SAFETY			
Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children are, first and foremost, protected from abuse and neglect	1.1 Timely contacts in investigation and treatment (Internal Management Reports)	95% compliance with agency standards for contact schedules	<ol> <li>Maintain 02-03 average of 95% compliance with agency standard of responding within 24 hours for urgent and 10 days for routine accepted reports for each year, 2006-2009.</li> <li>Maintain 2003 average of 95% compliance with agency standard of initial contact with treatment families within 10 days for each year, 2006-2009.</li> </ol>

# (Bolded text is revisions from the original plan or the 2005 APSR)

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: In an effort to ensure child safety, timeliness of initial contacts in investigation and treatment and ongoing contacts in treatment, are monitored through management reports distributed on a monthly basis and, results are incorporated in the quarterly Division of Family Services (DFS) Report Card. Supervisory oversight is a part of the contact completion activity as seen through the 'Diligent Efforts' event. For the reporting period 4/1/05 to 3/31/06: Initial Contacts in Investigation was 96.53%. This outcome exceeded the goal by 1.53%. In addition to the monitoring of contact achievement rates, the quality of the content of Safety Assessments and Safety Plans (if needed) is assessed in the DFS Quality Assurance Case Review tool, the results of which are also distributed on a quarterly basis for administrative and operational staff review. Monitoring Safety Assessments further enhances the reliability that children are protected from abuse and neglect.

Current policy dictates that initial contacts must be made within 10 working days after a case has been transferred to treatment for ongoing services. Initial Contacts in Treatment was 93.33% compliance within timeframes. This outcome missed the goal by 1.67%, but, represents an almost 2% increase when compared to the 04- 05 reporting period. Policy also dictates that the worker must complete a formal Safety Assessment during that first face to face contact and during every subsequent contact. The contact schedule is based on the needs of the family but is never less than monthly. On-going Treatment contacts for the period 4/1/05 to 3/31/06 were 93.13 %, missing the goal by 1.87%. Reports detailing the agency's compliance with both the initial and the on-going contacts are reviewed monthly. Finally, the monthly quality reviews require the reviewer to assess whether contacts were made in a timely manner and if the assigned contact schedule is sufficient to meet the needs of the family.

Although the contact schedule is based on the needs of the family, treatment policy changes have been drafted to affect a more through initial family assessment. According to the draft policy, workers are required to see families a minimum of 3 times within the first six weeks of receiving a case. This new policy allows the worker to spend more time with the family, which in turn, should allow

them to gather more information	them to gather more information, hence enabling them to complete a more thorough assessment.			
Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy	
Children are, first and foremost, protected from abuse and neglect	1.2 Recurrence of maltreatment (Internal Management Report, NCANDS)	Less than 6.1% recurrence of maltreatment within 12 months	<ol> <li>Reduce risk of abuse and neglect through appropriate assessment, planning and service delivery.</li> <li>Develop community and other agency resources to implement a system of care model.</li> <li>Maintain 2002 NCANDS rating of 1.2% recurrence of maltreatment for each year 2006-2009.</li> <li>The Department to reduce the percentage of children and youth who return to service within 12 months of case closure from 30.8% (FY 06 3<sup>rd</sup> quarter) to 26% (FY07 3<sup>rd</sup> quarter).</li> <li>Study the feasibility of adding Institutional Abuse cases in FACTS by June 2006. Action is complete.</li> </ol>	

Measurement of Performance: The DFS internal NCANDS report for the period 4/1/05 to 3/31/06 resulted in a 1.54% recurrence rate (16 of 1036). The results for this period were significantly under the National Standards goal of 6.1%, reflecting positively on the results of service delivery to children and families served by the Division of Family Services. The 1.54% rate exceeded the state's performance goal of 1.2% by .34%.

The results for the Department of Services for Children, Youth and Their Families (DSCYF) 'Return to Service' measure for the 3<sup>rd</sup> quarter FY06 was 30.8%. The FY06 goal was 27%. There are continuing efforts to analyze, through case reviews, the circumstances leading to a child or family's return to service, as well as, the 3% increase seen through the two reporting periods. A return to service may not be the result of new incidents of abuse or neglect but, may be related to a child's need for mental health services from the Division of Child Mental Health Services (DCHMS) or directly related to a child's behavior such as committing a criminal offense requiring services from the Division of Youth Rehabilitative Services (DYRS). The Department's current goal for this measure is a 26% return to service rate.

The Treatment program has a thorough assessment process which focuses on the strengths and needs of the family as a whole and then each family member individually. The tools used for these assessments are the Family Assessment Form (FAF), the Service Entry Needs and Strengths Screen (SENSS), and the Plan for Child In Care (PCIC) series. The FAF is completed within the first six (6) weeks of receiving a new case and looks at the family's level of functioning as a whole and then at the parent's level of functioning

individually. Any area identified as a risk is automatically entered into the Family Service Plan. The SENSS assesses each child individually. Any area identified as having "concern" should be addressed in the Family Service Plan as well. Random monthly reviews are completed by administrators and supervisors to determine if the assessments were completed in a thorough manner and whether or not the Family Service Plan adequately reflects the needs of the family members. In addition to the Assessment tools at the disposal of workers, the Division of Family Services also contracts with a psychologist to have psychological evaluations completed if workers feel it is necessary. Finally, each regional office in the Division has a dedicated certified substance abuse counselor and domestic violence liaison. The certified substance abuse counselors are able to accompany the DFS worker into the field to help them with their assessment of the family. They are able to complete a substance abuse evaluation and recommend treatment if needed. The domestic violence liaisons have expertise in the domestic violence field. They are also able to accompany workers into the field. They complete their own assessment of the family which is used to determine the most appropriate level of intervention for the victim.

In 2004, all employees of the Division of Family Services were required to complete the first phase of our System of Care (SOC) training. This training focused on Delaware's seven SOC principles. Staff is encouraged to seek formal as well as informal supports for the family.

Those seven principles are as follows:

- <u>Practice must be individualized</u> Services should focus on the strengths of the child, family and community; the child and family should have a say in service decisions; there must be a constant focus on safety; the plan must be dynamic and change as the needs of those involved change; and the team must plan for and manage complicated needs/issues.
- <u>Services must be appropriate in both type and duration</u> Accurate assessments and screenings must be completed; best practices must be used to provide a broad array of services, services must seek natural supports to both the child and their family; and desired outcomes must be identified and monitored.
- <u>Services must be child-centered and family-focused</u> The child must be viewed in context and across domains; there should be an early identification of risks and needs; services should be provided in a family-like setting; and services should promote family stability and self-sustenance.
- <u>Services should be community-based</u> Children and families should have access to age and developmentally appropriate setting and appropriate peer contact within their own community whenever possible.
- <u>Services should be culturally competent</u> Service providers must take into account a family's tradition, values and beliefs when providing services; their actions must be respectful and sensitive to the family's culture; and agencies must reach into the community to find qualified staff.
- <u>Services must be seamless within and across systems</u> Service interfaces must be invisible to recipients; services providers must communicate with each other to ensure effective planning, implementing and monitoring of services; and resources and information must be shared, as necessary, to benefit the child.
- Teams should be developed to manage services Teams composed of all service providers from all levels of service should be

formed to support the child; child and family choices should drive team-decision making whenever possible, with safety always assessed and maintained; team communication must be on-going and adequate; and the child should have one team and one plan whenever possible.

