

State of Delaware



2015-2019 FINAL PROGRESS AND SERVICES REPORT

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

**1825 FAULKLAND ROAD
WILMINGTON, DE 19805**

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2019 Annual Progress and Services Report

I. General Information and Collaboration

This is the fifth and final annual report for Delaware's 2015-2019 Child and Family Services Plan (CFSP) approved November 17, 2014. The Division of Family Services (DFS) of the Department of Services for Children, Youth and Their Families (DSCYF) is the child welfare agency for Delaware (DE) and the primary author of this annual progress report.

As a continuous quality improvement activity, DFS held an annual stakeholder meeting March 27, 2019 to present program accomplishments and priorities, review performance measures and gather stakeholder input to inform strategic planning. One hundred nine stakeholders were invited, sixty stakeholders attended representing community service agencies, advocates, Family Court, Administration for Children and Families (ACF) Region III, foster parents, caseworkers and Chief of the Nanticoke Indian Association. The Division of Prevention and Behavioral Health Services (DPBHS) and the Division of Youth Rehabilitative Services (DYRBS) were represented. Family Service regional administrators and state office program managers were in attendance. The DFS Director and Deputy Director also participated. The agenda included a review of agency priorities and updates, the agency's mission and vision, guiding principles, contextual data, population statistics and performance measures. The group provided input on child welfare strengths and areas of concern. Comments and suggested edits to the 2020-2024 CFSP were accepted until April 23, 2019.

Delaware sent a team to two federally sponsored planning conferences focused on collaborative planning between federal grantees for Community-Based Child Abuse Prevention, Court Improvement Program and child welfare. Delaware's three grantees agreed at the first August 2018 meeting to align our plans using common goals. Anticipating actions needed to draft a new Child and Family Services Plan for the 2020-2024 cycle, these grantees formed a CFSP Steering Committee to guide the self-assessment phase of the new strategic plan. The Steering Committee formed in December 2018 and met monthly through April 2019. Three workgroups were organized under that group: system data, focus groups and stakeholder surveys. Findings from those activities are referenced in Section II, Update of Assessment of Performance. The second collaborative team planning convening occurred April 2018 in Washington, DC. The state team used that time to explore implications for improving child welfare, especially in light of Family First Prevention Services Act opportunities for federal funding for prevention and quality legal representation.

During this reporting period, Delaware completed a Child and Family Services Review (CFSR) Program Improvement Plan (PIP). ACF approved the PIP May 3, 2017 with an effective date of April 1, 2017. The two year implementation period ended March 30, 2019 and a final report on activities was submitted April 27, 2019. The plan contained 65 activities under 20 strategies to address these areas needing improvement:

- Priority 3 (10 day) investigation timeliness
- Assessing safety in treatment cases
- Establishing and working towards timely permanency goals

- Foster parent recruitment targeting sibling groups
- Consistent notice of hearings to caregivers
- Children’s physical and dental health services and documentation
- Quality assurance case review system
- Child welfare supervisor training
- Private agency foster parent training
- Service array
- Family engagement in assessment, planning and placement activities; targeting intact families and fathers

Delaware continues to measure case review results for another 12 months to achieve improvement goals for 6 of 8 remaining items. DFS aligns the CFSR Program Improvement Plan accomplishments with the CFSP.

In preparing the Annual Progress and Services Report (APSR), DFS shares writing and editorial input with over 20 agency and community partners. Internal contributors for the APSR include representatives from DFS, DYRS, DPBHS, Division of Management and Support Services (DMMS) Interstate Compact Unit and Center for Professional Development, and Office of Child Care Licensing (OCCL). External contributors are Court Improvement Program (CIP), Court Appointed Special Advocate Program (CASA), Office of the Child Advocate (OCA), Children’s Advocacy Center (CAC), Prevent Child Abuse DE (PCAD) and Division of Public Health (DPH). Section III., Update on Progress Made to Improve Outcomes and Section V., Statewide Community Partner Updates document collaborations and shared activities to implement the CFSP.

DFS proposes these priorities for the coming year:

- Continue CFSR PIP measurement reporting for two 6-month reporting periods or until goals are met.
- Form and implement a new five-year strategic Child and Family Services Plan.
- Implement applicable provisions of the Family First Prevention Services Act.
- Use continuous quality improvement protocols for general and selected child welfare improvements.
- 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.
- Enhance and tone the automated case management system FOCUS.
- Promote Trauma Informed Care through DSCYF training and communications.
- Continue provisions and operations for Plans of Safe Care for substance-exposed infants.
- Continue collaboration with community partners in developing, implementing and monitoring goals and activities of the CFSP through quarterly Child Protection Accountability Commission (CPAC) meetings, CPAC committee meetings and the CFSP annual stakeholder meeting. Family Court, private foster care providers and health care representatives are involved in CFSP activity implementation and monitoring.

Delaware's Annual Progress and Services Report, Child and Family Services Plans and Child and Family Services Review are accessible at this web address:

http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml Annual Reports are posted upon ACF approval. State contact is Keith Zirkle, Division of Family Services, 1825 Faulkland Road, Wilmington DE 19805; 302.633.2709; james.zirkle@state.de.us

II. Update of Assessment of Performance

Context Statistics

Delaware's child welfare scope of service and achievement of outcomes correlates to the population served. For context here are some statistics describing the current population. DFS received 20,528 reports of abuse, neglect and dependency referrals in FY2018 and, screened-in 8,646 or 42% of those reports. Compared to FY2017, the number of reports received increased by .68%, while the number screened-in increased by .2%. Of all cases investigated 911 or 21% were substantiated, a decrease of 22% in the number of cases substantiated in FY2017. In FY2018, a total of 2,332 families and children received treatment services compared to 2,541 in FY2017, a decrease of 8.2%. The average monthly placement (DFS out-of-home care) population in FY2018 was 759, a decrease of 2% from the FY2017 average of 775. Three hundred eighty (380) children entered initial DFS placements and 416 children exited placement in FY2018. There were 1144 children who spent at least one day in foster care during FY2018. This was a 3% decrease from the 1176 children in who spent at least one day in foster care during FY2017. In reviewing placement stability within the first 100 days, 29% fewer foster children 12 and younger had 2 or more placement moves in SFY2018 than SFY2017 (106 to 75). For children 13 and older, 8% had 2 or more placement moves in SFY2018 than SFY2017 (52-48). At the end of the fiscal year, there were 686 children in DFS out-of-home care, a decrease of 2% from 703 children in care at the end of FY2017. In FY2018, 116 children for whom the Division held parental rights were adopted and 50% of these adoptions were within 24 months of entry into care. At the end of FY2018, the Office of Child Care Licensing's total count of licensed facilities in Delaware was 1,161. These facilities have the capacity to serve 50,061 children. The Criminal History Unit completed 13,205 criminal history record checks and 65,698 Child Protection Registry checks, resulting in the disclosure of 4,837 arrest reports. The unit also requested 56 out-of-state child abuse and neglect checks under the Adam Walsh Child Protection and Safety Act of 2006.

As of March 31, 2019, investigation caseload average for fully functioning caseworkers is 18.7 and treatment average caseload for fully functioning caseworkers is 17.

National Standards

Delaware uses federal syntax for safety and permanency measures defined by CFSR Round 2 national data profiles.

Safety

<i>National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.</i>						
	FFY2013	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018
	96.9%	97.9%	98.5%	97.5%	96.38%	96.67%
<i>National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.</i>						
	FFY2013	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018
	99.57%	100%	100%	100%	99.31%	99.53%

Permanency

<i>National Standards</i>						
	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Reunification within 12 months from the most recent removal from home. Goal is 75.2% or higher.	68.2%	58.9%	64.4%	62.0%	69.2%	60.4%
Re-entries to foster care in less than 12 months. Goal is 9.9% or lower.	6.8%	6.5%	12.1%	15.7%	17.5%	19.7%
Of those children in care less than 12 months - % with 2 placements or less. Goal is 86% or higher.	83.3%	85.9%	85.1%	83.1%	79.5%	85.1%
Of those children in care for 12 but less than 24 months - % with 2 placements or less. Goal is 65.4% or higher.	61.3%	65.9%	61.8%	64.7%	61.4%	51.2%
Of those children in care 24 or more months - % with 2 placements or less. Goal is 41.8% or higher.	33.6%	32.4%	31.3%	33.8%	31.3%	32.6%
Adoption within 24 months from the most recent removal from	43.2%	33.3%	38.0%	40.9%	54.1%	39.7%

<i>National Standards</i>						
	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
home. Goal is 36.6% or higher.						
Children Emancipated Who Were in Foster Care for 3 Years or More. The goal is 37.5% or lower.	30.8%	43.8%	41.8%	31.4%	39.4%	23.1%

New national standards (CFSR Round 3) use Risk Standardized Performance (RSP) scoring and 95% confidence intervals for 7 safety and permanency measures. State scores fall within three interval categories: 1) better than, 2) no different than, and 3) worse than national performance. Here are Delaware's scores per measure as of the January 2019 report. Data sources are submissions of Adoption and Foster Care Analysis and Reporting System, (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) files through December 2018.

CFSR Round 3 Measure and Data Standard	RSP Interval and Data Period	Performance Category
Permanency in 12 months (entries) - 42.7%	30.5 (26.1%-35.4%) 10-1-14 to 9-30-17	Worse than national performance
Permanency in 12 months (12-23 mons) - 45.9%	48.2% (41.9%-54.6%) 10-1-16 to 9-30-17	No different than national performance
Permanency in 12 months (24+ mons) - 31.8%	33.2% (27.3%-39.5%) 10-1-16 to 9-30-17	No different than national performance
Re-entry to foster care - 8.1%	5.6% (2.9%-10.4%) 10-1-14 to 9-30-17	No different than national performance
Placement stability (moves/1,000 days in care) - 4.44	4.32 (3.83-4.88) 10-1-17 to 9-30-18	No different than national performance
Maltreatment in care (victimizations/100,000 days in care) - 9.67	4.92 (2.79-8.66) 10-1-15 to 9-30-16	Better than national performance
Recurrence of maltreatment - 9.5%	4.9% (3.9%-6.2%) FY16-17	Better than national performance

The third round of the Child and Family Services Review improvement plan implementation phase ended March 30, 2019. To review, 86 case reviews were conducted in four regional sites between April and July 2015. Over 20 group stakeholder interviews occurred May 11-20, 2015. The Program Improvement Plan was approved effective April 1, 2017. The following is a summary of the findings; see the CFSR Final Report for details:

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/SearchForm

Delaware identified these areas needing improvement:

Case related:

- Priority 3 investigation timeliness
- Assessing safety consistently in treatment cases
- Establishing and working towards timely permanency goals
- Foster parent recruitment targeting sibling groups
- Consistent notice of hearings to caregivers
- Improving children’s physical and dental health services and documentation

System related:

- Reforming quality assurance (QA) case review system
- Designing and implementing child welfare supervisor training
- Consistent private agency foster parent training
- Improving service array
- Strengthening family engagement in assessment, planning and placement activities; targeting intact families and fathers

The Program Improvement Plan had 20 strategies with activities to make improvements to these case and system related areas needing improvement. Using the federal On-Site Review Instrument (OSRI) as the agency’s case review tool takes advantage of the automated report features of the Online Monitoring System (OMS) to measure progress towards goals established in CFSR PIP Part II: Measurement Plan. Delaware restarted case reviews April 2018 after early challenges to complete timely reviews with fidelity. Delaware has completed the first round of 90 case reviews assigned April-September 2018.

This is a summary table of the items using OSRI findings as the measurement tool, established baseline performance, improvement goal and performance:

OSRI Items	Baseline	Improvement Goal	Results of April-Sept 2018 Case Reviews
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	81.08%	89.3%	71.43%
Item 3: Risk and safety assessment and management	90.70%	94.7%	84.44%
Item 5: Permanency goal for child	74.50%	82.3%	81.48%
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA	82.69%	89.4%	83.33%
Item 12: Needs and service of child, parents, and foster parents	73.26%	79.40%	78.89%
Item 13: Child and family involvement in case planning	74.70%	80.8%	83.53%

Item 14: Caseworker visits with child	86.05%	90.8%	81.11%
Item 15: Caseworker visits with parents	68.06%	75.1%	76.06%

DE's quality assurance investigation case review data for CY2018 reports on these safety assessment measures and a combined safety assessment score. (N=114, January-December 2018, statewide assignments)

QA Investigation Case Review Detail	% of Reviewers Agreeing
SA1. Was the Safety Assessment completed on the appropriate household(s)?	88.8%
SA2. Was safety assessed for all children in the household?	93.5%
SA3. If "No" to Question SA2, was the reason documented?	28.5%
SA4. Were all safety threats identified for each child?	88.5%
SA5. Were the identified protective capacities documented during the contact(s) with the family?	88.1%
SA6. Were the indicated safety interventions appropriate for the identified threats?	94.4%
SA7. Is the final safety finding correct/appropriate?	94.4%
SA8. Was a Child Safety Agreement completed according to policy?	76.6%
SA9. If a Child Safety Agreement was completed, did it address the threats adequately?	90.3%
Combined Score for Safety Assessment	88.7%

Kids Count[®] ranks Delaware 27th in the nation for overall child well-being in 2018 and 25th for family and community. One overall measure of the state's child welfare health is the rate of child abuse victims per 1,000 and Delaware has improved from a high of 11.7 per 1,000 in 2012 to 7.2 per 1,000 in 2017. This is the lowest rate since 2004.

These performance measures present a varied picture of the agency's efforts to ensure safety, permanency and well-being for children and families served. Delaware's national data profile measures continue to comply with established standards for safety. Delaware's reunification rate has slowed compared to FFY2015-17. There is a marked increase in the companion measure, re-entry to foster care, for FFY2018, exceeding the national standard by nearly 10%. Foster child placement stability has increased from FFY2017 by 5.6% for those children in care less than 12 months with 2 placements or less and decreased by 10.2% for children in care for 12 but less than 24 months with 2 placements or less. An increase of 1.3% is seen for those children in care 24 or more months with 2 placements or less. All of these measures are below the national standards but improvement is noted in the stability of children in care less than a year and more than 2 years. Children exiting to adoption within 24 months of entering care exceeds the national standard for the fifth year, but has seen a decline from 54.1% in FFY2017 to 39.7% in FFY2018. The measure for foster youth aging out after 3 or more years in foster care decreased by 16.3% since FFY2017 and exceeds standard. As of 4/7/19, 662 children are in DFS custody, with 636 children being in DFS foster care. The average monthly placement (DFS out-of-home care) population in FY2018 was 759, a decrease of 2% from the FY2017 average of 775. Three hundred eighty (380) children

entered initial DFS placements and 416 children exited placement in FY2018. There were 1144 children who spent at least one day in foster care during FY2018. This was a 3% decrease from the 1176 children in who spent at least one day in foster care during FY2017. As of 4/15/19, the two highest populations of foster children are the age 0-1 population with 15.4% and age 16 and above with 22.3%.

DFS' quality assurance investigation case reviews indicates reviewers agree with safety assessment and planning with combined scoring of 88.7%. Many areas are indicating a needed improvement including assessing the appropriate household and all children in the household. Much improvement is needed on appropriately documenting the safety threat. These measures are primarily focused around the completion of our SDM safety assessment. Delaware has hired a number of new staff and a worry is that many may not be documenting or accurately completing the safety assessment tool correctly and with fidelity which could skew these results.

The results of the first round CFSR PIP quality assurance case reviews show that Delaware has reached its improvement goal for two items, Child and Family Involvement in Case Planning and Caseworker Visits with Parents. For Item 5 and Item 6, Delaware did not meet the improvement goal but did improve compared to our original baseline. OSRI results indicate that Delaware needs to continue to make improvements on Timeliness of Initiating Investigations, Risk and Safety Assessment and Management, and Caseworker Visits with Children. Delaware continues to do well on outcomes that were not included in the PIP. Additional CFSR first round results are as follows: Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster care-100%, Placement with Siblings-84%, Visiting with Parents and Siblings in Foster Care-91.43%, Preserving Connections-96.3%, Relative Placement-93.88%, Relationship of Child in Care with Parents-93.33%, Educational Needs of Child-98.25%, Physical Health of Child-98.59%, and Mental/Behavioral Health of the Child-100%.

Stakeholders made the following comments on strengths and worries at the March 27, 2019 stakeholder meeting:

Strengths

- Child Abuse and Neglect Panel case reviews indicate safety agreements being implemented and reviewed timely.
- Absence of Maltreatment measure has improved.
- Low foster care re-entry rate.
- Children are not maltreated in foster care.
- Team Decision Making meetings continue.
- Relative and non-relative supports have increased.
- Safety plans, TDMs add another protective adult in the home.
- Agency and community are aware of the areas of concern and working to make improvements, e.g., requesting new positions to ease high case and workloads.
- Across systems, we are seeing a bigger picture of child welfare outcomes.
- Success of Family Assessment and Intervention Response (FAIR) results in a decrease of older teens in care.
- Community awareness of child abuse is rising as evidenced by rising report line calls.
- Delaware has a strong commitment to youth not only in the Department but in the community as well.

- The new FOCUS (For Our Children's Ultimate Success) information system will assist in better programming for youth in care.
- Delaware has strong performance for well-being measures.
- Screening of foster children that need to be screened is 100%.
- Improving family engagement.
- Foster care community agencies do a great job taking care of children and partnering with the state agency.
- Foster parents try to work with other foster parents.
- Seventy-seven percent of foster families adopt children - children can stay with one forever family.
- Strong public-private partnerships committed to good outcomes for children and families.
- Community partners share programming and resources.
- Governor recognizes the increased caseload and recommended new positions.
- FOCUS is a resource to help programming across the board; activated without crashing.

Worries

- Kids have a lot of people in and out of their lives. Would like to see that a service works before referring the youth. Several people may "work" with the youth, but really only 4 people are needed. Putting too much on the child doesn't always work.
- Communication still needs work.
- Kids Count shows Delaware has a lower percentage compared to other states of youth in foster care graduating from high school.
- There are a high number of youth on psychotropic medications who are not enrolled in counseling.
- Support needed for foster parents who have children on psychotropic medication.
- Services are often not in place when children are placed in foster homes. Foster parents need support to manage children, especially teens, when children are not in counseling. Foster parents see lacking collaboration and communication. Respite supports should be available at the time of placement to help with the burden of maintaining the children in care.
- Therapeutic services should be offered to foster parents. Foster parents who work with youth experience grief and loss.
- Siblings who are separated do not get enough therapy before they are separated or to prepare them for being separated.
- Need to utilize community providers to help educate and train new workers.
- The 16 and 17 year old population is growing and permanency is difficult to achieve. They don't have all the supports needed. They are hard to manage in the foster home. Creative services are needed for that population and we need to realize they have a lot of life experience. They need permanency and a lot of support to be prepared for adulthood.
- Workers (especially in Sussex County) get a lot of backlash regarding visitation between children and their families. Courts are ordering afterhours and weekend visits with families and workers spend a lot of late hours and weekends to accommodate which takes away from their own families. They don't feel much support from contracted providers even though a contract term. DFS should consider casual seasonal positions to do visitation. Visitation resources are not consistent across the state.
- Family needs are not consistently met statewide.

- It's great we have new positions but how do we keep positions and retain staff. How do we ensure staff are well trained and feel confident?
- Information should be available or shared with foster parents for all children.
- Community resources need to be available across the board for all children.
- Foster parents have difficulty advocating for youth with special needs such as speaking a different language.
- Worker turnover makes efforts to make sure individualized planning is happening really hard. Some workers don't really know about resources or what to do. Foster parents could be more effective if they knew the resources or connections themselves.
- Leverage 2-1-1 Helpline to be a resource for foster parents or providers to learn more about what is in the community and available to them or the children in their care.
- How do we keep morale high when the workload is very demanding?

Surveys and focus groups were conducted as part of the 2020-2024 CFSP self-assessment and valuable for evaluating progress of the 2015-2019 CFSP. Questions and topics for both activities are based on CFSR Statewide Assessment Instrument items. Focus groups were conducted statewide with agency leadership, supervisors, caseworkers, foster/adoptive parents, parents, foster youth and community service providers.

These are the summarized areas of strength:

- Urgent investigation responses are timely.
- Workers assess safety when making contacts.
- Strong efforts to locate relatives and others to prevent removal.
- Agency has placement prevention funds.
- Youth know their plan, case status and circumstances.
- Family teaming is gaining momentum.
- Good effort to place siblings together.
- Foster parents are more involved with families.
- Timely permanency reviews are occurring.
- Sussex County Foster Parent Cluster is strong and supports the children and foster parents.
- Children's well-being needs are met.
- Pharmacist consultations are beneficial.
- Strong network of community-based service contractors and providers.
- Adoptive parents felt better prepared with adoption training than foster parent training.
- Staff and partners are interested in data.

These are the summarized themes of areas needing improvement:

- Caseload and workload is too high.
- Collaboration with families, youth, team members and other service providers can be improved.
- There is a gap of services to prevent foster care entry.
- Visitation for foster children is too infrequent, lacks good quality and normalcy.
- Partners and the general public have misperceptions of DFS functions/roles; cross-training with partners would help as would community education.
- Foster parent training for challenging youth needs to be stronger.
- There is a disconnect between leadership and front line staff.

- New worker training should be more hands on. New worker video needs updating.
- Training on policy training would correct fidelity drift of Safety Organized Practice and Structured Decision Making[®] practices.
- There are inconsistent services driven by changes in service team members.
- There is poor communication with sister divisions.

Over 520 participants completed surveys from these categories: DFS staff, DSCYF staff, community partners, legal representatives, foster parents and youth. Overall, most items were rated positively for safety, permanency, well-being and system performance. In summary, legal representatives and foster parents disagreed more often with other groups on service array, setting and changing permanency plans, achieving permanency, preserving connections, assessments and services to correct removal reasons. There was strong agreement among participants that partnering, keeping children at home, and meeting needs of foster parents are strengths.

Stakeholder comments follow these broad themes: communication and contacts, staff workload staff training, professional development, family engagement, child and family resources and foster care services. These themes are aligned with 2020-2024 CFSP practice and system initiatives to strengthen assessment, planning and service delivery, expand family engagement, improve timely permanency achievement, recruit foster families, provide quality foster parent training, improve collaboration among partners on case and system levels, and reduce case manager workloads.

In summary of the system data, case review findings, CFSR PIP activities, CFSP activities and stakeholder comments, Delaware's child welfare system has both strengths and weaknesses. Not all references are in agreement, likely due to nuances in collection methods and data perimeters. Family Services has implemented and sustained major initiatives in the past 5 years such as Safety Organized Practice, Team Decision Making, a new information system, expanded differential response tracks, programming for substance exposed infants and Structured Decision Making[®]. The CFSR PIP activities added an operational continuous quality improvement system, supervisor training and family teaming. The agency added over 50 new front line positions in the past 2 years. Overall, agency efforts and services to prevent removals, engage families, deliver services proportionate to the level of risk, improve community partnerships and respond to the community are recognized by stakeholders as both strengths and areas to improve. System data for safety measures are strong but case reviews reveal weakness in timeliness of initial investigation and ensuring safety throughout the life of a case. Permanency data measures are inconsistent for achieving timely permanency between CFSR Round 2 and Round 3 Federal Profiles. Foster care placement stability is conflicted between the national profiles. Family preservation, visiting with parents and siblings, preserving connections, relative placements, supporting parent and foster child relationships all score well in case reviews. Stakeholders see areas to improve with visitation, service accessibility and stability, foster parent supports, preparing youth for independence, and teamwork. Case review findings reveal improved family involvement in case planning and contacts with parents. Case review findings are strong for physical, dental and behavioral health as well as education. Stakeholders want higher high school graduation rates for foster youth and lower rates of psychotropic prescriptions without accompanying counselling.

As for infrastructure systems, changing the automated information system has been challenging for users and data quality. Resourcing continuous quality improvement (CQI) case reviews was

challenging and caused a delay in measurements related to CFSR PIP performance. Service array has improved with expanded differential response tracks and collaborative teams that facilitate service coordination via points of contact. Service array is also viewed as inadequate to meet all the needs of families and foster children. Family Services and Family Court have a strong partnership and share ownership of strengths and barriers to timely permanency; system measures for permanency achievement is below expectations. Foster parent training is viewed as a strength via training evaluations but stakeholders say more quality training is needed. New worker and in-service training is viewed by stakeholders as needing improvement.

Workforce stability over the past five years has also been challenging. Family Services' state level program team had an 80% turnover at the beginning of the CFSR PIP in 2017 and an additional 40% turnover this calendar year. Regional office management had 100% turnover in the past 2 years. Agency turnover is high at 24.73%.

Caseload size is a key factor in maintaining safety and achieving permanency and well-being outcomes. As of March 31, 2019, statewide investigation cases averaged 18.7 for fully functioning caseworkers (standard = 11). Treatment and permanency caseloads averaged 17.8 statewide (standard = 18). Over the past 5 years, investigation caseloads reached a high of 25.2 in February 2018. Treatment caseloads had a high of 21.2 in December 2016.

A Title IV-E Foster Care Review occurred the week of August 20, 2018. A total of 80 cases were evaluated for Title IV-E child eligibility, provider eligibility and federal claiming accuracy. Delaware passed this review and is scheduled for the next primary review in 3 years.

There have been successes in achieving stated goals and objectives for 2015-2019 but there is work to be done. Stabilizing the workforce, applying continuous quality improvement strategies to areas needing improvement, strengthening the service array from prevention to formal services will support the ultimate goal of healthy children, families and communities.

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

Update on Progress Made to Improve Outcomes

Based on the 2012 assessment by the Child Welfare Strategy Group (Annie E. Casey Foundation), the DFS *Outcomes Matter* initiatives, 2015 CFSR findings and evaluation of metrics, along with stakeholder comments and partner collaboration, Delaware implemented the 2015-2019 Child and Family Services Plan. There were 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.

Delaware's CFSR PIP, approved April 2017, added another layer of strategic planning addressing areas needing improvement resulting from the 2015 federal review. The general domains of both plans are aligned: Safety, Permanency, Well-Being and Systems. Together, these plans laid a path to deliver appropriate safety measures for vulnerable at-risk populations, fully implement Safety Organized Practice, fully engage families, strengthen permanency outcomes, support a stronger workforce and implement continuous quality improvement. Overall Delaware is pleased with progress made over the past 5 years. A new automated information system was implemented. Safety Organized Practice and Structured Decision Making[®] practices were fully implemented. Team Decision Making meetings were implemented with full-time facilitators for pre-removal and post-removal planning. A continuous quality improvement system was implemented, including adoption of the federal ORSI case review tool. Delaware implemented policy and provisions to comply with the Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183) by establishing policy and provisions to identify, document and serve foster children who are also victims of sex trafficking. Delaware established and trained prudent standards for foster parents, and set expectations for foster children to participate in age and developmentally appropriate activities, especially youth age 14 and older. The state implemented protocols to report missing children to law enforcement and entry into the National Crime Information Center and limited long term foster care permanency planning (APPLA – Another Planned Permanent Living Arrangement) for foster children and youth. The state implemented protocols and standards for oversight of psychotropic medication administered to foster children, sex trafficking protocols and protocols for substance exposed infants.

Delaware also faced challenges during 2015-2019. Staff and leadership turnover, high investigation caseloads, budget constraints and a new information system all created structural struggles to maintain a competent, healthy workforce and quality child welfare services. While most all objectives and benchmarks were met, system performance measures and stakeholder input were mixed.

The following is the final progress report on the fifth year's edition of the 2015-2019 Child and Family Services Plan. A 5 year progress summary is listed for objectives.

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 strives 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 (SDM[®]) 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. SDM[®] tools have the highest level of validity and reliability established in the field of child welfare. The National

Council on Crime and Delinquency's international evaluation found evidence SDM[®] lowers maltreatment and maltreatment recurrence rates, while ensuring equity in decision making.

Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Progress Summary: The SDM[®] Screening Assessment and Priority Response were implemented on May 22, 2012. The SDM[®] Safety and Risk Assessments were implemented February 12, 2013. The SDM[®] Safety Assessment is used by investigation, treatment, and permanency functions. The initial SDM[®] policy manual was effective April 2014. The last revision was July 2016. On April 4, 2016, all of the SDM[®] tools to be used by treatment and permanency were added to FACTS. This included the Family Strengths and Needs Guide (FSNG), Child Strengths and needs Guide (CSNG), Risk Reassessment, Reunification Reassessment, and Reunification Safety Assessment. Training was provided to all staff and the National Council on Crime and Delinquency's Children's Research Center (CRC) conducted additional coaching to staff. Quality assurance case reviews use the OSRI tool which does not include specific questions about the use of SDM[®] tools, however, performance assessed during OSRI reviews are SDM[®] based and are reflected in outcome measures for applicable items. In June 2018 the SDM[®] Fidelity Team formed to strengthen practice and use of SDM[®] tools. A new SDM[®] Policy Manual is completed with updated definitions aligning with legislative child welfare changes.

Benchmarks:

1. 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 FOCUS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: CQI policy has been written and CQI training was developed and is offered to all DFS staff as well as others. Of those assigned the training, 93% have completed it. Delaware has established a SDM[®] Fidelity Team. This team and the CRC collaborated to update and revise our current SDM[®] Manual. Revisions will be made to the SDM[®] tools in the information system. In the near future, the CRC will be conducting a certification of these tools. SDM[®] related reports are starting to be built from FOCUS. The SDM[®] Fidelity Team will be using data from reports to conduct fidelity reviews of the tool.

2. Until a more comprehensive 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 FOCUS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The Program Manager for Intake and Investigation continued monthly participation on the Child Abuse and Neglect (CAN) Panel. The Panel was previously managed by the Child Death Review Commission (formerly known as the Child Death Near Death Stillbirth Commission) and, by statute, transferred to the Child Protection Accountability Commission September 10, 2015. The CAN Panel makes findings that are forwarded to the quarterly CAN Steering Committee for approval and development of recommendations based on the Panel's findings. A summary of the work of these two groups is discussed in the CPAC's SFY2018 Annual Report located online at: <https://courts.delaware.gov/forms/download.aspx?id=108408> CAN Panel findings and near death reports are located on the OCA website at https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx CPAC and the Child Death Review Commission hold a joint annual retreat to monitor the prior year's findings, recommendations and plans. As a result of the joint annual retreat, an action plan is implemented and reviewed quarterly. DFS administrators, including the Intake and Investigation Program Manager, attended the April 2018 retreat.

SFY2018's CFSR Round 2 measurement of the absence of maltreatment recurrence is 96.67% and exceeds the national standard of 94.6%. As for the absence of maltreatment in foster care, SFY2018's 99.53% score almost meets the national standard of 99.68%. These results are consistent since SDM[®] implementation in 2012.

Delaware developed a SDM[®] Fidelity Team in June 2018. The goals of this team are:

- Strengthen practice implementation within the broader organization to improve outcomes, performance, and fidelity.
- Create a framework to define success and outcome measures, track outcomes, and improve practices.
- Evaluate the division's current practice and use of the tools.
- Support the use of Structured Decision Making[®] assessment tools and the Safety Organized Practice principles, strategies, tools, and practice within the various roles of the division.
- Identify and resolve impacts of changes in policy and procedures.
- Support training and coaching.
- Engage and education stakeholders
- Disseminate information about the Structured Decision Making[®] Fidelity Team.

The Intake SDM[®] Screening Assessment and SDM[®] Response Priority Assessment were reviewed and revised to include definitions around infants exposed to substances and victims of trafficking.

The Reunification Reassessment and Risk Reassessment are two SDM[®] tools used in treatment. This tools were reviewed in FOCUS and revised to comply with policy.

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

Rationale: Family engagement strategies embedded in a comprehensive practice model are best practice in child welfare. SOP is a practice model that integrates the rigorous safety and risk assessments from SDM[®] into a comprehensive approach to family engagement

across the lifespan of a case. SOP uses strengths-based and child-centered principles in a series of family engagement activities that support comprehensive assessment and planning. This objective completes training sessions already in progress.

Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Progress Summary: Between November 2013 and November 2014, 20 DFS staff and 7 provider staff were trained as trainers in the 12 Safety Organized Practice modules developed by CRC. There were 150 sessions delivered throughout the state during a 12 month period. The modules were also attended by the contract agencies who also manage foster placement cases. SOP was incorporated into new worker training by the fall of 2015.

The CRC provided on-site coaching tailored to each region on a quarterly basis in each regional office. The last onsite coaching was May 20, 2015. A Structured Decision Making® Safety Assessment and Safety Planning Refresher training which was mandatory for all investigation staff (supervisors and workers) and treatment supervisors was held 5/30/18, 5/31/18, and 6/1/18 in all three counties. The CRC returned in October 2019 to train two staff in each region on Family Team Meetings and Collaborative Planning. This training was rolled out to all staff between November 2018 and March 2019. It is also incorporated in training for new workers.

The CRC's fidelity case reviews assessed incorporation of SOP techniques, in addition to assessing adherence to the SDM® tools. CRC conducted case reviews in April and May 2016. Fidelity case review reports were used to identify topics of on-site regional coaching provided by CRC. CRC coaching sessions focused on assessing safety, completing Safety Plans, techniques for engaging families, and completing the Family Strengths and Needs Guide, including the Child Strengths and Needs Guide. The investigation QA tool measures use of SOP family engagement techniques. CRC conducted an Outcomes Matter Process Evaluation and issued a report in July 2016. The purpose of the evaluation was to determine the extent the new initiatives influenced family engagement and practice. The results indicated that the impact of Outcomes Matter was incomplete and continued implementation support through internal training and coaching support was recommended.

Benchmarks:

1. Fully implement Consultation and Information Sharing Framework for group supervision. Timeframe: June 2019. Measure: Percent of case reviews with documented Framework utilization.

Progress Report: Implementation of the Consultation and Information Sharing Framework for group supervision is embedded in Delaware's practice. The Framework process is required for two conditions: when there is an active Child Safety Agreement and the plan is to transfer the case from investigation to treatment and when the SDM® Risk Assessment is very high and staff recommend case closure. The Framework is utilized for other reasons on a case-by-case basis; for example, guidance on complex cases. In CY2018 there were 898 group supervision Frameworks completed. Investigation workers referred 871 cases, treatment workers referred 21 cases, FAIR workers referred 4 cases, and permanency workers referred 2 cases. Frameworks are used for administration review, case direction, case transfer with a safety, closure against risk, and case transfer.

Since late 2012, regional offices in New Castle County have conducted daily RED (Review, Evaluate, Decide) Teams to review all SDM hotline reports involving adolescents as the primary identified victim to determine pathway. Beginning December 6, 2016, statewide regional and central office administrators from all program areas have conducted RED Teams on a daily basis to review all SDM® hotline reports classified as “risk of” to determine whether they should be screened in or screened out. The Framework elements guide and document the RED team discussions. In CY2018, there were 2,647 reports reviewed.

Permanency Framework examples include consideration to recruit for adoptive families for siblings separately after having no success recruiting for siblings together, moving forward or ending placement with a resource when issues of concern arise, moving children from pre-adoptive placements when issues of concern arise, and finalizing adoptions for one sibling and possibly not another.

The Framework is used in the decision in every case. Prior to FOCUS, the use of Framework was documented in a progress note. Frameworks have specific records in FOCUS, allowing for data collection.

2. 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: The current investigation QA tool measures use of SOP family engagement techniques including the use of solution focused questions, use of mapping or the Consultation and Information Sharing Framework, use of risk statements, use of Three Questions, and use of solution focus questions. Investigation Case review results show that DFS is documenting the use of these tools in 50% or less of all cases. DFS has a need for a SOP refresher training and this is currently in the planning stages. DFS needs to improve this practice but also improve how this practice is documented. FOCUS is now able to measure elements of Safety Organized Practice. Consultation and Information Sharing Framework and Family team meetings are in FOCUS and can be tracked upon full implementation. Treatment Program Manager uses these reports to inform practice. Team Decision Making meetings events are now also built into the FOCUS system. A request has been made to build a comprehensive report using TDM data from FOCUS. Currently, data is manually entered into another system and reports are generated from there. This data is reviewed and used to inform and promote practice. Reviewers are also documenting the use of Safety Organized Practice in the summaries of the CFSR OSRI case reviews.

3. 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: Delaware has continued to utilize the investigation QA tool for closed investigation cases that includes SOP and family engagement specific questions. Of the investigation case reviews for CY2018, 83.9% of responses reflected conformity with policy and overall use of activities focused on improving child safety, and 80.5% of the responses reflected conformity specifically in the inclusion of the family's networks or community/cultural assets in the Child Safety Agreement and other activities focused on improving child safety. From April 2018 until October 2018, there was a temporary suspension of the investigation QA tool as the data management team developed the case selection process from the new FOCUS system. Use of the QA tool resumed in October 2018, and it now includes elements of SOP, such as use of Frameworks and solution-focused questions in investigation cases.

Delaware developed a SDM[®] Fidelity Team in June 2018. The goals of this team are:

- Strengthen practice implementation within the broader organization to improve outcomes, performance, and fidelity.
- Create a framework to define success and outcome measures, track outcomes, and improve practices.
- Evaluate the Division's current practice and use of the tools.
- Support the use of Structured Decision Making[®] assessment tools and the Safety Organized Practice principles, strategies, tools, and practice within the various roles of the Division.
- Identify and resolve impacts of changes in policy and procedures.
- Support training and coaching.
- Engage and education stakeholders
- Disseminate information about the Structured Decision Making[®] Fidelity Team.

In October, 2018, the CRC trained 15 staff members to train DFS staff and partners on Family Team Meetings and Collaborative Planning. Across the state there was 16 classes held and 230 DFS staff and 52 partners trained. Of 56 evaluations, 89% of the participants were neutral or satisfied with the training. Some of the comments about what was useful in the training were:

- Innovative way of decision making, especially when it comes to placement of children
- Role play was interesting
- Structure emphasizes team collaboration
- Keeps the meeting on track
- Has techniques to identify a support network
- FOCUS has a family team meeting record
- Impactful engagement strategy and tool

During the training several caseworkers were able to discuss their own experiences with family team meetings and their benefits. The plan is for this training to be included as a part of the curriculum for new caseworkers, staff who want a refresher, and partners.

FOCUS records family team meetings. This record was shared with participants in the Family Team Meeting and Collaborative Planning Training that began October 31, 2018. There are 43 family team meetings recorded for CY2018.

