established in 2012. An initial review of DFS training curriculum was completed in December of 2012. A workgroup composed of DFS trainers and two CPD training administrators began meeting in December 2014 for a scheduled review. Three workgroup meetings have occurred in 2015, a timeline for implementation of a revised new worker curriculum is set for October 2015.
3. Update instructional practices, videos and training aides are an element of above mentioned revision.
4. Update on potential content changes at training monthly staff meetings: This is ongoing. A training administrator attends monthly DFS Strategic Leadership meetings, quarterly All Management Meetings, and as available investigation/treatment workgroups to gather information that indicates a need to update training content.

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

1. Develop the annual training calendar in October for the next calendar year: Completed November 2014.
2. Secure training spaces for next calendar year in October: Completed November 204.
3. Continue to provide pre-service training in monthly cohorts: Ongoing
4. Provide training to contracted providers, sister divisions in blended classrooms along with DFS staff: Ongoing.

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

Activities Updates:

1. Train existing and new mentors using the SOP mentor training curricula: Planned for Fall 2015.
2. Survey mentors to determine if they are assigned to new workers and actively mentoring.
3. Participate on the DFS workgroup focused on developing a coaching program: CPD staff will participate when DFS moves forward with the development of a coaching structure. To be determined.
4. Assist in the launch of a coaches learning circle and participate as a member: To be determined. CPD staff will participate when DFS moves forward with planning the development of a supervisor learning circle structure.

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

Activities Updates:

1. Conduct assessments and determine training needs on an annual basis. Ongoing through curriculum review process, and survey data.
2. Provide training to contracted providers, sister divisions in blended classrooms along with DFS staff: Ongoing through pre-service and in-service training.
3. Solicit peer coaches and or SOP mod trainers to provide training as subject matter experts and contingent faculty: Targeted for Fall 2015.
4. Maintain a seat on the Child Protection Accountability Commission Training Sub-committee: Ongoing. One CPD Training Administrator is a member of the committee.

Goal: Enhance supervisory capacity to implement the practice model.

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

Activities: Planning for September 2015

1. Obtain information, technical assistance and support from CRC and other jurisdictions with an established coaching program:
2. Update the Transfer of Learning Manual to include coaching questions and tips for core training: In progress. This is a part of the aforementioned curriculum review process referenced.
3. Find coaching resources and or develop coaching training aids to share with supervisors: Ongoing. These resources are being obtained and stored until the new LMS is operational and the resources can be moved to the Library element of the software.

4. Serve in a consultancy role to supervisors: Ongoing. Supervisors have access to trainers via email, office time or phone. CPD trainers contact supervisors if there is a worry about a worker's understanding, ability to apply concepts and critical thinking or a worker's attitude and behavior in training.

Strategy: Assist DFS in the establishment of supervisor learning circles to support supervisors with their role of agents for practice change, to effectively supervise OM practices, enhance their overall supervisory skills and to support their own professional development.
Activities Update: Postponed until DFS leadership begins planning and initiates activity on this.

1. Obtain information, technical assistance and support from CRC and other jurisdictions with an established supervisor learning circles.
2. Train supervisors to facilitate learning circles.
3. Participate in supervisor learning circles as appropriate.
4. Serve in a consultancy role to supervisors.

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

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

Strategy: Develop a survey for supervisors to collect both quantitative data and qualitative data, with the focus of the inquiry on their experiences in training, their training needs as supervisors, their perception of the training system overall for their workers, what is working well and what they see as opportunities for improvement.
Strategy: Determine ways to utilize existing IT infrastructure to support evaluation and outcome measurement of training.
Activities: Planned for after launch of new Cornerstone LMS

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

Strategy: Share training data and metrics with DFS leadership, managers and supervisors to collaborate with them in making decisions on staff competencies to strengthen, training outcomes to improve and how to promote continuous quality improvement.
Activities: Planned for July SLT 2015

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

Goal: Resource allocations

Strategy: Locate and secure dedicated training space based on projected need to accommodate varying number of registrants, including our partners in service provision.
Activities Updated: Completed May 2015

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

Strategy: Upgrade the existing LMS to meet an expanded need to collect additional data. Targeted to begin when the new LMS is operational as of July 2015.
Strategy: Effectively utilize existing technology to support online/ web-based training, distance learning and other innovative approaches to training delivery.
Activities Updates: Ongoing

1. Identify existing online training that support the training goals for DFS. CPD has identified web-based training on SOP through UC-Davis and communicated this to assistant regional administrators for review and distribution to supervisors and staff as appropriate.
2. Using existing software to develop online training for DFS casework and supervisory staff: CPD purchased a license for Activate software in the first quarter of 2015 for the purpose of developing online training. Determining what training is suitable for online is part of the curriculum review process. Training on using the software is the next step in planning for fall in this process once the review has been completed. A target date is September, 2015.
3. Seek additional resources and training in educational technology from DOE and elsewhere. This is targeted following the installation of the new LMS tentatively planned for July 1, 2015.