In the summer and fall of 2005, the second phase of the System of Care training was implemented. This phase was more advanced, providing workers and their supervisors with the skills necessary to facilitate and manage a family meeting, while at the same time, developing a comprehensive, meaningful Integrated Service Plan (ISP) with the family. Although the ISP's are written to address the needs of the child, if the team identifies needs of the parents that prohibit them from effectively parenting, then those needs are also incorporated into the Integrated Service Plan.

The Office of Prevention and Early Intervention (OPEI) continues to operate and manage select prevention programs that are community based in an effort to respond to the needs of families in the communities as well as those families active within the department. OPEI maintains a prevention safety model through the approach of delivering services in the areas of Universal Prevention, Selective/Target Prevention, Indicated Prevention and Early Intervention approaches. OPEI approaches safety through a continuum of services which are designed to increase individual, family and community protective factors in the area of child maltreatment, substance abuse, and delinquency. These services focus on providing needed supports and services to high-risk families that are frequently on the "periphery" of the child welfare system. Every effort is made to engage and retain families for services. The Promoting Safe and Stable Families Consultation and Support Program focuses on families in the child welfare system where safety is not a factor, but there remains extenuating risk that may lead the family into deeper end services. Attempts to engage family participation for this voluntary service are made within two working days from the date of referral.

OPEI's service delivery philosophy falls right in line with the Department's System of Care initiative. OPEI implements communitybased programs designed to ensure safety of children, improve the functioning of families to increase stability, improve both youth and parental self-esteem and provide an environment that fosters a sense of hope among participating children and families. OPEI is committed to programming that is child-centered and family focused and assures effective, timely and appropriate support for Delaware's children. Through a variety of programs, OPEI provides both direct service and manages contracts for services with community partners. OPEI seeks to implement a range of prevention and early intervention services specifically targeted to children and their families experiencing risk (i.e. poverty, abuse, neglect, substance abuse, delinquency, mental illness). Programs are holistic in their approach and employ a variety of strategies in numerous settings all designed to help children and their families reach their full potential.

OPEI develops strategies to reduce the risk of future development of poor outcomes related to substance abuse, child maltreatment, behavioral problems, and inadequate parenting in their design and implementation of prevention and early intervention programs. Efforts to this end focus on increasing protective factors of children and families. The following programs are examples of the approaches employed through OPEI which are multi-level and multi-systemic. OPEI provides services along the continuum of Universal, Selective/Targeted, Indicated and Early Intervention programming. Beginning with the Universal approach, through the

OPEI Resource Clearinghouse, over 161,672 pieces of information including books and video loans on child development, separation and divorce, parenting skills/tips, drug and alcohol prevention, budgeting, resources, community emergency preparedness, violence prevention, and a host of other topics, including preventing child maltreatment is expected to be distributed to over 31,419 individuals and organizations across the state free of charge. Adult oriented handbooks dealing with such topics as discipline, stress, and parenting skills are also provided, with a total of 2,878 of these books being distributed.

Creating Lasting Family Connections is an evidence-based program providing services statewide to youth and their families. The program is delivered by community-based organizations and focuses on increasing community, family, and individual youth protective factors. The program is offered to youth nine to seventeen years old and their parents in an effort to delay the onset and reduce the frequency of substance use, a major issue for families in the child welfare system. Creating Lasting Family Connections served 87 adults, 216 youth and 125 families between the eleven program sites throughout the state during this review period.

Families and Schools Together (FAST) is a Selected/Targeted prevention/early intervention program provided by OPEI. FAST is a relationship building, communication skills building, asset based prevention and early intervention program provided within select middle schools through out the State. The program participants range from age eleven to fourteen years old. The FAST program fosters a sense of confidence and competence in parents and youth, increasing the likelihood of success at home, in school and in the community. The program is built around a team with a strong school and community collaboration. The team in each school works with the youth for four weeks (once a week) and with the entire family for ten weeks (once a week). After a family completes the program services, they become part of the FAST Works support group. The FAST Program served 108 families, 260 child and 181 adults during this review period.

Another Selected/Targeted prevention program provided by the OPEI is Families and Centers Empowered Together (FACET). Families and Centers Empowered Together (FACET) is a family support and empowerment program located within four childcare centers serving children from birth to five years of age. The program goal is to prevent substance abuse and strengthen family connections and supports through the childcare centers and their communities. The program achieves these goals by providing various strength-based family educational activities, family social events and other supportive service events. On average, families stay in the program for 5 years. The programs average numbers of active families are 121 per month. The FACET program served 294 families and 336 children during this review period.

OPEI's Indicated prevention approach focuses on specific high risk groups that have frequent contact with more intensive Departmental services. The Strengthening Families Program is a nationally recognized evidence-based parent skills training program model. OPEI's application of the Strengthening Families Program is done so with the primary goal of reducing the incidence of child maltreatment. The objectives of the service are fourfold: to enhance parent-child and family relationships, to reduce incidents of child abuse and neglect, to maximize opportunities for both parent and child development and strengthen the capabilities of parents to draw upon formal and informal resources. Parents show significant improved parenting behaviors (i.e. clarification of substance abuse use rules and consequences, increased level of positive parent-child interactions). Parents gain specific parenting skills including: setting appropriate limits and building positive relationships with their youth, increased positive feelings towards their child, gains in general child management including setting rules and following through with consequences and having appropriate and consistent discipline. The Strengthening Families Program supports the strategy to reduce the number of children and youth who return to service within 12 months of case closure. One of the program objectives is that 80% of the participants who have their children residing with them will not have a new substantiated case of child abuse and/or neglect within 3 months of successful program completion as determined by conducting Family and Child Tracking System (FACTS) checks. In 2005 there were 166 families and 87 children served in the Strengthening Families Program. Of these 253 children and families served 124 families were referred through OCS as mandated participants. The program quarterly FACTS checks revealed only three individuals recidivated within the first three months after the completion of the program.

The Promoting Safe and Stable Families Consultation and Support Program (PSSF) is a family preservation and family support combined effort that provides early intervention services which focus on reducing child maltreatment by addressing four risk factors that have been associated with child maltreatment: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services and (4) crisis and stress. The Community based Family Consultants are trained in the principles and practices of strength-based family support and family preservation services and the PSSF Consultation process and they provide services to family with multiple needs. The Community Family Consultant assist families in assessing their needs under the four areas of risk addressed by the program in an effort to help families increase their formal and informal support network to address their concern; to increase the family's advocacy effort to address their need for services; empower families to make the connection to appropriate services and resources; assist families in designing an intervention plan; and increase a family's awareness of how to reduce stress in the future through this planning approach. Families are connected to intensive and supportive services provided by the OPEI PSSF psychiatric social workers. The support services provided by the PSW III position are: intensive family consultation, positive behavior intervention, and community base team facilitation. Other PSSF priority programming services in which a family is referred to the appropriate provider are: Parenting, Substance Abuse, Healthy Marriage/Relationship, individual and family counseling services. The frequency in which a family meets with a family consultant depends solely on the needs of the individual family. It is estimated that family participate four to eight weeks with each session lasting one to two hours. The PSSF program served 365 families, a total of 834 adults and 1356 children during the 2005 report period.