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. Delaware exceeded the national average in the percentage of teens in foster care (e.g., in 2012, national average was 38%, yet DE had 48%. Additionally, 79% of these teens were entering foster care for the first time as teens). **Outcome:** Lower rates of child maltreatment and maltreatment recurrence.

Progress Summary: DFS has two adolescent investigation units in New Castle County that operate both investigation and family assessment responses to abuse and neglect reports. The units began FAIR June 2013. Expansion of internal FAIR to address other low risk cases is planned, but no specific timeline has been identified. During 2016 and early 2017 DFS has continued to use several practice tools in developing and deepening the infrastructure that would be needed to support expansion of internal FAIR. This includes conducting more RED (Review, Evaluate and Decide) teams that review hotline reports to determine pathway. DFS also expanded the use of group supervision and the Information Gathering and Consultation Framework tool. These are both tools used in a FAIR model.

DFS continues to contract with the community-based agency Children & Families First for FAIR programming and recently expanded to include cases in which there is a concern for domestic violence in families with children of all ages. A second contract was executed in 2018 with Holcomb to provide FAIR services to families with children of all ages, in which the identified risk factor is parental substance abuse. Since program inception 6 years ago, a total of 164 youth have come into DFS custody after FAIR involvement. DFS tracks foster care age ratios for young children and teens. The ratio of teens age 13 and older has been lower than 34% since 2016 but increased to 45% in 2019. This is still lower than a baseline set in 2012 of 48%. According to Kids Count[®], the rate of child maltreatment reduced to 7.2 per 1,000 children in 2017 from 11.7 per 1,000 in 2012.

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: March 2018. Measure: Number and percent of accepted reports of abuse and neglect receiving FAIR response.

Progress Report: Throughout 2018, DFS continued to use several practice tools in developing and deepening the infrastructure that would be needed to support expansion of internal FAIR. This included conducting more RED teams to review hotline reports to

determine pathway. The operations management team has continued to explore statistical reports related to the number of cases receiving an investigation, existing internal FAIR, and contracted FAIR to watch for patterns and trends related to assignments within those case types. For CY2018, 193 cases were assigned to internal FAIR. At the present time, the internal FAIR pathway is only available in one of Delaware's three counties (New Castle County), and only cases involving adolescents (ages 11 to 17) are eligible. In 2017, DFS reinstated the internal FAIR workgroup and met to revisit and redesign an implementation plan for internal FAIR expansion with the goal of expanding FAIR. The plan was delayed due to capacity and workload; however, the operations management team continues to maintain a commitment towards expanding internal FAIR.

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: The contracted community-based Adolescent FAIR Program continues and included an expansion in SFY2019 to address cases with children of all ages in which the parental risk factor of domestic violence has been identified. An additional expansion of Delaware's differential response pathway included the addition of a new FAIR contract to address cases with children of all ages in which the parental risk factor of substance abuse has been identified. During CY2018, the contracted community-based adolescent FAIR program assessed 464 families, serving 397. The total number of youth who entered out-of-home care after FAIR intervention in CY2018 was 37 or 9% of the assessed families.

3. Continue and strengthen services and monitoring of Plans of Safe Care for substance exposed infants and their families. Timeframe: June 2019. Measure: Reports on service activities and population statistics.

Progress Report: In CY2018, DFS received 612 notifications of substance-exposed infants, resulting in 400 Plans of Safe Care, compared to 460 notifications in 2017. Of these notifications, 424, or 69%, involved mothers who had used a single substance, 125, or 21%, involved mothers who had used two substances, and 63, or 10%, involved mothers who had used three or more substances. Of the single-substance cases, 263, or 62%, used marijuana, and 104, or 25%, used either methadone or opioids. Marijuana, methadone, and opioids were also the most prevalent substances used in two-substance exposure, but in polysubstance exposure, opioids, cocaine, and marijuana were the most prevalent substances.

In anticipation of the passing of Aiden's Law, signed into law June 2018 in alignment with the Comprehensive Addiction and Recovery Act, DFS developed both internal and external pathways to address infants born with prenatal substance exposure. In July 2018, DFS added a differential response contract to address cases involving substance-exposed infants and their families, in which a Plan of Safe Care (POSC) is needed. The contractor is responsible for creating the POSC, service referral, and monitoring delivery of services for

cases in which marijuana is the only identified substance and there are no other parental risk factors identified. Since the program’s inception in July 2018, 129 referrals have been made to the program, and 108 families have been served.

Cases in which infants may have been exposed to polysubstance prenatally, or in which additional parental risk factors beyond substance abuse have been identified, are assigned to an internal DFS investigation unit, which specializes in these types of cases. These specialized workers complete a POSC, assess for safety and risk, refer for services, and monitor the delivery of services. A POSC pilot program was informally initiated in October 2017 with two caseworkers. The internal capacity to handle POSC cases has since expanded to 10 caseworkers statewide in two dedicated units. Since the internal expansion in August 2018 through the beginning of May 2019, 469 substance exposed infants and their families have been served by the internal investigation pathway, and Plans of Safe Care have been implemented in all of these cases.

The majority of the 400 referrals to DFS in 2018 which resulted in a POSC did not result in out-of-home placements for the substance exposed infant: 364 infants, or 91%, were able to be safely maintained in the family home, 21 infants, or 5%, entered DFS custody, and 19 infants, or 5%, were either placed in the guardianship of another party or were temporarily placed with relatives as part of a safety plan that did not involve the transfer of guardianship.

4. 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 FOCUS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: FAIR cases are subject to quality assurance case reviews, using the OSRI tool. In CY2018, two contracted FAIR cases were reviewed using the tool. For Safety Outcome 1--Children are protected from abuse and neglect, one case substantially achieved the measure, and one case did not. For Safety Outcome 2--Children are safely maintained in their homes whenever possible, both cases substantially achieved the measure. For Well-Being Outcome 1—Families have enhanced capacity to provide for children’s needs, one case substantially achieved the measure, while the other case did not. For Well-Being Outcome 3—Children received appropriate services to meet their physical and mental health needs, one case substantially achieved the measure, while the measure did not apply to the other case. It is anticipated that more robust review data will be available in the future, as the quality assurance case review process matures.

Below are OSRI ratings of the 6 FAIR cases reviewed April-September 2018.

OSRI Item	Results of Case Reviews	Improvement Goal
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Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	33.33%	89.3%
OSRI Item	Results of Case Reviews	Improvement Goal
Item 3: Risk and safety assessment and management	50.00%	94.7%
Item 13: Child and family involvement in case planning	66.67%	80.8%
Item 14: Caseworker visits with child	33.33%	90.8%
Item 15: Caseworker visits with parents	50.00%	75.1%

FAIR cases are a small sample of the number of case reviews reviewed thus far. Review results clearly indicate that improvement is needed in all areas. Investigation program manager is using the above data and summary results to address concerns with providers as well as our internal FAIR program.

5. 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 FOCUS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: Weekly assignments of internal FAIR cases in New Castle County are captured on internal weekly reports and reviewed by operations administration staff. These numbers are considered carefully by the regions who do not have FAIR in helping to determine and anticipate what a FAIR caseload and assignment rate might be and has influenced staffing considerations for expansion. Contracted community-based adolescent FAIR has extensive process and impact outcome measures for returned cases, contact timeliness, assessment timeliness, service type, and program completion rates. Outcome measures are an agenda item at every joint meeting, which is held quarterly. Meeting minutes are available upon request.

The contractor began receiving cases on March 4, 2013. The following are selected process outcome measures by calendar years.

Timeliness of Initial Contact and Assessment	2013	2014	2015	2016	2017	2018
Percent of families contacted within 24 hours	96%	96%	93%	95.3%	97.5%	97.3%
Percent of SDM® Safety Assessments completed during first in-person meeting	91%	91.1%	96.3%	98.6%	100%	99.5%

Percent of CAFAS completed within 10 days	96%	95.1%	96.5%	96.7%	97.6%	98.7%
Timeliness of Initial Contact and Assessment	2013	2014	2015	2016	2017	2018
Percent of SDM® Risk Assessments completed within 21 days	97%	95.5%	98.9%	87.7%	98.8%	99.2%
Percent of cases successfully closed			100%	82%	89%	95.5%

DFS counts the number of contracted adolescent FAIR cases that had a subsequent investigation resulting in a finding of maltreatment. In CY2018 there were 62 victims in substantiated reports that had previously been active with contracted adolescent FAIR. Two percent of the total number of children and youth (3,462) served since the program’s inception were later victims of abuse or neglect.

Objective: Fully implement Considered Removal Team Decision Making model for at-risk children and families to strengthen safety assessment and planning for children at-risk of entry into foster care.

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 safely diverted foster care entries.

Progress Summary: Starting in 2014, Family Services implemented TDM statewide. TDMs are held both pre-removal and post removal. Team Decision Meetings were mandated during investigation, treatment or FAIR for children at risk of removal or within 48 hours after entering DFS custody. Here are the percentage of the preferred pre-removal TDMs since program inception:

Year	% Pre-Removal
SFY 14	55%
SFY 15	61%
SFY 16	52%
SFY 17	45%
CY 18	55%

For CY2018, 42% or 148 children were diverted from foster care. Focus group and surveyed stakeholders agree caseworkers make good efforts to place children with relatives.

Benchmarks:

1. Continue Considered Removal TDM meetings for DFS custody decisions; strengthen practice of using TDM prior to removal in non-emergency situations. 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, TDM meetings, ensures children are safety cared for within their own family and community. These facilitated meetings are mandated for children at risk of removal or within 48 hours after entering DFS custody in investigation, treatment or FAIR cases. When appropriate, the domestic violence and substance abuse liaisons participate in TDM meetings. Team Decision Meetings are mandated during investigation, treatment or FAIR for children at risk of removal or within 48 hours after entering DFS custody. Pre-removal TDMs are preferred; 55% of CY2018 meetings occurred before removal. Investigation staff made 78% of referrals, treatment staff made 18% of referrals, and FAIR made 6% of the referrals.

2. 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.

Progress Report: TDM workgroup meets quarterly and consists of the Treatment Program Manager, Regional and Assistant Regional Administrators, and the TDM Facilitators and their supervisors. During these meetings, pre-removal referrals are promoted, data is reviewed, and trends are discussed. There continues to be an increase in TDM referrals from contracted FAIR.

The following table is percent of mothers, fathers and youth participants:

Year	Mother	Father	Youth
SFY15	84%	53%	78%
SFY16	77%	55%	74%
SFY17	76%	46%	67%
CY18	76%	45%	98% (of youth invited attended)

The following charts describe various statistics and outcomes of TDMs:

Year	% Recommended DFS Retain or Petition for Custody.
SFY 15	42%
SFY 16	52%
SFY 17	Data not available
CY 18	59%

Timing	# TDM	Percent
Court Initiated	20	9%
Post-Removal	78	36%
Pre Removal	120	55%

DV/SA	# Indicated	Percent
Domestic Violence Known	29	13%
Substance Abuse Known	91	42%

Age Group	Total	Attending	Percent
0-4	130	5	3%
5-10	92	2	2%
11-13	43	8	19%
14-15	48	27	56%
16-17	36	26	72%

Custody Decision	Percent
Custody Remains with parent/guardian	34%
Custody Rescinded	1%
Recommended custody	15%
Relative/Non Relative Guardianship	6%
Remain in DFS Custody	44%

Placement Decision	Percent
Remain in Home	24%
Return Home	2%
DFS Foster Care	42%
Group Home	2%
Non Paid Non Relative Placement	5%
Non Paid Relative Placement	21%
Other	4%

At the conclusion of meetings facilitators continue to provide attendees with a Participant Feedback Survey. Surveys continue to consistently indicate satisfaction in the 90th percentile.

When substance abuse or domestic violence is indicate in the TDM referral the facilitators invite the Domestic Violence Liaison and Substance Abuse Liaison to participate or consult in the TDM.

In CY2018, 349 children received a TDM. Of those children 77% had a mother who attended a TDM and 43% had a father who attended at TDM. Placement decisions for children who had a TDM were remain in the home (24%), return home (2%), foster care (42%), group home (2%), non-relative placement (5%), relative placement (21%), and other (4%). The child custody decisions included custody remains with parent/guardian (34%), custody rescinded (1%), recommended custody (15%), relative/non relative guardianship (7%), and remain in DFS custody (44%).

The total number of children who entered foster care in CY2018 was 383 and 54% of those children received had a TDM.

3. 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 FOCUS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: Quality assurance case reviews started April 1, 2018. One of the items reviewers consider is whether DFS made reasonable efforts to prevent children from entering foster care. Conducting a TDM meeting is a reasonable effort. The TDM Referral and Summary Report are under construction in FOCUS. While the data reports are in the process of being built in FOCUS the TDM facilitators continue to enter data in an external database. This information is reviewed quarterly at the TDM workgroup which consists of the Treatment Program Manager, regional and assistant regional administrators, and TDM facilitators and their supervisors. Surveys are provided to participants at the end of a TDM. In CY2018, 224 participant surveys were returned and provided the following information:

Question	% Agreeing
I understood the purpose of the meeting	99%
DFS was flexible in scheduling the meeting	94%
I received information about the meeting process and my role prior to attending the meeting	92%
People important in planning for the children were invited to attend	98%
I felt respected	95%
I felt comfortable speaking up and my opinions mattered	92%
The family's strengths and successes were recognized and discussed	96%
I am better able to understand the safety concerns regarding the child(ren)	94%
I was part of the decision-making and planning for the family.	95%
The plan developed at the meeting was clear and I understand the next steps	97%
I was satisfied with how the meeting was run	93%

Participant comments included:

- Very good meeting
- Well prepared
- Thank you for explaining the safety concerns
- We will work as a team for the welfare and safety of the children
- I am here for my niece
- Everyone felt comfortable and heard
- DFS should have a stronger understanding of domestic violence and the impact on families
- Productive meeting
- Great open dialogue

- This is an incredibly difficult and complex case so I appreciate the facilitator's flexibility in working with this team.
- Can't say everything we need to say and continue to have a working relationship with the family.
- The meeting was well run.
- The team was exceptionally able: A wealth of knowledge
- Everything was made easy by having everyone involved.
- Well run meeting, productive, and informative with kind and professional support from DFS
- DFS should more thoroughly research before making decisions
- Facilitator was great – I don't usually have good experiences with DFS but this was a good one.
- Excited to help in any way I can to make things better.
- Everything was a positive experience.

Pre-removal TDMs are viewed as a strength by focus groups. In summary, Team Decision Making is a strong family engagement strategy and will continue as a component of DFS' practice model.

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 the Child Protection Accountability Commission (CPAC) support continuing training activities.

Outcome: A skilled and competent child welfare system workforce.

Progress Summary: Throughout the 5 year reporting period, DFS staff continued to make referrals to and participate in multi-disciplinary teams (MDT) through the Children's Advocacy Center, which promotes collaboration across the continuum of child welfare professionals. In addition, the Child Protection Accountability Commission formed various new workgroups to research, create, and implement new opportunities to improve practice. Through the formation and work of the CPAC Training Committee Multi-Disciplinary Team Case Review Workgroup, a case review protocol was drafted and approved, which establishes case selection criteria and defines responsibilities for the various members of the team. In tandem with this group, the CPAC Child Abuse and Neglect Best Practices Workgroup formed and met for the purpose of researching and implementing best practices in investigation of child maltreatment. The workgroup created and provided train the trainer sessions, and then rolled out training to all staff regarding updates to the MDT MOU, which were finalized in 2017. The CPAC Substance Exposed Infant Sub-Committee also convened and met, and as a result, the Investigation Coordinator created an implementation guide to accompany the construction of Plans of Safe Care, which are now being provided both by internal substance exposed infant (SEI) staff and by contracted POSC staff.

Training for 233 DFS staff on "Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect" occurred over 9 sessions held between August 22, 2018 and October 9, 2018.

In 2018 the domestic violence liaisons were trained in the Safe and Together Model™. They are working on implementing this model into their practice. They consult with DFS caseworkers on cases where domestic violence is occurring or suspected and advocate for the victim. The liaisons have an opportunity to participate in TDM meetings and group supervision Framework meetings. DFS supervisors were invited to view web-based presentations on Safe and Together™ in February 2019.

Delaware's Protecting Children Conference, held every 2 years, provides a day long training for all child welfare partners. The event is attended by approximately 400 professionals, many participating in multi-disciplinary teams intervening in child abuse and neglect investigations and interventions. The last event was April 2, 2019 in Dover, Delaware.

Survey and focus group stakeholders view caseworker training as an area to improve.

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: In CY2018, the Children's Advocacy Center received 1,432 referrals and conducted 1,366 forensic child interviews. Of the 1,432 referrals, 67% were for sexual abuse, 22% were for physical abuse, 17% were for witness interviews, and 2% were for neglect. The average age of children referred was 9 years 3 months, with 57% female and 43% male. DFS is a major referral source for CAC services.

The CPAC Training Committee Multi-Disciplinary Team Case Review Workgroup continued to meet during 2018 and 2019 to draft a case review protocol. The case review is a formal process in which the multidisciplinary team monitors and assesses the response to child abuse, child neglect, and child death cases and facilities best practice. The protocol outlines the case review process, including establishing case selection criteria, defining standard case and special case reviews, and establishing the responsibilities for coordination, facilitation, participation and documentation of the process. The final edited draft, which included updates to the protocol, the creation of an MDT referral form, the creation of a confidentiality agreement, and decisions around involvement of DPBHS in the case review process, was voted on and approved on April 11, 2019. The confidentiality agreement is pending final approval. The Intake and Investigation Program Manager is a member of this workgroup.

2. Support the education of Multi-Disciplinary Team members through joint training programs such as the Protecting 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:

In 2018, Colleen Woodall, Intake and Investigation Program Manager, provided training for DFS staff on “Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect.” A total of 9 sessions were held between August 22, 2018 and October 9, 2018, with a total of 233 attendees. The training reviewed the purpose and administration of the MOU, definitions, and the full range of each protocol to include the definition, joint investigations, cross-reporting, investigation, MDT case review, confidentiality, information sharing, and documentation, and conflict resolution. The training also covered the additional resources provided in the MOU, including: First Responder Minimal Facts Interview, Common Elements of Child Torture, MDT Guidelines for Child Abuse Medical Response, MDT Case Review Protocol, the SUDI form, Sexual Behaviors in Children and Ages of Consent, and the Juvenile Trafficking Pre-Assessment Checklist.

Delaware’s Multi-Disciplinary Team Training data for April 2018 to April 2019 is in the following table:

MDT Training	Date	# Attendees
34 th International Symposium on Child Abuse	March 18-21, 2019	18
21st National Conference on Child Abuse and Neglect (NCCAN)	April 24–26, 2019	9
29 th Annual Crimes Against Children Conference	August 13-16, 2018	9
Protecting Delaware’s Children Conference	April 2, 2019	400
2019 National CASA/GAL Conference	June 1-4, 2019	8
41 st National Child Welfare, Juvenile, and Family Law Conference	August 23-25, 2018	3
ABA National Conference on Access to Justice for Children and Families	April 9-10, 2019	6
ABA National Conference on Parent Representation	April 11-12, 2019	3
34 th San Diego International Conference on Child and Family Maltreatment	January 28-31, 2019	1

3. Participate in CPAC’s Child Abuse and Neglect (CAN) Best Practices Workgroup which researches and implements best practices in investigation of child maltreatment. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes.

Progress Report: Trainings were provided statewide to staff in July and August 2018 on the changes that were made to the MDT MOU, which was finalized and signed in February 2017. The sections of the MOU include a protocol for physical injury, serious physical injury, child death, child sexual abuse, child neglect, and juvenile trafficking. Each protocol contains information about cross reporting, investigation (interviews, forensic interviews at the CAC, preservation of evidence, temporary emergency protective custody,

transportation, medical examination, safety assessment, behavioral health and social services, victim advocates, arrest, criminal proceedings, civil disposition), MDT case review, confidentiality, information sharing, and documentation, and conflict resolution. A chart for assessing the presence of torture, a medical examination protocol, and a juvenile trafficking pre-assessment checklist were also developed for the MOU. The MOU is located online at: https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

4. Participate in CPAC's Substance-Exposed Infant sub-committee to address the needs of drug exposed infants. Implement policies and provisions to meet Comprehensive Addiction and Recovery Act (CARA) requirements ensuring safe plans of care. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes, policy or MOU issuance.

Progress Report: Continuing to enhance implementation of Safe Plans of Care for substance exposed infants, the Investigation Coordinator drafted an implementation guide in CY2018 to provide guidance to case workers, medical providers, substance use treatment providers, and other professionals involved with a family in executing an effective POSC for infants with prenatal substance exposure and their families. The implementation guide provides information about the legal authority behind Plans of Safe Care and the criteria for a case to be reported to DFS, as well as important definitions, guiding principles, and screening recommendations. The implementation guide also provides information about service referrals, the requirement to monitor the POSC, and how to determine when it is appropriate to terminate the Plan.

DFS provides the investigation coordinator a weekly data report to include all reports where there is a notification involving a substance exposed infant, and the Investigation Coordinator tracks several elements of data in a substance exposed infant database. The investigation coordinator then distributes a year in review on Delaware's substance exposed infants. In CY2018, there were 612 notifications to DFS (47% New Castle, 26% Kent, and 27% Sussex). Of the 612 notifications to DFS, 571 (93%) were screened in, 4 (1%) were linked to an active treatment case, and 37 (6%) were screened out. The data shows that a high percentage of infants (89%) remain in their home, and there are strong maternal risk indications: 43% have prior DFS history as a child, 46% have a mental health condition, 25% have a prior SEI birth, 9% have a prior DFS substantiation, and 16% have an unknown or unnamed father.

In October 2017, DFS began a POSC SEI pilot program with the introduction of one designated SEI caseworker in Kent County and one designated SEI caseworker in Sussex County. In CY2018, the internal capacity expanded to 10 DFS caseworkers, located throughout all three counties in the state. Caseworkers in Kent County are co-located at Bayhealth Kent General Hospital, and caseworkers in Sussex County are co-located at Beebe Healthcare. There are efforts underway to initiate a collaboration with Christiana Care Health Services and St. Francis Hospital in New Castle County, as well. Members of the POSC SEI Pilot program, including the DFS Director, the Intake and Investigation Program Manager, the Investigation Coordinator, caseworkers, supervisors, and the birthing hospitals, held routine meetings in 2018 to discuss the ongoing SEI pilot program.

In April 2018, the Intake and Investigation Program Manager and the Investigation Coordinator conducted a training and coaching session for the designated SEI caseworkers, which then expanded to a statewide training.

In December 2017, DFS issued a Request for Proposal (RFP) for implementing Plans of Safe Care with assigned coordinators for a target population of marijuana-exposed infants with no other identified risk factors. A contract was executed May 2018, and the contractor began accepting cases in July 2018. Since the program's inception, 129 cases have been referred, and 108 Plans of Safe Care have been implemented.

In addition to the above efforts, in CY2018 Delaware was awarded a Regional Partnership Grant, and Children & Families First (CFF) was identified as the lead agency. This grant was used to implement the Delaware H.O.P.E. (Healthy Outcomes with Parent Engagement) model of services for SEIs and their mothers and caregivers, which is studying the effects that prenatal and postpartum services have on outcomes for mothers and infants who are substance affected. Since the program's inception in October 2018 through the end of March 2019, 32 referrals have been made to the program. After being screened for study criteria and a number of clients declining to participate, 16 participants remained; 8 mothers are in the treatment group, and 8 mothers have been placed in the control group. Of the mothers in the treatment group, 3 were prenatal, and 5 were postpartum. Four of the cases have a POSC on file, and one case is open with DFS.

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: Four domestic violence liaisons, funded by federal grants (e.g., Victims of Crime Act), are collocated in DFS offices (2 in New Castle County at Beech Street and University Plaza, one in Kent County, and one in Sussex County). The New Castle liaisons are employed by Child, Inc. and the Kent and Sussex liaisons are employed by Peoples Place II. Meetings are held quarterly and since the last progress report, meetings were held on January 24, 2018 April 18, 2018, August 22, 2018, October 9, 2018, November 14, 2018, and April 18, 2019.

The following chart indicates how many adult victims the liaisons met with for the time period indicated.

Year	Region 1 (Beech)	Region 2 (UP)	Kent County	Sussex County
CY 14	67	92	73	39
CY 15	70	79	86	42
CY 16	37	97	86	42
CY 17	80	98	125	133
CY 18	37	54	47	28 (3 rd & 4 th quarter not available)

DFS continues to have substance abuse liaisons (SAL) co-located with DFS staff in 4 regional locations. Brandywine Counseling provides SAL for Beech St., University Plaza, and Sussex (Milford Office). Psychotherapeutic Services Inc. (PSI) provide a SAL for Kent County. SALs take two types of referrals: regular and expedited. For regular referrals, the SAL will conduct a screening to determine if a full evaluation is needed. Then, they help the parent connect with an agency for full evaluation. For expedited referrals, caseworkers make the referral to the SAL when a mother gives birth to a child and the child is exposed to drugs or alcohol. The SAL responds to the hospital within 24 hours to screen the mother and if she is not already engaged in treatment, the SAL connects the mother with a community-based program so she can begin treatment. The SAL workgroup meets quarterly. Since the last report the workgroup met January 16, 2018, April 7, 2018, October 16, 2018, January 24, 2019, and April 11, 2019. The SALs also participated in a full day training about infants exposed to substances on October 26, 2018.

For CY2018 the Brandywine Counseling liaisons received 241 referrals and PSI received 135 referrals. Across all three counties opiates (including heroin), marijuana, and alcohol use were the top three referral concerns. Cocaine use was also seen frequently.

The following chart indicates how many adults were screened by the substance abuse liaison 2014-2018:

Year	Clients
SFY 14	789
SFY 15	659
SFY 16	Data not available
SFY 17	718
CY 18	376

In June 2015, DFS implemented expedited referrals for drug exposed newborns. When a mother delivers a baby and either the mother or the baby test positive for illegal drugs, an expedited referral is submitted to the substance abuse liaison. The liaison tries to meet with the mother before discharge to connect the mother with a community-based program so she can begin treatment quickly.

DFS collaborates with community-based domestic violence service agencies. During CY2018, the liaison in Region I (Beech Street) met with 54 adult victims. The liaison in Region II (University Plaza) met with 37 adult victims. The Kent County liaison served 47 adult victims and Sussex 28 adult victims (data not complete due to transition in liaisons).

In 2018 Delaware's domestic violence liaison collaboration received Safe and Together Model™ Training and Technical Assistance by David Mandel & Associates that includes an initial needs assessment phase, a training and technical assistance phase, and an evaluation component. The training and technical assistance package was sponsored by the Domestic Violence Coordinating Council (DVCC) Children and Domestic Violence Committee. The DFS Director and Intake and Investigation Program Manager are members. Following the initial needs assessment, a three-day training was held April 11-13, 2018. Seven DFS supervisors and 4 domestic violence liaisons attended the April 13, 2018 training. During this training, the Safe and Together consultants gave an overview of the Safe and Together model and shared the tools used with this model. Technical assistance was provided January 23rd, May 9th and 23rd, June 6th and 20th 2019. The Technical assistance days were used to enhance the working relationship and strengthen collaborations between the DV liaisons, supervisors and caseworkers. The training days consisted of coaching and role playing of the Safe and Together™ Model.

In February 2019 online training was offered to all supervisors to orient them to Safe and Together™. Ongoing conversations regarding the approach being utilized by the domestic violence liaisons, including communication strategies with the DFS staff are a part of quarterly meetings.

The MOU with Dover Air Force Base is being updated by base authorities and the agency.

DFS administrators continue to attend routine meetings with three statewide hospitals (Christiana Care, Bayhealth–Kent General, Milford, and Beebe). Meetings with other hospitals occur on an as needed basis or by request. In 2017, the Intake and Investigation Program Manager and the Statewide Services Administrator started a routine hospital meeting with Alfred I DuPont Hospital for Children that continued through 2018. In addition, the DFS Director, Intake and Investigation Program Manager and Investigation Coordinator have held routine meetings with the birthing hospitals (Bayhealth–Kent General and Milford, and Beebe), who participated in the SEI pilot.

DFS administrators, supervisors, and caseworkers continue to attend the Delaware Multisystem Healthy Action Committee (MSHAC) meetings. Since 2016, the charge of MSHAC is to plan how to serve families with substance abuse better through a multi-agency approach. In New Castle County, meetings were held February 13, 2018 and May 5, 2018. In Kent County, meetings were held March 15th, May 29th, August 29th, November 27, 2018 and March 5, 2019. In Sussex County, meetings were held January 11th, February 22nd, April 11th, June 14th, September 25th, November 29, 2018, January 15th, March 7th, and April 15, 2019. Agenda topics for these meetings have included sharing resources and educational materials, updates from local treatment providers, coordination of services and

referrals, tips for using DFS hotline reporting, related state legislation, and walking through substance abuse specific cases in each agency. In addition, these meetings provide a venue for sharing of federal guidance, such as the Comprehensive Addiction and Recovery Act of 2016 requirement of the new POSC template and its implementation by DFS liaisons placed on the birthing floors in our local hospitals. Guest speakers are invited quarterly and continue to enrich the knowledge of the committee. Speakers have included:

- Connections Mommy and Me House, Andrew Schmidt, Director
 - Delaware Division of Substance Abuse and Mental Health (DSAMH), Addiction Services, Dr. Sherry Nykeil, Clinical Director
 - Substance Exposed Infants-Streams of Work in Delaware, Jennifer Donahue, Esquire, CWLS, Child Abuse Investigation Coordinator, Office of the Child Advocate
 - PROMISE Program, Wynne Hewitt, CSA of NCC Promise Assessment, DSAMH, DHSS
 - DFS Investigation Processes including DFS Hotline Specifics, Colleen Woodall, Investigative Supervisor, DFS, DSCYF
 - Peer Support Information, Holly Dixon, Peer Support Services Manager, DSAMH, DHSS
 - Oral Health and Substance Abuse, Gabrielle Hilliard, Oral Health Program Administrator, DPH, DHSS
 - Human Sex Trafficking, Yolanda Schlabach, Executive Director, Zoe Ministries
6. Monitor effectiveness of child welfare training with participant evaluations. Use existing DFS leadership to monitor DFS training and CPAC Training Committee meetings to evaluate child welfare system curriculum development and topics. Timeframe: Ongoing to September 2019. Measure: Trainee surveys and evaluations.

Progress Report: In July 2015, Center for Professional Development (CPD) began using a new learning management system platform, called the Delaware Learning Center (DLC). One benefit of the DLC is the automation of the evaluation process, negating the need for hard copy forms. Evaluations are attached to all CPD courses in the DLC and are available following completion of the course. The course evaluations are required for course completion.

The online course evaluations rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair or Poor. Also included in the evaluations are open-ended questions under each category, requesting ideas on improvements. Relevant themes are developed regarding the trainee's perception of effectiveness of training content, process, relevance to their job, and trainer performance. The evaluations are reviewed following the training and used 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. The raw survey data indicates the rating from participants observed in the greatest frequency across the 13 DFS pre-service trainings in SFY2019 falls into the "very good" range. Additionally, the raw survey data observed in

the greatest frequency from participants completing in-service training in SFY2019 also falls into the “very good” range.

In June 2016, CPD added online DFS New Employee Midpoint and System Evaluations to the DLC. The Midpoint Evaluation was administered at the midpoint of training and included a follow-up Quality Check-In meeting between CPD and new hires. The Midpoint Evaluation and Quality Check-In meeting was held after the 2nd month of training when the DFS New Hire curriculum was held over a 4 month period of time. When the DFS New Hire curriculum was condensed to 3 months, there was less opportunity to administer the evaluation and schedule a Check-In meeting before the completion of the curriculum in the 3rd month. As a result, the Midpoint Evaluation and Check-In meeting were phased out. The DFS New Employee System Evaluation is administered upon completion of the New Hire Curriculum. These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. CPD provides the supervisors and administrators with updates on trends and information gathered from the System Evaluations.

The Mandatory Reporting Workgroup under CPAC’s Training Committee updates the mandatory reporting training programs for educators, general community, professional audiences, and medical professionals on a yearly basis. In December 2014, CPAC partnered with the Medical Society of Delaware to revise the medical training and to obtain approval for continuing medical education credit. Both onsite and web-based formats are available for each training program; all web-based training is 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. Additionally, staff from DSCYF, Department of Justice (DOJ), and OCA conducted onsite training sessions for educators and general professional audiences.

Mandatory reporter training is statutorily mandated for school teachers each year and for physicians to be relicensed. From April 2018 to April 2019, the total number of individuals trained are as follows:

Training Type	Onsite	Online DOE	Online OCA	Total
General	162	n/a	461	623
Medical	0	n/a	6,563	6,563
School	120	9,674	422	10,216
Totals	282	9,674	7,446	17,402

Objective: Establish policy and provisions to identify, document and serve foster children who also may be victims of sex trafficking.

Rationale: Children and youth in foster care, especially those who runaway, are especially vulnerable to exploitation and minor sex trafficking. The new federal Preventing Sex Trafficking and Strengthening Families Act requires attention to this special population.

Outcome: Delaware victims of sex trafficking are protected from further exploitation and abuse.

Progress Summary: During this CFSP cycle, DFS has established policy and provisions to identify, document, and serve foster children who may be victims of sex trafficking and has engaged in collaboration meetings with the Federal Bureau of Investigation (FBI). Missing foster children are reported to law enforcement, as well as to the National Center for Missing and Exploited Children. DFS implemented a protocol and practice guidelines for staff to use when a foster child returns from a runaway episode, which is designed to identify victims of trafficking. Agencies operating under the Multidisciplinary Response to Child Abuse and Neglect Memorandum of Understanding use a standard juvenile trafficking protocol to identify, screen and serve victims of trafficking.

Benchmarks:

1. Collaborate with law enforcement agencies and Department of Justice to implement protocols to report missing children to law enforcement and entry into the National Crime Information Center. Timeframe: Ongoing to September 2019. Measure: Documentation of reporting missing children to law enforcement for entry into the National Crime Information Center.

Progress Report: Missing foster children are tracked and reported monthly. One hundred percent of missing children are listed as reported to law enforcement. DFS' special investigators assist in locating and returning them to foster care settings. When a foster child is missing or has a runaway episode, the child is entered into the National Center for Missing and Exploited Children. Delaware has implemented policy and practice for the identification and reporting of missing children. Delaware has also engaged in collaboration meetings with the FBI. In addition, DFS has implemented a protocol and practice guidelines for caseworkers to use when a foster child returns from a runaway episode, which include meeting with the child and using a series of screening questions to assess if the child has been a victim of trafficking and to ensure that the proper procedures are followed if trafficking is suspected.

Safety Measures:

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

Performance: For CY2018, 114 investigation QA case reviews were completed. Safety performance is measured against 9 questions addressed in the statewide review instrument. Questions address assessing the correct household, children subject to assessment, and if safety outcomes are appropriately identified and supported. For this period, the composite outcome was 88.7%. The core safety question asks if the final safety determination was appropriate for all children in the household. The reported performance outcome was that

94.4% of the cases have appropriate safety determinations. The results of the CFSR OSRI first round of case reviews show that for Item 3 Risk and Safety Assessment and Management, DE scored an 84.44% strength rating.

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

Performance: For FFY2018, DE performance was 96.67% for this measure.

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

Performance: For FFY2018, DE performance was 99.53% for this measure.

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.

Progress Summary: Over the last 5 years, Delaware has implemented family search and engagement strategies. TDM meetings require caseworkers to invite maternal and paternal extended family whenever feasible. The following information indicates the number of mothers, fathers, youth, and relatives/informal supports who participated in TDM meetings.

Year	Mother	Father	Youth	Relatives/Informal Supports
SFY 15	84%	53%	78%	74%
SFY 16	77%	55%	74%	78%
FY 17	76%	46%	67%	73%
CY 18	76%	45%	98% (of youth invited attended)	75%

Group supervision frameworks are a part of practice. A genogram is a part of the case review process. Genograms and family supports are also discussed in the Family Strengths and Needs Guide and the Child Strengths and Needs Guide, which are utilized in treatment.

The family engagement PIP workgroup was developed in 2015 and set activities for increasing family engagement. The group developed reviewed the Entry to Exit Tool with staff. This tool provides suggestions for tools that can be used with families/youth to increase family search and engagement across the life of the case from the hotline to Permanency. The group also trained staff in family team meetings and Collaborative Planning, which includes work about helping families build their network. Policy was implemented in 2019 around family contacts, frequency and quality.

Focus group and survey stakeholders see improved family engagement to prevent foster care placements and in case planning. Legal representatives disagree at a higher rate than other stakeholders.

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: December 2017. Measure: Percent of initial and current relative foster care placements per the Entry Cohort Longitudinal Database (ECLD).

Progress Report: TDM meetings were implemented within the timeframe of the current CFSP, and policy states that TDMs are preferred to be held prior to placement, as a placement prevention tool and as a method for engaging families in the planning process, whenever possible. TDM meetings require workers to invite maternal and paternal extended family whenever feasible. For CY2018 mothers attended 76% of all TDM meetings, father attended 43% of meetings, and youth attended 67% of meetings. Relatives and informal support persons attended 71% of meetings. Because maternal and paternal relatives attend TDM meetings, it provides DFS with a much larger pool of resources for placement and support.

See Safety Goal: At-risk children are safe and protected from harm, Objective: Implement Safety-Organized Practice across all program areas, Benchmark 3. Progress Report for description of 2018 family team meeting training.

In February 2018 Delaware launched their new computer system called FOCUS. There is a record specifically designed to record family team meetings. This record was shared with participants in the Family Team Meeting and Collaborative Planning training that began October 31, 2018. There are 43 family team meetings recorded for CY2018.

The family engagement workgroup worked on these key activities during CY2018:

- Established a Family Team Meeting Practice Standards/Guidelines in February 2018. This guide provides guidelines for the use of family team meetings throughout the life of a case. This guide was discussed and provided to all participants in the Family Team Meeting and Collaborative Planning Training. Curriculum of this training included detailed discussion about how to help a family

build their safety, permanency, and wellbeing networks. This includes tools to help identify and engage network members.