XV. Statistical and Supporting Information

CAPTA Annual State Data Report Items

Information on Child Protective Service Workforce

The following information describes hiring, training and turnover for CY2014. For the Division of Family Services, three caseworker positions are in the progressive career ladder:

- Family Service Specialist (FSS) PG 10
- Senior Family Service Specialist (SFSS) PG 11
- Master Family Service Specialist (MFSS) PG 13

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:

Applicants for Family Service Specialist (FSS) must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in Behavioral or Social Science or related field
- Knowledge of health or human services work such as 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
- Knowledge of interviewing to obtain facts, explore issues and identify courses of action
- Knowledge of case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Possession of a driver's license

For the purpose of retaining and attracting experienced investigation and treatment workers in the Division of Family Services, the Division may competitively recruit for Family Crisis Therapists (FCT), Pay Grade 15, internally in their investigation and treatment units. Current Division employees who successfully apply for these positions shall have their position reclassified to FCT. While this is a competitive process with no guarantee of promotion, the worker that applies is not competing against outside agencies or the general public. Applicants for FCT must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in Behavioral or Social Science or related field
- Three years of experience in case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Three years of experience in crisis intervention
- Three years of experience in making recommendations as part of a client's service plan such as clinical treatment, counseling, or determining eligibility for health or human services/benefits
- Six months experience in health or human services work such as 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 such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention or rehabilitation
- Three years of experience in interpreting laws, rules, regulations, standards,

policies, and procedures
- Six months experience in narrative report writing
- Possession of a valid Driver's License (not suspended, revoked or cancelled, or disqualified from driving)

The division also has Casual Seasonal (C/S) Family Support Specialist positions that are typically hired at the lowest level, however in certain areas (Report Line) the casual seasonal positions are Senior Family Support Specialist. 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, 31% Black, 1% American Indian and 65% White
- 3% Hispanic
- Salaries range from $31,940 to $53,577 across all positions
- Supervisor to worker ration standards are 1:5

Caseload standards for fully functioning workers are:
- 11 investigation cases
- 18 treatment cases

Caseload reports as of April 30, 2015 state investigation caseloads average 15.6 and treatment caseloads average 16.4 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 (case managers and supervisors) are: 1 voluntary demotion, 13 competitive promotions and 41 career ladder

promotions, 7 retirements, 2 dismissals, 16 voluntary resignations and 13 transfers w/in State for CY2014. There were 93 staff changes during the year including resignations (19%), retirements (8%), dismissals (.02%) and demotions/promotions (59%) and transfers (14%).

Juvenile Justice Transfers

Fifty-one youth in cases open with DFS were transferred into the custody of the Division of Youth Rehabilitative Services between April 1, 2014 and March 31, 2015. These youth were in investigation and treatment caseloads when their commitment to the juvenile justice system's levels 3, 4 and 5 began.

Sources of Data on Child Maltreatment Deaths

Child maltreatment fatalities reported to NCANDS are derived from substantiated investigations resulting in findings of death neglect or death abuse**.**

The state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS because these agencies do not interface with Delaware's SACWIS (FACTS) nor determine deaths as a result of abuse or neglect in the same manner as the Division. CDNDSC is the state entity responsible for compiling child maltreatment fatality data from all the sources listed above. One specific statewide Child Abuse and Neglect (CAN) Panel meets monthly to review child maltreatment fatalities.

Legislation established Delaware's Child Death Review Commission process on July 19, 1995. The statute was amended in 2002 and again in 2004 and its name was changed to the Child Death, Near Death, and Stillbirth Commission. CDNDSC now has the authority to create up to three regional child death review panels and three regional Fetal and Infant Mortality Review (FIMR) teams to conduct reviews of all child deaths, near deaths due to abuse/neglect and stillbirths (after 20 weeks gestation). The CDNDSC Calendar Year 2013 can be found at http://courts.delaware.gov/childdeath/docs/AnnualReport2013.pdf. The CDNDSC Calendar Year 2014 Annual Report will be released by fall 2015. During the Fiscal Year 2014, the CAN Panel reviewed 26 initial reviews of child abuse/neglect death and near death cases. In addition, 2 CAPTA reports were finalized.