Early Intervention's (EI) Family Crisis Therapists (FCT) are collocated in public elementary schools creating a partnership with educators to provide prevention and early intervention services to children and families with the goals of preventing abuse and neglect and strengthening family functioning. From June 2005 to March 2006, E.I. FCT's opened 404 new cases. These cases are in addition to the cases previously opened and carried over from the previous year. For each case opened within the Early Intervention Unit, two assessments are completed. The first is an Initial Assessment consisting of 19 questions. This form helps FCT's assess risk behaviors, significant clinical issues, determine differentiation between attention difficulties from other behavioral difficulties, and determines the appropriateness of the Early Intervention Program to meet the needs of the referred child. The second assessment is the Child and

Adolescent Functional Assessment Scale (CAFAS). This assessment is conducted within 30 days of a family entering the program. After the first CAFAS is completed, additional CAFAS are completed every three months until the case is closed.

For each open case within the Early Intervention Unit, a service plan is completed within 30 days of the family entering the program. Service plans are updated monthly and a summary of each case is provided to the assigned supervisor. The plans mirror the CAFAS and address issues in the following areas: school/work, home, community, behavior towards others, moods/emotions, self-harmful behavior, substance use, thinking, material needs and family/social support.

Service delivery is provided by the Early Intervention FCT's. Services such as one on one counseling, group counseling, consultations, family counseling and home visitation are considered direct services provided to each family by the assigned FCT. Additionally, Early Intervention FCT's offer parenting and children's groups to all clients. Other services such as medical or mental health needs, monetary assistance, housing assistance or clothing and furniture needs are provided as an indirect service through resource linkage.

Early Intervention FCT's have embraced the system of care philosophy. They continuously partner with community, faith based and other state agencies to ensure families are receiving appropriate services. During the past year, FCT's have partnered with numerous agencies including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, DHSS, Adopt a Family, local community centers, homeless shelters, and mental health providers for children and adults.

		area programm	
	Performance Indicator		
Outcomes	(Method of	Goal	Strategy
	Measurement)		
Children are, first and	1.3 Incidence of child	Less than .57%	1. Provide safe homes for children in care by annual
foremost, protected from	abuse and/or neglect	incidence of abuse	reviews of DFS foster homes and child placing
abuse and neglect	in foster care	and/or neglect in	agencies. Revised to 90% of annual reviews will be
	(Internal	foster care	completed timely 2007-2009; review FACTS data
	Management Report,		entry and reporting for DFS foster home annual
	NCANDS)		reviews.
			2. Provide specialized training for foster care providers;
			collaborate with CMH to provide specialized training.
			3. Continue departmental practice of utilizing quality
			assurance case review methods to analyze critical
			incidents and implement corrective actions.
			4. Strengthen the automated case management system

Modifications to FACTS to enhance Institutional Abuse case information access is cost prohibitive at this time. Planning for FACTS II is well under way and this item will be included in the design and programming.

(FACTS) to improve use of A/N information, study
the feasibility of enhancing institutional abuse data
access by December 2004. Action completed.
5. Maintain less than .57% incidence of abuse/neglect
in foster care for every year 2006-2009.

Measurement of Performance: The DFS internal data report for 'Incidents of Abuse/ Neglect in Foster Care', which mimics the NCANDS/ AFCARS standards for this measure has been validated and is used to monitor the outcomes for this measure and reported quarterly in the DFS Report Card. For the period 4/1/05 to 3/31/06 incidents of abuse in foster care was 0.32%, which was .25 percentage points below the national standard.

For the period 4/1/05 to 3/31/06, 197 foster homes required an annual review. 57 homes or 28.93% were completed on time. An additional 69 homes or 35.03% were completed within 30 days of their due date. Allowing a 30 day grace period, 63.97% annual reviews were completed timely which is 11.04% below the goal of 75%. 68 foster home reviews were completed more than thirty days after their due date and 3 homes had not had an annual to date. There are concerns that FACTS queries are not accurately reflecting compliance with this measure. Signatures and date from foster parents are now required when annual reviews are completed. Per policy, reviews are conducted within12 months of the prior annual review. Additional study is required. Annual reviews for child placing agencies are at 100% compliance.

The DFS Quality Assurance (QA) tool, for the Placement/ Permanency program area, asks reviewers to determine if the current placement for a child in foster care was assessed for safety (a separate issue from annual foster home reviews), consistent with the Division's policy expectations. During the reporting period 4/1/05 to 3/31/06, reviewers found safety had been properly assessed 98.41% (186 of 189) of the time. Along with the training and periodic monitoring of substitute care providers, the assessment of safety contributes to the reduction of risk a child may experience in a foster placement.

Through collaboration with the Division of Child Mental Health, mental health screenings for every child age 4 and older entering out of home care for the first time began February 2006. This will improve child well-being and placement stability. Foster parent inservice training has been expanded to include mental health issues such as depression, suicide and psychotropic medications.

Annual reviews occur for all child placing agencies and are conducted by staff of the Office of Child Care Licensing. Delacare Regulation # 156 for Child Placing Agencies (CPA) states "Foster parent(s) will participate in an annual mutual review with the Agency to evaluate the strengths and weaknesses of the foster home and of the relationships of Agency representatives with foster parent(s)". Agencies found to be out of compliance with Delacare regulations are subject to actions that include but are not limited to: time limited corrective action plan, extension of a license on a provisional status and warning of probation or revocation. These situations are closely monitored until such time as the provider comes into compliance or the facility is closed.

Delacare CPA Regulations are currently under revision. It is expected that a draft document will be put forth for public comment in

2006 with a target date for implementation of sometime in early 2007. The current proposed addition to Regulations includes the following language: "A licensee shall ensure that each person involved in a parenting role in a foster home receives at least five (5) hours of training annually. A licensee shall ensure that foster parent(s) have an annual mutual compliance review with Agency staff to determine continued approval by assessing compliance with foster home rules, evaluating strengths, weaknesses, and training needs and analyzing the supportive relationships of Agency staff. This review shall result in a brief written plan, including goals and target dates, provided by the licensee to all parties, to improve services and relationships. A licensee shall ensure that upon successful completion of the annual mutual compliance review, foster parent(s) are provided letters of approval stating the approval is effective for one (1) year." Delacare regulations require that CPA develop an initial written service plan for each child within thirty working days of placement. The plan shall be develop in consultation with the child, biological family, foster parents and referral source. The plan shall be reviewed periodically but not less than every six months. The plan shall include a projection of the expected length of stay in foster care and the anticipated next placement and shall identify the child's needs, specific goals, and projected time frames for meeting the goals. Time frames shall be developed in consideration of the child's perception of time. The service plan shall address the following areas as appropriate: safety of placement, social services, family visitation, permanency planning, behavior management techniques, education, health, vocational training, psychological, psychiatric and mental health services. At the time of annual compliance review a sampling of case records will be completed by a representative of the Office of Child Care Licensing to verify compliance with this rule. These revisions will align private foster care providers' requirements with DFS foster home policies and practice.