- Reviewed the Entry to Exit tool at SLT and program workgroups. This tool was developed to provide strategies for family search and engagement throughout the life of a case for each function. It identifies key activities that can be completed for each function.
- Discussed with hotline management and supervisors how important family search and engagement is at intake. A request was made for intake staff to ask for family information, especially about the absent parent (primarily fathers) and other family supports. Here are the results of Report Line record samples:

Time Frame	Mothers	Fathers	Relatives
April 2018 – September 2018	82%	58%	Not Recorded
July 2018 – September 2018	97%	60%	27%
October 2018 – December 2018	90%	60%	43%
January 2019 – March 2019	89%	64%	52%

Delaware adopted the Consultation Framework model for group supervision. Family supports and genograms are discussed and included in this consult. Any case may be presented for group supervision, however, every case with a safety plan that transfers from investigation to treatment is reviewed. From 2/6/18 (date of FOCUS implementation) to 6/30/18, 481 group supervision Frameworks were entered and 96% included a genogram. These findings were discussed at the strategic leadership team meeting with a reminder to include genogram information in the Consultation Framework. Here are the Framework and genogram quarterly completion rates since FOCUS implementation:

Timeframe	Number of Consultations	% Included Genogram
2/6/18 – 6/30/18 (starting date of FOCUS implementation)	481	96%
7/1/18 – 9/30/18	163	97%
10/1/18 – 12/31/18	243	91%
1/1/19 – 3/31/19	281	99%

A workgroup was formed to discuss and implement visitation hosts. Visitation hosts are supports to the family who can assist the family with informal visitation in an effort to increase visitation between children and their parents. This is currently in a pilot phase with two contracted agencies, Children & Families First and Children’s Choice.

The family engagement PIP workgroup has developed a Practice Guide for Family Team Meetings. This workgroup is also reviewing and revising policy related to family engagement. The workgroup conducted training for staff on family team meetings in 2018 and 2019.

The contract for family search and engagement services that had been in the adoption program area, has been moved to the treatment program area so that these services may be expanded and offered earlier on in the life of a case. This will increase the potential success of locating and engaging with family prior to seeking termination of parental rights. This approach will be much more efficient and will likely lead to meaningful connections and possible permanent placements for children who have entered into foster care.

The Family Strengths and Needs Guide (FSNG) is the SDM[®] tool adopted by DFS. A part of the FSNG is to complete a genogram or ecomap. When this is completed with families, it helps identify and locate other relatives.

From April 1, 2017 to March 31, 2018, 167 of 995 children in placement were living with relatives (sources are FACTS and FOCUS).

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 FOCUS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: Looking at Permanency Outcome 2 from the CFSR OSRI case reviews completed for the April and October 2017 Periods Under Review, Delaware does very well with Items concerning family and community connections:

OSRI Items	Results of Case Reviews
<i>Item 7: Placement with siblings</i>	89.36% (N=47)
<i>Item 8: Visiting With Parents and Siblings in Foster Care</i>	90.77% (N=65)
<i>Item 9: Preserving Connections</i>	97.94% (N=97)
<i>Item 10: Relative Placement</i>	96.74% (N=92)
<i>Item 11: Relationship of Child in Care with Parents</i>	94.55% (N=55)

An additional element from OSRI case reviews, Item 13: Child and family involvement in case planning, scored 83.53% for the April-September 2018 case reviews which exceeded our baseline and improvement goal. Case reviews indicate that DFS is engaging children and family in the case planning process. Family team meetings are being utilized. DFS is exploring relatives throughout child’s involvement with the agency and striving to preserve child’s connections to parents, siblings, and others.

3. 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: TDM workgroup meets quarterly and reviews data reports on family member participation. Please refer to Permanency Goal: Children maintain or achieve permanency, Objective: Implement family search and engagement practice, Benchmark 1 Progress Report for statistics of family member participation in TDMs for CY2018.

Strengths were noted in the areas of relative and non-relative supports and family engagement at annual stakeholder meetings held 3/26/18 and 3/27/19. These meetings present program accomplishments and priorities, review performance measures and gather stakeholder input to inform the coming year's strategic planning. This is also noted as a strength in focus group meetings held throughout the state March 2019. These focus groups consisted of agency workers, foster parents, youth, adopted parents, adopted youth, parents, and community stakeholders.

Feedback is positive around family search and engagement practices and is discussed more frequently from frontline staff to administration. Recommendations for family team meetings are often a next step in framework group supervision

DFS continues a contract with Children & Families First Inc., to provide 'Family Finding', a family search and engagement service to children who had been in foster care for more than 3 years and had a goal of TPR/Adoption or APPLA. This service was expanded to include non-TPR'd children and children who are in foster care less than 3 years and assigned to treatment units. The contract was recently moved from the adoption program area to the treatment program area which will now allow this service to begin much sooner in the life of a case and well ahead of any consideration to terminate parental rights. The contract also includes 'Family Outreach'. This service ranges from 6 to 9 months per case to mine records and case participants for information not readily available. The service locates and engages relatives and other important relations for children in foster care with the objective of locating permanent resources and 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 use various family search and engagement (FSE) tools and strategies. FSE activities are 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 as genograms, Eco Maps and MY LIFE (3-5-7 Model[®]) to gather information about family resources.

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. DFS, its sister Divisions of Prevention and Behavioral Health Services and Youth Rehabilitative Services are collaborating to expand community-based services for teens. Recent data on children exiting to adoption within 24 months is the best on record; the agency wants to continue timely adoptions.

Outcome: Foster children have lower rates of replacement.

Progress Summary: Over the past 5 years, Family Services has implemented a foster care recruitment plan and support services to improve placement stability. Efforts included making early relative placements, tracking placement moves with several metrics, implementing ice breaker meetings and recruiting for foster homes willing to care for siblings. Adoption services are provided for pre-adoption and post-adoption families such as day respite, family workshops, case management, crisis case management and informal community social gatherings. The 2015 CFSR rated 90.38% of 52 applicable cases as a strength for Item 4: Stability of foster care placement. OSRI case reviews for all cases finalized to date rate 66.67% as strength (April 2018 to date, N=93). There is improvement for the more recent period with 74.36% rated strength (October 2018 to date, N=39). Reviewing the CFSR Round 3 Measure and Data Standard, Delaware shows 4.32 moves/1000 days in care for placement stability. This is showing as no substantial difference than national performance. Eighty-one percent of surveyed DFS staff agree the agency works actively to prevent replacement of children and makes placement decisions based on the child's best interest. Legal respondents, foster parents and youth have higher rates of disagreement. Five percent of children in foster care during April 2018–March 2019 were adoption disruptions. In summary, placement stability performance is reported as both a strength and area needing improvement.

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: For CY2018 there were 725 youth placed in foster care on 1/1/18 and approximately 675 youth placed on 12/31/18. There were 44 DFS foster homes approved in CY2018 and a total of 429 foster homes active either managed by DFS or contracted agencies. The recruitment team has met quarterly to review stats and efforts in recruiting. There have been shifts in recruitment efforts to target current population needs which in the last year have been the substance exposed infant with medical needs and challenging teens. Recruitment activities targeted recruitment in the medical community and looked at efforts to cultivate and strengthen current foster parents to meet those children's needs.

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: The recruitment plan continues with informed adjustments to targeted recruitment efforts. The plan is discussed and monitored at regular meetings with foster home coordinators and at the quarterly recruitment meeting. Last year there was emphasis on recruiting foster homes for sibling groups. Of the 45 sibling groups in cases prior to permanency unit assignment, 71% of them are placed together. There are 73 sets of siblings placed together when including children in permanency cases. The initiative to have an online registration for the information session has proven very successful in data collection, communication and attendance. Data analysis shows a good amount of contact with the community and interest in fostering, but struggles with keeping interested parties engaged throughout the process resulting in a similar number of approved foster homes this year as compared to last year. During CY2018 there were 44 new foster homes open. There was approximately 467 families registered for an information session in 2018, 120 attended, 93 completed training, 60 had completed home studies and 44 were opened. The recruitment team is reviewing the reasons for the drops for implementation of strategies in the coming year.

3. 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 at a minimum of 6 times throughout the year and statewide. The topics have included Love and Logic classes, fetal alcohol spectrum disorders (FASD) workshops, lying and stealing workshops, understanding the importance of birth parents, bonding workshops, and parenting children who are traumatized. There was also a diverse family group celebration of African American heroes, presentations on culture and ethnicity, and a number of trainings on MY LIFE to child attorneys, DFS caseworkers and supervisors, as well as community agencies.

Referrals for these support groups and activities come from DFS foster care, private agencies, and the families themselves seeking post adoption training and support services. Referrals for post-adoption services are increasing in recent years. During the period April 1, 2018 to March 31, 2019 ABCFOC provided 308 hours of case management and crisis management services for approximately 89 children. Twenty days of respite were provided for 30 children statewide and adoption support groups met 4 times each month. ABCFOC also provides a recreation/respite program, educational workshops and presentations statewide. The children and families served were a combination of those with adoptions occurring in Delaware as well as other states and international adoptions.

DFS continues to contract post-adoption services with ABCFOC which provides services statewide for families touched by adoption and permanent guardianship. DFS has also added an information and consent form to the adoption and permanent guardianship agreements so that DFS may provide ABCFOC with the names and contact information of families who are finalizing adoptions and permanent guardianships. They are added to ABCFOC's email list to be aware of upcoming events and to allow check-ins at key points over time. These activities promote early intervention services before crises arise.

For the period April 1, 2018 to March 31, 2019, five children entered foster care resulting from an adoption dissolution and two from permanent guardianships that fell through. Four of those children remain in foster care as of this report. Three exited from foster care when a previously TPR'd relative petitioned for guardianship. For the period April 1, 2018 to March 31, 2019, AFCARS data indicates that of 996 foster children, 47 or 5%, were adopted.

4. 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 FOCUS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: Using the CFSR OSRI case reviews, Item 4: Stability of Foster Care Placement measures 74.36% strength for completed October 2018 to date case reviews (N=39). This is an improvement from the 66.67% observed in the first round of completed reviews. Looking at number of placements, element #24 from the 2019A AFCARS report, 220 of 786 children (28%) had one placement; 240 (31%) had 2 placements. Fifty-nine percent of children in care had 2 or less placements. There were 1144 children who spent at least one day in foster care during FY2018. This was a 3% decrease from the 1176 children in who spent at least one day in foster care during FY2017. In reviewing placement stability within the first 100 days, 29% fewer foster children 12 and younger had 2 or more placement moves in SFY2018 than SFY2017 (106 to 75). For children 13 and older, 8% had 2 or more placement moves in SFY2018 than SFY2017 (52-48). Reviewing the CFSR Round 3 Measure and Data Standard, Delaware shows 4.32 moves/1000 days in care for placement stability. This is showing as no substantial difference than national performance.

Delaware established a CQI Post Adoption Prevention Workgroup. The team is gathering and analyzing data on the number of previously adopted children that are currently involved with not only DFS but other sister agencies. This team will recommend actions to strengthen services to prevent adoption disruptions. An early theory of change is to communicate and promote available service at various points to adoptive families.

5. 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: Ongoing and regular meetings are held with both DFS foster home management team and private agencies for contracted homes to discuss placement needs, status and quality of homes, training for foster parents and other issues arising effecting recruitment and placement needs. Capacity reports are shared; as of March 2019, there are approximately 429 approved foster homes in Delaware. There are approximately 673 children in foster care placements with 122 placed with their families. There were continued efforts to improve communication across functions working with foster families or youth placed in foster care. DFS reorganized supervision of the foster care units responsible for finding placements. The units were moved under new management to support consistent statewide practices.

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.

Progress Summary: For the past 5 years, Family Services implemented a practice model, Safety Organized Practice, that uses strength based family engagement strategies and tools. Family teaming, searching for absent parents, kinship supports, trauma informed care and collaborative permanency planning activities aim to achieve timely permanency. Measurements for achieving permanency outcomes are mixed. Delaware's CFSR Round 3 national profile reports below standard performance for achieving permanency in 12 months, and meeting standards for achieving permanency after 12 months. Case reviews score 84.04% as strength for Item 6: Achieving reunification, guardianship, adoption or APPLA (April 2018 to date, N=94). Stakeholders generally agree contacts with children and parents are of adequate frequency and quality contacts to achieve case goals; legal representatives and foster parents have higher rates of disagreement.

Benchmarks:

1. Provide MY LIFE programming to all appropriate foster children and youth; prioritize children with a permanency plan of adoption or APPLA. Timeframe: June 2019. 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. MY LIFE services have been provided since 2-28-11 via DFS special needs adoption contracts with ABCFOC, Bethany Christian Services, Children & Families First, and Children's Choice. New activities since 2016 include adding reunification cases as recommended by Permanency Planning Committee (PPC) to eligible populations. Referrals in general have steadily increased since 2011. From April 1, 2018-March 31, 2019, MY LIFE services were provided to approximately 436 children. New referrals are received monthly statewide.

Initial MY LIFE training was provided in 2011 to DFS and contracted agency staff by Darla Henry and Stephanie Hodge Wolfe of Darla L. Henry & Associates, Inc. Since 2011, MY LIFE training was delivered in 2012, 2014, 2015, 2016, 2017, and 2018. Contracted private adoption agency staff as well as DFS staff attended group sessions as well as individual sessions in the summer of 2017 and in the fall of 2018. The training offered an overview via web presentation to newer workers and provided opportunities to learn from their seasoned peers. DFS and private agency staff met for a daylong session to help service provider's problem solve barriers to the program and overall permanency achievement.

MY LIFE services have been extended to include some children with goals of reunification as recommended at PPC but the primary recipients of this service are children with the goal of TPR/Adoption as this is where the contract exists. The goal is to assist children in foster care with their difficult work of grief and loss so that they are more prepared to accept permanency decisions and to be able to form more trusting relationships in the future. Providing family search and engagement services to more children earlier on in the life of a case was CFSR PIP activity. DFS moved the family search and engagement contract to the treatment program area to include children with reunification goals.

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

Progress Report: The kinship program expanded statewide in 2016. There was initial growth statewide, followed by a decline in opening kinship homes. This has been identified as a workload issue. The kinship committee struggled this year to meet consistently, primarily due to the membership turnover of almost the entire committee due to retirements and promotions. The Division applied for Kinship Navigator funds to address the workload challenge and properly resource programming. Despite the stalling of the formal kinship program in Delaware, there is an increase in the number of children that are placed with family in worker only approved homes. These families are not licensed foster families, but do meet safety standards. The program offers added supports to kinship care placements including ongoing training, financial stipends, community supports, and staff supports. These caregivers are not licensed, but are evaluated for safety and ability to meet the children's needs. As of April 29, 2019, DFS had a total of 88 children in placement with relatives, 12 children placed in kinship certified homes, 3 designated approved relative foster parents and 73 children placed with worker approved relative or kin families.

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: Recommendations from the CFSR PIP permanency workgroup include the following: 1. Concurrent planning earlier in a case; in particular at Permanency Planning Committee 9 month reviews; 2. CIP will recirculate the recently released CIP Leading Practices report which outlines recommended court practices for all CIP cases; 3. Monitoring delays in receiving court orders over 90 days; 4. DOJ and OCA will assess the legal history of all parties to determine legal presumptions; 5. DFS and provider agencies will communicate with resource parents when there are delays about any permanency decisions to explain information available; 6. The child's planning team to implement family search and engagement services earlier in a case and expand contracted FSE services to children with the goal of reunification. Acting on these recommendations, CIP and DFS jointly planned a statewide permanency training in July 2018 focused on improving permanency planning for older youth. Training objectives were: increase the awareness and importance of family search and engagement, explore additional strategies on how to rely less on the plan of APPLA for older youth, understand how to correctly utilize guardianship/permanent guardianship as viable permanency options, increase knowledge of evidence based interventions for case workers and staff, engage in discussion around how to approach concurrent planning with case planning. DFS and CIP also organized a panel discussion between Family Court Judicial Officers and DFS staff to enhance communication and understanding as to how court decisions are made and orders issued.

DFS and CIP also partnered with Casey Family Programs to offer Permanency Values training, a day long training focused on the importance of permanency and creating a sense of urgency around achieving permanency for youth in out of home care. The training also explored tools and strategies to increase the likelihood of achieving permanency for older youth. These trainings strengthen legal processes to improve timely permanency. From there, DFS and CIP went on to coordinate Permanency Roundtable (PRT) learning sessions which served to illustrate how PRT's work and how they can enhance existing permanency efforts. PRT's were completed on three cases with each team being an active participant on next steps and assigned tasks moving forward. Action plans were created with 30 day follow up meetings planned. Permanency Roundtable facilitator training is scheduled for June 2019 to sustain the work learned in the PRT sessions. The training will be offered to permanency supervisors, senior case workers as well as private agency case workers and supervisors. Making the PRT process sustainable will allow DFS to extend the roundtables state wide and on an ongoing basis. DFS will begin with older youth and youth who have been difficult to recruit for. PRT's should be held on cases prior to consideration of APPLA plan in an effort to exhaust and explore all options for permanency and meaningful connections.

Lastly, CIP and DFS are coordinating an additional training called “Unpacking the No” which will be offered to DFS leadership, frontline staff, private agency partners as well as various other community and legal partners. This training will explore the barriers case workers and others on a child’s planning team may experience when attempting to move forward in planning for permanency. These barriers could be the child’s resistance or perhaps others involved on the case. The training will offer expanded knowledge and strategies on how to work past those barriers in order to have the best chance of achieving permanency.

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, child attorney, 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. PPC meetings include DFS managers and supervisors, representatives from the Office of Evidenced-Based Practice, private agency service providers, and a representative from DYRS. 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, caseworkers consider past history with DFS and consult with legal counsel for further discussion. Judges also direct DFS workers to refer such cases to the PPC. Supervisory case conferences focus on the permanency planning efforts and activities for the younger children. Referrals for MY LIFE, child specific recruitment and FSE can be completed as needed and as appropriate.

From April 1, 2018 through March 31, 2019, there were 467 children reviewed by the PPC statewide. 255 of those were children 5 and younger.

There continues to be an emphasis on children age 5 and younger even though all children placed in foster care are reviewed for expedited permanency planning, if applicable. The early screening tool helps supervisors and case workers with determining the factors that impact expedited permanency planning.

For this reporting period from April 1, 2018 through March 31, 2019, there were 124 children adopted and 75 of those children were age 5 or younger.

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 FOCUS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: Exits to permanency are reviewed by the Adoption Program Manager regularly by running the adoptions finalized reports developed in FOCUS. This report may be run at any time, for any specified period of time, sorting the data by age of child or by date or other factors, as needed. The data from the adoptions finalized reports are shared at monthly Interagency Committee on Adoption meetings as well as other permanency related meetings such as CFSR PIP workgroups and with agency and community partners.

Using CFSR Round 2 national standards data, DE scores 60.4% for reunification within 12 months from the most recent removal from home (Goal is 75.2% or higher). DE scores a 39.7 for adoption within 24 months from the most recent removal from home (Goal is 36.6% or higher). CFSR Round 3 Measure and Data Standards are as follows:

CFSR Round 3 Measure and Data Standard	RSP Interval and Data Period	CFSR Round 3 Performance Category
Permanency in 12 months (entries) - 42.7%	30.5 (26.1%-35.4%) 10-1-14 to 9-30-17	Worse than national performance
Permanency in 12 months (12-23 mons) - 45.9%	48.2% (41.9%-54.6%) 10-1-16 to 9-30-17	No different than national performance
Permanency in 12 months (24+ mons) - 31.8%	33.2% (27.3%-39.5%) 10-1-16 to 9-30-17	No different than national performance

Looking at the CFSR OSRI case reviews, there is a marked improvement from April-September 2018 results (n=90) to the current October 2018-March 2019 results (n=39) for Item 5: Permanency goal for child. There is consistency in permanency achievement.

OSRI Items	Results of April-September 2018 Case Reviews (N=90)	Results of Completed October 2018 to Date Case Reviews (N=39)
<i>Item 5: Permanency goal for child</i>	81.48%	97.44%
<i>Item 6: Achieving Reunification, Guardianship, Adoption or APPLA</i>	83.33%	84.62%

As per latest CPAC report, for CY2018, 462 children exited foster care. Of these children, 23% were adopted, 36% were reunified, 24% exited to guardianship, and 16% aged out of foster care. Per DFS's foster care exit reason report, for FFY2018, 28% of youth were adopted, 36% were reunified, 24% exited to guardianship, and 12% aged out of foster care.

Delaware established a CQI Periodic Review and Permanency Outcomes Committee. Family Court and DOJ representatives are on the committee. This committee was formed after review of AFCARS and OSRI case reviews showed a gap in court review hearings, or periodic reviews as well as the need to improve timely achievement of permanency outcomes. This team is currently reviewing data related to the regularly scheduled court reviews and the impact it has on permanency outcomes. Cases awaiting TPR proceedings

are losing track of 6 month review hearings. Early recommendations are implemented to proactively track periodic reviews and include review orders with TPR hearings.

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 FOCUS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: See Objective: Improve timely exits to reunification, adoption and guardianship for foster children, Benchmarks 1-4 for progress report.

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

Rationale: The number of youth with APPLA goals was 321 for FFY2008 and 120 for 2014. The agency wants to continue to reduce the number of youth exiting foster care at age 18. (This rationale updated to identify the 120 APPLA goals as the 2014 baseline count.)

Outcome: Reduced number and percentage of youth exiting foster care at age 18 without permanency.

Progress Summary: Through collaboration with Family Court and Office of the Child Advocate, provisions were implemented to comply with Preventing Sex Trafficking and Strengthening Families Act requirements to limit the option of placing foster children in a planned permanent living arrangement. Per the CPAC Dashboard, as of December 2018, there were 47 youth with a plan of APPLA; a 63% improvement from 2014.

Benchmarks:

1. Striving to develop creative child-centered, family-focused, community-based individualized service plans based on family strengths and needs, FIRST will explore a system report to measure stability and permanency outcomes for FIRST clients that includes placement stability stats, family satisfaction and measurements of needs met.

Timeframe: September 2019. Measure: Report of permanency outcomes on population served by FIRST initiative.

Progress Report: FIRST functioned with limited staff throughout 2018 and into 2019 due to staff resignations. CY2018 outcome reports are not available. The Department has prioritized FIRST by adding a full-time merit staff position to replace the previous contracted coordinator position starting May 2019. In addition, the FY2020 budget request includes three full-time merit career ladder positions to replace the current part-time casual/seasonal positions. If approved by the General Assembly, this will stabilize the FIRST team, allowing for professional growth and skills development of staff within their role. See Family Informed Resource Support Team update under Section V., Statewide Community Partner Updates, Internal Partners for additional information.

Objective: Strengthen permanency planning for children age 15 and younger.

Rationale: P.L. 113-183, Preventing Sex Trafficking and Strengthening Families Act, limits APPLA goal choices to youth age 16 and older.

Outcome: Increased number and percentage of children and youth age 15 and younger exiting foster care to reunification, adoption or guardianship.

Progress Summary: Over the last 5 years, Delaware has used TDM meetings which require caseworkers to invite maternal and paternal extended family whenever feasible. See B. Permanency Goal: Children maintain or achieve timely permanency, Objective: Implement family search and engagement practice, Progress Summary for family participation statistics. Group supervision frameworks are a part of practice. A genogram is a part of the case review process. Genograms and family supports are also discussed in the Family Strengths and Needs Guide and the Child Strengths and Needs Guide, which are utilized in treatment.

The family engagement CFSR PIP workgroup formed in 2015 and set activities for increasing family engagement. The group developed reviewed the Entry to Exit Tool with staff. This tool provides suggestions for tools that can be used with families/youth to increase family search and engagement across the life of the case from the hotline to Permanency. The group also trained staff in Family Team Meetings and Collaborative Planning, which includes work about helping families build their network. Policy was implemented in 2019 strengthening family contact frequency and quality.

By collaborating with Family Court, Delaware ceased choosing APPLA plans for foster children under age 16. Data confirms that the highest percent of youth, 60%, exit to family (reunification and guardianship). With fewer youth exiting ‘Other’, there is evidence permanency planning for foster children under the age of 16 is stronger than 5 years ago.

	FFY2014	FFY2018
Reunification	39%	36%
Adoption	25%	28%
Guardianship	16%	24%
Other	22%	12%

Benchmarks:

1. Use family search and engagement strategies tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and permanency options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives. Timeframe: June 2018. Measure: Number and percentage of children exiting to reunification, adoption or guardianship

Progress Report: The family engagement PIP workgroup has developed a Practice Guide for Family Team Meetings. This workgroup is also reviewing and revising policy related to family engagement and relative notification letters. The workgroup will conduct training for staff on family team meetings by December 2018. From January 1, 2017-January 31, 2018, 117 children exited care via adoption finalizations. Sixty-nine percent were 0-5 years of age, 29% were 6-12 years of age, and 2% were 13 years of age or older. For SFY2017, reunification within 12 months from the most recent removal is 69.6%, 5.6% below the CFSR Round 2 national standard. Permanency exit reports for guardianship is currently unavailable; more general permanency measures are listed in Benchmark 3 below.

2. 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 FOCUS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: As per latest CPAC report, for CY2018, 462 children exited foster care. Of these children, 23% were adopted, 36% were reunified, 24% exited to guardianship, and 16% aged out of foster care. Per DFS’s foster care exit reason report, for FFY2018, 28% of youth were adopted, 36% were reunified, 24% exited to guardianship, and 12% aged out of foster care.

Using CFSR Round 2 national standards calculations, DE scores a 60.4% for reunification within 12 months from the most recent removal from home (goal is 75.2% or higher). DE scores a 39.7% for adoption within 24 months from the most recent removal from home (goal is 36.6% or higher). CFSR Round 3 measure and data standards are as follows:

CFSR Round 3 Measure and Data Standard	RSP Interval and Data Period	Performance Category
Permanency in 12 months (entries) - 42.7%	30.5 (26.1%-35.4%) 10-1-14 to 9-30-17	Worse than national performance
Permanency in 12 months (12-23 mons) - 45.9%	48.2% (41.9%-54.6%) 10-1-16 to 9-30-17	No different than national performance
Permanency in 12 months (24+ mons) - 31.8%	33.2% (27.3%-39.5%) 10-1-16 to 9-30-17	No different than national performance

Looking at the CFSR OSRI case reviews, there is a marked improvement from April-September 2018 results (n=90) to the latest October to date results (n=39) for Item 5: Permanency goal for child. There is a slight increase for achievement of permanency goals.

OSRI Item	Results of April-September 2018 Case Reviews	Results of Completed October to Date Case Reviews

Item 5: Permanency goal for child	81.48%	97.44%
Item 6: Achieving Reunification, Guardianship, Adoption or APPLA	83.33%	84.62%

Delaware continues low numbers of foster children with a goal of APPLA. As per latest report from CPAC, as of December 2018, there were 47 youth aged 16-17 with a plan of APPLA, 31% of this population. Per AFCARS 2019A report, as of March 31, 2019 there are 54 youth with a plan of APPLA. In CY2018, there were 73 youth that aged out of foster care. CFSR OSRI case reviews show that out of 87 completed foster care case reviews, 17 children had a primary goal of APPLA. One youth had a secondary goal of APPLA. Of these youth, 4 had been in care 37+months, 6 for 25-36 months, 4 for 13-24 months, and 4 for 0-12 months. For 16 of the 17 youth, it was found that the agency had made concerted efforts to place the youth in a living arrangement that could be considered permanent until discharge from foster care. In 17 of the 18 reviews, DFS received a strength rating for working towards achieving the goal.

Delaware established a CQI Periodic Review and Permanency Outcomes Committee. This committee was formed after review of AFCARS and CFSR case reviews showed a gap in court review hearings, or periodic reviews as well as the need to improve timely achievement of permanency outcomes. This team is currently reviewing data related to the regularly scheduled court reviews and the impact it has on permanency outcomes.

3. 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 timely permanency. 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 FOCUS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: DFS reviews national data profile permanency measures at Strategic Leadership Team meetings at least twice per year as available. Permanency data, measures and performance were discussed CIP Steering Committee meetings. The information is also shared at statewide permanency work groups, meetings with the contracted adoption agencies, at the MY LIFE quarterly meetings, and the Interagency Committee on Adoption. The CFSR Round 2 national profile measures for adoption within 24 months of the latest removal from home shows 54.1% for FFY2018 and 39.7% for FFY2019. The CFSR Round 3 profile has Delaware below standard for permanency within 12 months, and meeting standards for longer stays in foster care. Permanency data is a component of the CPAC Dashboard and CIP Key Measures Report. These reports are regular agenda items for CPAC and CIP Steering Committee meetings.

In CY2018, 67 children age 15-17 received a TDM. The custody recommendation for 40% of these children was to remain with their parents or guardianship with a relative. Of the 40 children recommended to enter DFS custody, 6 had a placement recommendation with relatives.

See Permanency Goal: Children maintain or achieve timely permanency, Objective: Implement family search and engagement practice, Benchmark 1 for family engagement workgroup activities.

A workgroup was formed to discuss and implement visitation hosts. Visitation hosts are supports to the family who can assist the family with informal visitation in an effort to increase visitation between children and their parents. This is currently in a pilot phase with two contracted agencies, Children & Families First and Children's Choice.

Count Improvement Program and DFS partnered with Casey Family Programs to conduct Permanency Values training and received technical assistance to conduct Permanency Roundtables to effect permanency for challenging youth. Training and PRTs create a sense of urgency around achieving permanency for youth in out of home care.

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.

Progress Summary: During the past 5 years, Family Court has been a strong partner in addressing permanency outcomes for foster youth. Court personnel participates in CFSR PIP activities and cosponsors community trainings. The Department's FISRT program served department children by identifying formal and informal community supports to preserve families. The Department's Placement Resource Team meets regularly to review children with challenging out of home service needs. The Department has an active trauma informed program that promotes application of trauma informed decision making. DFS partners with Casey Family Programs for permanency training and implementing Permanency Roundtables.

Benchmarks:

1. 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.

The Placement Resource Team, an interdivisional consultation team meets biweekly to provide consultation and suggested services to assist case management teams of youth with

complex needs. The team offers consultation at division requests, placement resource recommendations for hard to placed youth and review of out of state youth. Objectives include reducing barriers to discharge from residential settings and assisting teams in finding resources to support the return of youth to the community.

Members of DFS leadership are invited to participate in the Wraparound DE workgroup led by DPBH to develop a system of care that supports all youth effected by the children's department from juvenile justice, behavioral health and foster care. The workgroup has opened doors of better collaboration and support for youth placed in foster care and youth with complex needs.

The Neuropsychology Interdivisional Consultation and Evaluation team (NICE) consists of clinical professionals from DPBHS and DFS who work to quickly identify youth who would benefit from a neuropsychological consultation or evaluation. The team uses data from Medicaid to identify neuropsychiatric risk factors as children enter foster care. Youth are then referred to DPBHS neuropsychologists who perform consultations or reevaluations as needed depending on each child's needs. The following statistics are for the NICE project to date: of 65 referrals, 11 are from Kent County, 35 New Castle County, 18 Sussex County and 1 unidentified; of the 65 referrals, 13 children were accepted for further evaluation; 7 received neuropsychological evaluations, 6 received psychological evaluations, 2 received basic evaluations and one child received both neurological and psychological evaluations.

The Trauma Informed Care (TIC) committee consists of staff from across the department who collaborate to review policies and procedures, develop trainings, and support staff development in an effort to make DSCYF a trauma informed agency. The committee identifies system strengths and opportunities for growth in order to better serve families and the community. These efforts are conducted in coordination with the Governors Family Service Cabinet Council. Employee performance plans reflect best trauma informed care practices.

2. 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' director, deputy director and operations administrator attend quarterly CPAC meetings where performance and operational topics are presented. The director, deputy director and CFSR/CFSP coordinator participate in CIP steering committee meetings where court process and permanency data are presented. The agency identifies persistent barriers to improving permanency outcomes as high workload, caregiver substance abuse and consistent family engagement activities throughout the life of a case. Delaware Multisystem Healthy Action Committee is charged with planning how to serve families with substance abuse better through a multi-agency approach. Program managers and regional administrators attend these committee meetings. In response to the high workload, the Governor's Recommended Budget for FY2019 includes 30 caseworker, supervisor and administrator positions.

See Safety Goal: At-risk children are safe and protected from harm, Objective: Continue to enhance the knowledge and skill of child welfare staff involved in investigation and treatment of child maltreatment, Benchmark 5 Progress Report for Delaware Multisystem Healthy Action Committee activities.

The CPAC caseload committee was developed in 2017 to analyze treatment/permanency caseloads and make a recommendation about caseload size. One of the critical pieces of the Caseloads Committee work was to conduct a time study analysis of DFS treatment workers. The committee entered into a partnership with Delaware State University to accomplish a time study and conduct structured focus groups. The time study occurred July 2018. A recommendation is for caseloads be lowered to 12 cases. The co-chairs of the CPAC caseload committee presented preliminary findings from the caseload/workload time study to the Child Protection Accountability Commission February 2019. They also presented at the annual Protecting Delaware's Children conference along with national experts from the CWLA. The final report and recommendations will be presented to CPAC in August 2019.

Permanency Measures:

1. Caseworker foster care contacts. Measure 1: Percent of the total visits that would be made if each child were visited once per 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: For FFY2018, Delaware's performance was 84% for Measure 1: Percent of the total visits that would be made if each child were visited once per month. For Measure 2: Percent of those visits occurring in the child's residence, Delaware's performance was 78%.

2. National Standard: Permanency Composite #4 with component scores.

- Scaled state composite score. Goal is 101.5 or higher.

Performance: For FFY2018, the scaled composite was 90.3.

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

Performance: For FFY2018, the performance for this measure was 85.1%.

- 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 FFY2018, the performance for this measure was 61.4%.

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

Performance: For FFY2018, the performance for this measure was 32.6%.

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

Performance: For SFY2017, the performance for this measure was 60.4%.

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

Performance: For SFY2017, the performance for this measure was 39.7%.

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:

CFSR OSRI case reviews show that out of 87 completed foster care case reviews, 17 children had a primary goal of APPLA. One youth had a secondary goal of APPLA For all these reviews, 100% found that APPLA was the correct goal.

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. The AECF assessment and *Outcomes Matter* promote active family engagement strategies to help families plan for their needs.

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.

Progress Summary: Over the last 5 years DFS implemented family teaming, and ice breaker meetings to improve family engagement. SOP uses core principles and strategies and tools to engage family members and youth in assessment and planning activities. TDMs are mandated for investigation, treatment or FAIR cases when children are at risk of removal or within 48 hours after entering DFS custody. Families and their supports come together with DFS to make a plan for child safety. Between 2015-2018, TDMs have diverted between 38% and 51% of children at risk of entering foster care.

Benchmarks:

1. Continue TDM 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: See Safety Goal: At-risk children are safe and protected from harm, Objective: Fully implement Considered Removal TDM model for at-risk children and families to strengthen safety assessment and planning for children at-risk of entry into foster care, Benchmarks 1. 2. and 3. Progress Reports.

Progress Report: The DFS data unit provided monthly data reports detailing TDM activity. Monthly reports are not currently available; however, the TDM facilitators consistently enter information into the TDM Database. Monthly reports are resuming in the near future. TDM workgroup meets quarterly. During these meetings trends emerge, as well as, discussion around fewer TDM occurring pre-removal. For SFY2017 mothers attended 76% of all TDM meetings, fathers attended 43% of meetings, and youth attended 67% of meetings. Relatives and informal support persons attended 71% of meetings. Foster parents and other caregivers attended 12% of the meetings and agency partners attended 94% of meetings. DFS diverted 32.9% of children from entering DFS foster care.

2. 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 2019. Measure: Documentation of research, findings, recommendations and action taken.

Progress Report: The program support team periodically conducts research of best practice models. The team is working with Casey on plans to implement Family First Act provisions. The California Clearinghouse is one website reviewed to consider evidence-based prevention models. When reviewing family engagement practices throughout the United States, the Child Welfare Information Gateway and Child Welfare League of America were helpful resources. The program support team works closely with the Children's Research Center and Casey Family Programs on family search and engagement, SOP, TDM, SDM[®], and other initiatives.

3. Conduct Ice Breaker meetings between biological families and foster parents when children enter care to share information and strengthen child normalcy. Timeframe: June 2016 to September 2019. Measure: Ice Breaker meeting reports and statistics.

Progress Report: Ice Breakers continued, but at a lower frequency or under reported. A re-emphasis on Ice Breakers occurred in the fall of 2017 and there is an increase in the number of meetings held. There were 94 formal Ice Breakers reported in CY2017. Sixty-four occurred after the initial 5 days and 30 were within 5 days of placement. Feedback continues to be that these meetings improve communication and overall care of the child. DE intends to track placement stability or reunification statistics for this population starting 2018. In addition, DFS did not implement Ice Breakers with group home placement settings, but there are plans to implement by early 2019. Ice Breaker tracking was adjusted to counts within 1 week, within 2 weeks or after 2 weeks of placement. Best practice is to hold sessions in the 1st week of placement.

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 FOCUS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: A family engagement workgroup was formed in 2015 to review family engagement practice, strategies and implementation supports. Achievements from the workgroup include:

- Partnered with the Children’s Research Center to develop curriculum around Family Team Meetings and Collaborative Planning. This was a mandatory training for DFS staff. The curriculum includes developing helping the family develop safety, permanency, and wellbeing networks, collaboration with families, and process for holding a family team meeting. The training will continue quarterly for new workers or any staff who need a refresher. Training was also provided to Provider agencies and future trainings are offered to agency partners.
 - Built a family team meeting record in FOCUS system and trained staff on how to use this record.
 - Established policy and guidance around caseworker visits with family. This policy gives guidance to supervisors on considerations they should make when assigning contact schedules in treatment cases.
 - Revised the Face to Face Contact Template that is used to document each face to face contact with a parent, child, or caregiver.
 - Updated the relative notification letters and reviewed the policy.
 - Continued quarterly TDM training for new workers.
 - Revised the policy for diligent efforts and supervisor case conferences. Both policies were discussed with supervisors in program meetings.
 - Conducted refresher training on Ice Breaker meetings.
 - Piloted a visitation host program. A visitation host is a person identified by the family who is willing and able to supplement visitation between the children and their families. The pilot continues with 2 contract providers.
 - See Safety Goal: At-risk children are safe and protected from harm, Objective: Implement Safety-Organized Practice (SOP) across all program areas, Benchmarks 1, 2., and 3. Progress Reports on SOP.
 - See Permanency Goal: Children maintain or achieve timely permanency, Objective: Implement family search and engagement practice, Benchmark 1. Progress Report for more information on family search and engagement activities.
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: See Safety, Goal: At-risk children are safe and protected from harm, Objective: Implement Safety-Organized Practice (SOP), across all program areas,

Benchmark 1 for discussion of the Information Sharing and Consultation Framework; and Objective: Fully implement Considered Removal TDM model for at-risk children and families to strengthen safety assessment and planning for children at-risk of entry into foster care, Benchmarks 1., 2. And 3. for TDM progress reports.