All CAPTA reports are available on the CDNDSC website. The current CAPTA reports meet the required public disclosure requirements including the services provided information. The policy that governs this process can be located at http://courts.delaware.gov/childdeath/members.htm.

Education and Training Vouchers

The DFS maintained the Memorandum of Understanding with the CPRB to administer the ETV Program. The MOU outlines the responsibilities and

assurances of DFS and CPRB. The contracted IL providers assisted youth in accessing and effectively utilizing ETV funds.

Information regarding ETV and scholarship programs was distributed to case managers, youth, foster parents, school guidance counselors and others who work with youth. The CPRB also maintains a website that provides information regarding ETV and allows for online application access. Future plans to allow for online application submission are underway.

Six percent of former foster youth reported as receiving IL services completed post-secondary education and training programs; 30% were enrolled in post-secondary education and training programs. Fifty six young adults received ETV funds during school year 2013-2014 and 34 were new applicants. For the 2014-2015 school year, it is estimated 37 young adults will receive funding and 22 are new applicants. (See Attachment: ETV Chart)

Inter-Country Adoptions

Delaware reports no children adopted from other countries entered state custody during FFY2014.

Monthly Caseworker Visit Data

DFS will submit monthly caseworker visit data for FFY 2015 per Section 424(f) of the Social Security Act by December 15, 2015.

XVI. Financial Information

Payment Limitations – Title IV-B, subpart 1

The state affirms less than 10% of title IV-B, subpart 1 federal funds are expended for administrative costs.

Delaware had no expenditures of FFY2005 Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments and child day care. Non–federal matching funds for FFY2005 Title IV-B, subpart 1, spent on foster care maintenance payments total zero. For FFY2016, Delaware will not spend Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments or child day care. Non-federal matching funds for FFY2016 are not expended for foster care maintenance payments, adoption assistance payments or child day care.

Payment Limitations – Title IV-B, subpart 2

At least 20% of the allocation will be spent within the four categories of PSSF as follows:

Percentage of federal funds by program area (see CFS101s for detail):

- Family Preservation 20%
- Family Support 31%
- Intensive Reunification 24%
- Adoption 23%
- Administration 2%

For FFY13, expenditures for matching Title IV-B, subpart 2 funds totaled $298,233 state funding; this exceeds the 1992 base year amount of $155,126.

The state affirms less than 10% of federal funds under title IV-B, subpart 2 are expended for administrative costs.

FY 2015 Funding – Revised CFS-101 Budget Request
(See Attachment: CFS-101 FY15 Revision)

FY 2016 Budget Request – CFS-101, Parts I and II
(See Attachments: CFS-101 FY16)

FY 2013 Title IV-B Expenditure Report – CFS-101, Part III
(See Attachment: CFS-101 FY16)

Financial Status Reports Standard Form (SF) 425
Delaware will submit 425 Forms per reporting requirements for Title IV-B, subparts 1 and 2, CAPTA, CFCIP and ETV.

Certifications and Assurances
Delaware has no updated certificates to re-submit for the 2015-2019 CFSP or CAPTA state plan.

XVII. Attachments

- 2015-2019 Strategic Plan, Version 2016
- Delaware – CFSR Round 3 Data Profile – May 26, 2015
- DFS SOP Module FY 2015
- CFF FAIR Stats 2015
- Foster Care Recruitment Plan
- OP Participant Enrollment and OP Program MOU rev. 11.14
- Youth Involvement in Court Brochure
- Transitions Handbook Draft
- CPAC Education Committee Data Workgroup Meeting Minutes
- DFS New Worker Curriculum Core Revision Timeline

- DFS Curriculum Chart 2015
- DFS Core Curriculum Review Matrix 2014-2015
- IV-B I Budget Summary
- FY 2014 Stat Facts
- IV-B II Budget Summary
- CIP Key Performance Measures Report
- Staff Training Chart 2015
- Institutional Abuse Statistics January – December 2014
- A.I. DuPont Hospital for Children Emergency Department, Division of Family Services January – December 2014 Statistics
- CAPTA FFY 2016 State Budget Plan
- ETV Chart
- FY 2015 CFS 101
- FY 2016 CFS – 101 Parts I and II
- FY 2013 IV-B Expenditure Report – CFS 101, Part III