The Department continues to utilize case reviews conducted internally and by the Child Protection Accountability Commission to address systemic and practice issues related to child safety. DFS uses its quality assurance case review system to provide feedback to regional staff on child safety

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children are safely maintained in their own homes whenever possible and appropriate.	<ul> <li>1.4 Services to family to protect children in home and prevent removal (Quality Assurance Case Reviews, Dept. Report Card)</li> </ul>	100% of children in home will be assessed as safe	<ol> <li>Develop or utilize existing community/agency consortiums to provide prevention, early intervention and support services. Link with other State and community resources to prevent cases from entering the child protection system.</li> <li>Continue the safety model in investigation and treatment cases.</li> <li>Revised timeframe is FY07 3<sup>rd</sup> quarter for target of 100% compliance for children assessed safe.</li> <li>Continue administrative review of all children</li> </ol>

<ul> <li>assessed as not safe.</li> <li>5. Decrease the percentage of Departmental children in out-of-home care to 12% by FY07 3<sup>rd</sup> quarter.</li> <li>6. Strengthen community based prevention services for</li> </ul>
the Department <b>through 2009.</b>

The Division of Family Services staff is required to complete Safety Assessments upon initial contact in both Investigation and Treatment, in order to determine if children can be maintained safely in-home. The Division monitors these determinations through its Quality Assurance system, in which reviewers, assigned a random case, indicate if they agree with the Safety Assessment finding that the 'child is safe and no plan is needed' or the 'child is not safe and a safety plan is needed' to keep the child in the home. For the period 4/1/05 to 3/31/06, Investigation reviewers agreed that the children were safe in 94.05% (332/ 353) of the cases reviewed and in Treatment, reviewers agreed that the children were safe in 93.15% (204/ 219) of the cases reviewed. The outcomes for Treatment cases reflect a marked improvement from the 87.13% for the prior reporting period. The individual case review forms are returned to regional offices as feedback to staff regarding the results of these reviews. All children identified as not safe and deemed in imminent danger, are reviewed by the Quality Assurance Manager for appropriate action.

The Department measure for 'Percent of Children in Out-of Home Care' was 15.6%% at the end of the 3<sup>rd</sup> quarter FY06. The goal for this measure is 12%.

All of the contracted treatment services available to families through DFS are home based. Intensive home based services are for families at imminent risk of placement due to abuse, neglect or dependency. Services are provided by a team consisting of a Master's level therapist and a parent aide. The team is available to the family 24 hours per day, 7 days per week. Home based services are geared towards families with an elevated level of risk but in which placement is not imminent. Under this contract, counseling services are provided to the family in their own home on a weekly basis by a therapist with the goal of preventing placement. Workers can also refer families for parent aide services. Parent aide services are also provided in the client's home. The focus of the parent aide is to help families address areas that might place their children at risk. All providers are aware that they must assess for safety at every contact with the family. In addition to training agencies require their employees to attend, DFS also requires contracted employees that will be working directly with DFS clients to complete certain portions of the DFS new worker training. Finally, beginning in SFY06, contractors are eligible for performance based incentives if the DFS worker referred the family to the contracted agency to prevent placement. The Performance Based Incentive is earned if the family remains intact, with no entries into foster care 12 months after the contracted agency closes the family's case. DFS staff also has access to domestic violence liaisons and certified substance abuse counselors (collocated). Both professions are able to provide services to the clients in their own home.

The PSSF program incorporated three priority services into its family centered design: Healthy Marriages, Parenting Services and Substance Abuse Services. Families are directed to these services based upon the family's identification of need through the program's

risk assessment tool. The Healthy Marriage programming is provided through individual and family sessions on topics such as healthy communication, conflict resolution and financial and other relational issues. The Parenting educational services ranges from parenting information, to classes such as Parents Who Care, Parenting basic, Understanding your developing child and the OPEI Strengthening Families Parenting Program. The Strengthening Families Program is an evidence-based parenting program focusing on improving family relationships, decreasing discord in the family, and communicates age appropriate parental expectations. Contracted providers offer these services by establishing an agency partnership, through purchasing services or by providing the services directly. The Promoting Safe and Stable Families Consultation and Support Program served 22 families in healthy marriages; 62 families received Parenting Services and 20 families received substance abuse services in 2005 for a total of 104 families.

In addition to providing these priority services to families, the PSSF program continues to distribute nearly 5,000 information booklets in the area of Family Support to Delaware families. Program support funds are being used to increase the awareness of the importance of Healthy Marriages, Healthy parenting, building successful marriages, resolving conflict in a marriage and other family support topics.

OPEI continues to maintain linkage with the Office of Children's Services (OCS) and Youth Rehabilitative Services (YRS) in an effort to promote the effectiveness of the three systems. These linkage points serve as critical conduits of information and communication between the statewide services systems. The Promoting Safe and Stable Families Consultation and Support Program provides the family consultation and support services to at-risk families involved in OCS and is currently partnering with Youth Rehabilitative Service to provide the family consultation and support services to families of detained youth in Snowden and Grace Cottage. PSSF consultation and Support Program has focused its efforts on a family consultation process which is a child-centered model that seeks to prevent families from entering or re-entering the services of OCS and YRS resulting from concerns of neglect, abuse, and dependency and to provide support services to families in transitioning youth back into the home as well as the community. Through coordinated efforts to improve prevention and early-intervention services based on the needs of OCS and YRS children and their families, the three offices are gaining a better understanding of each other roles and are able to define the type of services that could best serve OCS families and the at-risk families not involved with OCS. As a result of the service collaboration between the three services 103 OCS families and 84 YRS families were referred to the Promoting Safe and Stable Families Program.

The Strengthening Families Program also works with a very diverse target population. This population includes Office of Children's Services' families working toward reunification; other families referred by the Divisions of Family Services, Child Mental Health and Youth Rehabilitative Services. Self-referrals may occur, as well as community partners may refer individuals to program as space permits. The program contractor assesses participants' needs at the onset of service delivery to ensure they are provided with the most appropriate services. Participants are placed in particular groups depending on their identified needs. These groups include: families with custody of a child between 3-5 years of age; families with custody of a child between 6-12 years of age; families without custody of a child between the ages of 3-12. The program was successful in

servicing 253 families with custody of a child between ages of 3 - 16 years old. Strengthening Families Program serviced 166 parents who had custody of a child between the ages of 3 - 16 years old. The program served a total of 87 children between the ages of 3 - 16 years old. OCS referred 124 families to Strengthen Families Program that were mandated participants. Of the total number of families served by the program there were three incidents of individual recidivism in SFY2005.