Policy requires that every child entering care have a TDM unless there is an exception reason why a TDM is unnecessary. Only a Regional Administrator or an Assistant Regional Administrator can grant a request for an exception. For FY2018, exceptions were granted for 58 children (15%) entering care.

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.

Progress Summary: During the past 5 years, Delaware has lowered the percentage of youth exiting care other than reunification, adoption or guardianship from 22% in FFY2014 to 12% for FFY2018, which is evidence fewer youth are aging out of foster care. A companion measure is the percent of youth aging out who were in care for 3 years or more. Delaware FFY2014 rate was 43.8% and lowered to 23.1% for FFY2018. For the period July 2018-April 2019, of all youth completing an outcome survey, 64% reported being enrolled and receiving education, 28% of youth reported receiving their high school diploma, 18% of youth reported being employed either part time or full time, and 53% of youth reported being enrolled in post-secondary/vocational programs. During July 2018 through March 2019 all youth reported having a permanent connection to an adult. Of 6 young adults completing a survey, all agreed caseworkers helped them with school needs.

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: Ongoing to September 2019. Measure: Quality assurance case review and independent living data reports.

Progress Report: DFS caseworkers continue to use FSE strategies whenever possible. In permanency/adoption units, MY LIFE and FSE services are available through a contract with private agencies. Requests for FSE services have increased over the past year. In order to continue providing quality FSE work at a time when it's most needed, the FSE contract moves from the adoption program area to the treatment program area where the critical work can begin earlier in the life of a case and prior to consideration of a TPR goal recommendation. Priorities will be set to accommodate referral capacity. Youth who have an assigned FSE worker are also able to participate in MY LIFE services.

FSE is also documented in family team meetings and STEPS 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 as genograms, Eco Map and MY LIFE to gather information about family resources.

In August 2017, policy was revised around the Child Plan and Child Plan Reviews for youth 14 years and older, allowing youth to participate in the planning and invite up to 2 supports chosen by the youth who are not a foster parent or caseworker. In permanency/adoption units, MY LIFE and FSE services are available for older youth. Currently there are 3 youth, 16 years and older, with an assigned FSE worker through the contract with CFF.

One hundred percent of youth participating in the independent living (IL) program who completed a monthly outcome survey during July 2018 through March 2019 reported having a permanent connection to an adult.

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: STEPS meetings remain by policy a requirement for youth 17 and older to help ensure a planned and successful transition from foster care to adulthood. The Independent Living Program Manager has worked diligently with regional staff to help assist with timely completion of the STEPS meetings and to provide technical assistance to help ensure that the meetings are conducted. A tracking system for STEPS meetings is being developed for FOCUS. STEPS training was conducted during CY2018-2019 to regional staff, contracted providers and community partners that serve adolescents. Training will be conducted for STEPS meetings to refresh the facilitator pool at the end of CY2019. A new process for scheduling, facilitating and documenting STEPS meetings will take effect within the year. Currently, a workgroup led by the independent living program manager made up of DFS staff, contracted providers and court liaisons are working towards improving the overall STEPS process to strengthen the transitional planning for youth aging out of foster care. Feedback from youth in foster care, as well as feedback from foster families will be acquired in the development of the improved process.

3. 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: The Opportunity Passport™ match savings program remains available to youth ages 16-21. West End Neighborhood House administers the program through private funding from Franklin Mint. Opportunity Passport™ continues to provide a valuable resource for youth to gain financial literacy skills and develop money management inclusive of savings opportunities, therefore due to lack of funding the independent living program manager will engage community partners with supporting this program. Scheduled meetings are planned to collaborate ways to better meet the needs of this program.

4. 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 partnership with the Delaware Youth Advisory Council is active and healthy. The membership is stable and their leadership continues to be a valuable resource for enhancing the supports available to foster youth. The composition of adult supporters includes family court judges, Job for Delaware Graduates, Kind to Kids and contracted independent living providers. This allows opportunities to build rapport, engagement and trust with adults. Additionally, the Foster Care and Independent Living Administrator attends the monthly meetings along with the Independent Living Program Manager. Insights are shared with the foster care team to inform foster care programming as well. The youth continue the responsibilities of their annual conference, providing feedback for the APSR, and conducting community service. Their primary legislative focus is to address the challenges of getting and maintaining a driver's license given the barrier of car insurance, and changing current law related to motor vehicle ownership and liability for minor drivers using another person's vehicle. The 2020-2024 CFSP includes this issue.

5. 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: October 2018. Measure: Documented review of current foster teen handbook and appropriate actions to revise.

Progress Report: The plan to replace the teen handbook continues. Progress was delayed due to changes in administrative support staff and confusion with multiple handbook versions. In the meantime, Delaware has a telephone and online general community resource directory 2-1-1. Youth are encouraged to utilize this resource with the help of supportive adults to help navigate the various community resources that they seek. The guide will ultimately serve as a supplemental resource to those available on 2-1-1, but provide resources relative to foster youth. A partner agency, Kind to Kids, has received funding to produce a handbook for youth transitioning to adulthood that includes extensive, detailed information about resources and how to access them. In addition to the transitions

handbook, an application for mobile devices is under consideration, making it more accessible for youth.

6. 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: The new Independent Living Program Manager looks forward to engaging community partners in collaboration with the Youth Advisory Council on ways to develop connections between youth aging out of foster care with permanent, supportive adults. During the most recent reporting quarter, all youth receiving independent living services reported being connected to an adult. In August 2018, supported by the Independent Living Program Manager and Administrator, the Youth Advisory Council hosted the annual youth conference with about 80 youth and staff attending. In June of 2018 and 2019, the independent living program team along with contracted providers planned and hosted the annual Destined for Greatness event. At the event, tens of youth are recognized for achievements they had made over the past year. Partnering with One Simple Wish, the independent living program granted wishes to youth. In addition, the event recognized high school graduates. The Destined for Greatness event, along with the Youth Advisory Council conference connects youth with local partners, supports and community members while promoting youth to build on their strengths. Collaboration between Delaware State University, Delaware State Housing Authority and DFS supports enrolled youth. Subsidized Rental Agreement Program vouchers are used for student housing. Currently, there are six youth participating in this program. There are ongoing meetings between the three organizations to support this opportunity.

7. 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 other 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 FOCUS, case reviews and independent living; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: CPAC Subcommittee on Education reviews school district and IL data to guide action planning. Additionally, youth input via participation on these workgroups or through surveys provide insight for consideration. An example of the combination of data and youth voice relative to employment is Job Shadow Day. With IL data reports reflecting low employment outcomes, the committee acted to implement Job Shadow Day starting in 2014 as an annual event. Over the years, Job Shadow Day changed to a full week of opportunities for youth. This week has helped educate employers about the needs of

youth who have experienced foster care along with giving youth the opportunity to learn employee responsibilities in a supportive environment. These experiences will potentially pave the way for future employment at these agencies. Youth follow up surveys consistently rate this annual event as successful. Moving forward, the anticipated goal is to expand Job Shadow opportunities to occur throughout the year. Another example of data review with positive outcomes is the passing of legislation establishing statewide graduation standards for foster youth changing schools and districts. Reviews of graduation statistics to determine the impact of this law will occur in coming years. Assisting youth with personal and community engagement is not easily measured. Based upon youth surveys, areas of need are tutoring, mentoring, and leadership programming. Collaboration with alumni YAC board members to develop prospect experiences for mentoring of future YAC board members is being cultivated. The opportunities implemented through the prudent parenting and normalcy initiatives promotes personal and community engagement. Normalcy activities include opportunities for youth to interact with their peers such as monthly YAC meetings, youth centered holiday events and summer group activities.

The work of the self-sufficiency benchmarks workgroup continued during this reporting period and finished in the summer of 2018. During the final meetings of the workgroup, there was discussion about making the document an application on mobile devices for ease of access for both workers and youth. This idea will be pursued as an additional resource for older youth. The self-sufficiency benchmark book was revised and reissued May 2019. Training and implementation of the new self-sufficiency benchmark will be ongoing.

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.

Progress Summary: Delaware has sustained mental health screenings and consultations for children entering foster care over the past 5 years. Screeners use evidence based tools based on developmental stages or level of functioning. A consulting pharmacist entered a contract with DFS January 2015 to provide oversight of psychotropic medications and provide case consultations with caseworkers. The pharmacist also contacts prescribers when prescriptions appear out of industry standards set by Federal Drug Administration, Division of Medicaid and Medicare, and Delaware Council of Child & Adolescent Psychiatrists. System tracking of foster children's psychotropic medication and co-occurring counselling started 2017. For CY2016, 68% of foster children were on no psychotropic medication; and 73% for CY2018.

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 45 days of foster care entry. Timeframe: Ongoing to September 2019. Measure: Foster care entry assessment compliance reports.

Progress Report: Office of Evidence-Based Practice's (OEBP) Screening and Consultation Unit (SCU) screens children age 5 and younger, entering foster care. 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., DPBHS, outpatient behavioral health provider and Child Development Watch). Data from January 2018 through December 2018 indicates that 121 children age five and under were referred to the SCU upon entry to foster care. Of those 121 children, 56 of them were screened using the ASQ to assess their developmental needs. A consultation was provided as an alternative to screening for 65 children, because 46 were already involved with early intervention or mental health services, and 6 were residing in a medical facility at the time of screening and would be screened prior to hospital discharge. Thirteen children were also excluded because they had already exited care by the time of the screening. Data resulting from the 56 screenings that were conducted indicate that: 1) 10 children were referred for statewide early intervention services, and 2) 4 were referred for behavioral health services. The remaining children did not show evidence of developmental delays and not referred for additional services at that time.

In terms of the timeliness of developmental screenings and/or consultations for 2017, 80% (86 out of 121) were screened and/or received a consultation within 45 days of entry to foster care, and 83% (100 out of 121) were screened and/or received a consultation within 60 days of entry to foster care. Twenty-one children were not screened for 60+ days due to extenuating circumstances (e.g., staffing and workload issues, difficulty scheduling with foster parent). Efforts are being taken statewide to address staffing and workload issues within OEBP and throughout the Division, which should allow for improvements in this area going forward.

2. Continue Screening and Consultation Unit's assessment of foster children within 45 days 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 2020. Measure: Foster care entry and assessment compliance reports.

Progress Report: Children ages one month to 18 years old entering foster care are screened by the OEBP SCU to assess for their mental health and well-being needs. Consultations provide an alternative to formal screenings in the event that a child is already receiving

mental health services or if the child has been screened through another resource (e.g., DPBHS, outpatient behavioral health provider, Child Development Watch). 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.

SCU data from January 2018 through December 2018 indicates that 318 children ages birth to 18 were referred to the SCU upon entry to foster care. Of those 318 children, 103 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 215 children, including 136 that were already receiving behavioral health services, and 53 that were screened by another resource. Twenty-six children were also excluded because they had already exited care by the time of the screening. Data resulting from the 103 screenings indicate: 1) 44 referrals for behavioral health services (including 5 children referred for trauma-specific treatment); 2) 11 referrals for early intervention services; and 3) 6 DPBHS referrals for a neuropsychological assessment and/or testing. The remaining children did not show evidence of need for additional services.

In terms of the timeliness with which mental health and well-being screenings were administered following entry to foster care in 2018, 82% (262 out of 318) were screened and/or received a consultation within 45 days of entry to foster care, and 92% were screened and/or received consultation within 60 days of entry to care (292 out of 318). Twenty-six children were not screened for 60+ days due to extenuating circumstances (e.g., staffing and workload issues, difficulty scheduling with foster parent). Efforts are being taken statewide to address staffing and workload issues within OEBP and throughout the Division, which should allow for improvements in this area going forward.

3. 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: Best practice standards and monitoring procedures are well documented in the department Psychotropic Medication Policy #216 (<https://kids.delaware.gov/policies/dscyf/dsc216-Psychotropic-Medication.pdf>). Staff members from OEBP chair and participate on the Department Medication Committee, which consists of providers and department representatives across divisions. This committee meets quarterly to review psychotropic medication policies, practices and monitoring and oversight efforts. Data reports are shared as well as trouble-shooting related to our new information management system. One major ongoing goal is reducing the overreliance on antipsychotic medications to manage aggressive and challenging behaviors in department involved youth. Best practices related to service delivery is continuously evaluated. See Benchmark 5. For data on psychotropic medication utilization. The

committee also enhanced the department website with informational resources on psychotropic medications for families and providers.

OEBP staff monitor psychotropic medication prescribing trends in DFS involved youth, particularly youth as they enter foster care. Updated data reviews for the past calendar year are shared as part of ongoing conversations with leadership at the annual CFSP stakeholders meeting and at CFSR PIP meetings held with our federal partners, as well as the annual foster parent recognition conference. The DLC is being utilized to train all staff on best practices as they related to psychotropic medications. FOCUS reports track antipsychotics as part of the wider department initiative to track medication use patterns in department youth.

4. 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.

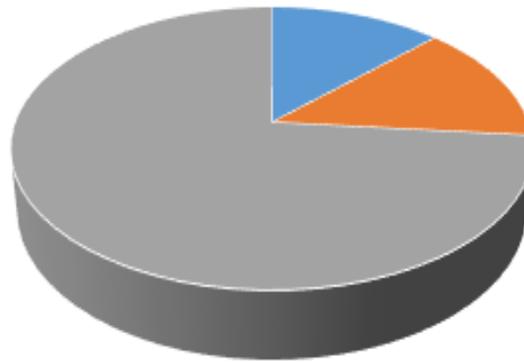
Progress Report: See Benchmark 3. For description of shared data reporting.

Results from the April-September 2018 case reviews indicate that Delaware is doing well at assessing children's mental health needs. For Item 18: Mental/behavioral health of the child, Delaware scored a strength in 100% of the cases (N=46).

5. 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: An interdivisional team that includes OEBP staff monitors trends of psychotropic medications in department youth. The OEBP pharmacy consultant completes regular aggregate and case level reviews of youth in foster care. Recent data shows progress reducing the use of antipsychotics and increasing access to psychosocial interventions for youth taking psychotropic medications. Most recent data reports reveal the following trends in psychotropic medication prescribing for CY2018 (N=1108):

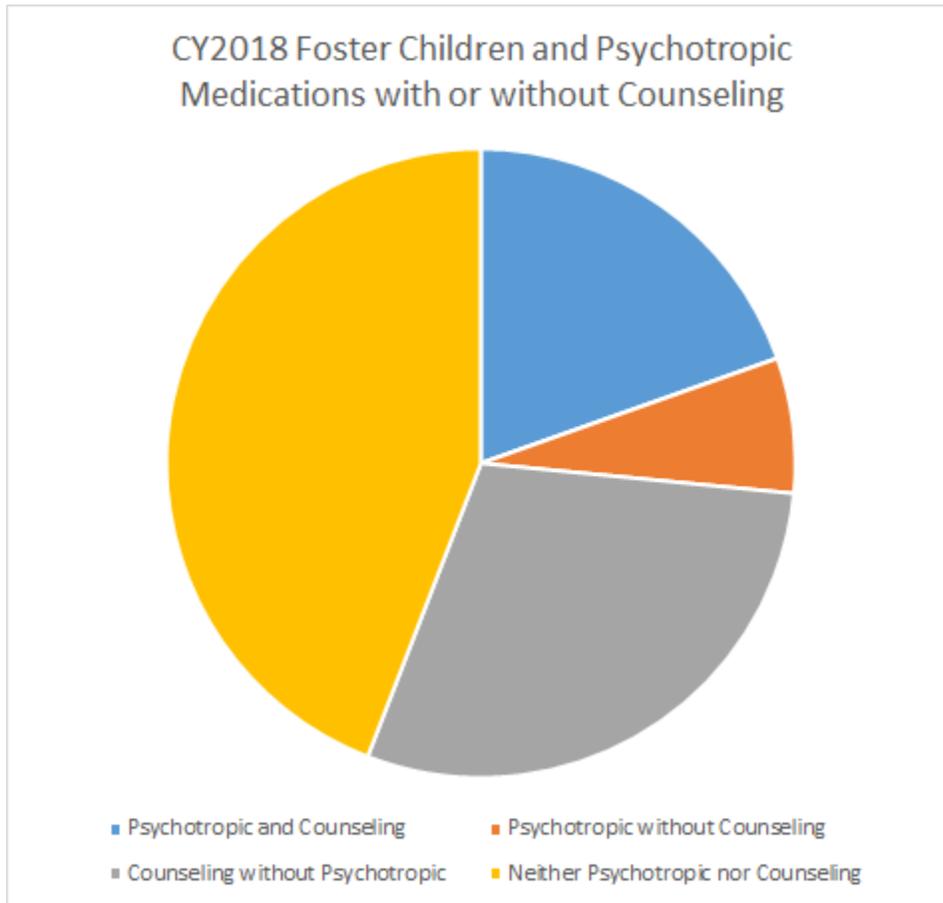
CY2018 Foster Children and Psychotropic Medication



- Psychotropic Medication but not Antipsychotic
- Antipsychotic Medication
- No Psychotropic Medication

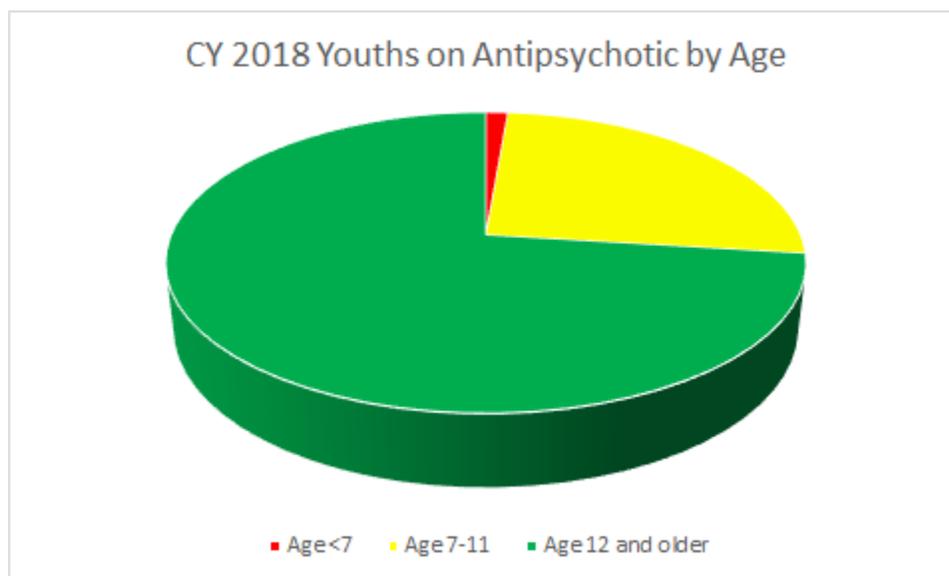
CY2018	Count	Percentage
All DFS clients 2018	1108	
Psychotropic Medication	294	26%
Psychotropic Medication but not Antipsychotic	141	12.7%
Antipsychotic	153	13.8%
On No Psychotropic Medication	814	74%

This chart is the distribution of psychotropic medication and co-occurring counselling:



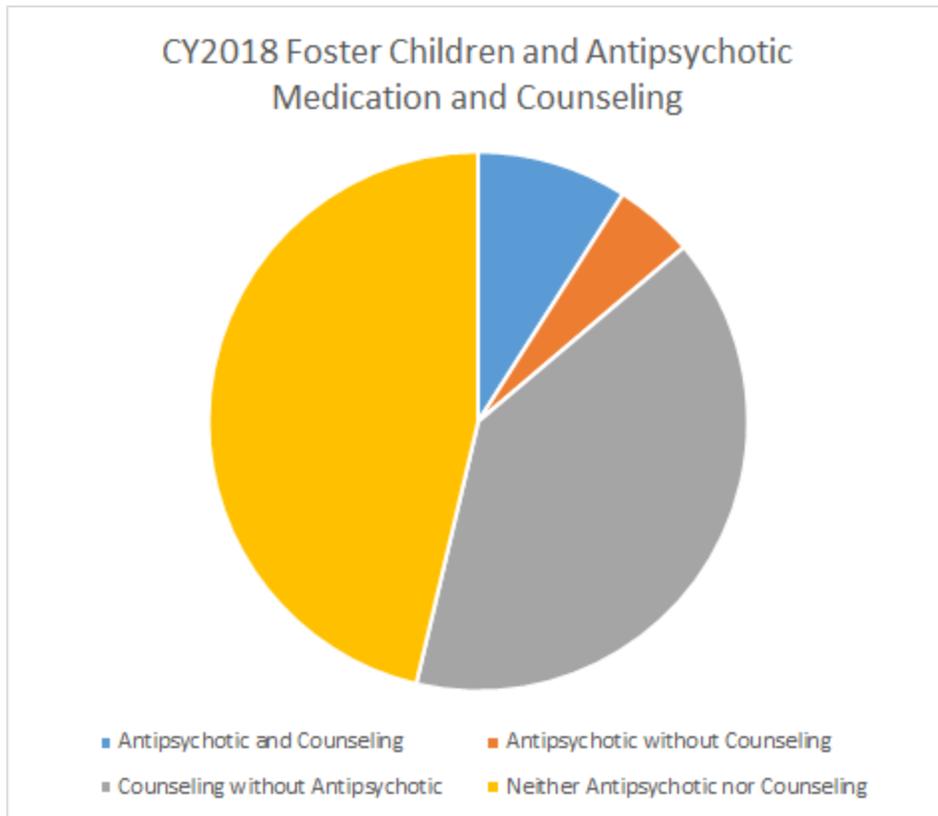
All DFS Clients (Count)	1108
On Psychotropic Medication	294
Psychotropic and Counseling	217
Psychotropic without Counseling	77
Counseling without Psychotropic	325
Neither Psychotropic nor Counseling	489
Not on Psychotropic Medication (With or without Counseling)	814

This chart is the distribution of foster children on antipsychotic medications:



DFS Foster Children on Antipsychotics By Age, CY2018 (N=153)	Percent
Age <7	1.5%
Age 7-11	26%
Age 12 and older	72.5%

This chart is the distribution of foster children on antipsychotic medication and co-occurring counselling:



All DFS Clients (Count)	1108
On Antipsychotic	153
Antipsychotic and Counseling	100
Antipsychotic without Counseling	53
Counseling without Antipsychotic	442
Neither Antipsychotic nor Counseling	513
Not on Antipsychotic (with or without counseling)	955

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.

Progress Summary: Over the last 5 years, the Treatment Program Manager attended the quarterly CPAC education committee. There are three workgroups formed out of this committee: MOU workgroup, Data Workgroup, and Training Workgroup. The Treatment Program Manager participates in the data and MOU workgroup. During this period Department of Education modified their internal data system. The data workgroup looked at the data and made some adjustments to the data requested from DOE to be in compliance with the requirements of Every Student Succeeds Act (ESSA). The data workgroup also worked on the definitions for the data requested to ensure data accuracy. In July 2018 the MOU workgroup finalized the MOU. Training on the MOU was conducted by DOE and DFS. The MOU workgroup continues to meet to monitor the compliance and effectiveness of the MOU. DFS exchanges information with DOE monthly identifying children in foster care and their caseworker. DOE sorts the data and forwards information to individual schools. This allows each school to identify the students in their building that are in foster care and it allows them to contact the caseworker directly. The committee also worked on developing the educational court report which is provided to the court for school aged children, as needed. The DFS caseworker requests the report from the district foster care liaison. The report contains the child's name and demographic information, school name, grade level, contact person, programs, special services, attendance, discipline, grades, courses, and credits earned. The report was finalized and activated in 2018. Delaware added provisions for educational decision makers during the period.

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 foster care population reports. The report includes the name and contact information for the assigned caseworker. DOE sorts the data and forwards student and 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. It also allows them to contact the worker directly if they have questions or concerns. Annually, DOE produces an aggregated data report that compares the general population of students with students in foster care. Current measures include:

- Number of children in foster care enrolled in school
- Attendance
- Absences

- Special Education Rates
- SAT Proficiency (11th grade)
- State Math/Reading Assessment Proficiency
- Graduation
- Dropout
- Retention
- Discipline

The CPAC Data Workgroup continues to collect and analyze data regarding the educational outcomes of students in foster care. Throughout 2018 the workgroup incorporated new data requirements for ESSA and clarified definitions on the data requested

DOE has a website for ESSA provisions to promote educational stability and improve educational outcomes for students in foster care. The address is <https://www.doe.k12.de.us/Page/3056> and lists district, charter and DFS liaisons.

2. Identify, recommend and implement supports for improving academic performance for foster children. Timeframe: Ongoing to September 2019. Measure: Documentation of review of data and resulting recommendations and actions taken.

Progress Report: The CPAC Education MOU workgroup reviewed and revised the current MOU between DFS and DOE. The MOU is completed and being reviewed by DOE. A Best Interest Determination Form is standardized for use by all school districts and updated to reflect ESSA guidelines. DFS supervisors and DOE foster care liaisons received training on the form.

Actions taken to improve high school graduation rates includes the development of the UGrad program by Kind to Kids, an independent child advocacy organization. The intent of the UGrad program is to provide educational support for youth in foster care that are currently in 9th through 12th grades. An advocate meets with the youth and identifies any educational needs they might have. The advocate will then assist the youth by addressing these needs through connection to tutoring supports and/or providing supplies for projects.

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: The Treatment Program Manager participates in the CPAC Education Committee quarterly and participates in the CPAC Education subgroups regarding data and MOU. Meeting minutes are located at <https://publicmeetings.delaware.gov/?agencyID=4>

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: Education data for foster children is a CPAC Dashboard measure. In 2017, 595 foster youth were enrolled in Delaware schools. In 2018, 509 foster children were enrolled.

Attendance rates were lower for children in foster care compared to children not in foster care. Students in foster care are twice as likely to be absent than students not in foster care. More children in foster care receive special education services than children not in foster care. Children in foster care are less proficient in SAT, math, and reading assessments than children not in foster care. There is a 4 year graduation cohort. Of the children in this cohort 59% graduated from high school within 4 years. This number only reflects the children who graduated in 4 years. The remaining children may graduate later.

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: See Benchmarks 1-3 for reports on use of data and subsequent activities. Every child whose family has been referred for treatment services has a CSNG that is completed within 45 days. This tool includes information regarding the student’s strengths and concerns related to their academic success. Any area of concern is addressed in the Family Service Plan and/or Child Plan. This is reviewed quarterly. OSRI case review results for all completed reviews to date indicate that agency is meeting the educational needs of children. DFS scored a 98.97% strength rating (N=97) for Item 16: Educational needs of the child.

Well-Being Measures:

1. Quality Assurance: Measurement is scoring of On-Site Review Instrument, Items 12-18. Goal is 95% or higher are rated strength.

Performance: Starting April 2018, DFS began the Federal OSRI tool as the case review instrument. Results of the first round of case reviews are as follows.

OSRI Items	April-September 2018 Case Reviews
Item 12: Needs and Services of Child, Parents, and Foster Parents	78.89%
Item 13: Child and family involvement in case planning	83.53%

Item 14: Caseworker visits with child	81.11%
Item 15: Caseworker visits with parents	76.06%
Item 16: Educational needs of child	98.25%
Item 17: Physical health of child	98.59%
Item 18: Mental/behavioral health of the child	100.00%

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: During July 2018 through April 2019 of all youth and young adults receiving services, 64% of youth reported being enrolled and receiving education, 4% of youth reported receiving their GED or vocational certificate, 28% of youth reported receiving their high school diploma, 18% of youth reported being employed either part time or full time, and 53% of youth reported being enrolled in post-secondary/vocational programs.

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/CCWIS requirements and DSCYF business needs drive the design and implementation of a new statewide automated system.

Outcome: A fully functional automated system that is SACWIS compliant and meets the business needs of the Department.

Progress Summary: The development of FACTS II was suspended in 2015. In spring of 2016, DSCYF began the development of a new, fully integrated information system, FOCUS. After 2 years of planning, development and testing, FOCUS is operational effective February 6, 2018. Change requests and edits regularly update the system. SACWIS compliance is obsolete and the agency is transitioning to Comprehensive Child Welfare Information System (CCWIS).

Benchmarks:

- ± Fully implement FOCUS (For Our Children’s Ultimate Success) supporting an integrated child and family tracking system for the Department of Services for Children, Youth and

Their Families. Timeframe: October 2019. Measure: Status reports of design, development, training and implementation of FOCUS.

Progress Report: FOCUS was put into production February 6, 2018. Staff received early training on structure and navigation of the web-based system. Testing and upgrades will continue for FOCUS over the next 1-2 years as defects and change requests are processed.

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.

Progress Summary: During the past 5 years, this system has grown from a loosely formed group of quality assurance activities to a maturing continuous quality improvement system guided by tested principles and procedures, and monitored by a CQI workgroup. Delaware adopted the OSRI case review tool, formed a pool of case reviewers, revised the investigation quality assurance tool, issued a CQI Plan, trained staff on CQI, and formed CQI subgroups for targeted areas needing improvement. DSCYF has formed a CQI team in recent months. This system was a component of the CFSR PIP; OSRI cases results are used for measuring performance of PIP activities.

1. Obtain technical assistance to provide processes, analysis of data, information and organizational structure supporting objectives of this strategic plan. Timeframe: June 2019. Measure: Documentation of technical assistance.

Progress Report: ACF provided technical support to structure and implement quality assurance case reviews. There are monthly meetings focused on implementing a standardized case review process and applying the OSRI with fidelity. A subgroup of the CFSR PIP CQI workgroup completed the CQI Academy sponsored by the Capacity Building Center for States as a foundation to draft a CQI implementation plan. DFS has requested technical assistance from that Capacity Building Center for States to provide oversight and consultation to implement a continuous quality improvement system. Teleconferences with the Capacity Building Center for States liaison occurred 9/13/18, 10/9/18, 11/16/18, and 12/14/18 along with email exchanges. The Center offered technical assistance focused on review of the CQI Plan, CQI Work Plan and associated activity implementation including the formation of focused CQI committees including the CQI Periodic Review and Permanency Outcomes Committee.

2. Draft policy and protocols to use data based information for all levels of staff. Timeframe: December 2018. Measure: Issuance of policy and protocol documents

Progress Report: A work plan to implement the continuous quality assurance system using case reviews and other data to inform decisions about program performance, training, and agency priorities with stakeholder participation was developed. It was approved by Strategic Leadership Team on 10/4/18 and approved by the Director 10/19/18. CQI plan (policy) was approved, effective 10/19/18.

3. Draft a communication plan supporting the distribution and use of data based information. Timeframe: March 2019. Measure: Documentation of a CQI communication plan.

Progress Report: Key members of the CQI team completed the communication plan. The communication plan was approved by the CQI Workgroup 10/19/18 and was presented to agency leadership at the November's 2018 Strategic Leadership Team meeting. The communication plan was utilized as a guide for the CQI training that was created and provided to staff.

4. Develop training for staff at all levels of the organization on continuous quality improvement. Timeframe: June 2019. Measure: Documentation of a CQI training plan.

Progress Report: The draft communication plan in PowerPoint format was the foundation used to build a training for various levels of staff and stakeholders. CQI training was also developed by reviewing the on-line training that is offered including the Continuous Quality Improvement in Child Welfare Overview offered on the CFSR portal, the CQI overview found on the Child Welfare Information Gateway, and the Continuous Quality Improvement in Child Welfare modules offered by UC Davis. DFS' CQI training development was completed in November 2018 and approved by the Strategic Leadership Team January 2018. DFS implemented a statewide training entitled, Continuous Quality Improvement–Framework for Success. It consists of an online training that is accessed through the DLC. It has been offered to all levels of the organization. Through the DLC, it was assigned to all DFS staff and community partners that utilize our system. At this time, 93% of all these individuals have completed the training. This training will be presented at stakeholder meetings or trainings to provide an overview of Delaware's CQI process and policy. The CQI training is a mandatory training for all DFS staff. It is now automatically assigned to all new DFS staff by the CPD. Since the initiation of this training, workers and supervisors have been reaching out asking to be a part of CQI committees. Feedback has been very positive. Staff feel better informed and have an understanding that everyone is a part of the CQI process.

5. Implement stakeholder sessions to review data and recommend activities to improve progress towards goals. Timeframe: October 2019. Measure: Stakeholder sessions documented by meeting minutes.

Progress Report: DFS continues to hold annual stakeholder reviews. Most recently, DFS held the Child and Family Services stakeholder meeting on 3/27/19. Feedback received agrees DFS has a wealth of information and data covering all services from prevention to permanency, including independent living. CPAC and Court Improvement Program Steering Committee meetings occur quarterly with review of available data standing

agenda items. A second stakeholder meeting is scheduled for September 2019. Delaware established a CQI workgroup composed of the QA Manager, DFS program managers, the DFS Operation Manager, and supervisors. This team is analyzing case review results, AFCARS, NCANDS, CAN panel findings, data reports, and various resources to determine agency strengths as well as areas needing improvement. The team looks for correlations and trends in practice. The CQI Workgroup also reviews the status of the case reviewer model, plans next steps for training, and informs CQI system development. As the team analyzes the case reviews, this team has also conducted a QA of the case reviews to ensure the fidelity of the tool remains intact. When needed, CQI workgroup determines if additional subgroups are needed to analyze specific areas and determines the composition of such groups.

The CQI-Periodic Review and Permanency Outcome Committee is a subgroup that was formed. The group consist of DFS CQI Manager, DFS Program Support Administrator, DFS case reviewer/former permanency supervisor, DOJ, Director of Special Court Programs, CIP Coordinator, DFS Operations Administrator, and DFS Data Analyst. Analysis of AFCARS element number 5, date of most recent periodic review, showed a number of instances where no data was reported. Analysis of the CFSR case review results also presented findings where there appeared to be a delay or absence of court proceedings leading to areas needing improvement on permanency outcomes. The committee was formed to analyze these findings and determine if there is an impact on permanency outcomes. Per federal regulations, a periodic review is to occur every 6 months. For DFS, only certain court hearings meet the requirements of a periodic review. Using DFS reports, case review results, AFCARS, and CIP reports, it was confirmed that gaps did exist where periodic reviews were not occurring every 6 months. The primary cause for this surrounded TPR hearings. The TPR hearing is not considered a periodic review. When TPR hearings were being scheduled, rescheduled, continued, or appealed, it was found that additional child review hearings were not always being held. It was also found that the Court would sometimes have a joint TPR and case review proceeding but were not issuing orders to reflect that this was taking place. Members of the CQI committee presented this information at the Family Court Judges Meeting and at the Court Improvement Project Steering Committee meeting. The Department of Justice is also reviewing all permanency court proceedings and ensuring a review hearing is being scheduled within 6 months. Data reports are currently being built to analyze children's length in care and the presence of regular periodic reviews. Early interventions to schedule and track periodic reviews is underway. The team will continue to analyze this information to determine if the lack of periodic reviews impacted permanency outcomes. Delaware will also use the 2019B AFCARS element 5 date to determine impact of corrective measures.

A CQI-post adoption disruption prevention group was also formed. Members of this group include DFS Foster Care Program Manager, DFS Permanency Program Manager, DFS Treatment Program Manager, DFS CQI Manager, DSCYF CQI Administrator, DFS Program Support Administrator, DFS Data Analyst, DFS Foster Care Program Support Administrator, post adoption service contractor, and the Adoption Assistance/Subsidy Specialist. This group was formed following concerns a number of adopted children who

are active with DSCYF, and placed out of the home. This team is collecting data on children, service levels and communication of available assistance.

A third CQI intact family committee is planned. This group will examine OSRI differences in scoring of intact cases versus foster care cases. Intact families scored significantly lower in many areas including contact with children, contact with parents, risk and safety assessment and needs/services of children and parents.

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.

Progress Summary: The past 5 years have brought improvements to staff training. A training series specific to child welfare supervisors was developed and implemented. New worker training continued to keep pace with higher turnover rates. SOP principles, strategies and tools are embedded in trainings.

Benchmarks:

1. Make provisions supporting caseworker coaching and facilitative supervision. Timeframe: September 2018. Measure: Documentation of coaching and facilitative supervision through quality assurance case reviews and staff interviews.

Progress Report: The investigation QA and OSRI case reviews restarted in April 2018. CPD will evaluate the results of the QA reviews on a regular basis to ensure that coaching and facilitative supervision occurs and if any needs arise. No adjustments have taken place to date.

In June 2016, CPD added online DFS New Employee Midpoint and System Evaluations to the DLC. The midpoint evaluation was administered at the midpoint of training and included a follow-up quality check-in meeting between CPD and new hires. The Midpoint Evaluation and quality check-in meeting was held after the 2nd month of training when the DFS New Hire Curriculum was held over a 4 month period of time. When the DFS New Hire Curriculum was condensed to 3 months, there was less opportunity to administer the evaluation and schedule a check-in meeting before the completion of the curriculum in the 3rd month. As a result, the Midpoint Evaluation and check-in meeting were phased out. The DFS New Employee System Evaluation is administered upon completion of the New Hire Curriculum. These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. CPD provides the supervisors and administrators with updates on trends and information gathered from the system evaluations.

The staff training workgroup began developing child welfare-specific supervisor training in 2015 as a result of the CFSR. Results of a survey in February 2016, indicated supervisors wanted training on safety planning, coaching on child welfare tools, solution focused decision-making, morale building, vicarious trauma, motivating staff, wellness, and the

transfer of learning. The staff training workgroup evaluated several state models and selected the Ohio Child Welfare Training Program as the foundation of Delaware's supervisor training. Following revisions to the program to fit our state's needs, the final DFS Supervisor Core curriculum was created. PowerPoint slides, training notes, activities, and handout materials were designed to match the learning. The DFS Supervisor Core is broken down into 6 modules on the following topics:

- Module 1: Caseworker Supervision
- Module 2: Leadership in Child Welfare
- Module 3: Communication, Conflict, and Change
- Module 4: Improving Individual Staff Performance
- Module 5: Professional Development of Staff
- Module 6: Collaboration and Teamwork

The DFS Supervisor Core modules are 1-2 days each. Initially, two sessions of each module were offered between August 2018 and December 2018. Beginning in 2019, the series of 6 modules are being offered twice a year, with one module scheduled each month (Module 1 offered in January 2019, Module 2 offered in February 2019, etc.). The entire series repeats again, beginning in July 2019.

All DFS supervisors are expected to attend the DFS Supervisor Core and new supervisors will be required to take the series within their first 6 months. Supervisors will be able to attend specific modules periodically as needed to refresh their learning.

Feedback Loops

See Section I General Information and Collaboration for discussion of this reporting period's consultations with stakeholders. Also see Benchmark Progress Reports in Section III for descriptions of child welfare partners sharing information and data, and actions taken. Specific examples of actions taken in response to feedback, see Goal: Provide infrastructure supporting best practice child welfare principles and values, 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, Benchmark 5.

IV. Update on Service Description

Stephanie Tubbs Jones Child Welfare Services Program -Title IV-B, subpart 1

(See attached: 2015-2019 CFSP, Section IV Services: Child and Family Services Continuum and Description for description of child welfare services). As for progress reports on child welfare services, see Section III Update on Progress Made to Improve Outcomes; also see V Statewide Community Partner Updates, OCCL.

In summary, the past 5 years DSCYF has sustained the formal child welfare continuum of services from OCCL licensing of child care facilities, child placing agencies and residential child care facilities through adoption and independent living services. Family support services are coordinated with multiple community partners using community-based interventions. DFS sustained a cluster of initiatives under the 'Outcomes Matter' banner including Safety Organized

Practice, Structured Decision Making[®], Team Decision Making, family teaming, and Ice Breaker meetings, all using family focused approaches to strengthen family voices in assessment, planning and service delivery. Infrastructure enhancements were added, such as new front line and supervisory staff positions, and supervisor training. Embedding continuous quality improvement principles to daily work and larger areas needing improvement began during this reporting period. Title IV-B, subpart 2 funds directly funds DFS OCCL licensing specialists, OCCL administrative staff and the Office of Children's Services Permanency Coordinator. Funds are also applied to community-based family support contracts supporting DFS case management of intact family and foster care cases. Monthly caseworker visit funds are applied to foster care contracts for monthly caseworker visitation.

Promoting Safe and Stable Families Program (PSSF) -Title IV-B, subpart 2

See Section IV Services: Child and Family Services Continuum and Description in the original 2015-2019 CFSP (attached) for description of PSSF services. For PSSF updates and progress, see V Statewide Child Welfare Partner Updates, Internal Partners and section XVII Grants.

During 2015-2019 the Promoting Safe and Stable Family Program (PSSF) has continued to combine Title IV-B subpart 2, Family Support and Family Preservation funds to provide a continuum of community-based family consultation and case management services. The focus of the service delivery is to reduce the likelihood of child maltreatment among families at risk and to assure child remain safe in family home and preserve intact families, when the family's problems can be addressed effectively within the community. The programs consultation–case management model supports caregivers and communities in the development and the implementation of services supporting children and families remain intact, in the community when safety can be assured. PSSF provides universal/targeted/indicated approaches in the continuum of services and demonstrated achievement of program objective of enhance the life skills of parents in the prevention of child maltreatment, improvement of family resiliency, supported the enhancement of community strengths in supporting families through community capacity opportunities. Families have been connected to resources and services, and the program maintain the fatherhood initiative with the priority focused on fatherhood and co-parenting education and by providing opportunities for service participants to engage in family preservation services designed to build and sustain intact families.

The program model in its service delivery remain unchanged during this period of review. The frequency of face-to-face contact with the families increased from occurring at intake and the completion of services, to a minimal of three face-to-face contact. The frequency of family contact is addressed in the service intervention plan to include type of intervention and the frequency. The family's need for service is determined and driven by the family voicing their self-assessed needs and concerns. The duration of service continues to be driven by family needs, however successful completion of the consultation process is determine when a family has successfully completed two goals or the family determines they are able to successfully accomplish the goals of their services plan without the support of the program. The revision occurred to further aligning in line with the principles of System of Care the program employees in its service delivery.

During the service periods of review, PSSF has successfully collaborated providing family preservation and family support consultation case management services for the families referred

by the Department Health and Social Services Division of Child Support Services' (DCSS) pilot Fatherhood Re-engagement initiative (35 fathers); the City of Wilmington Community Education Building Family Service pilot Family Engagement Support Child(ren) Education Initiative (47); the DHSS Division of Social Services' pilot Navigation Initiatives in Kent (14 families) and New Castle County (29). Ninety-one percent of the families served noted they were highly satisfied with the service received by the program. One hundred percent of these participant post assessment scores (Family Stressor and Resource Assessment) showed that the consultation process supported families to achieve their short-term goals in the stabilizing the family in their ability to remain intact.

Title IV-B, subpart 2 funds also support adoption services and family reunification case management in the Office of Children's Services, DFS.

Monthly Caseworker Visit Formula Grants

Delaware's automated case management system supports monitoring and reporting of caseworker 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 FFY2018, Delaware's performance for Measure 1: Percent of Visits Made Monthly is 84.26%. For Measure 2: Percent of Visits in the Child's Residence is 78.40%. Supporting these scores, Delaware has policy on foster child visits cited in Placement Chapter, Section G of the DFS User Manual that states that children in out of home placements must be visited monthly. Several factors impact the below standard performance such as high investigation caseloads, high workload in treatment cases, staff turnover and FOCUS implementation. A workload study was conducted to inform appropriate staffing levels to successfully complete casework expectations, including monthly contacts with foster children. Thirty 30 new positions were budgeted for FY2019 for DFS. 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 caseworkers and purchased care agencies. FOCUS has a specific monthly foster care contact record. This record allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. Supervisors can 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 FFY2019 by December 16, 2019.

Chafee and Education and Training Vouchers

Over the past five years, the independent living program has provided independent living services to youth in DFS custody and in a foster care placement setting, age 14 or older, youth placed in Delaware through Interstate Compact for the Placement of Children, youth who have aged out of foster care at age 18 but have not reached age 21 and youth who were adopted or placed under an assisted living or kinship guardianship agreement at 16 and are less than age 21. Independent living services are youth centered. Case manager's develop plans with youth, and focus on goals that the youth develops. Goals and services include areas in post-secondary

education, education support, housing, money management, transportation, career development, vocation, assessments, accessing community resources, daily living such as self-care and/or home-life skills, relationship and communication skills and normalcy activities.

The independent living program also provides transitional living housing for youth. Transitional living housing is provided through three different providers contracted with DFS that are housed in each county throughout the state. Transitional living housing is available for youth until they are 21 years old. In addition, the independent living program connects and supports youth with other affordable housing including Subsidized Rental Assistance Program (SRAP) vouchers, and Family Unification Vouchers (FUP). In partnership with Delaware State University and Delaware State Housing Authority, the independent living program developed a memorandum of understanding that supports youth that are active with the independent living program that have been accepted to Delaware State University to access free housing on campus. The memorandum of understanding paves the way for youth to acquire affordable housing while attending post-secondary education.

The contract with Jobs for Delaware Graduates (JDG) continues to increase the employment and training services to youth ages 16-21. This program is part of the national organization entitled Jobs for America's Graduates. The national program generally provides academic and employment training supports to youth in a high school classroom setting. A community-based case manager provides youth with a career and education assessment, assistance with resume writing, job readiness training, and employment placement/retention assistance. These services are currently available to 40 youth residing in Kent and Sussex Counties.

A new program entitled, Year Up which focuses on specialized programming for individuals less likely to go to college began in 2017. Several youth in New Castle County were referred to the program operated by Peirce College. Year Up Wilmington offers an intensive, one-year program for college students, ages 18-24, combining professional coaching, hands-on skill development, and internships at some of America's top companies. Students have access to the library, tutoring resources, and other services offered by the college, in addition to the services offered by Year Up. As students work toward completing a degree at Peirce College, Year Up Wilmington provides them with professional development and work experience, preparing graduates to launch a meaningful career. Students also participate in an internship at a Fortune 500 company and receive a stipend while attending.

The UGrad program was developed through the partnership and collaboration with Kind to Kids. The overall goal of the UGrad program is to improve high school graduation rates by providing educational support for foster youth in the 9th through 12th grades statewide. An advocate meets with the youth and identifies any educational needs they might have. The advocate will then assist the youth by addressing these needs through connection to tutoring supports and/or providing supplies for projects.

The Youth Advisory Council (YAC) consistently meets once a month in a central location of the state, and is accessible to youth in foster care ages 14 through 21 years of age. The independent living program provides transportation, and food at the meeting for the youth. The meeting is run by a youth elected council of youth, and provides opportunities for youth in foster care to discuss how things are going by identifying areas that the division is doing well in, and areas the division

could be doing better in. Attendance also includes professionals from contracted providers, community partners, family court judges, court appointed special advocates, and most recently, the First Lady Tracey Quillen-Carney. YAC has regularly planned and facilitated their annual conference that is hosted by the local state university. Community partners attend as vendors and workshop presenters. YAC provides opportunities for youth to engage in other events such as trips to Washington D.C. and community events including Adopt-a-Highway, and serving customers for Mental Health Awareness month at Rita's Water Ice.

Another event consistently managed by the independent living program is the Destined for Greatness event. This occasion occurs annually and provides an opportunity to recognize youth that have accomplished achievements in the past year, and recognizes youth that are graduating from school. The independent living program collaborates with One Simple Wish that provides youth with gift cards to the youths' favorite store. Overall, the event is a positive experience for youth and celebrates accomplishments youth have made.

Job shadow events have been available for youth to engage in over the past five years. During a designated week, the independent living program connects youth with community resources, providers, and corporations so that youth have an opportunity to shadow various jobs and positions. Some of these opportunities have developed into job prospects for youth. In addition to the job shadow event, the independent living program also collaborates with the court to allow for internships for youth to experience.

Opportunity Passport matching savings programming provides an avenue for youth to save money, and develop money management skills while participating in the independent living program. This program is currently not serving youth, and will be re-developed in the coming year. Monthly batch reports are provided to the community partner, Stand By Me program through the Division of Financial Empowerment of DHSS to capture any issues on a youths' credit ages 14-21. Through this collaboration, DFS caseworkers and youth receive support to help correct any findings on the youths' credit report. Additionally, financial coaches are made available to the youth to teach financial literacy.

Supplemental life skills programming for youth ages 14 and 15 was initiated during the summer of 2012. Community partner, Kind to Kids provides the life skills training which covers the following areas: Daily Living, Home Life, Self-Care, Housing, Education, Career Planning, Money Management, and Interpersonal Skills. These workshops are offered to youth residing in congregate care and detention facilities. Feedback from the youth is positive.

Independent living contract providers and the independent living administrator completed the Daniel Memorial Independent Living Specialist certification in 2016. This 12 module series helped to educate service providers on the unique needs of youth in foster care and provide tools to best meet their needs. The completion of the certification builds competency of our case management workforce statewide. Any new contracted provider staff complete the certification to ensure that staff are well trained and ready to work with transitional age youth in foster care. Pregnancy prevention is an incorporated focal area of the overall health of the youth. Youth, including males, are educated on the types of contraception and encouraged to select a method

should they choose to be sexually active. Youth are informed about resources within the community inclusive of Planned Parenthood. Young adults are assisted in applying for Medicaid and reproductive health is a key aspect of education on such coverage. In Delaware, the vast majority of high schools have Wellness Centers which serve as an additional resource towards pregnancy prevention and reproductive health. Upstream, a non-profit organization, promotes long acting reproductive contraception and educates the community on the options available along with the resources of where individuals can access same day services. Upstream was a vendor at the annual youth conference held August 2017.

Foster parents, in both pre-service and in-service training, receive independent living training and information. Pre-service classes educate caretakers about their roles in promoting self-sufficiency for youth and how they mold responsible living skills for young adults. This education is woven into 30 hours of pre-service training requirements for all foster families. Ongoing in-service training provides additional information on independent living coordinators, community supports and direct resources to help caretakers implement independent living skills. Specifically the course titled The Development of Adolescents and the Effect of Child Abuse offers deeper insight into independent living education. Training relative to the needs of youth identifying as LGBTQ is completed by independent living contract providers. Training in this area was enhanced by the completion of the Daniel Memorial IL Specialist certification by all IL case managers. In January 2017, a training was conducted by Big Brothers Big Sisters to update the providers' knowledge relative to youth identifying as LGBTQ. Increasing knowledge and awareness regarding sex trafficking has occurred. Training was provided regarding new policy and reporting requirements. Coordination with a community partner Zoe Ministries on trafficking issues continues. Many staff participated in a statewide conference on January 10, 2018, building staff's capacity regarding this critical issue.

A strong mentoring resource available to the youth currently is the Independent Living for Young Adults (ILYA) program through the First Unitarian Church. With this collaboration, the members of this congregation provide supports inclusive of apartment kits, care packages, furniture, crisis funding and a graduation party. The youth that participate in the care package program receive encouragement and support from the donor throughout the year to help promote their success. The graduation party also seeks to help connect the youth to the supports offered by this group.

Crossroads Counseling Services, Jewish Family Services, Connections Community Support Programs, Inc., and Aquila of Delaware, Inc. provide drug and alcohol abuse and mental health services for youth. Through a partnership with the YMCA, youth exiting foster care are eligible for a one year membership. Similarly, membership privileges are available to transitional living participants. This benefit extends to youth mentors, allowing the mentor and mentee to have a resource to interact at a designated community site.

Extended jurisdiction legislation was signed on July 15, 2010. This law provides continued oversight by the Family Court for youth 18-21 and assesses the appropriateness of independent living services. An order for extended jurisdiction also allows for continued representation by a Child Attorney or a Court Appointed Special Advocate. As of May, 2019, there were 72 youth with an open extended jurisdiction case.

National Youth in Transition Database (NYTD)

Delaware has done well in ensuring compliance with the provisions of NYTD. The methods utilized to acquire the data regarding services and NYTD surveys are effective. Contracted independent living caseworkers, DFS caseworkers and state office staff share the responsibility to complete information system tasks to record NYTD elements. Over the past 5 years, internal data reports based on NYTD elements inform independent living program budgeting, CFSP measurements and collaborative housing strategies. Staffing vacancy and FOCUS implementation suspended internal reporting but resumed mid CY2018. Delaware looks forward to the NYTD Review. Youth and other stakeholders will be informed of the NYTD Review through meetings and email messages once dates are set. Delaware expects to be in the last cohort of states to be reviewed.

Collaboration with Youth and Other Programs

The Youth Advisory Council is the voice of foster youth in Delaware. Youth gather monthly in a central location to provide input into youth oriented legislation, independent living programming development, Council activities and recreation. During the March 2019 YAC meeting, youth provided input on the agency's strategic planning by identifying strengths and worries about agency and community programming for foster youth. Their comments are noted in Section II, Update of Assessment of Performance. DFS collaborates with a variety of community partners on behalf of foster youth including contracted community-based service agencies, state and local housing authorities, Delaware State University, Family Court, Division of Medicaid and Medical Assistance (DMMA), PSSF, DSS, Jobs for Delaware Graduates, Department of Labor, Workforce Investment Board, DOE, and Vocational Rehabilitation Programs.

Consultation with Tribes

The Nanticoke Indian Association Chief is invited to review the coordinated plan, received a mailed copy, and has access via the DSCYF website. The Independent Living Program (ILP) is included in this review. DFS has not negotiated an agreement to administer or supervise CFCIP or Education and Training Voucher programs. The program support administrator met with the previous Chief of the Nanticoke Tribe and shared information and encouraged coordination with the tribe. The current Chief joined the annual stakeholder meeting held March 27, 2019. The array of independent living services is available to all foster youth including those with Indian heritage.

Education and Training Voucher (ETV) Program

In FY2017, the Child Placement Review Board (CPRB) was defunded by the legislature. This led to the removal of the Davis scholarship fund. Consequently, the ETV program is the only scholarship program specifically available to aging out foster youth. DE anticipates a steady number of youth served by ETV with smaller annual awards. Award decisions are tailor made to address the unique needs and living situations of the students. Efforts are 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.

Youth are educated regarding their eligibility for ETV at their transition and exit planning meetings. Young adults that remain in state and those who move out of state are eligible for a monthly stipend. Those youth receiving the stipend and living out of state receive information and reminders regarding their eligibility for ETV. Thirty-seven (37) young adults received ETV funds during school year 2018/2019; 19 were new applicants. (See Attachment: Annual Reporting of Education and Training Vouchers Awarded - Federal Attachment F)

Services for Children Adopted From Other Countries

DFS does not gather data for the number of children adopted from other countries. As of April 26, 2019, there were 8 total adoptions in Delaware from other countries posted on the state government website in 2017, 10 for 2016, and 9 for 2015.

(<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>)

DFS has a contract with ABCFOC to provide post-adoption services for children in foster care. 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 workshops with various speakers at a minimum of 6 times throughout the year and statewide. Some of these support groups and activities are in conjunction with referrals from DFS foster care, private agency adoptions, other state adoptions, international adoptions and the families themselves seeking post adoption training and support services. Referrals for post-adoption services have continued to remain steady. During this reporting period from April 1, 2018 to March 31, 2019, ABCFOC provided 308 hours of case management and crisis management services for approximately 89 children. 20 days of respite were provided for 30 children statewide and adoption support groups 4 times each month. The children and families served were a combination of those with adoptions occurring in Delaware as well as other states and international adoptions.

To continue proactive efforts to support permanency, DFS has added an information and consent form to the adoption and permanent guardianship agreements we send, so that DFS may provide ABCFOC with the names and contact information of families who are finalizing adoptions and permanent guardianships. They are added to ABCFOC's email list so they remain aware of upcoming events. Check-in at key points over time will be easier and expected. It is hoped that families become familiar with ABCFOC and the services they offer before crises arise.

Services for Children Under the Age of Five

Delaware Thrives

Delaware Thrives is the statewide, multi-agency initiative to identify you 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 the age of 5. Over the last five years DE Thrives connected families with resources, programs and social networks for reproductive life planning, having a

healthy pregnancy, raising healthy babies, home visiting, safe sleep practices, oral health, developmental information, and more. More information can be found at <http://dethrives.com/>.

2-1-1 Help Me Grow

The United Way of Delaware, with funding from the Division of Public Health (DBH) implemented the Help Me Grow Initiative in 2012. Help Me Grow (HMG) 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.

The core service of HMG is the statewide free 2-1-1 call center, staffed by case managers specifically trained to assist parents of young children identify and connect with appropriate resources and services. Over the past five years HMG 2-1-1 has become the central point of entry to the Evidence-Based Home Visiting programs, which include Healthy Families America, Parents AS Teachers, and Nurse Family Partnership Programs. There is one referral for these home visiting programs faxed to HMG 2-1-1. The case managers provide triage and determines the program that most appropriately meets the needs of the family, and then facilitate their connection to that program. In CY2018 there were 180 referrals filtered through HMG.

Another component of HMG is to promote developmental screenings statewide. As a part of this initiative, Delaware has 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 ASQ as the developmental screening tool and for non-medical providers. Widespread dissemination of the ASQ is also occurring throughout DE STARS program, the Quality Rating System for early childcare. 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.

Nurse Family Partnership[®]

This is an evidenced based community health home visiting program through Children & Families First. The team of Nurse-Family Partnership[®] Home Visitors currently provides services to families in New Castle, Kent and Sussex counties. Services are for first time mothers and begin when the mother is 29 weeks pregnant. Each mother served by Nurse-Family Partnership[®] is partnered with a registered nurse to receive home visits from pregnancy through the baby's second birthday. The goals are to improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving diet and nutrition as well as reducing the use of cigarettes, alcohol and illegal substances. Additional goals are to improve child health and development by helping parents provide responsible and competent care; improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work. More information can be located at <https://www.nursefamilypartnership.org/locations/delaware/>.

Healthy Families America/Smart Start Program

The Healthy Families America/Smart Start Program through Children & Families First helps expectant and new parents get their children off to a healthy start. The program strives to provide parents an opportunity to get the education and support they need at the time their baby is born,

and until their child turns three. Mothers who are pregnant or have a newborn younger than three months old, and who need assistance with medical or behavioral health issues are referred to this program. For mothers who are referred while pregnant, a CFF HFA/Smart Start home visitor will visit with the mother regularly to provide the support needed to have a healthy pregnancy and prepare for birth. CFF HFA/Smart Start helps mothers connect with other services in the community. Once the baby is born, the CFF HFA/Smart Start home visitor will visit the home regularly until the child is 3 years old. CFF HFA/Smart Start helps mothers learn to identify your baby's needs, share information on the child's development, share ideas on caring for babies, toddlers, and young children. The program makes sure the mother and child are connected with medical care, helps the mother follow-up with recommended immunization schedules, helps the mother feel empowered, and links the mother with other resources in the community for help with job placement, identification of childcare providers, etc. More information can be located at <http://family.cffde.org/services/healthybabies/healthyfamiliesamerica.aspx>.

Parents As Teachers

Parents As Teachers (PAT) is a free voluntary program serving over 130 families throughout Kent and Sussex County. Home visitors partner with families to focus on fostering strong and loving relationships between parents and their children. The PAT home visitor provides the family with the information, support and encouragement to help the children develop during those crucial early years. The PAT home visitor visits with the family in their own home and they conduct annual developmental and health screenings, Stay and Play groups, referrals to other community resources, teen groups in local high schools, event and weekend socialization opportunities throughout the year, and access to a Stand By Me financial coach. PAT serves prenatal through 5 years old. More information can be located at https://www.lf.k12.de.us/decc/?page_id=194.

Delaware Head Start/Early Head Start

Head Start is a federal program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas such as language, literacy, and social and emotional development. Head Start emphasizes the role of parents as their child's first and most important teacher. These programs help build relationships with families that support family well-being and many other important areas.

Early Head Start serves infants, toddlers, and pregnant women and their families who have incomes below the federal poverty level. Children in foster care, homeless children, and children from families receiving Temporary Assistance for Needy Families or Supplemental Security Income are also eligible for Head Start and Early Head Start services regardless of income. Early Head Start includes weekly 90-minute home visits and two group socialization activities per month for parents and their children. The home visitors have knowledge and experience in child development and early childhood education; principles of child health, safety, and nutrition; adult learning principles; and family dynamics.

Telemon Corporation provides services to Kent/Sussex Counties. New Castle County Head Start, Inc. provides services to New Castle County. More information can be located at

<http://www.telamon.org/delaware-early-head-start.aspx> , <http://www.telamon.org/delaware-early-head-start.aspx>, <http://www.ncchs.org/about-us/program-overview>

Foster Care Screening and Consultation

Located in the Division of Family Services' Office of Evidence-Based Practice, the Screening and Consultation Unit 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. In addition, case consultation is provided by staff psychologists to assist with treatment planning and the consultant pharmacist provides oversight and monitoring of psychotropic medications. Cases of children under 5 who are prescribed psychotropic medications are given extra attention and preauthorization is required for any child under 6 who is prescribed antipsychotic medications. In addition, staff coordinate with caseworkers and providers to ensure that these children are also engaged in psychosocial interventions as appropriate.

See Section III., Update to the Plan for Improvement and Progress Made to Improve Outcomes, Well-being Goal: Foster children receive appropriate mental health assessment and psychotropic medications, Objective: Assess and monitor foster children's health and mental health needs, Benchmark 1 for SCU statistics.

Birth to 3/Child Development Watch

It is 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, managed by the DHSS' 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. DFS workers, pediatricians, parents and caregivers make referrals. 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, 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 DPH staff.

The CDW Program partners with DSCYF, other DPH services, and the providers of CDW services, including Christiana Care Health Systems, Easter Seals, Bayada Home Nursing, and ResCare. DHSS monitors the program's outcomes and reporting for the IDEA/Part C for federal compliance.

Populations at Greatest Risk of Maltreatment

Over the past five years the geographical areas served by PSSF continue to be areas of reported risk factors. Families with children exposed to reoccurring traumatic childhood experiences are identified as a higher risk population. Other high risk populations are children referred by childcare providers for behavioral health, referrals by school officials, families receiving early intervention services and children with developmental delays. Legislation (HB 140) was originally introduced April 2017 to codify hospital reporting of substance exposed infants and FASD children to DFS. For this high risk population Delaware implements POSCs prior to discharge. The Governor signed this legislation (HB 140) June 7, 2018. Activities Delaware has taken to target these populations are described in Section III Update on Progress Made to Improve Outcomes, Section IV Promoting Safe and Stable Families Program, Section V Statewide Community Partner Updates and Section VIII CAPTA Update.

Kinship Navigator Funding – Title IV-B, subpart 2)

DFS submitted an application for Kinship Navigator funding to hire a coordinator to conduct a needs and readiness assessment and then work to make necessary connections with stakeholders to support the program. The coordinator would support the families entering and navigating the program, support training and conduct community outreach.

Child Welfare Waiver Demonstration Activities

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

Adoption and Legal Guardianship Incentive Payments

Currently DE does not have a Guardianship Assistance Program. Delaware received \$10,000 adoption incentive funds for FFY2015. Expenditures to date include training, technology supporting adoption programming and additional direct services. Delaware expended FFY2015 incentive funds by September 30, 2018. DE received \$15,000 adoption incentive funds for FFY2016 that remain unencumbered to date. There are no known barriers to expending funds before expiration dates.

V. Statewide Child Welfare Partner Updates

Internal Partners

Promoting Safe and Stable Families Program (PSSF) -Title IV-B, subpart 2

DPBHS' Promoting Safe and Stable Families Program receives Title IV-B subpart II, Family Support and Family Preservation funds to implement a continuum of services which primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety is 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) uses universal, targeted and indicated prevention strategies to reduce occurrences of child maltreatment by addressing four associated risk factors: (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 end 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 program occurs through the family consultation process. The families are guided through a self-assessment, examining concerns and developing an awareness of how to reduce or resolve concerns. The program participants, through the consultation process, is supported in building and enhancing their ability to assess their core concerns. They establish a plan to address concerns and enhance awareness of both informal and formal supports/resources available. 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 their parenting skills are challenged. The family consultant helps the participant develop a support network, make a plan to decrease stressors, and promote healthy development and linkages to the appropriate type of services needed, such as parenting education, parent support groups or child behavior intervention services.

Over the five years of the current service plan, PSSF has reduced the number of contracted service sites from seven to five as a result of site performance and community identified risk factors of child maltreatment. In 2019 three contracted community-based organizations provide family preservation and family support services in five sites. These services included family counseling, adult and youth mental health services, substance abuse services, youth programming, employment training/placement, housing counseling, emergency services, parenting and co-parenting education and other related services designed to address the stressors experienced by care-givers of children birth–18 years of age. Services are concentrated in zip code areas throughout the state reported to receive the highest number of abuse and neglect referrals.

PSSF Service Data Report for the Period September 2017- August 2018

During the service period of September 2017-August 2018, the PSSF consultation and support program served 1781 children, 1160 adults and 845 families. This is a 49% increase in children and adults served and 51% increase of families serviced compared to FY2016-17. The increase is supported by program collaboration with formal support programs, serving families more holistically.

With an increased emphasis on family driven service the average length of service for the consultation process decreased during the past 5 years. For FY2016-18 the length of service was 8 to 16 weeks, as opposed to the FY2015-16 average length of service of 12 to 18 weeks. In FY2014-15 the average length of service was 18 to 24 weeks. Families accomplished goals and achieved family stability with appropriate community-based natural supports. The frequency of face-to-face contacts with participants in the consultation process was increased to a three contacts. Many families engaged in the consultation process are involved with multiple service providers. The case management component of the consultation process facilitates a team-based approach to meeting needs.

Service Data Sampling

During this service period of review the PSSF program conducted data sampling of 50% of consultation services provided with the exception of 2017. In 2017 PSSF for the first time in the consultation program history was built into DSCYF case management data management system. Due to the intensity of testing for the state's new information system during the 2018 service period, a data sampling did not occur as in prior years. During the operation of the program 2017-2018, a staffing vacancy of a site family consultant exceeded 6 months and presented a barrier to service delivery. Two hundred eighteen full consultations completed 2 family goals during this period.

PSSF consultation and support service objectives evaluation finding from 2015 thru 2019 indicate:

- Three of five PSSF provider sites had a minimal of 70 Family Consultation and Support participants successfully completing a minimal of two goals on their Family Assessment and Intervention Plan. Two PSSF provider sites had staff vacancies 3 of 5 years ranging from 3 to 5 months each occurrence.
- All the PSSF provider sites conducted Post Family Stressor and Resource Assessments and satisfaction surveys, with 86% (210) demonstrating a reduction of caregiver stress.
- In 2015-16 and 2016-17, 3 sites achieved the contract deliverable of connecting 300 individuals to appropriate resources. In FY2017-18 five sites connected a minimal of 300 individuals to appropriate resources.

Quality Assurance Review

The PSSF Satisfaction Survey occurs at case closure, providing feedback on service effectiveness. In FY2017-18 a sampling of 176 satisfaction surveys representing Jewish Family Services, First State Community Action Agency of New Castle County, First State Community Action Agency of Kent County, Connections, CSP and First State Community Action Agency in Sussex County yielded the following findings. Over 97% of caregivers "agree or strongly agree," they were satisfied with the Promoting Safe and Stable Families consultation and support program, while

100% were also satisfied with the overall services delivered. Of the samplings, 67% represent New Castle County, 15% Kent County, and 7% Sussex County. Of the sampling, no participants expressed dissatisfaction with the PSSF program or the services provided. These satisfaction rates have held steady since 2014.

Of the PSSF satisfaction survey sampling conducted from FY2015-2018, 100% of the responses showed that the consultation process empowered families to achieve their short-term goals and gave them the skills and confidence to complete an intervention plan that helps stabilize the family, ensuring the well-being and safety of their children. PSSFCS continues to monitor and provide training addressing family engagement and service retention, goal setting and prevention best practices. The program also supports provider professional development through trainings on trauma informed practice, substance abuse, child abuse and neglect, parenting education and fatherhood. Family consultants receive ongoing training in the use of the Family Stressor and Resource Assessments pre- and post-assessment tool.

Program Monitoring

Monitoring of the contract providers' implementation of the consultation process occurs a minimum of once in a five year bid cycle. Service monitoring was conducted in 2015–2016, utilizing 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 collaborations. Five PSSF provider sites achieved the contract deliverable of connecting 250 individuals to appropriate resources. The average number of individuals receiving family support/family preservation services was 269 persons per site. The monitoring concluded the program model is implemented with fidelity. The next scheduled rounds of contract monitoring is scheduled fourth quarter FY2019.

PSSFFC implemented a peer review model to evaluate program strengths and areas needing improvement in FY2015. Once a quarter the PSSF family consultants conduct a self-assessment of consultation process fidelity. The family consultants continue to support one another in the implementation of the family support principles, exchanging best practices, engagement strategies, retention strategies and data management. Peer-to-peer reviews during 2015-2019 reveals an increase in core competencies and service tool proficiency. The review also found an increase in their critical assessment skills and documentation. The peer-to-peer review will be modified to re-enforce FOCUS data entry requirements.

PSSF Program Service Evaluation

A service evaluation conducted by James Bell and Associates, found the PSSF consultation and support program design meets the criteria of an emerging program and was categorized as so in 2015. The criteria is as established by FRIENDS – National Resource Center for Community–Based Child Abuse Prevention (CBCAP) Evidence Based and Evidence Informed Categories.

PSSF Provider Trainings and Support

During September 2017-August 2018, family consultants received a series of 5 booster trainings with a focus on family engagement and community service collaboration supporting families becoming and remaining self-sufficient. DPBHS provided semi-annual family support best practice training sessions and quarterly prevention skill-building workshops focused on trauma

informed care, adverse childhood experiences and mental health wrap around programing. Bi-monthly data management FOCUS system trainings occurred four times. From 2015–2019, 30 service delivery and data management trainings were provided.

PSSF Community-Based Trainings

Each consultant has attended a variety of community-based trainings and conferences on child welfare, family support and family preservation during FY2016-2017. PSSF sites are responsible for updating their community resources and forging collaborations that prove beneficial to families. The trainings conducted address a multitude of domains ranging from ethics, substance abuse, coalition building, fatherhood, emergency assistance, trauma informed service delivery, prevention programing, child abuse and neglect, child mental health and substance abuse. Seventy four trainings were offered PSSF contract providers during 2015–2019.

PSSF Outreach Events

PSSF engages in information dissemination and community-based processes as effective prevention strategies in addressing child maltreatment. The family consultants and fatherhood project coordinator/trainers (PC/T) participated in various community outreach events during FY2018. They distributed 4627 pieces of literature and resource materials regarding the PSSF program and the Delaware Fatherhood and Family Coalition. Materials included family support/family preservation, fatherhood, substance abuse, parenting and healthy adult relationships. Additional materials covered co-parenting, parenting, school readiness (middle school, high school and college), blended family, child abuse, substance abuse, stress management, effective communication, fatherhood tips and child care.

The family consultants and project coordinator/trainers collaborate in each county to assist their County Leadership Committees (CLC). Below is a listing of the collaborative activities and or partnerships: Boys and Girls Club, Bethel AME Church, Canaan Baptist Church, Rose Hill Community Center, Route 9 Library, Thursday Club, Adopt–A-Family, St. Vincent De Paul Society, Holmes, Smith Consulting Services, Inc., Thomas Edison Charter School, Delaware Center for Justice, Delaware Housing Authority, Delaware Family Court, Brandywine Shue Medill Middle School, Grace UMC, Ministry of Caring, Canaan Baptist, A Door of Hope, Girl Scout Troop 672, Maclary Elementary School, DE Health & Social, New Expectations Wilmington Consortium Career Team Services, Christiana Care Health Ambassadors, Community Legal Aid Services, Inc., DE Association for the Education of Young Children (DEAEYC), Ferris School for Boys, Wilmington Community Resource Center, Clothing Our Kids, JFS FutureNet, Kent County CLC, Delaware Housing and Awareness Center, Calvary Assemble Church of God, La Red, Sussex County Health Coalition, Love Inc., State Service Centers, Casa San Francisco (Catholic Charities), Children and Families First, Sussex County Homeless Planning Council (VI-SPDAT), Stand by Me Financial Literacy Program, Multicultural Center Code Purple Coalition, Ace Peer Center, Connections (Rapid Re-housing and Counseling services), Western Sussex Boys and Girls Club, Early Childhood Education Readiness Team, SCAPC, Hanan Parker, Sussex Local Libraries, Lewes Board of Public Works, Millsboro Elementary School, Community Level Collaboration, United Way of Delaware, DE 211, Wilmington Parks and Recreation, Neighborhood House, Red Robin Restaurant, IHOP, Project LAUNCH, Reeds Refuge, Salvation Army, Sunday Breakfast Mission, Food Bank of DE, Jobs for Delaware Graduates, DAPI Action Council, DAPI School of Kent County, Greater Hope Christian Fellowship, One Village Alliance,

Delaware Foster Care, Stubbs Elementary, United Health Care, Community Presbyterian Church, AIDS Delaware, Cape Henlopen High School, Delaware Alliance for Non-profit Advancement (DANA), Shortlidge Elementary School, Warner Elementary School, Kingswood Community Center, Habitat for Humanity, GoodFathers, and C.H.A.N.C.E. Foundation.

The PSSF Program disseminated 5,000 fatherhood and co-parenting materials through service exhibitors during the following activities: Child Abuse Awareness Month, DFFC 2017 Fatherhood Awards Ceremony, Dad's Take Your Child to School Day, AIDS Delaware "Do the Right Thing" recognition ceremony, 2018 Father and Family Wellness Day, A Day Without Violence and City of Wilmington's Play Streets.

PSSF Services to Males/Fathers as Primary Caregivers

During the service period of September 2017 to August 2018, the PSSF Consultation and Support Program was unable to obtain the number of male head of household/or single parents. During the period of services of 2015–2016 the PSSF program served 296 adult males head of household or single parents as primary caregivers statewide.

The 2016 Request for Proposal implemented a pilot fatherhood project coordinator/trainer in each of the three counties to support service collaboration, partnership, minimal case management services, and training in the community addressing issues related to fatherhood. PCTs have supported the increased awareness of fatherhood throughout the state, and supported increased community service collaboration, family engagement and parenting education. PCTs have been successful in leveraging program resources by partnering with education organizations to distribute information on parenting, child development, child mental health and substance abuse services.

The PSSF community-based organizations will continue to provide family support and family preservation services using the PSSF consultation model to at-risk populations for child maltreatment in identified zip code areas of Kent, New Castle and Sussex Counties as reported by DFS to have high levels of child abuse and neglect referrals in 2018. With implementation of the Department's new case management system, service providers will enter all family consultation tools into FOCUS. The web-based data management system supports efforts to manage and report data. The PSSF FOCUS team will continue to provide hands-on site-specific technical assistance to contract providers.

PSSF is engaged with the DPBHS Prevention Unit to provide family support engagement services to caregivers of children and youth involved in after school programs and summer prevention programming. PSSF will facilitate family oriented community events that using components of prevention programming to increase parent and community resource awareness.

Delaware Fatherhood and Family Coalition (DFFC)

The DFFC is a PSSF initiative managed by DPBHS and funded under Title IV-B, subpart 2 operating under the family support component. The coalition is a shared collaborative effort involving the state, contracted service providers and community organizations promoting responsible fatherhood and healthy adult relationships statewide, targeting populations at greatest risk of maltreatment.

The DFFC serves as a protective factor supporting father engagement when safety is not a presenting issue. Research suggests positive and frequent father–child contact is associated with better socio-emotional and academic function. Focusing on this protective factor, the DFFC is committed to building a sustainable coalition that champions fathers’ involvement in the lives of their children and healthy adult relationships, specifically effective co-parenting.

The DFFC’s strategic priorities are:

1. Promote father involvement as a positive influence by increasing community awareness of the importance of involvement in the lives of their children.
2. Build a self-sustaining, self-determining coalition by stimulating a broad-based, positive social movement to promote father involvement.
3. Provide education and technical assistance opportunities to increase community capacity.
4. Promote fatherhood and co-parenting services and activities by DFFC members.