As a new initiative, OPEI PSSF program has partnered with Parents As Teachers (PAT) of Delaware to provide family support services to first time parents. The Parents As Teachers program provides services to first time parents throughout the State of Delaware using the PAT curriculum. Parents are given information on how children learn and grow as well as how they can enhance the child's learning in the home. The Promoting Safe and Stable Families Consultation and Support program work with first time parents of PAT who are seeking assistance to address family stressors as related to the safety and healthy development of their child within their homes; the families need of a support service to advocate for appropriate family resources; families needing to establish informal and formal support networks to address their self – identified needs, as well as parents and or families who are at-risk of child maltreatment. The two program services continue to collaborate in its efforts to successfully provide the educational services and the family support services to this at-risk population.

The Creating Lasting Family Connections, (CLFC), program entered into a Memorandum of Understanding with DYRS to provide services to the youth detained at Stevenson House Detention Center. At the Stevenson House, 52 youth participated in the program. Plans are being made to offer the program at another DYRS site, Peoples Place II in 2006. Each youth and parent participant group is limited in size to 15 participants to ensure optimum participation in discussions. A total of 427 youth and 150 parents took part in the CLFC program. An ongoing challenge for the implementation of the program is to match participating youth with their parents. Many parents give consent for their children to participate in the program but the parents themselves decline to participate. The largest percentage of adult/parent participants were those enrolled in other life skills and personal skill building programs. Many of the adults/parents in these groups were not the primary caregiver of their children at the time of enrollment in CLFC but were working toward that goal. An additional challenge for youth and adult participants is the completion of pre and post surveys. Both youth and adults are permitted to participate in the program without completing these surveys. One finding is more participants want to complete the post survey. This action appears to be based on the trust and relationship established with the CLFC facilitators. This practice has resulted in data collection challenges for the respective sites.

The annual statewide Prevention and Early Intervention 2-day Forum was held in April of 2006. The Forum continues to allow state and community workers access to prevention, early intervention and support services from the surrounding areas. Topics discussed at the Forum included: creating partnerships, design and implementation of a multi-system prevention program, parenting grandchildren, ending domestic violence, increasing partnerships in a system of care, prevention of delinquency and recidivism, a review of program and policy assessments in the City of Wilmington, grant writing, media literacy as a prevention tool, investigations in child care and institutional settings, community youth mapping, cultural competency, building resilience in children, understanding risks for sexual minority youth, gender specific intervention, bullying prevention, hip hop and preventing substance abuse and HIV, mobilizing faith communities to control tobacco use, youth aging out of foster care, behavioral vaccines for prevention, the DE schools survey, integrating services for successful client outcomes, and how children experience violence. The Prevention Forum attracts helping professionals statewide from many disciplines.

The Early Intervention Unit conducted 14 parenting and children's groups throughout the state. These groups provided services to families in 51 schools throughout 13 districts and two Charter Schools. The parenting and children's groups increase the chances of children remaining in their homes.

Early Intervention FCT's in each county routinely make referrals to community based services. The types of services accessed include mental health agencies, housing agencies, food and clothes closets, domestic violence agencies, homeless shelters, drug and alcohol counseling agencies, job assist programs, and child care providers.

Licensed Child Care Centers have the potential to be an important piece of the continuum of services to support families and maintain children at home. Child care providers interact with parents at least two times during any day that a child is in child care - when they drop the child off and when they pick the child up. It is at these times that the Child Care provider can offer information on the child's progress and interactions. The provider can offer information on resources and services for children and families.

Child Care may be authorized to provide the parents with a safe place for their children to go when the parent works, or participates in activities as part of their individual plan. Child Care is the lowest level within the continuum of care and provides an alternative to a higher level of placement that allows the children to remain at home. All licensed child care staff are trained in their responsibilities as mandated reporters. With some 67% of working women in Delaware having children under the age of five the abilities of professionals in the child care field to recognize the signs of abuse and neglect is strategically important. Delaware has a total of 1884 licensed providers offering 50,529 licensed child care slots. Especially in the case of children birth through five, a child care provider may be the only adult, other than the parent, to have access to a child on a regular basis. This presents an opportunity to notice changes in behaviors, interaction with parents and to observe physical injuries of children in child care.

The Delacare Child Care Center regulations remain under revision. The current timetable for revision holds for new rules to be implemented on January 1, 2007. In revising these regulations research and best practice has been taken into account. Findings from the Perry Pre-School Study (longitudinal) demonstrate the short and long-term benefits of a quality child care experience, for example, better school outcomes, higher median income as an adult, fewer arrests. Studies conclude that at-risk children can benefit most from a quality child care experience. The characteristics of "quality" child care are numerous but the most important is staff qualifications. In revising Delaware Child Care Center regulations, it is proposed in the "draft" that staff qualification be increased. Since research also supports the importance of a consistent caregiver in the life of a child careful consideration was given to the potential impact that losing a significant percentage of the workforce would have on the children in care. Both a fiscal impact study and workforce study were conducted. As a result, rules are being adapted that propose increased qualifications with an alternative for existing, experienced staff to retain their positions by the completion of a specified number of hours of training in designated areas of competencies. This approach should insure a progressive movement toward improved quality without a disruption in needed services for children and families due to

the departure of experienced caregivers lacking more formalized training and education. A second significant factor in quality care is the group size. Again the "draft" regulations reduce the staff/child ratio in specific age groups moving closer to nationally recommended standards.

A third characteristic of a quality program is the involvement of parents. Through Delaware First Professional Development trainings for child care professionals, techniques on engaging and working with families have been a frequently offered topic. Efforts have begun to develop a comprehensive professional development system for early care and education in Delaware. This brings together for planning purposes the Division of Family Services, Department of Education (including Head Start) and the Department of Social Services. These organizations will be identifying existing resources that can be more effectively utilized to ensure high quality professional development activities, the elimination of parallel systems to the maximum extent possible, and the sharing of resources. Developing a strong partnership with Head Start in the area of professional development should bring into sharper focus the importance of working with families. Head Start has held the principle of family involvement as one of the major tenets of the program approach.

An email service was initiated in late March 2006 to provide child care providers with topical information. On a no less than weekly basis providers are sent information on quality topics and resources to improve the services they provide to children and parents. April information had a strong focus on April as Child Abuse Prevention Month. Providers were offered information resources to share with staff and parents and reminded of their responsibilities as "mandated reporters" and the importance of early intervention.

Division of Child Mental Health Services applied for and received a federal Child Traumatic Stress Treatment Center Grant (\$1.6M, 4 yr. grant from SAMHSA). The goal is to increase accessibility to and quality of trauma-specific mental health treatment. It is anticipated that an additional 120 children and their families will be served annually by the outpatient Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) direct treatment pilot (to start July, 2006). Children in foster care and children in their own homes are both included in the target population for this grant. After the pilot is established, DCMHS will provide training on TF-CBT to all outpatient providers in our statewide network to significantly expand access to trauma-specific mental health treatment in our communities for Delaware's children and their families who need mental health treatment through our public, state-operated system. TF-CBT is an evidence-based intervention that involves both the child and the family. It is expected that one outcome of successful treatment will be to prevent removal of children from their own home.