DFFC Service Activities (September 2017-August 2018)

During the 2017-2018 service period, the DFFC used multiple forms of communication to promote fatherhood activities, raise awareness, and generate membership. All communications use positive images of fathers and families engaged in positive activities. The DFFC publishes 3 newsletters a year on partnerships and trainings throughout the state. The newsletter features articles from National Fatherhood Initiative. The newsletter is disseminated electronically via email, Facebook, Twitter, Pinterest, and the DFFC website. DFFC added LinkedIn to obtain professional workshops, webinars and small organization group discussion facilitators. The DFFC website functions continue to support data reporting on the utilization and marketing efforts of the DFFC, not only in Delaware, but in the tristate areas as well. The DFFC continues the use of business catalyst platforms for online registration for all of the DFFC and the County Leadership Committees’ trainings, workshops and community events.

During the service period of the report, the DFFC continued to maintain the volunteer driven website committee, stabilizing the operation and the website to continue to provide universal distribution of fatherhood and effective co-parenting information, training opportunities and provide fatherhood resources. There were over 53,303 visits to the site and over 24,457 emails sent to members. DFFC’s website has 747 followers on Facebook, 262 on Twitter and 52 on Instagram. DFFC’s active membership total is 502.

The CLC’s in all three counties held 36 monthly membership meetings, Each CLC developed and maintained specific plans for their County Level Project Charter which align with the four strategic priorities of the DFFC.

The New Castle County PCT and the DFFC Statewide CLC Coordinator support the partnership with Christiana Health Care Health Ambassador Program to provide “Boot Camp for Dad’s and a Boot Camp for Mom” in New Castle County beginning in 2018. Participation in this collaboration provides the fatherhood initiative with its third certification in the facilitation of an evidence based fatherhood curriculum. Upon completion of the “Daddy Boot Camp”, participants of the camp are invited to participate in the 24/7 Dad workshop, facilitated by DFFC trainers, providing a

continuum of fatherhood education and peer mentorship in a supportive atmosphere. DFFC is the sole partner providing ongoing technical assistance for “Daddy Boot Camp” participants.

In 2018, the PCTs will collaborate with community-based prevention after-school and summer programs in the facilitation of the family engagement sessions. The Kent County PCT has partnered with Delaware Adolescent Program, Inc. (DAPI), Jobs for Life and Central Middle School since 2017 and will continue these partnerships in 2019, conducting the two NFI fatherhood 12-week sessions to fathers, mothers and teen parents.

During 2017–2018, DFFC CLCs collaborated or sponsored these events:

- Pullover Etiquette: How to Interact with Police Officers” forum in Wilmington, Delaware.
- PSSF Fatherhood Initiative Community Trainings Grant and National Fatherhood Initiative Collaboration.
- “Understanding Dad”, an awareness and communication training for mothers. Cosponsored by Delaware Adolescent Program Inc., 9 first time adolescent mothers completed the training sessions. In the FY2017-18 school year, there were no incidents of reoccurring pregnancy by the 9 attendees. In FY2018 the collaboration continues in Kent County and was piloted in Sussex County where the sessions are co-ed.
- “Tea@Two Event”, an event highlighting the role women play in the fatherhood movement. Statewide, 62 adults and 9 children attended.
- “Bring Your Father to Breakfast”, a Father’s Day celebration supporting father-child involvement for the 3rd year. Statewide, 67 adults and 184 children attended.
- Father & Family Community Wellness Day. This 5th year event promotes positive parent–child and family leisure activities. Statewide, 532 adults and 1448 children participated.
- 4th Annual Fatherhood Recognition Ceremony celebrates the accomplishments of those who work and are committed to fatherhood and healthy co-parenting. There were 186 registrations. The corporate sponsor of the 2018 DFFC Awards Ceremony was United Healthcare Community Plan division.
- 6th Delaware Devoted Dads Summit: “Man in the Mirror.” The Summit offered workshops addressing focus on the family, father engagement and the impact of healthy family relationships on the well-being of the child. There were approximately 160 attendees. Of the completed surveys, 98% were satisfied with the keynote address, and 98% were satisfied with the plenary address.
- “World Read Aloud Day. The February 2018 event motivates children, teens, families and adults worldwide to celebrate worldwide literacy.
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The DFFC provided the following membership trainings in 2018-2019:

- “One new member orientation sessions.
- “24/7 Dad” and “Understanding Dad” 3rd curriculum trainings with 67 participants.
- Dad’s Take Your Child to School with 579 participants statewide.
- DFFC Family Blue Rocks Statewide Event with 43 participants.
- Membership annual Meet & Greet event with 79 participants.
- Community Dialogues trainings occurred in 37 barber and salon businesses in New Castle in partnership with AIDs Delaware – Do the Right Thing, (3) Sussex County and Kent (1)

Counties. There were 4 sessions held in Kent County and 1 session in 37 Wilmington shops with 47 adults.

- DFFC Ambassador Trainings conducted for twelve participants.
- DFFC Coalition Building Leadership annual trainings for 14 leadership members.
- “A Day with NO Violence,” in New Castle County with 319 participants.

The DFFC, in partnership with PSSFCS, continues to have a collaborative work agreement with DAB Mediation, LLC to provide support to parents navigating child support enforcement and child custody services. DAB and DFFC supporting 113 fathers in addressing issues of fatherhood.

DAB Mediation worked with the DFFC website committee and created a document providing answers to the most commonly asked questions about child support. The Guide to Child Support Enforcement handbook was added to the DHSS Division of Child Support Services question and answer handbook.

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 2018. The partnering organizations are: United Healthcare, Parents as Teachers, Aid’s Delaware, Delaware Re-entry Consortium, DSAMH SPF-Sig, Interdenominational Ministers Action Council, Wilmington Consortium, Delaware Head Start, Delaware Communities in Schools, Division of Social Services and Child Support Services, Division of State Service Center Community Partner Support program, United Way Revive the Village, Project Launch, Wilmington Community Education Building Community Relations Service program and Wilmington Give-Advocate-Mentor & Educate (G.A.M.E.) consortium. Christiana Health Care, DAPI, Capital School, Elmer Palmer Elementary School, and Stubs Elementary.

Every year the DFFC seeks to broaden its partnership with various community organizations throughout the state, including service providers of parent-youth substance abuse prevention organizations and in the development of services addressing the need for workforce development and economic stability supporting fathers and their families.

In January 2017, the strategic framework of the Delaware Fatherhood and Family Initiative was reported to the Governor’s Family Services Cabinet Council. The report detailed the specifics of the DFFC strategic priorities and the related functions. The objectives are: 1. Increase community awareness of and commitment to father involvement in the lives of their children; 2. Stimulate a broad-based positive social movement to combat father absence and promote father involvement; 3. Provide fatherhood and healthy adult relationship educational opportunities and technical assistance to increase the capacity of the community to support fatherhood involvement, and 4. Promote fatherhood and healthy adult relationship services and activities by DFFC members.

The DFFC will continue to enhance its use 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 is an ongoing process; the coalition completed general operational procedures for the election process, communication, training, website/social media and the operation of the county leadership committees. The DFFC continues

to seek opportunities to conduct fatherhood trainings to parents, caregivers and others working with fathers and their families.

DFFC faces these challenges in its statewide operation:

1. To maintain its established presence and positive impact throughout the State, the fatherhood initiative will need to restore a staff position to govern the services of the initiative.
2. Revision of the initiative service logic model, clarifying program outcomes such as fathers' re-engagement with their children and families, and re-engaging in child support services. How parenting knowledge is assessed and the use of consumer satisfaction surveys specific to trainings needs clarification.
3. Establishing process for management and reporting of data collected and analysis of DFFC activities.
4. Providing administrative support to coalitions.
5. Funding a DFFC Statewide Coordinator.
6. Expanding a specific faith-based component statewide.
7. Obtain community supports to support the fatherhood school-based mentorship program established with Capital School District in Kent County and Joining Generations of Kent County.

Division of Prevention and Behavioral Health Services (DPBHS)

The Division of Prevention and Behavioral Health Services' mission is to develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral healthcare system. DPBHS prevention and early intervention programs promote safe and healthy children, nurture families and communities, support social and academic success, and improve early identification of needs for children and youth (through age 17) with behavioral health concerns. DPBHS' service continuum includes a range of prevention programs and campaigns, early intervention services, treatment services, and care coordination supports designed to promote resiliency and well-being. Service options have varying intensity levels to meet the needs of children, youth, and their families.

Population Statistics

During CY2018, DPBHS and/or their contracted providers worked with approximately 16,700 youth and their families. DPBHS is committed to providing services within a child-centered and family-driven system-of-care framework. DPBHS understands that children and youth often experience, witness, or are affected by traumatic events; therefore, DPBHS strives to deliver services in a trauma-informed manner that respects each individual's journey.

Accomplishments

DPBHS changed both its Division Director and Deputy Director in 2018. The directors are masters level clinical social workers from the Division's Leadership Team. Robert Dunleavy, current Director, was the former Director of the Access/Intake Unit and Crisis Services. The Deputy Director, Daphne Warner, was the former Director of Prevention and Early Intervention Services. Both are driven by the Division's mission and eager to advance the system of care for children, youth and their families in Delaware.

DPBHS continues to offer services in several domains including community-based services, residential services, prevention and early intervention services, and care coordination with Wraparound services. More detailed information pertaining to these areas is included in subsequent paragraphs. During FY2018, DPBHS focused on training, administration and quality services provided to children and their families in prevention, early intervention, and treatment functions.

DPBHS has revised its structure to better support a trauma-informed system-of-care framework to include all units in the Division, so they are in alignment with the Delaware Statewide Trauma Informed Care Initiative. In addition, DPBHS implementation of Wraparound has expanded to include partnerships with DFS and DYRS along with the Child and Family Care Coordination Unit and Prevention and Early Intervention in DPBHS. DPBHS learned from the partnership with the University of Maryland that the value in the use of a Wraparound approach requires a high degree of collaboration among the child and family, the child-and-family-serving agencies, and community organizations. DPBHS also visited Wraparound Milwaukee to learn different models of Wraparound implementations and is working on developing the most effective implementation process for Delaware. As a result of working with the University of Maryland and Wraparound Milwaukee, Delaware realized creating the best approach for Delaware needed the support of other divisions and stakeholders.

As a result, a committee was formed to include all three divisions, providers and family peers. This collaboration has helped open communication and create a safe space for open and honest dialogue regarding implementing best practices for Delaware. This transformation will take time for staff and the community to fully adjust to shared decision-making and develop individualized, unique and creative approaches to working with children, youth and their families.

To start implementation, DPBHS is piloting Mobile Intake with its Access Unit. The goal is all intakes will be face to face to create an open and welcoming environment from the first point of contact. DPBHS is developing standardized training modules for onboarding staff, focused on System of Care values and wraparound practices.

Furthermore, DPBHS continues to the use of standardized measures (CASII, ASAM, and CANS) within its assessment and evaluation processes. The use of standardized tools provides for more objective decision making to determine appropriate services for the youth and families served. Another noteworthy accomplishment includes the growth of prevention, early intervention, and treatment services statewide.

Prevention efforts included the expansion of substance use prevention services, the Promoting Safe and Stable Families program, and Fatherhood Services. The expansion effort included integrating the programs more effectively into the local neighborhoods and communities, thereby preventing vulnerable families from entering DFS services. DPBHS, in collaboration with United Way of Delaware, Department of Education, and the Wilmington Community Advisory Council continues to provide staff of afterschool and summer programs training on Trauma-Informed Care and Early Identification and Referral Process. This effort earned them the Governor's Compassionate Champion Award on Trauma-Informed Care Collaborations. Prevention efforts continue to include extending community center hours for children and youth after school and summer programs. These

services provide supervision and meaningful, structured activities for children and youth after school and early evening hours as well as throughout the summer season.

Early Intervention efforts included the Early Childhood Mental Health Consultants increased to 14 consultants statewide and the provision of Parent Teacher/Child Interaction Therapy that resulted in successful retention of 98% of children served in their early education program.

Efforts in the area of treatment included continued statewide implementation of evidence-based practices (EBPs) including Dialectical Behavior Therapy, Multi-systemic Therapy, Functional Family Therapy, Family-Based Mental Health Services, Wraparound services, and Family Peer Support Services. During the past year, approximately 418 children and their families benefited from the four EBPs. In 2018, the Division's Mobile Response and Stabilization Services (MRSS) has seen an increase in referrals. Mobile Response and Stabilization Services allows the family to "define the crisis" and offer immediate response services to children experiencing emotional and behavioral challenges. This process allows professionals to intervene before the situation reaches the height of elevated risk of harm to self or others. These DPBHS services meet the goal of responding to families' requests for more timely, in-home and community-based treatment options.

In 2018, DPBHS was awarded five grants in several areas. Substance Abuse and Mental Health Services Administration awarded a System of Care Expansion Grant to expand services for children and youth with intellectual disabilities and behavioral health challenges in addition to working with transition age youth. Also, a collaboration grant with the Department of Education (DOE) and DPBHS will expand behavioral health supports in three school districts and offer Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Funding was provided for Clinical High-Risk for Psychosis and an Increase Access to Child Psychiatry Programs. In addition, DPBHS collaborated with DSAMH regarding the State Opioid Response to provide five substance abuse and mental health therapist in schools.

DPBHS is expanding peer services. Family Peer Services are available to parents of children with a behavioral health diagnosis. Services are provided by caregivers that have lived experience parenting a child of their own with behavioral health challenges. Family Peers offer assistance in navigating the child-serving systems while providing needed support and guidance to struggling caregivers. Family Peers receive training and there is a certification process. DPBHS is also developing Youth Peers and Programming through grant funds. These services include a continuum of services in which young adults will offer support, advocacy and guide young people who have a mental health and/or substance use disorder to develop or enhance skills to gain self-sufficiency and to be successful in their recovery.

Barriers and Challenges

DPBHS also encountered a few barriers and challenges throughout the past year. DPBHS has experienced as well as implemented multiple positive changes over the past year. These changes include both system changes and changes in philosophy that are occurring within such a short period of time. As expected with any significant change, the organization continues to be faced with some anticipated natural resistance from staff members who are in a phase of adjustment while learning about, navigating, and becoming accustomed to said changes. As a result, the Division continues to

provide support and additional training to help alleviate concerns resulting from this process. It is understood the process takes time and may require modifications.

A second challenge to DPBHS as well as to other Divisions in DSCYF is filling service gaps. Youth who are receiving services from multiple divisions are not always placed in the least restrictive setting due to the lack of appropriate housing options and treatment services to meet their needs.

One additional challenge includes maintaining a strong staff of treatment providers to serve youth with co-occurring mental health issues and substance use disorders. It is difficult to find staff members who have received formal training in both areas. With the rising epidemic of substance use disorders (particularly opioids), the Division is committed to continuing to recruit and retain highly qualified staff to address this serious issue.

DPBHS is partnering with Delaware's DOE, DSAMH and DPH in Partnering for Statewide Support Focused on Student and Staff Health and Wellness. School districts were invited to participate in a needs assessment which included areas such as school climate and culture, nutrition policies and practices, physical activity, dental health, behavioral health, staff wellness, chronic disease and some additional areas. Based on their highest priority areas, participating partners are available to assist the school districts in developing and supporting plans to achieve their goals, and through some grant funds, DHSS is able to offer some funding to further support the development or enhancement of student wellness.

Furthermore, DPBHS has focused efforts to better align with DMMA for the purpose of aiding in smoother transitions into adulthood for children and youth. Aligning practices support the notion that the Divisions are not two separate systems, but instead provide overlapping services to the state's persons in need.

Priorities for the Coming Year

In the 2019-2020 school year, DPBHS will be working closely with local law enforcement and school districts to implement Take Care Delaware (TCD). TCD is a partnership between law enforcement and schools to adopt a trauma-informed approach to children who have been identified at the scene of a traumatic event. The TCD program, which will start as a pilot, operates by a police officer or emergency-care provider alerting a child's school about the child's presence at a traumatic event that the police officer or emergency-care provider responded to. The first responder (police or emergency care provider) will send the child's name to the child's school so that the child's teachers can ensure the child is handled in a trauma-informed way. The Take Care Delaware program is based on West Virginia's "Handle With Care" model and includes training and other best practices for law enforcement and schools to prevent and mitigate the negative impact of childhood exposure to trauma.

There exists several DPBHS priorities for the upcoming fiscal year. As previously mentioned, DPBHS will continue to monitor Mobile Response and Stabilization Services system, a new process for responding to crisis situations. As with any new process, the Division plans to monitor this system closely in order to ensure that it is running efficiently and effectively as well as providing the best services to meet the needs of Delaware's children and families. The Division

also plans to add targeted case management to the state plan to allow for reimbursement for WRAP services. Doing so will result in an increase revenue for the Division.

Furthermore, as mentioned earlier, DPBHS has introduced several new EBPs over the past fiscal year. The Division plans to continue to track outcomes for the EBPs in order to evaluate the fidelity and the positive impact that they have made on our children and their families as well as our system as a whole as they continue to grow and expand. DPBHS plans to continue the cultivation of a WRAP-informed culture among its staff members and contractors to meet the needs of children and families in Delaware. Finally, many changes will occur with introduction of the new FOCUS electronic records system. The Division plans to keep abreast of the effects of these changes on both itself and the staff members and make adjustments accordingly.

Division of Youth Rehabilitative Services (DYRS)

The Division of Youth Rehabilitative Services is the lead juvenile justice agency that serves youth court ordered to agency supervision through the judicial system. DYRS is responsible for assessing the needs of youth and collaborating with their families, schools, and support systems to develop plans that address the factors that contribute to a youth's risk for delinquency. Title 31 Chapter 51 assigns the Division of Youth Rehabilitative Services with the rights and responsibilities associated with the day-to-day care of juveniles committed to DYRS by the Court, including the right to the care, custody, and control of the juvenile. The mission of DYRS is to guide youth involved in juvenile justice to a successful future and to support public safety.

DYRS provides services and supervision to youth through a variety of program areas. Civil Citation diverts low-risk youth from system contact as a pre-arrest diversion program. Probation through contracted provider supervision serves low risk youth by addressing their needs. Community services supervision with a probation officer provides intensive supervision to youth with moderate to high-risk scores and offers services to reduce overall risk to recidivate. Level IV staff-secure services at Grace, Snowden and Mowlds Cottages are for short-term residential stays. Level V secure care services at Ferris School offers longer-term residential programming to youth with high risk and high needs. DYRS maintains contracts with community-based providers to supplement services to address the needs of youth placed under supervision. For youth with specialized residential needs, the Division maintains residential contracts. In addition to these post-adjudicated services, DYRS provides pretrial supervision to youth in the community. In addition, DYRS has two detention facilities located in New Castle and Sussex Counties.

During CY2018, DYRS and/or their contracted providers worked with 1,706 youth and their families. This is a decline of 395 youth from the previous calendar year. The Juvenile Civil Citation program received 347 referrals during CY2018. This is an increase of 43 youth over CY2017.

Population Statistics

Recent statistics show that Civil Citation has a successful completion rate of 94% for CY2018. A short-term recidivism study for youth referred during CY2017 showed only a 3.19% recidivism rate as of 2/27/19. Typically, recidivism is measured in 6-month, 12-month, 18-month and 24-month intervals so this rate could change as these milestones are reached.

Youth identified as low risk by the Division's assessment tool, are referred to contracted providers who monitor their conditions of probation and address their criminogenic needs. Referral to these resources allows DYRS to embrace best practices of diverting low risk youth away from system involvement. In CY2018, 576 youth were served through these contracted resources. The average length of service was 125 days.

There were 738 youth served through detention supervision during CY2018. This number may include youth detained more than once over the course of the year. The average length of stay was 34 days. Males accounted for 80% of the detained youth.

The residential alternatives to detention (RAD) served 315 youth in CY2018 with an average length of stay of 19 days. Youth served through RAD are able to attend their home school and continue with community-based treatment.

The Division's assessment tool identifies a youth's risk to reoffend and their top criminogenic factors and protective factors. Community Services completed an initial assessment for 733 clients during CY2018. Of those initial assessments, 4.3% scored High/Moderate High, 8.5% scored Moderate and 87.2% scored Low. Re-assessments are completed within established time frames and/or whenever the youth has a significant life changing event. There were a total of 2,447 assessments completed on all youth. Of those assessments, 27.5% scored High/Moderate High, 15% scored Moderate and 57.5% scored Low. The average length of an open community services case was 359 days.

In CY2018, 208 youth were served through residential placement after adjudication. Ferris School served 73 youth with a 198 day average stay. The residential cottages of Grace, Snowden, and Mowlds served 135 youth with an average length of stay of 77 days.

Accomplishments

During SFY2018, DYRS continued to work with the Office of Juvenile Justice and Delinquency Prevention Second Chance Act grant. The grant will continue efforts for DYRS to build a quality assurance plan to include validating the assessment tool, establishing a reporting platform, and providing training in evidence based services. In CY2018, DYRS trained additional community services staff in motivational interviewing and finalized the plan for implementation of the new assessment tool for youth in residential facilities and in the community. DYRS expanded aftercare services to Kent and Sussex counties, creating a statewide program for youth exiting Ferris School. The service provides 24/7 access and helps to support youth and families with advocacy and support as they transition home. Finally, during CY2018, DYRS worked with the Robert F. Kennedy National Resource Center for Juvenile Justice to complete a Probation System Review. DYRS will use the information identified in the final report to guide system changes and strengthen practices.

Barriers and Challenges

Limiting staff turnover continues to be a challenge for the Division. Job fairs are successful but high staff turnover limits capacity to build skills of existing staff. As low risk youth are diverted away from the system in alignment with best practice, the Division finds itself needing to plan for

more high needs youth that require specialized case planning. These youth have intense criminogenic needs but also mental health and substance abuse needs. Accessing services in the best interests of a youth's individual situation can be complicated through the adjudicatory process. The Division will continue to work on partnerships that can help reduce the barriers to accessing treatment for youth without needing to further deep end youth to gain the service.

Collaborative Efforts

DYRS will continue to work collaboratively with system partners from the Family Court, Department of Justice, and Offense of Defense Services to implement system changes based upon the Probation System Review Report. Stakeholders from numerous agencies that work with DYRS formed the Probation System Review Committee to provide input in to the final report. Members of DYRS will continue to serve on various committees throughout the state to focus on justice reform efforts to enhance family involvement, ease system barriers, and address the most high need/high risk youth.

Priorities for the Coming Year

The priorities for the coming year include implementing the new customized risk assessment tool by the end of April. This will include Division-wide training, which is an opportunity for staff from different program areas to become better informed about the comprehensive work of the Division. As research becomes available on best practices for increasing positive outcomes, the Division incorporates these practices into daily activities. Progress to date shows reduced caseloads and improved services builds momentum to strengthen our commitment to these practices. DYRS has prioritized transparency by identifying key performance indicators and making reports more accessible to engage our community partners and provide them with information about the youth we serve.

Trauma Informed Care (Division of Management Support Services)

DSCYF continues its commitment to a trauma informed system of care and the Trauma Informed Care Committee (TICC) continued to lead development and implementation of the Department's trauma informed care strategic plan. The TICC is composed of representatives from across DSCYF representing our four Divisions and includes Division of Family Services staff from the Office of Evidence Based Practice. The TICC implemented strategies to implement trauma informed care in 2018 and 2019 and continues to focus on the areas of workforce (recruitment, training and retention), staff wellness and on service delivery, including promoting a trauma-informed provider community. Additional agency self-evaluation procedures and ongoing training and support for adoptive and foster parents are highlighted goals for 2019. The 2019 plan also includes expanding staff wellness efforts in all the regions and creating ongoing workshops and calming areas for staff to help with on the job stress reduction.

To build trauma informed competencies of staff, TICC continues to offer the "Introduction to Trauma Informed Care" training which is a required training for all staff within the first thirty days of their employment. To date, 646 staff have completed this training. The TICC developed curriculum for a full day in-person training for supervisors of front-line staff which launched May 2018 and is ongoing. Training for front-line staff launched in the fall of 2018 and a train the trainer curriculum was developed by the Trauma Informed Care Committee. In addition to expanding

staff training, to continue to build staff competencies, the Department adopted performance plan expectations for all staff, which were incorporated into 2018 performance plans. This past December marks the first year that performance reviews using the new Trauma Informed Care criteria were completed. Trauma Informed System of Care language was incorporated into all new contracts and RFPs. The Office of Evidence-Based Practice continues to monitor trauma in foster care youth using the ACEs questionnaire and trauma screenings. OEBP staff continue to provide trauma informed clinical consultation at the case and program levels.

K-5 Early Intervention Program

The K-5 Early Intervention Program (EIP) is an innovative collaboration between the DSCYF and DOE. EIP provides services to students displaying behavioral problems that 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 (FCT) and currently employs 54 FCTs.

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-four FCTs from DSCYF are assigned to designated elementary schools in fifteen school districts and seven charter schools throughout the state. The EIP is a voluntary program for parents/caregivers. Referrals are made by principals, teachers, guidance counselors, nurses, and other school staff. A typical caseload of an FCT is 15 to 17 children/families. From January 2018 through December 2018 caseload size was 15 cases per FCT.

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. In many instances, FCTs work with families to address survival and/or crisis issues e.g., preventing the electric from being shut off, thus enabling them to focus on the emotional, academic, and social needs of the child(ren).

The goals of the EIP are to "Help Parents Help their Children" improve student behavior in the home and school, improve school and parent relationships, and empower parents to be able to become self-sufficient in seeking services for their families. Survey results show 98% of parents were satisfied with the improvements in the behavior(s) for which their child was referred, 97% of parents found the program useful in helping them cope with their child's negative behaviors, and 98% of parents found the program useful in helping them work with their child's teacher and school. Ninety-nine percent of parents would recommend EIP to others.

All children and families are evaluated (including a trauma screen) and then an intervention plan is developed with the family. The FCTs provide support, when appropriate work on parent

training skills with the parents, assist the child in developing self-control skills and helps the family connect with community resources.

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

Statistics by CY	January 2013 to December 2013	January 2014 to December 2014	January 2015 to December 2015	January 2016 to December 2016	January 2017 to December 2017	January 2018 to December 2018
# FCTs	average # of FCTS= 51	average # of FCTS= 51	average # of FCTS= 51	average # of FCTS=52	average # of FCTS=52	average # of FCTS=52
# of vacancies	4	5	6	7	8	7
# Schools	53	53	54	54	54	54
# Districts	14	14	14	14	15	15
# Public Schools	48	48	49	50	47	47
# Charter Schools	5	5	5	4	7	7
# New Cases	557	535	566	565	563	480
# Ave Cases/Month	15	15	16	17	*16	15
# Ave Students/Month	39	34	38	34	33	31
# Ave Adults/Month	27	26	28	26	24	22
	<u>Total for 12 months</u>					
# Ave Non Caseload Students/Month Total	20/12281	18/11106	28/12211	22/13379	21/13082	19/11973
# Ave Non Caseload Adults/Month Total	7/4283	7/4151	7/4513	7/4141	7//4054	6/3533
# Ave Home Visits/ Month Total	15/9349	15/9106	10/6338	11/6760	12/7542	10/6052

Statistics by CY	January 2013 to December 2013	January 2014 to December 2014	January 2015 to December 2015	January 2016 to December 2016	January 2017 to December 2017	January 2018 to December 2018
# Ave Office Visits/ Month Total	13/7679	13/7429	8/4940	10/5969	11/6698	9/5693
# Ave Individual Counseling Sessions/ Month Total	131/79248	129/77164	66/40290	76/46993	72/44703	50/31031
# Ave Groups, Large And Small/Month Total	19/11578	19/11219	19/11918	23/14375	28/17436	21/12888
# Ave Family Counseling Sessions/Month Total	15/9077	15/8886	16/9798	21/12896	26/16063	21/12888

*From January 2017 through August 2017 caseload size was 17-20 cases. From September 2017 through December 2017 caseload size was 15-17 cases.

During this reporting period from January 2018 to December 2018 K-5, the Early Intervention FCTs 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, 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 childcare 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. Through a partnership with the Nemours Foundation in 2011 and 2012, EIP became certified providers of “Triple P” Positive Parenting Practices parenting program. FCTs have 2 of the top 3 nationally ranked empirically validated programs available for DE 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 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.

Office of Child Care Licensing

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.

Accomplishments

OCCL completes 100% of its mandated yearly site visits. In addition to the required annual monitoring visits, OCCL completes additional visits to investigate complaints of alleged regulatory non-compliance, allegations of unlicensed care, and additional visits to ensure regulation compliance of providers on an enforcement action. OCCL reviews and updates its Procedures Manual annually to reflect current practices that promote conformity in regulation monitoring procedures throughout the state. Relationships and partnerships are created and strengthened with other agencies, such as the Delaware Department of Education's Office of Early Learning, Delaware Stars for Early Success (Delaware's voluntary quality-rating improvement system for early care and education providers), Delaware Health and Social Services, Delaware Association for the Education of Young Children, 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 information and orientation training sessions offered for anyone seeking to obtain a child care license from OCCL, OCCL presents a "Staying in Compliance Training." This professional development training provides technical assistance to licensed providers upon request or as part of a required corrective action plan for providers struggling to achieve regulation compliance. OCCL also offers this training at professional development conferences and to community partners as requested.

The reauthorization of the federal Child Care Development Block Grant necessitated changing child care requirements. Regulations now require providers to complete additional specific trainings and require all applicants, current licensees, and family child care household members to have completed a comprehensive background check. When OCCL enacts new regulations, as it did in May 2019, it informs providers multiple times of the pending changes, offers repeated periods for public comment, and after final publication of revised regulations, conducts many evening and daytime training sessions in all three counties to acquaint providers with the specific changes to the regulations. Additionally, OCCL offers to current and aspiring center administrators, an Administrator Training to enhance their professional skills. All OCCL trainings are offered at no cost to the registrants and help providers meet their annual professional development training hour requirements.

Challenges

- The November 2014 federal reauthorization of the Child Care and Development Block Grant (CCDBG) requirements necessitated changing child care regulations and continues to have significant impact on the workload of OCCL. OCCL staff work to ensure they are knowledgeable on the many regulation changes enacted and to ensure that licensed providers comply with the new requirements.
- An increase in complaints made to this office regarding possible regulation violation by licensed providers, increased OCCL's workload as additional visits to facilities to investigate the complaint and report writing are required, even if the complaint is not substantiated.
- In conjunction with increased standards contained in the reauthorized CCDBG, OCCL is still working to make significant changes to the OCCL website and reporting procedures to ensure compliance with the grant. Additionally, OCCL is working to develop the mechanism to offer on-line trainings so that providers are able to meet the provisions of the grant and needs of the office. This process is time-consuming as we work with other partners to develop this.
- The Regulations for Residential Child Care Facilities and Day Treatment Programs are the next set of regulations to be revised. After regulations are revised, multiple trainings are held to inform providers of the regulation changes.

Collaborative Efforts

OCCL works closely with the Office of Early Learning, Delaware Stars for Early Success, and other community partners for the benefit of the early childhood community. OCCL administration, supervisors, and staff serve on numerous early childhood committees including: Delaware Early Childhood Council, National Governor's Association Grant Committee, Preschool Development Grant Committee, QRIS Revision Team, Integrity Committee, WAGES Advisory Committee, DE Technical and Community College (DTCC) Early Childhood Advisory Board, New Castle County Vo-Tech Advisory Board, Wilmington Early Care and Education Council (WECEC), Families and Centers Empowered Together (FACET), Delaware Stars Early Childhood Curriculum Review Panel, DHSS Meetings on the CCDBG revisions, and Teacher Education and Compensation Helps (T.E.A.C.H.) Advisory Board.

Priorities for the Coming Year

As for priorities for the coming year, OCCL must complete the revision of regulations for Residential Child Care Facilities and Day Treatment Programs. On-line training must be developed and implemented to train providers in new requirements for the Administration of Medication in child care facilities. There has been an increase in the number of new applicants seeking to become licensed, as provisions of the CCDBG require previously exempt providers to become licensed to continue to receive Purchase of Care funding. Because of the CCDBG requirements, criminal background check requirements have been expanded to include the need for out-of-state checks for many persons. This has increased the workload of child care licensing specialists as these out-of-state checks usually require repeated monitoring because the waiting period to receive out-of-state background check results can be lengthy. OCCL continues to review internal procedures to ensure regulation enforcement conformity throughout the state.

Criminal History Unit

The Criminal History Unit moved to the Division of Management Support Services in 2019 but still conducts criminal history checks and child protection registry checks for applicable persons

per Delaware Code. During the 2018 summer season, youth camp employees and volunteers completed a signed consent to have their criminal record checked by the DE Justice Information System (DELJIS) and to have a Child Protection Registry check completed by the DSCYF's Criminal History Unit (CHU). A DELJIS contractor conducted all of the criminal background checks while CHU completed 2,650 Child Protection Registry checks for 135 camps for children ages 5–18. To date, there are 158 youth camps registered for checks in 2019.

In 2018, the CHU conducted 13,205 fingerprinted background checks for those who work at child-serving entities in DE and 65,698 child protection registry checks for those who work at child-serving entities and health care entities. The background checks and child protection registry checks are mandated under Delaware and federal Code. The laws require persons seeking employment who have unsupervised access to children and adults to have a background check and child protection registry check completed prior to employment or during a conditional period of employment. In addition, foster, respite, adoptive parents and their household members 18 years or older must have a background check prior to approval or during a period of provisional approval with the department or contracted providers.

Delaware Interstate Compact Unit

The Interstate Compact Unit (ICU) provides support and manages services related to the movement of children across state lines in need of probation and aftercare supervision and/or placement services including foster care, relative care, and adoption. The unit also provides supportive services to three divisions, and technical assistance to families, agencies, attorneys, and courts.

This work is guided by compact agreements between member states and territories. The following compact agreements and laws provide guidance regarding transfer of supervision procedures and interstate placements:

- Del C. 31 § 5402 - ICAMA
- Del C. 31 §5203 - ICJ
- Del C. 31 §381 - ICPC
- PL 100-300 USC 42§11601 - ICAR
- PL 96-272 - AA & CWA
- PL 95-608 25 USC §1901 - ICWA

ICU is responsible for providing administrative case management services in accordance with three compacts: the Interstate Compact on the Placement of Children (ICPC), the Interstate Commission for Juveniles (ICJ) and the Interstate Compact on Adoption and Medical Assistance (ICAMA). A small team charged with a large mission, the unit is comprised of an Interstate Compact Administrator, two Interstate Compact Deputy Administrators, a Family Services Program Analyst and a part time Operations Support Specialist.

Accomplishments, January 1, 2018- December 31, 2018

In 2018, the ICU processed a total of 1012 incoming and outgoing referrals for the three compacts combined. The goal of the Interstate Team is a safe and permanent home with the services streamlined in a timely manner for children crossing state lines. In 2018, many positive outcomes were achieved including children who were successfully placed in permanent homes in Delaware.

Under The Interstate Compact on the Placement of Children, the interstate unit had 30 adoptions finalized, 18 guardianships and 11 children returned to their home state. The team played a key role in keeping a significant amount of brothers and sisters together that were placed into our state. The unit approved 73 residential out of state treatment center requests and treatment was completed for 36 children and youth. Interstate team, along with our contract providers, sustained placements, with minimum placement disruptions. Of 147 home studies completed by DE ICPC, 86% were completed in or under 60 days in compliance with the Safe and Timely Interstate Placement of Foster Children Act of 2006. Of total decisions processed, 69% were for out-of-state placements (“sending”) and 41% were for in-state placements (“receiving”). Seventy-nine percent of out-of-state placement were approved. Sixty-seven percent of in-state placements were approved.

Collaborative Efforts

ICU collaborated with Delaware Public Archives on training, destruction, maintenance, retention, use and preservation of closed interstate records for all three compacts. Through this collaboration, we have successfully completed much of the historical cleanup, implemented new internal procedures and freed up storage space on the unit site. The Interstate Commission for Juveniles requires that each state establish a state council to oversee intrastate affairs. The State Council serves as an interbranch coordinating body and is the in-state partner to the Interstate Commission for Juveniles. Delaware’s State Council is more visible by with three new active council members, Honorable Judge Robert Coonin (Delaware Family Court), Yolanda Schlabach (Executive Director of Zoe Ministries) and Representative Nnamdi Chukwuocha (Democratic State Representative) and the Chief of Adult Interstate Compact attending a meeting. Delaware also had the honor of MaryLee Underwood, Executive Director of the Interstate Commission for Juveniles visiting our state and presenting at our council meeting.

Collaborating with the Grants & Contracts Team, ICU completed annual contract monitoring of two contract providers. The monitoring ensure compliance with state and federal policies and procedures, while monitoring the child’s safety. The monitoring was successful noting measurable improvements in several areas.

Due to consistent high number of incoming referrals, ICU added an additional contract provider in 2018, to meet the needs of completing incoming referrals for home studies and providing ongoing supervision.

ICU represented Delaware at each of the three compact’s Annual Business Meetings in 2018. Deputy Compact Administrator, Francis Casey attended the 10th Anniversary Interstate Commission for Juveniles Annual Business Meeting in New Orleans, Louisiana. Deputy Compact Administrator Christine Norris attended the Interstate Compact on the Placement of Children Annual Business Meeting in Seattle, Washington and Compact Administrator Melanie Grimes attended the Association of Administrators of the Interstate Compact on Adoption and Medical Assistance National Meeting in Chicago, Illinois. The business meetings are an opportunity to bring states together to address national, state and local policies and procedures that affect children and families crossing state jurisdictions.

Priorities for the Coming Year 2019

ICU places an emphasis on continuous quality improvement. Recent quality improvement initiatives include: increased use of electronic file storage, timely exchange of information and timely documentation in FOCUS, and use of the data exchange systems used by the ICJ and ICAMA. Consistent progress is being made towards the implementation of the National Electronic Interstate Compact Enterprise (NEICE), a web-based electronic case processing system supporting ICPC members. ICU and Grants & Contracts Unit are actively pursuing grant funding to offset the cost. The completion of historical files being archived and the implementation of an effective archiving procedure is a priority for 2019. ICU will increase active participation on national and regional compact committees and meetings.

Family Informed Resource Support Team (FIRST)

FIRST (Family Informed Resource Support Team), has faced staffing challenges in the past year. When fully resourced, the team consists of a five person team (one Coordinator, three Community Resource Specialists and one Administrative Support) who through a strength based, family engaged approach, work with youth identified to be at risk of placement. The team works with the family and extended supports to identify community resources that will strengthen the family or caregiver's capacity to care for the youth.

Accomplishments, October-December 2018

The FIRST team has connected 51 youth and their families to 232 services and supports to address their identified individual needs. Seventy-six percent of services are free/no fee and 24% of services are fee-based funded by DSCYF or an external agency. FIRST targets free services within the community to create long-term opportunities for youth to explore after DSCYF is no longer involved with the family. The family receives a Recommended Services Report, containing program and contact information for local agencies in their community. FIRST schedules meetings at a date/time/location convenient for the family. Ninety percent of FIRST referral interviews were conducted in the family residence and 10% were conducted in a school or community setting. Overall, 56% of FIRST meetings were held in the family residence and 13% were held in a school or community-based location. Community-based locations such as the local library were primarily chosen by families that did not have the capacity to host a large group of meeting participants in their residence. Youth participation is a parent/guardian driven decision. The majority of parents/guardians chose not to include children under the age of 12, thus the 29% enrollment rate for ages 4–11. Youth, ages 12–18, had an 87% attendance rate. FIRST process also strengthens interdivisional knowledge and collaboration. Ninety-four percent of DPBHS, 85% of DFS and 86% of DYRS caseworkers participated in FIRST meetings and process.

Challenges

The FIRST initiative employs four casual seasonal positions and one contractor position. Staff turnover has limited the ability to stabilize the team and grow the skillset of unit staff. The enrollment rate for multi-divisional eligible youth hovers around the 50% rate. The FIRST team continues to explore and test methods and ideas to increase to the targeted 70% enrollment rate. Worker referrals generate a 70% family enrollment rate. FIRST believes the key to increase enrollment and positive outcomes for youth is to expand on division worker awareness and willingness to submit referrals. Limited community-based resources for specific categories (mentor, childcare for older youth, respite and transportation) cannot support family needs. The collective team works together to identify work around solutions to these barriers.

Priorities for the Coming Year

FIRST plans to treat the initial implementation of the program from October 2016–June 2019 as a pilot for the program. Information and lessons learned from this initial implementation and building period will be used to guide changes in the program. In May of 2019, the Office of Case Management hired a full-time merit staff member to lead the FIRST team, replacing the previous contracted position. This establishes FIRST as a unit with a long-term mission. The FY2020 budget includes a request to replace the three casual-seasonal community resource specialist positions with full-time merit career-ladder positions. If the Delaware General Assembly approves these positions, this will further stabilize the FIRST team and provide an opportunity to develop the skill of unit staff members.

The FIRST Coordinator will join the department Placement Resource Team (PRT) as co-chair with a member of the department Grants and Contracts Unit to enhance the team’s knowledge of community-based options to prevent youth from entering residential programming and to address barriers to youth returning home from out-of-state care. FIRST plans to review and expand eligibility criteria to enhance the team’s ability to support department-involved youth and families. Plans include increasing efforts to assist with developing strong transition plans and provide needed supports for youth returning from residential, increased outreach when youth have experienced a disruption in their foster care placement and are at risk of future disruptions. FIRST will focus on developing a more detailed system to record cost savings and funding partnerships for fiscal reporting and budget management. Seventy percent of families responded to the outcomes survey follow-up interview during the initial pilot. FIRST will evaluate the outcomes reporting process to increase post-process responses from families and improve on the measurement of key performance indicators. FIRST will coordinate with the newly-formed department CQI Unit to assist with tracking and reporting of outcomes and to review and modify the current outcomes survey and review process.

Community Partners

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 funds provided to each state annually based on population size. 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 are utilized to support community-based efforts to develop, operate, expand, enhance and where appropriate, to network initiatives aimed to prevent child abuse and neglect and to support networks of coordinated resources and activities to better strengthen and support families.

The CBCAP 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. During this past year the federal grantees who receive funding from the Children’s Bureau (CBCAP, CIP and DFS) have been asked to develop a shared vision for strengthening families and prevention, using the CFSP as a blueprint for reorienting child welfare systems towards prevention, integrated planning and system improvement efforts. To satisfy the responsibilities of the CBCAP grant and

to move forward on creating a shared vision an Integrated Child Welfare Planning Committee (ICWPC) has been formed to draft high level goals for a broad service continuum that includes public and private partners and strengthens collaboration and communication.

The members of the ICWPC will be asked to consider the following issues:

- What is the larger vision for our system that this collaborative effort was designed to support?
- How does this model/approach help to prevent unnecessary family separation and ensuing parent and child trauma?
- Why and how is this approach doable?
- What model of prevention programming driven by Family First will emerge?
- Does DE have a formal/approved continuum of parenting programs related to risk factors and criteria, where are the gaps?
- Can/should CBCAP funding be utilized to create additional differential response options for vulnerable families *

*Specifically, to enhance parenting skill and family relationship approaches by providing support and information about behavior management and positive parenting skills. Topics could include – child development, causes and consequences of violence, anger management, problem solving skills, and discipline techniques not involving physical punishment.

CBCAP Grant Funded Programs

During CY2018 PCAD provided CBCAP grant funding to support a hospital-based abusive head trauma prevention program, the Delaware Readiness Teams and the *Strengthening Families through Parent Provider Partnerships in Child Care* initiative. These funds are used to provide the following services:

Parent Education

The “All Babies Cry”[®] (ABC) abusive head trauma (AHT) prevention program is based on the Strengthening Families Model and the Theory of Planned Behavior. The ABC program was assessed for efficacy, using a mixed-method, quasi-experimental staged evaluation design. The results of the study showed that the program is well received, appears effective in improving mediators of behavior, and may change parental behavior. Parents/caregivers are the most common perpetrators of abusive head injuries. The period of greatest risk for shaking coincides with the newborn period, particularly at eight weeks of age, when crying peaks. Childbirth is usually a time of almost universal contact between parents and the health care community. In addition, adult learning theories suggest that adults are more willing to engage in learning before, after, or during a life-changing event. Assessing the number of cases in Delaware from 2015-2017, the state has averaged 8 AHT cases per year, this represents a reduction of 61.5% in AHT cases, indicating that the second generation AHT education programs maybe more effective than the first generation. A review of the 2016 AHT cases reveal that approximately 90% of those families did not participate in the ABC program. This finding may indicate that new parents who have limited coping skills may be more likely to decline the hospital-based education program. Considering this, efforts will be made to utilize home visitors to provide the ABC materials to high risk families.

The components of the program are as follows:

- Parents at all birthing hospitals and parents that have had their infants transferred to the neonatal intensive care unit at Delaware’s only children’s hospital receive this education prior to discharge.
- All parents are given the opportunity to view an 11-minute video at the hospital. Data indicates that over 80% of new parents viewed the video last year.
- All parents receive an ABC booklet that is specific to Delaware. The booklet provides information on how to access the ABC website and the new phone app. The website provides checklists, activities, hotline numbers and other resources that focus on infant crying, soothing techniques and self-care.
- Parents are asked to voluntarily sign a Commitment Statements (CS), which signifies that they have received information on infant crying, soothing techniques and understand the information presented. A statement on the CS asks the caregiver if a representative from the program may call them in six-eight weeks, to participate in a brief survey.
- One-on-one discussion with a maternity nurse is vital to the success of this program. Training and a sample script are provided to the maternity nurses. Providing the information from the script requires no more than five minutes. All hospital pediatric and obstetric nurses received a refresher training session in 2017.
- The grantee makes follow up telephone calls to ask parents/caregivers to complete a brief survey. The survey includes questions about their recall of having the nurse share information about ABC, experiences with infant crying, and the use of techniques that they learned from the program materials. The staff person makes referrals to resources if needed.

The hospital-based AHT educational model addresses the risk and protective factors identified in the Community-Based Child Abuse Prevention Conceptual Framework (2006) adopted as a model ecological framework by the National Administration for Children and Youth. The protective factors identified in the model include bonding and attachment, parental resilience, knowledge of parenting and child development, social connections, and concrete supports in times of need. The “All Babies Cry”[®] hospital-based program addresses these issues through educating parents/caregivers on normal infant crying behaviors, comforting measures for the infant, self-care tips for parents and resources for new parents such as websites, hotlines and books.

Community-Based Family Strengthening Activities

During CY2018, a grant was provided to support the family strengthening activities of the Delaware Readiness Teams. The mission of the Delaware Readiness Teams is to establish an authentic collaborative community of Ready Families, Ready Schools, Ready Early Learning Providers and Ready Community Organizations to build strong partnerships, expand family supports and prepare Ready Children birth through age eight for a great start on life. The teams are supported by the Rodel Foundation, local businesses and the Office of Early Learning within the Department of Education. In order to accomplish their mission the teams work to maximize the potential for young children by:

- Empowering families to strengthen the well-being of their children.
- Assuring the availability of high-quality early learning programs that meet the standards established by DE Stars.
- Strengthening relationships between families, communities and schools.

Teams are comprised of educators, child care providers, parents/family members, representatives of community-based programs and businesses. Grant funding was provided to the Rodel Foundation to support the work of the Delaware Readiness Teams Network which includes 19 teams located in high risk communities statewide. The grantee is required to assure that their teams include parents who help to plan and implement the funded projects. They must also base their activities on the community assessments that they have completed and in some cases on the information that they have harvested from the Family Cafes conducted within their communities. The grantee participates in the project evaluation and interacts with project staff in order to discuss their activities and relate them to building the protective factors.

Below is a list of their community-based activities:

- Hosted four Kindergarten Academies in school districts statewide.
- Planned and hosted two parent conferences.
- Held thirteen Family Cafes.
- Conducted four Community Baby Showers.
- Worked in partnership with the Early Childhood Education Arts Academy to develop a Parent Champion group.
- Utilized the “harvest” from the Family Cafes conducted to prioritize working with families to make changes to the kindergarten registration process in Delaware.
- Launched a Kindergarten Readiness and Registration Campaign with First Lady Tracey Quillen Carney.

Strengthening Families through Parent Provider Partnerships in Child Care

To date 19 childcare 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. PCAD provides training and technical assistance 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 childcare sites to establish personal and trusting relationships with families.
- Train childcare center staff to provide family members with encouragement and education.
- Empower the childcare center staff to act as an early warning system and to intervene with families before abuse and neglect occurs.

Participating child care centers receive up to three years of grant funding and annual increases are available (Year One-\$4,000, Year Two-\$6,000, Year Three-\$8,000). In addition to the grant funds, grantees receive training and on-site technical assistance, including Lunch and Learn sessions, and have the opportunity to participate in a learning community comprised of center director and program staff. Grantees are required to create a leadership team that includes parents and staff that meets at least quarterly. They must also complete a self-assessment to create and implement an annual action plan designed to build the protective factors. All grantees participate in the project evaluation and interact with the project evaluator in order to collect and analyze the data collected. During the past year, the participating centers have:

- Increased attendance at parent policy meetings.
- Conducted Parent Cafés.

- Provided training on a wide range of topics including financial planning (\$tand By Me), buying a home, managing challenging behaviors, CPR/First Aid, STEAM learning and child development.
- Held social events that provide families and staff the opportunity to interact and build social connections.
- Encouraged the participation of fathers with their children by hosting special events.
- Published center newsletters.

Each program had outcome measures, accomplishments, barriers and challenges for CY2018.

- Parent Education – Since 2009 when this project was implemented the number of shaken baby deaths and near deaths in Delaware has decreased. Efforts continue to assure that all new parents utilize the materials, especially in the Latino community.
- Community-Based Family Strengthening Activities - Grantees are required to assure that their team includes parents who help to plan and implement the team’s funded project. They must also base their activities on the community assessments that they have completed and in some cases on the information that they have harvested from the Community Cafes conducted within their communities. All grantees participate in the project evaluation and interact with the project evaluator to discuss their activities and relate them to building the protective factors. During the past year the participating teams have:
 - 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 daily and that building strong relationships between staff and parents is a priority at their childcare center. To date anecdotal data is tied to building the six 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.
 - Healthy parent-child relationships.

Priorities for the Coming Year

During the coming year Prevent Child Abuse Delaware, as the CBCAP lead agency, will focus its efforts on the following:

- Enhancing protective factors, particularly when multiple risk factors are present.
- Coordinating prevention funding sources.
- Increasing the use of informal/non-stigmatizing supports.
- Supporting evidence-based programs, where appropriate.
- Evaluating the effectiveness of its funded programs.

Additionally, PCAD will work with its partners to:

- Map the state’s prevention service array and help to prioritize prevention activities.
- Direct and support networks of coordinated child maltreatment prevention resources and activities to better strengthen and support families.

- Review data primarily collected by Kids Count, DPH and DFS (focus groups and surveys) and utilize the information to make grant funding decisions, to support program development and changes to policy and legislation, and to advocate for systemic change.
- Utilize needs assessment data to identify specific challenges faced by local communities.
- Enhance outreach to underserved populations.
- Develop parent leadership.
- Convene a statewide, collaborative group of public-private partners to coordinate the resources of all members, ensure effective prevention and early intervention services that increase child and family well-being (Family Strengthening and Support Council).

Delaware intent to map a collaborative service array from prevention through formal child welfare responses is noted in the prevention plan. (See Attachment: Delaware Child Maltreatment Prevention Plan)

Office of the Child Advocate/Child Protection and Accountability

The Office of the Child Advocate (OCA) is a non-judicial state agency charged with safeguarding the welfare of Delaware's children. OCA was created in 1999 in response to numerous child deaths in Delaware resulting from child abuse. These cases pointed to deficiencies in the child protection system that could only be remedied through the collaborative efforts of Delaware's many child welfare agencies. The General Assembly determined that an office to oversee these efforts, staff the Child Protection Accountability Commission, and provide legal representation on behalf of Delaware's dependent, neglected, and abused children was necessary. Pursuant to 29 Del. C. § 9005A, OCA is mandated to coordinate a program of legal representation for children which includes the Court Appointed Special Advocate Program; to periodically review all relevant child welfare policies and procedures with a view toward improving the lives of children; recommend changes in procedures for investigating and overseeing the welfare of children; to assist the Office of the Investigation Coordinator in accomplishing its goals; to assist CPAC in investigating and reviewing deaths and near deaths of abused and neglected children; to develop and provide training to child welfare system professionals; and to staff CPAC.

While OCA has many statutory duties, legal representation of children is a significant part of OCA's mission. OCA accomplishes its charge to represent children through the employment of four Deputy Child Advocates, seven Contract Child Attorneys, a substantial and dedicated pool of CASA Volunteers and volunteer Child Attorneys supervised by OCA staff, and strong partnerships with the child-serving agencies in Delaware. The CASA Program moved from Family Court to OCA on March 6, 2017. Another statutory responsibility is assisting the Office of the Investigation Coordinator (IC) in accomplishing its goals. The IC was established in the wake of Dean Ammons' independent review of the Earl Brian Bradley case. As a result of Dean Ammons' review, the Governor's Committee on the Protection of Children was established in order to address recommendations relating to multidisciplinary collaboration and coordination. In 2013, legislation was put forth, drafted by the Committee, and ultimately championed by CPAC, creating the Office of the Investigation Coordinator. The IC performs two mission critical functions for at-risk populations of children in Delaware: 1. Monitoring each reported case involving the death of, serious physical injury to, or allegations of sexual abuse of a child from inception to final criminal and civil disposition; and 2. Monitoring infants with prenatal substance exposure. The IC transferred from DSYCF to OCA on April 20, 2016.

In addition to overseeing OCA, the Child Advocate serves as the Executive Director of 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.

During SFY2016, CPAC was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility transferred from the Child Death Review Commission to CPAC on September 10, 2015. Then, at its meeting of October 14, 2015, CPAC ratified the Child Abuse and Neglect (CAN) Steering Committee and Child Abuse and Neglect (CAN) Panel. In addition, CPAC authorized the CAN Panel to conduct the confidential investigations and retrospective reviews on behalf of CPAC and charged the CAN Steering Committee with providing oversight of these duties. As such, all activities of the CAN Steering Committee and CAN Panel are statutorily confidential. However, the statute allows for the Commission to release system-wide recommendations arising from an investigation and review to the Governor, General Assembly and public.

In January 2016, OCA, on behalf of CPAC, received a Casey Family Programs grant to improve education outcomes for youth in foster care. This grant transferred from the Family Court to continue efforts that were previously underway in the state. Soon after receiving the grant, CPAC developed a strategic plan that focused on two main goals. First, CPAC targeted strategies and trainings to address the social and emotional needs of "system involved youth." Second, CPAC focused efforts to improve interagency cooperation and coordination of educational services for all system involved youth. To that end, CPAC has moved at a rapid pace to make significant progress on initiatives and collaborate with systems partners to improve school stability and academic supports for system involved youth, and particularly for children experiencing foster care. OCA's grant with Casey Family Programs ended in December 2018.

Accomplishments, Barriers and Challenges

Throughout SFY2018, OCA provided legal representation to 1,210 children statewide. Five hundred forty-seven were represented by a Contract Child Attorney and CASA, 468 were represented by a Volunteer Child Attorney and 195 were represented by Deputy Child Advocates. Broken out by county, 308 children were represented in Kent throughout the fiscal year, 649 in New Castle, and 253 in Sussex. Kent County remained a struggle this fiscal year with the volume nearly eighteen percent greater than Sussex County. CASA Volunteers, partnered with Contract Child Attorneys, handled 57% of the cases in Kent County, with Deputy Child Advocates handling another 21% of the cases. In Sussex County, while the volume is notably lower, only 7% of the children were represented by volunteer Child Attorneys-Statewide DCAs represented 33% of the children and CASAs and Contract Child Attorneys represented 60%.

During SFY2018, 225 CASA Volunteers in partnership with 7 Contract Child Attorneys represented 547 children. The CASA Program trained 58 new CASAs through multiple statewide training sessions. Numerous hours were also spent on in-service trainings of CASAs. Of the dedicated CASA Volunteer pool, 94 had at least five years of experience. Thirty-one of the 94

volunteers had ten years or more experience. One volunteer has 31 years of service. Contract Child Attorneys spent more than 7,000 hours working in tandem with CASA Volunteers and CASA Coordinators. For the second half of the fiscal year, staff spent 8,000 hours supporting volunteers and attorneys in advocating for children, and another 1,000 hours recruiting, training and retaining volunteers

During SFY2018, 220 Volunteer Child Attorneys actively represented 468 children. Of those Volunteer Child Attorneys, twenty-two were new volunteers handling their first case. OCA's Managing Attorney trained 24 new attorneys in SFY2018. By the end of SFY2018, OCA had a dedicated volunteer pool of 264 attorneys, 186 of which had at least five years of experience. One hundred twenty of those 186 volunteers had ten years of experience or more. OCA now boasts 32 attorneys who have volunteered for at least 15 years. Collectively, nearly 5,600 hours of volunteer attorney time was dedicated to cases that closed in SFY2018. OCA staff spent just under 1,000 hours training and supporting Volunteer Child Attorneys as well as supporting 39 attorneys appointed directly by Family Court under the OCA statute.

To fulfill its charge of monitoring cases of alleged child abuse and neglect, the IC receives weekly and monthly data extracts from DFS, the Delaware Criminal Justice Information Center (DELJIS), and the Children's Advocacy Center of Delaware (CAC). All referrals are reviewed and analyzed utilizing FOCUS and DELJIS, and then opened if they fit within the purview of the IC. In SFY2018, the IC received 3,816 referrals from DFS, DELJIS and CAC, and opened 1,328 cases to monitor. Of the 1,328 cases opened, 94% (1,253) alleged child sexual abuse, 4% (58) involved a serious physical injury to a child, and 1% (17) were child deaths. On June 30, 2018, 774 cases were open in the IC database. Initiating and facilitating communication between the MDT is also a core function of the IC and improves the MDT response in these cases. All open cases are then periodically reviewed and analyzed to ensure the criminal and civil legal response and protection system has followed best practices to achieve punishment for perpetrators and legal protections for child victims. On a quarterly basis, the IC is responsible for analyzing collected data and statistics, identifying child welfare system issues and trends, providing pertinent data to CPAC and members of the MDT and making recommendations for system improvement in accordance with State and Federal law. IC participates in MDT Case Reviews four times per month, and will begin special case reviews in SFY2019. The IC also receives weekly data extracts from DFS for any infant reported to DFS for suspected prenatal substance exposure. These cases are reviewed, analyzed and monitored in the same manner as cases of alleged child abuse and neglect and entered into a separate independent database case tracking system. In SFY2018, the IC received 632 referrals of infants exposed to substances ranging from opiates to benzodiazepines.

Mandatory reporting training was provided to approximately 17,402 professionals during SFY2018. For public school employees, the training requirements for the detection and reporting of child abuse changed as a result of Senate Bill 102, which was passed in August 2017. Under the new requirements, school employees are required to receive 3 hours of child abuse and child safety awareness, prevention, detection, and reporting every 3 years, and new employees must receive 1 hour within 30 days of employment. This legislation gives school districts and charter schools flexibility in meeting non-academic training needs such as this one. In SFY2018, DSCYF and OCA provided onsite mandatory reporting training to 120 public school employees. Additionally, approximately 9,674 teachers and other school staff completed the online training and survey. Each year, OCA staff partners with DOE to make the training available on DOE's Blackboard

course management system. Onsite training was also provided to 162 general professionals, and another 461 private school educators and 422 general professionals completed the online training and survey through OCA's online training system located at: <http://ocade.server.tracorp.com>. For initial employment and as part of the license renewal process, professionals covered under the Medical Practice Act and other healthcare providers are required to complete training on the recognition of child sexual abuse, physical abuse, exploitation, and domestic violence, as well as the reporting obligations under the Medical Practice Act and section 903 of Title 16. During SFY2018, OCA staff coordinated with the Department of Professional Regulation (DPR) and the Medical Society of Delaware (MSD) to update the medical training, "Child Abuse Identification and Reporting Guidelines for Delaware Medical Providers." During the license renewal period between January and March 2019, 6,563 medical professionals were trained through OCA's online training system.

In SFY2018, the CAN Steering Committee met quarterly to review and approve the work of the CAN Panel. In particular, the Committee approved the retrospective reviews conducted by the CAN Panel between April 2017 and March 2018. During this period, the Panel reviewed 51 cases – 37 initials and 14 finals. For the 37 cases reviewed for the first time, there were 26 near deaths and 11 deaths that occurred between December 2016 and October 2017. The 14 remaining cases had previously been reviewed and were awaiting the completion of prosecution. The result was 161 strengths and 233 findings across six system areas. At each quarterly Commission Meeting, CPAC Commissioners reviewed and approved the strengths and findings arising from the investigation and review of these 51 deaths and near deaths due to abuse or neglect.

From January 1, 2016 through December 31, 2018, OCA remained the recipient of a Casey Family Programs grant, to improve educational outcomes for children experiencing foster care. While the accomplishments under this grant are numerous, in SFY2018 OCA staff together with its contractors, trained approximately 3,000 educators on the Compassionate Schools curriculum. Through these trainings, educators learn how trauma impacts brain development, the importance of relationships with students, and strategies to foster safe learning environments. The Casey Education Demonstration Project also developed a Compassionate Schools Learning Collaborative, which is comprised of schools all over the state with a focus on improving education outcomes and connections for at-risk students, including students experiencing foster care. The Learning Collaborative has also developed partnerships with the University of Delaware/Department of Education DE-Positive Behavior Supports (PBS) Project and Children and Families First to administer trainings and evidence-based strategies to help educators understand how to work with at-risk students. During the fiscal year, the Learning Collaborative met quarterly to share effective trauma-responsive practices to representatives from multiple schools across the state. OCA staff and contractors have also presented at the Delaware State Education Association Annual Conference, the Trauma Informed Schools Conference in St. Louis, MO, the National At Risk Youth Conference, Judicial retreats, the Delaware Superintendents Annual Retreat, Jefferson University Medical School Trafficking Event, the Vision Coalition and the Western Sussex Summit. In addition, staff at DOE and students at the University Of Delaware Graduate School Of Education have received training. As a result of its training on trauma to educators and Delaware school superintendents, the Project has seen a continual decline in out-of-school suspensions for youth in foster care between 2015 and 2017. This data demonstrates that educators understand the impact of trauma on vulnerable populations, and the devastating impact that out-of-school suspensions can have on students in DSCYF custody and other systems involved

youth. OCA spent approximately 800 hours on administration of this grant and participation in strategic planning meetings and trainings.

Collaborative Efforts

In addition to the review and release of findings related to child abuse and neglect death and near deaths, CPAC is charged with making system-wide recommendations and meeting with the CDRC annually to discuss the work of the CAN Panel. CPAC accomplishes this through a joint retreat. In April 2018, CPAC and CDRC convened its joint retreat to discuss the findings made since the last joint retreat in September 2016. These findings stem from the review of 41 child abuse and neglect death and near death cases for incidents that occurred between May 2016 and July 2017. The result was 267 findings and 194 strengths across system areas. In its new action plan for 2018-2019, CPAC and CDRC established 5 prioritized recommendations for system improvement, along with 7 additional recommendations and 10 ongoing recommendations from the prior annual meeting. On May 23, 2018, CPAC approved the 2018-2019 Action Plan. It was also approved by CDRC on May 11, 2018. The 5 prioritized recommendations are available in the CPAC Annual report, and the link is provided below. CPAC was tasked with addressing three of the five recommendations, so only the progress made by the Commission on the three recommendations was summarized in this report. The other two recommendations are prevention focused and assigned to CDRC.

To support the collection and assessment of data by CPAC, the Family Court authorized the use of federal Court Improvement Project (CIP) funding to hire a contractual employee in August 2015. Since then, the CPAC Data Manager has been housed at the OCA, and supports the work of CPAC and CIP. Specifically, the Data Analyst is responsible for performing the following activities: staffing the Data Utilization Committee; planning and conducting varied statistical studies on relevant issues that impact child wellbeing outcomes; working with stakeholders to collect already existing data related to child welfare measures; analyzing, interpreting and identifying child welfare data trends; and ensuring that the data received and presented by CPAC is in a format that is useful in the development of informed, and evidence based, policy. To further this goal, the Data Analyst has been transitioning the dashboards to an online platform to create interactive dashboards, which will feature data over a longer period. CPAC hopes to transition to this online format in the next fiscal year.

In SFY2018, the CPAC Legislative Committee met to review Senate Bills 209 and 210 which proposed to restructure and streamline the criminal code, including crimes against children. At the conclusion of FY18, the CPAC Legislative Committee had reviewed the changes to physical child abuse. The Committee was to review the changes to child sexual abuse and make a recommendation for action to the full Commission in August 2018. Lastly, House Bill 140, also known as Aiden's Law, was signed in June 2018. HB140, which was introduced in the prior fiscal year, codifies the State's duty to provide for infants with prenatal substance exposure. Aiden's Law, which originated in the Joint Committee on Substance Exposed Infants/Medically Fragile Children, formalizes a uniform, collaborative response protocol for the development of a POSC for infants with prenatal substance exposure and their affected family or caregivers.

In SFY2018, the Joint Committee on Substance Exposed Infants/Medically Fragile Children continued to receive In-Depth Technical Assistance for Substance Exposed Infants (SEI-IDTA)

through the National Center on Substance Abuse and Child Welfare (NCSACW). As part of the SEI-IDTA, representatives from the Committee participated in a Policy Academy along with 10 other states and developed a state action plan. The Committee successfully completed its Action Plan goals during the fiscal year and accomplished the following: implemented universal screening of pregnant women in all birthing facilities; established a system of care and educational resources for medical providers, birth hospitals, treatment providers and social service agencies; implemented a universal statewide protocol for the preparation and monitoring of Plans of Safe Care for infants with prenatal substance exposure and their affected families; and, maintained an awareness of the effects of stigma in discouraging women from treatment or prenatal care. The SEI-IDTA will be ending in SFY2019. Presently, the Committee is monitoring the implementation of a federal Regional Partnership Grant award to increase the well-being of and to improve the permanency outcomes for children affected by substance abuse. It is a prenatal intervention model that will target pregnant women who are engaged in medication assisted treatment to provide wraparound, multidisciplinary services, including a home visiting nurse, peer recovery coach and parenting classes. Children and Families First is the lead agency for the grant, and the model of care is Delaware's H.O.P.E. Model—"Healthy Outcomes with Parent Engagement." The Committee also remains a steadfast partner with Director Parker and her DFS team, whose commitment of personnel, time and resources to improve services and resources for these infants and their families cannot be understated.

In SFY2018, CPAC facilitated two training sessions for the MDT. The first training opportunity, the Delaware Multidisciplinary Team Course and Corner House On-Site Basic Forensic Interview Training, was held on December 11-15, 2017. Thirty-four professionals from statewide law enforcement agencies, DFS, and DOJ participated in the MDT Course on the first day. It featured a discussion about the MDT approach in Delaware and the revised MOU for the MDT Response to Child Abuse and Neglect; the medical aspects in child physical and sexual abuse cases; and corroborating evidence in child abuse cases. Then, Julie Stauffer, a Forensic Interviewer at Corner House, provided the 3.5 day forensic interview training to 25 participants. The second training session occurred on May 2, 2018. A full day workshop titled, Sex Offenders: Responding to Crimes Against Children, was provided by Cory Jewell Jensen, a consultant with 35 years' experience evaluating and providing treatment services to adult sex offenders. Eighty-six participants from the following agencies were in attendance: CAC, DOJ, DFS, DPBHS, DYRS, OCA, statewide law enforcement jurisdictions, and other community providers.

CPAC was also responsible for providing training on the Memorandum of Understanding (MOU) for the Multidisciplinary Response to Child Abuse and Neglect, which was approved by CPAC in SFY2017. Cpl. Adrienne Owen from the Delaware State Police, Diane Klecan from the Children's Advocacy Center, and Rosalie Morales from the Office of the Child Advocate conducted three train the trainer sessions on the MOU. The sessions were held on November 9, 2017 in New Castle County, December 4, 2017 in Kent County and December 6, 2017 in Sussex County. The trainings were attended by a total of 40 representatives from the following agencies: the Division of Family Services, Office of the Investigation Coordinator, statewide law enforcement agencies, the DOJ Special Victims Unit, CAC, and the medical community. In addition, the MOU mobile application had 250 active users accessing the best practice protocols in the field. Lastly, to improve the multidisciplinary response to child abuse cases, CPAC implemented a revised MDT Case Review Protocol in May 2018 and a De-Escalation of Life Support Protocol in August 2018.

Priorities for Coming Year

Over the next year, CPAC, through its various committees, will maintain many of its current initiatives, including: improvement of educational outcomes for children in foster care; various legislative initiatives; infants with prenatal substance exposure and their families; mandatory reporting of child abuse; data utilization; review of deaths or near deaths of abused or neglected children; and ongoing comprehensive training for those who investigate, prosecute or otherwise respond to reports of child sexual abuse, death and near death cases. CPAC will also continue its collaborative affiliation with CDRC by meeting annually to monitor and implement findings or recommendations from the state's child death and near death reviews. CPAC will also monitor the 2018-2019 Joint Action Plan and the 5 prioritized recommendations for system improvement from the joint retreat. Finally, CPAC will strive to foster the collaborative relationships between its child welfare partners to ensure safety, well-being and permanency for all children in Delaware's child protection system.

Links to Annual Reports

CPAC Annual Report: <https://courts.delaware.gov/forms/download.aspx?id=108408>

OCA Annual Report: <https://courts.delaware.gov/forms/download.aspx?id=110988>

CJA Annual Report and Grant Application:

<https://courts.delaware.gov/childadvocate/docs/2018CJA-Application-with-Appendices.pdf>

Review of Child Deaths and Near Deaths Due to Abuse or Neglect:

https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

Court Improvement Program (CIP)

The Court Improvement Program (CIP) utilizes federal funds from the U.S. Department of Health and Human Services, ACF 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 the Division of Family Services (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 which have defined the program are structured by the data, basic and training grants. The data grant allows for an opportunity to improve the data sharing amongst Family Court, DFS and other key stakeholders; 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 and subsequently, make improvements where appropriate. The State of Delaware Family Court has historically engaged stakeholders in CIP work and will continue to do so in the future.

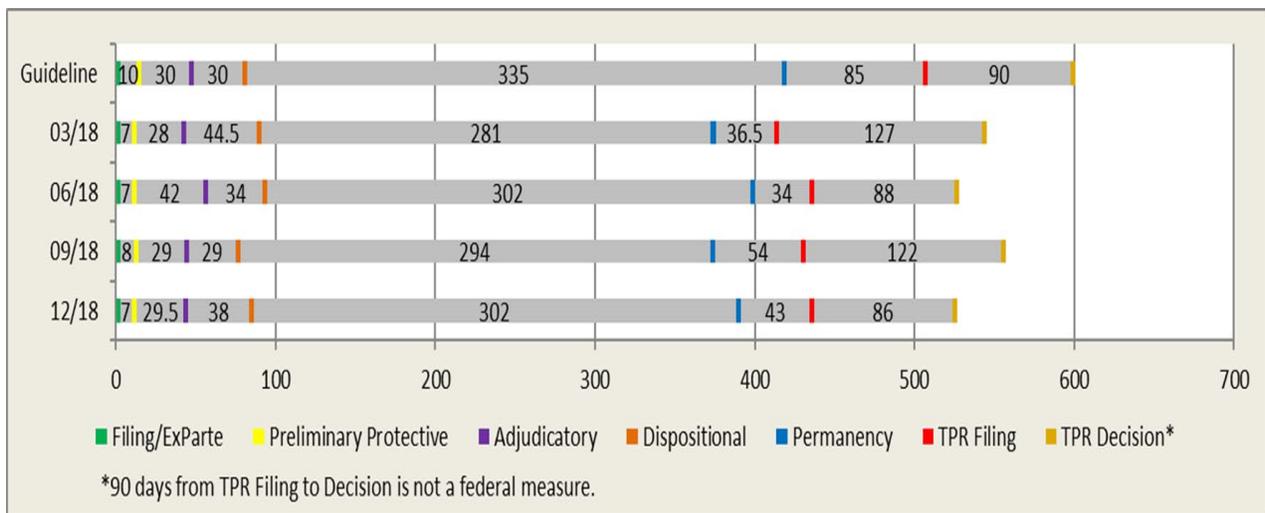
Outcome Measures, Accomplishments, Barriers and Challenges

The CIP continues to track and report out on a number of key measures related to court improvement work. There is a CIP Dashboard which tracks parent and youth presence at hearings, hearing timeliness, including hearings that fall inside and outside of guidelines, and permanency outcome measures. In CY2018 there were several timeliness measures that were reviewed with

the CIP judicial officers and state agency leadership to inform practice performance. Specifically, CIP has made a strategic effort to measure on a quarterly basis our permanency hearing to post permanency hearing timeliness and permanency hearing to TPR hearing timeliness. This information is then reported out regularly in both CIP Steering Committee meetings and the CFSR PIP permanency workgroup meetings.

Delaware’s CIP is committed to ongoing tracking and monitoring of its timeliness reporting measures and will continue to evaluate trends in our data moving forward. One of the opportunities that the CIP continues to have is an ongoing collaboration with DFS around permanency outcomes, specifically during the PIP permanency workgroup. This collaboration allowed us to recognize that additional adjustments would need to be made as to how TPR hearings and post permanency hearings are tracked and progress has been made to make changes necessary to ensure that cases are heard in a timely manner. The CIP and DFS will continue to collaborate in data reviews and case reviews to identify barriers and reasons for timeliness delays with our CIP cases. This was an identified goal for the Court and DFS in prior years and the ongoing challenge will be to ensure that our entire system finds opportunities for permanency improvements.

The CIP database produces timeliness data that informs our state how we are performing in accordance with Delaware Family Court Rules. CIP recognizes the importance of holding hearings in a timely fashion to avoid any delays with permanency and this will remain an ongoing priority for the program. The below chart reflects overall court timeliness performance in conducting hearings for closed cases in calendar year 2018:



Collaborative Efforts/Projects

Visitation Workgroup

One of the goals that came from last year’s collaborative Social Service Project was to focus on improving upon visitation practices for children and their families as the child welfare research demonstrates that frequent visitation can positively impact reunification. Last year, Delaware created Visit Host Guidelines for the state through partnership with the state agency, the Office of the Child Advocate, Department of Justice, parent attorneys and provider agencies. These guidelines were issued and a visit host pilot project was implemented. Over the past year, the visit

host workgroup has continued to monitor the visit host pilot project and encourage more visitation that can be hosted by individuals who are identified by family members. Increasing options for visitation is a tool for workers to increase parent engagement and support reunification. A training will be held this year to provide additional information to DFS, Family Court, OCA, CASA, DOJ, parent attorneys, and provider agencies regarding the value of visitation as Delaware continues to focus on achieving permanency outcomes for youth and families.

Quick Exits from Care Evaluation

During last year's State Team Planning Meeting held in Washington D.C., the team decided to review data regarding children who entered foster care and exited within 45–60 days. The circumstances around these 'short-stays' in foster care was an issue the team wanted to better understand. Delaware began to look more closely at the reasons as to why children entered care and what it was about their experience in care that allowed them to return home quickly. Some of the data points that would be reviewed included whether a Team Decision Making meeting was conducted and reason for entry. Analysis of these cases were completed through collaboration of Family Court and the state agency. Ongoing evaluation is occurring and will continue on a quarterly basis.

Permanency Values and Permanency Roundtable Trainings

Delaware partnered with Casey Family Programs and DFS to provide trainings to stakeholders including the state agency, program providers, OCA, and DOJ to focus on improving permanency outcomes and reducing the use of APPLA. A Permanency Values Training was held that provided information on Permanency Roundtables and how they can be used to assist youth in finding permanency. A Permanency Roundtable learning session was conducted and follow up facilitator training is currently being planned. DFS will also be hosting training later in the year called "Unpacking the No". The training will enhance the understanding of all staff and individuals on a child's planning team regarding the barrier intricacies of permanency planning and how to best overcome them.

Division of Family Service and Family Court Judges Panel

Based on a recommendation from the CFSR PIP workgroup, a panel discussion with Family Court Judges and DFS staff was held in one of the counties. Two CIP Judges and several DFS staff served as panel members and provided a presentation to one of the DFS regional offices. The panel allowed DFS and the court to have an open discussion of issues relevant to their county. Some of the topics addressed included: explaining reasonable efforts, better understanding the involvement of foster parents in DFS cases, and the impact of case planning for waived adjudication cases, among other topics. The panel presentations provided a good exchange of information amongst agencies and there will be future panels held in the remaining two counties.