DCMHS' CMS Real Choices Mental Health System Transformation Grant (\$300,000, 3 yrs) is funding development of family psycho-education curriculum intended to be used by behavioral healthcare providers with children and their families. The goal is to provide more information about the child's condition, educate family members/caregivers about the various aspects of children's mental health, and provide strategies to promote mental health at home. It is anticipated that this information will be useful to families who want to prevent a child's removal from home as well as to foster families in our system.

Sixty nine youth in cases open with DFS were transferred into the custody of the Division of Youth Rehabilitative Services between April 1, 2005 and March 31, 2006. These youth were in investigation and treatment caseloads when their commitment to the juvenile justice system's levels 3, 4 and 5 began. This number is less than reported last year due to a refined query to obtain the data.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children are safely maintained in their own homes whenever possible and appropriate.	<ul><li>1.5 Risk of harm to child (Quality Assurance Case Reviews, Dept. Report Card)</li></ul>	See 1.4	<ol> <li>Implement Holistic Service Team II by December 2004. Review and implement plans for Holistic Services by June 2006. Action completed.</li> <li>Implement the Departmental Integrated Service Plan (ISP) by July 2004. Action complete.</li> <li>100% of children open in 2 or more divisions will have ISPs for each year 2007-2009.</li> </ol>

DSCYF Policy # 201 "Integrated Service Planning" (ISP) was implemented in March 2004, followed by the creation of a Family And Child Tracking System (FACTS) event and staff training. The Department performance outcome for the completion rates of ISP's has shown excellent progress during the period 4/1/05 to 3/31/06. At the end of April 2005 completion rates for ISP's was 43%. By the end of March 2006, completion rates had improved to 72%, exceeding the target goal by 22%.

The Department's Holistic Service Team model of case management for youth served by more than one division has disbanded. Staff and cases were reassigned to operating divisions as appropriate. This approach was ineffective in managing our most challenging and needy youth. Workload demanded individual case managers to be experts in juvenile justice, child welfare, and child mental heath, which proved overwhelming. Now, all three operating divisions have implemented the Integrated Service Plan approach for cases open with 2 or more divisions, allowing each case manager to bring their own expertise and resources to the planning table for challenging youth and their families.

Training on system of care principles and philosophy was conducted Department wide between April and December 2004. The intent of the ISP policy is to ensure integration and coordination of all services and resources available within the Department, the family and the community. The policy is representative of the Department's commitment to a strength based, family centered, child focused, and culturally competent "System of Care" service delivery model. The training consisted of learning Delaware's seven principles for the system of care as well as how to complete an integrated service plan. Phase II of the training was implemented in the summer and fall of 2005. Frontline workers and supervisors were selected to attend the 4 consecutive training sessions. These sessions focused on developing facilitation skills, helping groups achieve consensus, and how to develop a comprehensive Integrated Service Plan. The workers and supervisors that attended the training now act as mentors for other staff in their regions. Phase III is being implemented in the summer of 2006.

PERMANENCY			
Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency and stability in their living situations	2.1 Incidence of foster care re-entries (Internal Management Report, AFCARS)	Less than 8.6% re-entry rate within 12 months of prior episode	<ol> <li>Provide an array of services designed to reduce the risk of re-entry.</li> <li>Implement AFCARS Improvement Plan by March 2006. Goal continues to be 6% re-entry rate for 2006. Revised to implement AFCARS Improvement Plan by March 2007. Maintain 6% re-entry rate 2007-2009.</li> <li>Request revised AFCARS report for 1999-present based on #2 results, if appropriate by September 2007. Action pending AFCARS Improvement Plan and availability of reports.</li> </ol>

For the period 4/1/05 to 3/31/06 the re-entry rate was 15.84% (146/ 922) or 7.24% over the national standard. There are known data error issues with this information stemming from the AFCARS extract and, data entry errors requiring continued staff training. The Department has an AFCARS workgroup in place attempting to address the AFCARS Improvement Plan requirements and make corrections to the AFCARS extract and, in January 2005 submitted an AFCARS modification report in order to further the changes necessary in FACTS. While Federal approval was received during the fall 2005, the Department is awaiting FY07 budget approval, which includes additional monies for the AFCARS improvements. Providing funding is received, the Department anticipates the improvements to be completed during the fall 2006.

As previously mentioned, DFS staff have a range of services at their disposal to help families address issues which place children at risk. Immediately prior to reunification, staff are required to complete a safety assessment. This safety assessment is an attempt to evaluate whether the safety issues in the home that resulted in removal are still present prior to reunification. The premise is that they will address the issues that resulted in placement and then continue the educational process once the children are reunified, thereby preventing re-entry to foster care.

Beginning in SFY06, the Division of Family Services developed a new service for families whose children have been removed from the home. This new service is considered an enhanced parent aide service. The parent aide, who has a minimum of a Bachelor's Degree, is responsible for coordinating, transporting and monitoring visits between children in care and their families. It is expected that the aide will address the issues that resulted in the children being removed from the home. The educational process continues even after

the children have been reunified, thereby preventing re-entry into foster care. And once again, performance based incentives are linked to these contracts as well. If DFS referred the family to the contracted agency to work towards reunification, the agency is eligible for a performance based incentive if the children are successfully reunified and do not re-enter foster care for one year. An array of support services is available for reunification: transportation, language translation, deaf interpretation, substance abuse, domestic violence, prevention and early intervention programming.

All services provided to families through the Early Intervention Program are also available to foster children and their families. The criterion for working with these families is the same as for all other eligible clients. Families already receiving services from DFS are still able to access services from within the school.

The National Council on Crime and Delinquency (NCCD), partnering with the Delaware Center for Justice and the PACE Institute, received a grant from the Jessie Ball DuPont Fund to create the Delaware Girls Initiative (DGI), the mission of which is to gather data on the unique needs of Delaware's girls who have entered the juvenile justice system, identify effective resources to address those needs, and develop a comprehensive , gender-responsive continuum of services for girls and young women at risk. A strategic plan was developed by a diverse team of community partners to address programming, collaboration, professional development, advocacy and research. Desired outcomes include a gender-responsive continuum of services for girls, an increase in academic functioning, protective factors and health, trauma recovery, reduced juvenile justice entry and recidivism rates, prevent status offenders from entering the system, data-driven public policy for girls at risk, and placement of girls in least restrictive environments.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency and stability in their living situations	2.2 Stability of foster care placement (Internal Management Report, AFCARS)	86.7% or more will have two or fewer placement settings for those in care less than 12 months	<ol> <li>Maintain a diverse and culturally competent recruitment and retention program for foster care providers.</li> <li>Provide specialized training and support to foster parents. Collaborate with CMH to provide specialized training.</li> <li>Develop a child-centered system of care that meets the needs of all children in out of home placements.</li> <li>Match children's needs and foster parents' strengths.</li> <li>FY99-02 AFCARS average rating of 97% to continue through FY06 3<sup>rd</sup> quarter. Revised to meet national standard of 86.7% of foster children will have two or fewer placement settings for those in care less</li> </ol>

F				than 12 months.
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The percent of children in care less than 12 months with no more than two placement settings for the period 4/1/05 through 3/31/06 was 86.58% (897/1036) or .12% less than the national standard of 86.7%. While conducting a review of cases represented in the AFCARS population for the stability measure, it was found that the 'batch' report was not properly pulling children placements consistent with the expectations for AFCARS element #24. This problem had not been identified during the 2002 AFCARS audit. As a result, Delaware has found that the outcome for this measure is less than previously reported. Efforts are being made to permanently correct the 'batch' file and then complete prior period reviews as to actual outcomes for this measure. ACF has been notified of this issue and technical assistance will be sought if necessary.