Training

CIP has continued to ensure that the necessary child welfare training opportunities for the legal community remained available. There was a statewide training on Permanency for Older Youth held July 10, 2018 providing information related to achieving permanency outcomes for youth through family search and engagement, concurrent planning and guardianship. Delaware also provides relevant trainings at stakeholder meetings related to local programs or initiatives including: strengthening families, Plans of Safe Care for substance exposed infants, domestic

violence services, and educational initiatives. The CIP will continue to ensure relevant trainings are made available for stakeholders.

CFSR Performance Improvement Plan

Delaware's CIP coordinator co-led the permanency PIP workgroup. The workgroup was responsible for making recommendations to improve the following practices: 1) proper notification to caregivers to attend court hearings, 2) tracking TPR petition filings, 3) making practice improvements for the state agency permanency planning committee, and 4) conducting case reviews on cases that took extended periods of time to achieve permanency and subsequently make recommendations to stakeholders for improvement. While the workgroup has concluded most of this work, CIP will continue to partner with DFS to make concrete recommendations related to improving permanency outcomes.

Priorities for the Coming Year

1. Delaware is poised to explore all opportunities that are available with the recent Title IV-E funding changes that would allow for additional quality legal representation work. The findings of the Social Service Pilot Project will be used to further explore how best to use this additional funding. Additionally, Delaware will continue to evaluate current parent attorney best practices and the need for the development of inter-disciplinary parent attorney standards in the state.
2. Delaware will continue to monitor and ensure that quality court hearings are occurring for our CIP cases. Delaware conducted quality hearing surveys last calendar year and modified those surveys for this upcoming year to reflect focused initiatives. In an effort to ensure that the changing needs of children at all ages and stages in the child welfare process are addressed in court, quality hearing surveys will be conducted twice a year for younger and older youth in care. This data will then be analyzed, shared with stakeholders, and inform future practices.
3. Visitation has been an ongoing priority for the CIP and its stakeholders. A training that focuses on visitation and its role in increasing permanency outcomes and reunification will be held later this year in collaboration with DFS and other relevant stakeholders. The training will also highlight the work that has been done to implement visit hosts this past year and how to utilize visit hosts to enhance the visitation experience for youth and families.
4. CIP had a strong role in the collaboration with DFS around the CFSR PIP. While the CFSR PIP is now ending, CIP will continue to work with DFS to make concrete recommendations related to improving permanency outcomes.
5. CIP will continue to ensure that relevant child welfare trainings are made available to those stakeholders practicing in our CIP cases. Ongoing stakeholder feedback will be solicited through meetings to ensure that training is reflective of the needs of practicing attorneys, judicial officers and stakeholders.

6. Delaware's CIP will continue to track relevant CIP data, particularly hearing party presence, timeliness data and permanency outcomes. This data will be shared with partners at the state agency and will be referenced to track progress and inform collaborative initiatives.

VI. Program Support

DFS Training

The Center for Professional Development provides training and professional development for DSCYF employees and partner agencies who work with children, youth, and families. CPD is housed within the Division of Management Services. CPD is staffed with a complement of two Training Administrator Is, four Trainer/Educator IIIs, and one Casual/Seasonal Administrative Assistant supervised by a Training Administrator II. There are three 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 attitude needed for workers, supervisors, managers, and contracted partners to competently apply the DFS child welfare practice model. During FY2019, training continued to focus 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. Over the past 5 years, the goal of training has evolved from the introduction of the 'Outcomes Matter' initiatives to embedding of the values in new staff as they start their career in child welfare, and encouraging experienced staff to develop competency and comfort with the different tools and techniques.

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 and to comply with changes in policy, practice, and program areas.
2. Provide competency-based pre-service training to new hires within the division and within partner agencies; provide in-service training to caseworkers, supervisors, administrators, and contracted service providers that supports 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 to practice with fidelity.
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 to promote and support best practices and integrated service planning. CPD updates the IV-B/IV-E Training Plan yearly adding courses to improve staff competencies. (See Attachment: Staff Training Chart 2020)

Pre-service training: CPD provides Instructor Lead Training (ILT) on the skills and knowledge needed by new hires to understand and implement the DFS practice model. Twelve competency-based pre-service core trainings and one orientation class are delivered to cohorts of newly hired workers in the Office of Children’s Services. In addition to ILT, new staff are provided with online training for different subjects that support Outcomes Matter strategies and supplement the new hire training. CPD trained mentors and experienced staff are paired with new hires 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 the knowledge and skills trained. (See Attachment: Enrollment Summary Reports–Pre-Service Training FY2019)

In-service training: In FY2019, DSCYF and CPD provided ILT and online training that continued to support Outcomes Matter initiatives and federal mandates. Training was offered to DSCYF staff on:

- “Trauma Informed Care Frontline Training Pilot” which provided a definition of trauma, symptoms of trauma at various development stages of a child’s life, how to foster a trauma-informed relationship, identifying traumatic stress on workers and ways to develop a personal plan to address it
- “Introduction to Trauma Informed Care” online course providing information on child trauma and the trauma informed approach that the Department adopted to guide services to children and families.
- “Mixing” online training which provided staff with information on why, when, and how mixing was necessary for adjudicated and non-adjudicated youth.
- “Psychiatric Medications for Youth” online training which provided staff with increased awareness of the use of psychotropic medication for children nationally and within the Department.
- “FOCUS DFS Custody Process” online training which included training on the three vital functions of the DFS custody process: the Ex Parte Petition, the Level of Care, and the Placement events.
- “Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect” that reviewed the purpose and administration of the MOU, definitions, and the full range of each protocol to include the definition, joint investigations, cross-reporting, investigation, MDT case review, confidentiality, information sharing, and documentation, and conflict resolution. The training also covered the additional resources provided in the MOU, including: First Responder Minimal Facts Interview, Common Elements of Child Torture, MDT Guidelines for Child Abuse Medical Response, MDT Case Review Protocol, the SUDI form, Sexual Behaviors in Children and Ages of Consent, and the Juvenile Trafficking Pre-Assessment Checklist.
- “Plan of Safe Care” which provided staff with an overview of the Comprehensive Addiction Recovery Act of 2016 (CARA), including types of substances, medication

assisted treatment (MAT), notification to DFS by the healthcare provider, a step by step of the POSC, and the DFS policy and practice around the POSC.

- “3-5-7 Booster Training” that included a review of the 3-5-7 Model[®] framework, which provides a guided approach to working with youth and families toward readiness for permanency. Training topics included factors that indicate readiness for permanency, making decisions with readiness in mind, balancing readiness with the timelines of the system, and how to share difficult information with youth.
- “Permanency Values” which was designed to explore the importance of permanency and create a sense of urgency around achieving permanency for youth in out-of-home care and included effective tools and strategies to increase the likelihood of achieving permanency for older youth.
- “Family and Youth Engagement” which emphasizes a strength-based approach to partnership with youth and families, drawing from the concepts of motivational interviewing, appreciative inquiry, and safety organized practice.
- “Memorandum of Understanding for Best Interest Meetings” that reviewed recent updates to the DSCYF and DOE MOU in Regulation 903.
- “What’s Working with the Plans of Safe Care?” which focused on safe sleep practices and how to discuss with families; the data base from the Investigation Coordinator; changes to investigation policies; what is working well with the SEI pilot; and self-care practices for staff who work with SEI families.
- “DAG Presentation Series” is a monthly series of training from our DAGs with important information regarding the court process, including Reasonable Efforts, Permanency Hearings, TPR Hearings, Substantiation Hearings, etc.
- “SOP Mentor Training” that is aimed at orienting experienced DFS caseworkers and supervisors to work with new staff on the elements of effective SOP casework practices.
- “ABCs of LGBTQ Youth” training for all DSCYF staff which reviewed terms and definitions, LGBTQ issues among Delaware high school students, behavioral health risks, and how to support LGBTQ youth. (See Attachments: Enrollment Summary Reports–In-Service Training FY2019 and Training Progress Summary Pie Charts FY2019)

Supervisor Training: In FY2019, child welfare-specific supervisor training was finalized for DFS supervisors. The DFS Supervisor Core consists of 6 modules that are 1-2 days each. Initially, two sessions of each module were offered between August 2018 and December 2018. Beginning in 2019, the series of 6 modules are offered twice a year, with one module scheduled each month (Module 1 offered in January 2019, Module 2 offered in February 2019, etc.). The entire series repeats again, beginning in July 2019. The DFS Supervisor Core modules cover the following topics:

- Module 1: Caseworker Supervision
- Module 2: Leadership in Child Welfare
- Module 3: Communication, Conflict, and Change
- Module 4: Improving Individual Staff Performance
- Module 5: Professional Development of Staff
- Module 6: Collaboration and Teamwork

Supervisors had been provided with SDM Safety Assessment and Safety Planning Refresher workshops in May and June 2018. The one-day workshops included an overview of the foundations of the SDM system and a review of the basic concepts of household-based

assessments and identification of primary and secondary caregivers. The workshops were followed by three “CRC Supervisor Coaching Call” sessions in August 2018, October 2018, and January 2019 to provide additional coaching to the DFS supervisors on various topics related to Safety Assessments.

Additionally, supervisors were provided with “DSCYF Hiring Process for Managers, Supervisors, and Support Staff” to review the new detailed hiring process including: roles and responsibilities of supervisors/managers, support staff and HR, form changes, timelines for submitting paperwork and the ramifications of not meeting these timelines. (See Attachment: Enrollment Summary Reports–Supervisor Training FY2019)

Statewide Partners: Our contracted in-home service delivery partners attend new worker training and in-service with state employees. 15 contracted providers attended the new employee training series since 7/1/2018.

Data and Statistics

During FY2019, training records indicate that 77 DFS new workers and 15 contracted providers attended or started pre-service training. Training records indicate 100% satisfactory completions for DFS new workers for the core pre-service training within the first two months, with supervisors being the control for ensuring their staff completes the remaining required training within the first year of hire. The FY2019 DFS New Worker training chart lists the courses offered and the number of sessions for each course. (See Attachment: DFS New Worker Training FY2019)

In July 2015, CPD began using the DLC, a learning management system platform. One benefit of the DLC is the automation of the evaluation process. Evaluations are attached to all CPD courses in the DLC and are available following completion of the course. They can be required or optional. Historically, few (or no) evaluations are completed when they are optional. In part, this is due to the fact that the course moves to the ‘completed’ area of the transcript and ‘active’ courses are the default view. In FY2018, evaluations were made required for all DFS new hire classes to ensure as much feedback as possible. However, even courses pending evaluation in ‘active’ status move to ‘completed’ after 3 weeks if the evaluation is not completed.

The course evaluations in the DLC rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair, or Poor. Also included in the evaluations are open-ended questions under each of the categories requesting ideas on improving that area. The raw survey data indicates the rating from participants observed in the greatest frequency across the 12 DFS pre-service trainings falls into the “very good” range. (See Attachment: Evaluation Reports-Pre-Service Training FY2019) The raw survey data observed in the greatest frequency from participants completing evaluations for in-service training also falls into the “very good” range, though the number of respondents is statistically insignificant. (See Attachment: Evaluation Reports-In-Service Training FY2019)

In June 2016, CPD added online DFS New Employee Midpoint and System Evaluations to the DLC. The Midpoint Evaluation was administered at the midpoint of training and included a follow-up Quality Check-In meeting between CPD and new hires. The Midpoint Evaluation and Quality Check-In meeting was held after the 2nd month of training when the DFS New Hire Curriculum was held over a 4 month period of time. When the DFS New Hire Curriculum was condensed to 3

months in 2018, there was less opportunity to administer the evaluation and schedule a Check-In meeting before the completion of the curriculum in the 3rd month. As a result, the Quality Check-In and then the Midpoint Evaluations were phased out. The DFS New Employee System Evaluation is administered upon completion of the New Hire Curriculum. These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. CPD provides the supervisors and administrators with updates on trends and information gathered from the System Evaluations.

Data collected from the Midpoint Evaluations for FY2019 indicates that 92.3% of respondents agree that they were using what they learned in training on the job. Nearly eighty-two percent reported that they applied learning within a week after training and 9% reported that they applied learning within 2 weeks after training. One hundred percent of respondents agreed that the skills they learned in training were important for the successful performance of their job functions. (See Attachment: DFS Midpoint Evaluations FY2019)

All new caseworkers continue to shadow experienced staff and are assigned mentors in the field in areas associated with training content and job responsibilities.

The DFS New Employee System Evaluation employs qualitative and quantitative elements designed to gather the perceptions and experiences of new workers at the conclusion of their new worker training program. Using Likert Scales of agreement, it directed the respondents to indicate their satisfaction with classroom training, supervision, mentoring, shadowing/on the job training and the overall workplace environment. The following table indicates some key data collected for FY2019. (See Attachment: DFS System Evaluations FY2019)

DFS New Employee System Evaluation Responses FY2019 (N=39)

Class Room Training Questions	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Content was appropriate to orient me to the job	0%	8%	15%	56%	21%
Training reflected policy and best practice	0%	7%	7%	60%	25%
Training prepared me to begin doing my job	3%	13%	10%	54%	21%
Supervision Questions					
Supervision proved me adequate direction	3%	10%	17%	50%	20%
Supervision supported classroom training	0%	10%	13%	49%	28%
Supervision provided me regular feedback about my job performance	0%	10%	18%	49%	23%
Mentoring Questions					
Mentoring provided enough shadowing opportunities to orient me to the job	8%	13%	18%	21%	41%
Mentors gave me useful performance feedback	5%	8%	15%	28%	44%
Mentoring prepared me to do my job	0%	12%	28%	24%	36%
Shadowing Experiences/On-the-Job Training					
Shadowing activities were sequenced well to help orient me to the job	5%	5%	23%	42%	25%
Shadowing helped me learn my job more effectively	0%	3%	21%	47%	29%
Shadowing experienced workers helped prepare me to do my job competently	3%	8%	16%	42%	32%

In addition to the training indicated above in Activities Supporting IV-B and IV-E, In-Service training was offered to DSCYF staff on:

- “Sexual Harassment Prevention” – online training on the legal background/definition, different types of sexual harassment, and federal guidelines, as well as the State of Delaware's policy on sexual harassment.
- “Maintaining Professional Boundaries” – that explains the importance of establishing and maintaining professional boundaries with clients, consumer, families, and others served by DSCYF.
- “Resilience: The Biology of Stress & the Science of Hope” – which included a screening of the titled film, followed by a discussion about the science behind the impact of childhood trauma on development and health.
- “Run, Hide, Fight – Surviving an Active Shooter Event” – online training that informed staff of actions to survive an active shooter event.

(See Attachment: Enrollment Summary Reports–In-Service Training FY2019)

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 for children and the knowledge and skills pertaining to the Outcomes Matter practice framework.
2. Caseworkers who can demonstrate understanding and an emerging ability with Outcomes Matter practices and tools as observed in training, indicated by self-reports, and from supervisor and mentor feedback.
3. Providers are being trained along with DFS staff as indicated by attendance records and trainer reports.
4. Reported employee satisfaction on training evaluations and retention of casework staff as reported by DFS leadership.
5. Feedback received workgroups and in leadership meetings.

Barriers and Challenges

FY2019 has been a challenging year for CPD. CPD is comprised of only 8 staff, 4 trainer/Educators, two Training Administrator I's, and one Casual Seasonal Administrative Assistant, supervised by a Training Administrator II. CPD is responsible for the facilitation of new hire training and the coordination of ongoing training of DSCYF staff, which includes: modification of existing curriculum to address changing trends, the creation of new curriculum and online training to meet business needs, and the maintenance of training data in the DLC.

In FY2019, CPD has experienced many obstacles, including the administrative assistant, unit supervisor and 3 trainer vacancies. The remaining staff continued to focus attention on new hire training, creating eLearning courses through Articulate, and finalizing the modifications of child welfare specific supervisor training. Each division provided assistance through SMEs who helped develop training materials and also facilitated training when necessary. CPD continues to perfect expertise in the DLC and has obtained additional Articulate Storyline 3 licenses for all the trainers.

Over the past 5 years, CPD has worked closely with DFS administration to find ways to embed the Outcomes Matter initiatives into caseworker practice in a seamless manner, providing pre-service training on the policies, as well as in-service training that revisited the initiatives. DFS New Hire Training has been modified several times (in length and breadth) to accommodate the ever rising staff caseloads, allowing for more flexibility with the required classes and earlier completion of key casework elements. CPD has developed several online courses, delivering information to staff in a format that minimizes time away from cases. The inception of the DLC has allowed CPD to gather information in an easier manner, and provides supervisors and staff with training information at a glance. The Department has embraced a trauma-informed approach to working with children, families, and staff. Training continues to be developed for supervisors and front-line staff on addressing needs through a trauma-informed lens that promotes resilience in staff and the families with which they work.

Priorities for the Coming Year

CPD plans to continue to develop expertise in eLearning functionality to allow for online training opportunities that staff can access on their computers, smartphones, tablets, and iPads, allowing more flexibility of course completion and eliminating travel time.

CPD will participate in a workgroup with DFS to assess the onboarding of new staff, including the New Employee Training curriculum, On-The-Job experiences, mentoring, and supervisory support. CPD will continue to assist DFS with updating FOCUS materials and offering FOCUS training for new hires and existing staff, as needed. Now that the child welfare specific supervisor training curriculum is complete, CPD and DFS will provide the training on a regular basis to ensure new supervisors, as well as existing supervisors, can attend.

The implementation of learning circles for supervisors, the launch of which is to be determined by DFS, is another opportunity for ongoing professional development; including critical thinking, coaching, and solution-focused interaction and support for supervisors. When DFS moves ahead with a coaching structure and supervisory learning circles, CPD will provide continued support 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.

Office of Evidence-Based Practice

Psychologists from the OEBP attend framework group supervision sessions in each region monthly to provide clinical case consultation and participate in administrative Review Evaluate Decide (RED) teams. OEBP staff support foster care programming efforts to develop programs in the community to meet the needs of youth in foster care with mental health and behavioral health challenges. In an effort to help with the training needs of new and current workers, two trainings are now offered on DLC. One training is an introduction to psychotropic medications and there is another series on Trauma-Informed Care. These trainings help provide new and current workers an understanding of the increasing complex mental health and behavioral needs of youth served by the department. In addition, OEBP staff continue provide consultation on both on the case level and a system level division and department wide to support permanency and stabilization of placements. Staff psychologists serve on the Permanency Planning Committee, Placement Resource Team, Department Psychotropic Medication Committee, and Trauma-Informed Care Committee workgroups to assist with these efforts. Objectives include serving youth with evidence-based practices in their communities and reducing the reliance on residential care and overreliance on psychotropic medications to stabilize youth behavior. As part of this work, staff psychologists communicate with residential facilities and caseworkers to ensure that transition to home services are planned early in placement and that discharge to a home setting occurs as soon as the youth is stable enough to continue community-based therapy. OEBP clinical staff also provide support to CQI efforts within the division and across the department and serve on a number of cross agency committees to improve Delaware's efforts to improve service delivery to youth and families. For example, the Intellectual or Developmental Disability and Mental Health Needs Workgroup is an interagency group working toward developing a strategic plan for this special population.

Technical Assistance, Capacity Building, Infrastructure Support

DSCYF continues the contract with Deloitte Digital to implement FOCUS, the Department's information management system. FOCUS was activated February 6, 2018. Additional functionality improvements and corrections are on-going. The state implemented an enterprise level learning management system, DE Learning Center, on July 1, 2015. These system improvements strengthen the foundation for data informed practice changes and professional development. A subgroup of the CFSR PIP CQI workgroup completed the CQI Academy Web-based technical assistance sponsored by the Capacity Building Center for States. Based on Academy learnings, the team is drafting a CQI Plan for DFS. See Section VI. DFS Training for updates on staff training.

Delaware is evaluating child welfare workload in collaboration with Delaware State University. Caseworker time study surveys were conducted for a month ending July 11, 2018 to gather case management activities. Delaware seeks to review the current caseload standards of 11 investigations and 18 treatment cases per worker.

DFS and CIP partnered with Casey Family Programs to offer Permanency Values training in November 2018, a day long training focused on the importance of permanency and creating a sense of urgency around achieving permanency for youth in out of home care. The training also explored tools and strategies to increase the likelihood of achieving permanency for older youth. These trainings strengthen legal processes to improve timely permanency. From there, DFS and CIP went on to coordinate Permanency Roundtable learning sessions which served to illustrate how PRTs work and how they can enhance existing permanency efforts. PRTs were completed on three cases with each team being an active participant on next steps and assigned tasks moving forward. Action plans were created with 30 day follow up meetings planned. Permanency Roundtable facilitator training is being planned for June 2019 to sustain the work learned in the PRT sessions. The training will be offered to permanency supervisors, senior case workers as well as private agency case workers and supervisors. Making the PRT process sustainable will allow DFS to extend the roundtables state wide and on an ongoing basis. DFS will begin with older youth and youth who have been difficult to recruit for. PRTs should be held on cases prior to consideration of APPLA plan in an effort to exhaust and explore all options for permanency and meaningful connections.

DFS Leadership team representatives participated in a leadership development series with partners from Casey Family Programs in early 2019. The leadership sessions focused on reviewing and strengthening the division's values, mission statement, vision and goals. These interactive sessions helped to support team building amongst the leadership team and focused the team on shared vision and goals for the agency. The team was able to work together with the help of the technical support team from Casey to develop new values. The values will be modeled by the leadership team and shared with staff in a meaningful way. The leadership will continue to revisit the values and goals at regular leadership team meetings to ensure that they are still relevant and leading the work.

Lastly, CIP and DFS are coordinating an additional training with Casey Family Partners called "Unpacking the No" which will be offered to DFS leadership, frontline staff, private agency partners as well as various other community and legal partners. This training will explore the barriers case workers and others on a child's planning team may experience when attempting to move forward in planning for permanency. These barriers could be the child's resistance or

perhaps others involved on the case. The training will offer expanded knowledge and strategies on how to work past those barriers in order to have the best chance of achieving permanency.

Program supports for CFCIP are FOCUS trainings for caseworkers and contracted service providers. Another program support is training for caseworkers working with LGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) youth and trafficking victims occurring in this reporting period. Training and implementation of the new teen handbook will take place through the end of this calendar year. New and improved training on the STEPS meeting will take place for DFS staff and independent living providers to bolster positive transitions of youth aging out of care. The independent living program will continue to focus on emphasizing opportunities for youth to connect with positive, permanent adults. Focus will be made on improving the current Opportunity Passport program in hopes to provide this money management experience for additional youth active with independent living services. Encouragement and increased opportunities for contracted independent living provider staff to be exposed to trauma informed care trainings will be emphasized during the remainder of this reporting period.

Quality Assurance System

The quality assurance system was determined to be an area needing improvement in the 2015 CFSR. During the past 5 years, this system has grown from a collection of quality assurance activities to a maturing continuous quality improvement system guided by tested principles and procedures, and monitored by a CQI workgroup. DFS received technical assistance from the Capacity Building Center for States to provide oversight and consultation to implement a continuous quality improvement system. Teleconferences with the Center for States liaison occurred 9/13/18, 10/9/18, 11/16/18, and 12/14/18 along with email exchanges. The Center offered technical assistance focused on review of the CQI Plan, CQI Work Plan and associated activity implementation including the formation of focused CQI committees including the CQI Periodic Review and Permanency Outcomes Committee. CQI staff training was conducted and is mandatory for all new employees via the DLC website.

Delaware adopted the OSRI case review tool, formed a pool of case reviewers, and revised the investigation quality assurance tool. DSCYF formed a CQI team in recent months. This system was a component of the CFSR PIP; OSRI cases results are used for measuring performance of PIP activities. In February 2017, Delaware adopted the federal OSRI as the quality assurance review tool. Interviews with key case participants and stakeholders as well as a second level quality assurance review are a part of the review process. Delaware has established a quality assurance team to conduct these reviews. At this time, team consists of the QA Manager, one full time case reviewer position, one part time second level QA position, and two part time positions. The Department has requested three full time case reviewer position for the next budget approval in July. Until these new positions are created, members of the Office of Case Management and Office of Evidence Based Practice are conducting reviews as well. DE had originally assigned the first cases using the federal OSRI in June 2017. Due to a number of issues, this process was halted; improvements made, and restarted April 2018. Results of these case reviews have been reported throughout this progress report. The DFS QA case review team meets on an ongoing basis to share federal feedback and collaborate to improve fidelity of process. Meetings focus on what is working well, challenges, and areas needing improvement. These meetings are also used to gather information in regards to trends, strengths, or concerns in practice that are observed. DFS QA

review team members have stated that these meetings are beneficial and improve efficiency. The case review activity is a large part of our continuous quality improvement process. Results of the OSRI have been shared at the annual report stakeholders meeting, Strategic Leadership Team meetings and program management meeting.

The QA Manager has discussed areas needing improvement (ANI) as well as areas of noted strengths. In these meetings, we have then discussed what has led to an ANI score on particular elements and if any trends are noted. For example, failure to have quality contact with all the children in the home on a monthly basis has impacted Item 3, Item 12, Item 13, and Item 14. This informed a policy change in regard to family contacts. More importantly, review of the OSRI has led to discussions as to how we can better distribute information to front line staff and supervisors.

At the October 18, 2018 statewide All Management Meeting, the QA Manager reviewed each element of OSRI Tool and corresponding activities that are evaluated in item scoring. On March 26, 2019, the QA Manager met with DFS Operations group to review OSRI tool and case review results. All case reviews are stored in a folder accessible to DFS managers so that they can also access review information at various levels (e.g., worker, unit, program area and region). The CQI committee analyzes case review findings at every monthly meeting. These results are also used to inform CQI subgroups that have formed to address post adoption disruptions and periodic reviews. Case review analysis is being used to inform practice and to determine training needs. The QA Manager continues to participate on both CQI and staff training workgroups. The goal continues to be to blend data received from QA reviews into staff training needs and supports. DFS continues its partnership with ACF, Region III and the national CFSR team to monitor and strengthen the Quality Assurance System.

VII. Consultation and Coordination Between States and Tribes

Chief Carmine of the Nanticoke Indian Association, attended the annual stakeholder meeting March 27, 2019. Chief Carmine is aware of the agreement with the prior Chief to assist the agency with foster home recruitment and placement should an Indian child enter state custody. Chief Carmine acknowledged receipt of the Child and Family Services Plan and 2019 Annual Progress and Services Report. All APSR submissions are available to the Nanticoke Indian Association via the agency's web page upon final approval. FOCUS documents DFS' responsibility to determine ICWA eligibility and case activities that can be queried for building monitoring reports. Per DFS policy, services and protections include: operation of a case review system for children in foster care; a preplacement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate; or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement. Family Court monitors individual case proceedings for ICWA eligibility and case activity per ICWA and the 2016 ICWA Final Rule (25 CFR Part 23). FOCUS reports one Indian children in foster care. There are no planned changes in policy, procedure or statute. ICWA training is mandatory for new caseworkers and is available on the DLC.

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

1. 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). The State must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility.

Update: Since the last CAPTA plan and update, the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424), which included an amendment to CAPTA, was signed by the President and became effective upon enactment. A signed Governor’s Assurance Statement will be submitted by June 30, 2019. (See Attached: Governor’s Assurance Statement)

2. 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).

Update: There are no significant changes.

3. 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, 2018 (section 108(e) of CAPTA).

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 investigate statewide allegations of child abuse in licensed and state run childcare facilities. Institutional Abuse Statistics for January-December 2018 are below:

Institutional Abuse Reports and Investigations		Total
Final SDM® Decision	Investigation Outcome	
Screen In	-	65
	No Evidence to Substantiate	1
	Substantiated	3
	Unsubstantiated	1
	Unsubstantiated with Concern	1
	Subtotal	71
Screen Out	-	288
	Subtotal	288
Grand Total		359

The institutional abuse investigators are moving to a different division; DFS will transfer CAPTA funding to two investigation positions starting July 2019.

DFS contracts with A.I. DuPont Hospital for Children for expedited medical examinations to determine 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: A. I. DuPont Hospital for Children – Emergency Department, Division of Family Services, January – December 2018 Statistics)

4. Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (Section 106(c)(6) of CAPTA.)

Update: Child Protection Accountability Commission serves as Delaware's Citizen Review Panel. CPAC's SFY2018 report is located online at https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

The state's response to recommendations are listed in the 2018-2019 CPAC/CDRC Action Plan available here: <https://courts.delaware.gov/forms/download.aspx?id=108428>

5. Requirement: Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii) – (iii) of CAPTA, as amended by the Comprehensive Addiction and Recovery Act [CARA]).
 - Provide information on any changes made to implementation and/or lessons learned from implementation:

Update: Legislation (HB 140) was introduced in April 2017 to codify hospital reporting of substance exposed infants and FASD children to DFS and the development of a POSC prior to discharge of the infant. The Governor signed this legislation (HB 140) June 7, 2018.

The CPAC Substance-Exposed Infants Sub-committee developed and approved a POSC template and POSC family assessment template in September 2017 to comply with the changes made to CAPTA after the passing of CARA. All six birthing hospitals in Delaware are mandatory reporters and made reports during CY2018. DFS statewide administrators attend routine hospital meetings with five of the six birthing hospitals and intend to initiate a hospital meeting with the sixth birthing hospital in CY2018.

In October 2017, DFS began a POSC SEI pilot program with the introduction of one designated SEI caseworker in Kent County and one designated SEI caseworker in Sussex

County. In CY2018, the internal capacity expanded to 10 DFS caseworkers, located throughout all three counties in the state. Caseworkers in Kent County are co-located at Bayhealth Kent General Hospital, and caseworkers in Sussex County are co-located at Beebe Healthcare. There are efforts underway to initiate a collaboration with Christiana Care Health Services and St. Francis Hospital in New Castle County, as well. The SEI workers are responsible for responding to all screened in cases regarding a substance exposed infant and become the POSC coordinator. The POSC coordinator is responsible for the development, implementation, coordination, and monitoring of the POSC to include referrals and service delivery. In April 2018, the Intake and Investigation Program Manager and the Investigation Coordinator conducted a training and coaching session for the designated SEI caseworkers, which then expanded to a statewide training.

The Intake and Investigation Program Manager developed a POSC coordinator pathway as well as policy and procedure on the development, coordination, and monitoring of the POSC. The Investigation Coordinator developed an implementation guide to address implementation across several systems (i.e. birthing hospital, DFS, substance use disorder treatment center).

In March 2018, an agency was awarded a contract for a POSC coordinator program to address the needs of infants born and identified as affected by marijuana, and the program began in July 2018.

The Investigation Coordinator maintains a SEI Database that collects several elements of data through the use of data sharing and access to DFS' information system, FOCUS. The Investigation Coordinator distributes a year in review on Delaware's substance exposed infants and tracks this data since 2015. In June 2018, the Investigation Coordinator began to produce quarterly monitoring data (See Attachments: Delaware Infants with Prenatal Substance Exposure 2018 Year in Review).

- Provide an update on any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs):

Update: The CPAC Substance-Exposed Infants Sub-committee was developed as an extension of the group that was primarily comprised of hospital staff that previously existed to discuss the needs of substance exposed infants. The CPAC SEI Sub-committee has expanded that work and is co-chaired by Jennifer Donahue, the Investigation Coordinator for the state, and Dr. Allan DeJong, M.D., of Nemours Alfred I. duPont Hospital for Children, and is comprised of members of the medical community, DFS, OCA, DOE, DSAMH and their contracted providers, CDRC, Children & Families First, DOJ, DHSS, and the March of Dimes. After the CPAC/CDRC approved its 2016-2017 Action Plan, the committee was tasked with developing a template for the required CAPTA POSC and identifying the responsible agencies for initiating and monitoring POSCs. The committee meets every other month, and the meeting minutes can be available upon request. The DFS

Director and DFS Intake and Investigation Program Manager are members of this CPAC sub-committee.

In October 2017, DFS began a POSC Substance Exposed Infant Pilot program. As a result of this implementation, bi-monthly workgroup meetings are held to discuss the implementation successes, challenges, and next steps moving forward and consist of the birthing hospitals, DFS, and the Investigation Coordinator.

On July 12, 2016, the former DFS Director, with the technical assistance of the Casey Family Programs, invited the DHSS Divisions of Public Health and Substance Abuse and Mental Health to begin meetings to plan how to serve families with substance abuse better through a multi-agency approach. The Committee named itself the Multisystem Healthy Action Committee (MSHAC). DFS administrators, supervisors, and caseworkers continue to attend MSHAC. Meetings are held on a quarterly basis in each county. The Intake and Investigation Program Manager and the Treatment Program Manager attend these meetings.

In FY2016, the CPAC SEI Sub-committee submitted an application for in-depth technical assistance for substance exposed infants through the National Center on Substance Abuse and Child Welfare, which Delaware was awarded in November of 2016. The IDTA consists of site visits to meet the state's goals. One of the SEI IDTA state goals for 2018 was to explore substance use treatment service statewide and their role in the coordination and oversight of the POSC. The NCSACW made site visits on May 21-22, 2018, focusing on the oversight of the POSC by medication assisted treatment providers.

- Provide a brief update on the state's monitoring of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers:

Update: DFS provides the Investigation Coordinator a weekly data report to include all reports where there is a notification involving a substance exposed infant, and the Investigation Coordinator tracks several elements of data in a SEI database. Through data sharing and access to DFS' information system, FOCUS, the SEI database is able to track referrals made on behalf of the infant, mother, and/or father/secondary caregiver as well as if there was engagement with that service. The Investigation Coordinator distributes quarterly and annual reviews on Delaware substance exposed infant data. The contracted agency providing Plans of Safe Care to mothers and infants exposed prenatally to marijuana. When the contract targeting infants born and identified as affected by marijuana begins, the contracted agency is required to provide measures of referral and successful engagement. DFS's new information system, FOCUS, also allows for some enhancements and tracking of outcome measures such as subsequent reports, subsequent substantiation, and subsequent substance exposed infants. The Governor signed HB 140 into law June 7, 2018; the legislation codifies CAPTA/CARA and requires some oversight of the Plans of Safe Care by the substance use disorder treatment center for those compliant mothers. Upon passing of this legislation, a Memorandum of Understanding is being considered to

further monitor referrals and service delivery. In addition to the above efforts, DFS is moving to incorporate SEI cases into DFS' CQI system.

- Describe any technical assistance needs the state has determined are needed to receive to support effective implementation of these provisions.

Update: In November 2016, Delaware was awarded in-depth technical assistance (IDTA) for substance exposed infants through the National Center on Substance Abuse and Child Welfare (NCSACW). The IDTA provided assistance over two years to help Delaware develop strategies to combat the nationwide opioid epidemic. The core group created a four point statewide action plan designed to recommend universal screening of pregnant women, promote referrals to appropriate services, provide educational resources for obstetricians, gynecologists, birth hospitals, treatment providers and social services agencies, and implement a universal statewide protocol for Plans of Safe Care. NCSACW conducted 3 site visits in 2017 and 2018. In addition to scheduled site visits, monthly SEI IDTA core team calls included the DFS Director and DFS Intake and Investigation Program Manager.

With the FFY2019 CAPTA grant increase, DFS allocated funds to support POSC development, implementation, and monitoring. This included contractual direct service, information technology enhancements, supplies, and flex funding to assist financially struggling families within the SEI population.

6. The Governor's Assurance Statement is attached. (See Attachment C – CAPTA Assurance)

To facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect:

The State Liaison Officer and contact information:

Sarah Azevedo
Intake and Investigation Program Manager
1825 Faulkland Road, Wilmington DE 19805
Sarah.azevedo@delaware.gov
302-633-2663

Delaware's Annual Progress and Services Report contains CAPTA provisions and are accessible at this web address: http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml
Annual Reports are posted upon ACF approval.

IX. Statistical and Supporting Information

Information on Child Protective Service Workforce

The following information describes hiring, training and turnover for the child welfare workforce. 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 vacant position resets 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 screened to ensure that the minimum qualifications are met. 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, 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 valid driver's license (not suspended, revoked or cancelled, or disqualified from driving).

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 from 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 candidate 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, 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.

New staff receives New Worker Training Cores and are evaluated for skill development 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: .01% Asian, 38% Black and 56% White.
- 4% Hispanic.
- Salaries range from \$33,906 to \$51,138 across all positions.
- Supervisor to worker ratio standards are 1:5.
- Educational degrees (caseworker, supervisor, administration; N=315) - A Bachelor's Degree in a behavioral, social science or related field is required for these positions.

Caseload standards for fully functioning workers are:

- 11 investigation cases.
- 18 treatment cases.

Caseload reports as of March 30, 2019 state investigation caseloads average 24.3 and treatment caseloads average 17.5 per worker.

In-service training is selected annually by the leadership team 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 is measured. New staff have 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.

Personnel transactions for CY2018 for DFS positions are: 56 hires/rehires, 3 retirements and 31 terminations. There were 218 staff transactions/changes during the year. The turnover rate was 24.73%.

Juvenile Justice Transfers

For the period April 1, 2018 to March 31, 2019, one hundred sixty four youth in cases open with DFS were transferred into the custody of the Division of Youth Rehabilitative Services. 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 information system nor determine deaths as a result of abuse or neglect in the same manner as the Division. Child Protection Accountability Commission is the state entity responsible for compiling child maltreatment fatality data from all the sources listed above. One specific statewide Child Abuse and Neglect Panel meets monthly to review child maltreatment fatalities. CPAC was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility transferred from the Child Death Review Commission to CPAC on September 10, 2015.

In FY2018, CPAC approved the retrospective reviews conducted by the Child Abuse and Neglect Panel between May 2017 and March 2018. During this period, the Panel reviewed 51 child maltreatment deaths and near-death cases. Panel reviewed 14 child maltreatment deaths. The findings and recommendations resulting from the reviews of child deaths and near deaths due to abuse or neglect are available at the following link:

https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

Education and Training Vouchers

See Attachment: Education and Training Vouchers Awarded - Federal Attachment E

Inter-Country Adoptions

DSCYF/DFS does not gather data for the number of children adopted from other countries. As of April 26, 2019, there were 8 total adoptions in Delaware from other countries posted on the state government website in 2017, 10 for 2016, and 9 for 2015.

<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>

Monthly Caseworker Visit Data

DFS will submit monthly caseworker visit data for FFY2018 per Section 424(f) of the Social Security Act by December 17, 2018.