Ongoing marketing and recruitment efforts are geared towards faith based organizations to recruit from diverse cultural, racial and religious backgrounds to meet needs of our children who enter care. Foster parent in-service training in collaboration with Child Mental Health has been expanded to include such trainings as Depression, Suicide, and Psychotropic medications. This provides foster parents with skills to manage children/youth who enter their home with aforementioned issues. Foster parents and children are now leveled in order to match children with caregivers that meet their needs: for example a treatment level 5 child will be placed in a level 5 foster home that has the experience, training and skills to manage a child at this most challenging level. Foster parents advance in levels through specialized training and experience. The transition to serving levels 4-5 youth in DFS foster homes is slow as many foster parents hesitate to become a resource for challenging and difficult youth. As of 3/31/06 56.8% (416) of the children in foster care were African American and 58.75% (155) of the available foster homes. 7.0% of children in foster care are identified as having Hispanic or Latino background, compared to 6% of the foster parents.

The current continuum of purchased foster care services covers family foster care, group care and shelter care. More than 300 children and youth receive these services. More than 50 youth have medical, physical and behavioral special needs that are in contracted slots outside the services awarded through the 2005 bid process.

Delacare rules for Child Placing Agencies require that CPAs have a written plan describing strategies for recruiting qualified foster parents. The plan shall be flexible in considering the types of foster care provided, ages of the children, developmental needs of children, racial identities of children, sibling relationships and special needs. At the time of the yearly compliance review a representative of the Office of Child Care Licensing will document the existence of such a plan. If the plan is not provided, a corrective action plan will direct that such a plan is written and made available to the Office of Child Care Licensing within a specific timeframe.

Early Intervention FCT's continue to express the needs of the Foster Care Program to attract culturally diverse foster care providers at school open houses, district health fairs and events.

DSCYF received funding in the state budget beginning in FY 06 to fund an initial behavioral health assessment for every child (ages 4-17) entering foster care placement for the first time. Operated by DCMHS, in partnership with a behavioral healthcare provider

experienced in providing services to foster children, the intent of this initial behavioral health screen is to identify children who may benefit from behavioral health treatment (mental health and /or substance abuse treatment) and link them directly to provider(s) who can provide that treatment. An effort is made to engage the foster family in participating in treatment. The expected outcomes of this new service are promoting child mental health and reducing disrupted placements. This new service was one of the recommendations resulting from the Delaware Governor's Foster Care Task Force and began in February 2006.

In a report on children in foster care, ages 4-17, for calendar year 2005, over 75% (337) received behavioral health treatment/services. Treatment was provided either by the DCMHS or by the Managed Care Organization contracted by Delaware Medicaid (Delaware Physician's Care, Inc. or DPCI). This figure does not include another 24 children who received a clinical assessment only from DCMHS. In all, DPCI provided 11, 951 hours of outpatient treatment to this population while DCMHS provided 20,000 hours of intensive (home-based) outpatient treatment, outpatient (office-based) treatment and behavioral health aide services and 1, 375 days of day treatment, part day treatment and residential treatment. DCMHS' Crisis Intervention Service is available 24hrs/7 days a week. This sample data precedes the implementation of the new initial behavioral health assessment for children entering foster care. It is anticipated that more foster children will receive mental health services.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency and stability in their living	2.3 Length of time to achieve reunification	76.2% or more will achieve	1. Emphasizing safety first, provide timely reunification services through agency and community based
situations	(Internal Management Report, AFCARS)	reunification in less than 12 months	<ul> <li>services.</li> <li>Study the feasibility of adding family case conferencing for children in care.</li> <li>Maintain 85.2% compliance for each year 2006-2009.</li> </ul>

**PROGRESS & ACCOMPLISHMENTS:** 

The length of time children achieved reunification within 12 months for the period 4/1/05 though 3/31/06 was 87.18% (449/515) This result exceeds the national standard by 10.98%.

The Office of Children's Services has developed an array of services and protocols to provide timely reunification services. As previously mentioned, the Division has a continuum of home based services to work with families. The least intrusive service is parent aide services for intact families. These parent aides address a wide variety of needs for the family including helping them develop appropriate expectations for their children and helping them learn how to budget and run their household. Beginning in SFY06, the Division of Family Services developed a new service for families whose children have been removed from the home. This new service is considered an enhanced parent aide service. The parent aide, who has a minimum of a Bachelor's Degree, is responsible for coordinating, transporting and monitoring visits between children in care and their families. It is expected that the aide will address the

issues that resulted in the children being removed from the home. Once reunification has occurred, the parent aide will continue to work with the family, continually assessing and addressing any areas of risk. Performance based incentives are linked to these contracts. If DFS referred the family to the contracted agency to work towards reunification, the agency is eligible for a performance based incentive if the children are successfully reunified and do not re-enter foster care for one year. It is believed that by providing this level of intensive in-home service, coupled with visitation, it is more likely that children will be reunified in a timely manner.

The Court Improvement Project has also been instrumental in helping families achieve timely reunification. DFS workers are required to present the Family Service Plan to the court. It then becomes part of the court order. Since the case is reviewed by the court at frequent intervals, the court is able to determine the family's progress on their case plan. Whenever children are in care for 9 consecutive months, workers are required to present the case to the Permanency Planning Committee (PPC). The PPC reviews the history of the case, Family Service Plans, and progress that the family has or hasn't made. If the family is making progress, reunification remains the goal. However, if the family is not making sufficient progress on the Family Service Plan, then the PPC recommends that the goal be changed. The Department's Deputy Attorney Generals are regular members of the PPC and offer legal advice.

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

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency and stability in their living situations	2.4 Length of time to achieve adoption (Internal Management Report, AFCARS)	32% or more will have finalized adoption in less than 24 months from their latest removal	<ol> <li>Collaborate with Family Court and community partners to identify and correct obstacles to timely adoption.</li> <li>Recruit and retain a resource pool of adoptive families both in state and across jurisdictional boundaries to secure permanent placements.</li> <li>2003 average rate of 31% to continue through FY06 3<sup>rd</sup> quarter. Revised to maintain 32% compliance 2007-2009.</li> <li>10% increase from 2005 baseline of 30 participants in fost/adopt training. Revised to maintain 30</li> </ol>

Family Case Planning models have not been implemented but remain on the plan for further study.

	participants in the fost/adopt training through FY07 3 <sup>rd</sup> quarter.

The percent of children achieving adoption within 24 months from last entry into care, for the period 4/1/05 through 3/31/06 was 34.67% (26/75). This outcome exceeds the national standard by 2.67%. The number of private adoptions (no state involvement) 4/1/05 to 3/31/06 is 58. The agency is unaware of any foster children that entered care during FFY2005 that were privately adopted from another country. Thirty DFS foster families received the fost/adopt training during this period; this did not meet the state's goal of 33 participants.

The Division of Family Services continues to collaborate with community partners to identify and correct obstacles to timely adoptions. Representatives meet regularly to look at the different decision points and tracking done by Family Court, the Office of Child Advocate and the Division of Family Services. The plan is to develop one tracking system that can be used by everyone. DFS continues to use the single application and fost/adopt training for all prospective foster families.

Family Court Judges and DFS representatives meet regularly across the state to discuss practice and procedure in an effort to improve understanding and work processes to effect improved and timely services for children and families. A subcommittee of the Child Protection Accountability Commission (CPAC) is focusing on adoption processes and analyzing data to remove barriers to timely permanency.

In accordance with Delacare regulations Child Placing Agencies engaged in providing adoption services "shall have a written plan describing strategies for recruiting or registering qualified adoptive parents for children legally free for adoption. The plan shall consider the ages of the children, developmental needs of children, racial identities of children, sibling relationships and special needs. At the time of the yearly compliance review, a representative of the Office of Child Care Licensing will document the existence of such a plan. If the plan is not provided, a corrective action plan will direct that such a plan is written and made available to the Office of Child Care Licensing within a specific timeframe.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency and stability in their living situations	2.5 Permanency goal for child (Quality Assurance Case Reviews)	100% case reviews have an approved permanency goal	<ol> <li>Provide timely and effective services to effect reunification or other permanency goals.</li> <li>Continue review of permanency goals in conjunction with Family Court and Child Placement Review Board.</li> <li>Revised timeframe is FY06 3<sup>rd</sup> quarter for 100% compliance. Revised to achieve 100% compliance</li> </ol>

		for timely com	pletion of the PCIC III 2006-2009.
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The DFS QA tool addresses the establishment of a current permanency goal. These goals are identified in the Plan for Child In Care III (PCIC III) and are updated every six months. During the period 4/1/05 to 3/31/06 the achievement rate was 78.80% (171/217). While every child may actually have a permanency goal in place, the review question focuses on the timely completion of the PCIC III in order for the goal to be considered current.

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

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency and stability in their living situations	2.6 Provision of independent living services (Internal Management Reports)	<ol> <li>Establish new baselines for high school diploma/GED/ voc certificate; post secondary education enrollment and employment</li> <li>Maintain baseline percentages 2008-2009</li> </ol>	and exiting foster care. Partner with the Child

## PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: These measurements are for youth actively participating in contracted programs after exiting care. Data is based on contractors' monthly reporting requirements and are stored independently from FACTS. The established baselines are from data collected for SFY 2004. Twenty three (23) youth completed high school or a GED program for the 2004-2005 school year; 77% above the established baseline (13). Thirty seven (37) young adults were enrolled in post high school vocational training or college, 9% increase from the established baseline (34). Sixty two (62) young adults were employed, 15% increase from established baseline (54). In preparing this year's report, it was discovered that the measurements methodology did not take into account the fluctuation of youth in the population (the denominator) to be measured. Reporting comparisons to raw number baselines is an inaccurate measure of progress. For example, the number of youth exiting care for 2006 is projected to be only 29 while that number increases to 74 for 2007. Measuring the percentages of measures is a more accurate accounting of the program's activities. Therefore, the baselines will need to be reestablished for 2007.

Other available data includes youth reported as attending High School or GED program increased by 8%. Twenty nine (29) youth received foster care board extensions to complete their high school education. The number of young adults reported as completing college or vocational training increased by 30%; from 10 in school year 2005 to 13 in 2006.

IL service providers offer basic life skills training to youth participants. They conducted work shops on Budgeting and Financial Planning, Job Readiness and Employment, Job Interviews and Risky Behavior. One Provider partnered with the Delaware Skills Center. Two participants are enrolled in a job training program and will learn general construction work. The agency will assist participants with job placement once the training is completed.

The Child Placement Review Board continues to manage the Education and Training Voucher (ETV) funds. ETV funds are matched with the Board's own scholarship fund and have increased the resources available to youth attending post-secondary training and education programs. Application packets are readily available to youth, caregivers and service providers. Twenty six (26) young adults received ETV funds plus nine (9) former foster youth received Ivyane Davis scholarships during School Year 2005/2006.

Both the Independent Living Advisory Board and the Youth Advisory Board continue to meet and provide recommendations for programming and services for children in foster care and youth receiving services after exiting foster care. These agencies are represented on the IL Advisory Board: Department of Labor, Division of Public Health, Department of Education, Child Placement Review Board, Office of the Child Advocate, Delaware Housing Authority, and Grassroots Citizens for Children.

Life skill education has included a day conference featuring a motivational speaker, Independent Living City, panel discussions and team building exercises. Other events include a ropes course, prison tours, college tours and volunteer services during community projects. Members of the Youth Advisory Board participated in a one-day workshop on Leadership and Youth Development.

The Independent Living Program Manager conducted visits to all IL service providers to evaluate program compliance. Surveys show IL participants and caregivers are satisfied with services rendered.

DYRS offers supervised independent living for older teens through a contract with the House of Joseph in Wilmington for youth from the juvenile justice system.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency	2.7 Permanency goal of	See 2.5	1. Continue review of permanency goals in conjunction
and stability in their living	other planned living		with Family Court and Child Placement Review
situations	arrangement		Board.

Measurement of Performance: See 2.5

All children who are in foster care are reviewed by the Division of Family Services Permanency Committee in their ninth month of placement. The committee makes a recommendation to the social worker to present the child's goal at the subsequent review. All children who are placed in foster care are continually reviewed in conjunction with the Family Court and Child Placement Review Board as required. For SFY2005, The Child Placement Review Board (CPRB) conducted 670 reviews on 585 foster children. Seventy five YRS and 23 mixing reviews were also conducted by the Board. The SFY05 CPRB's Annual Report notes the positive, collegial relationships with other child welfare professionals such as DSCYF, DFS, CMH, Family Court, CPAC, and the Inter-Agency Committee on Adoption. These linkages are vital to positive outcomes for children and families.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and connections is preserved for children.	3.1 Proximity of foster care placement	Study and implement measurement by March 2006. <b>Timeframe</b> revised to March 2007.	<ol> <li>Build the capacity for neighborhood foster care resources.</li> <li>Maintain children within their school district, if possible.</li> </ol>

PROGRESS & ACCOMPLISHMENTS:

No specific data measurement has been developed, at this time.

The foster care marketing and recruitment team continues activities in neighborhoods with the highest percentage of foster children entering care. The team engages community faith based organizations to identify resource families, allowing children to remain in their own school and community. Faith based leaders have been supportive of this effort to date. The team has visited 8 faith based organizations and 6 of those have either agreed to include inserts about foster care in their Sunday bulletins, distribute flyers and giveaways about foster parenting to the community or invited us back to speak to their congregation about becoming a foster or adoptive

parent. We now believe this is our best opportunity to partner with the faith based community and there are plans to continue this throughout the state. In recognition of National Foster Care Month, we invited all children in out of home care to express themselves through art and partnered with a number of Delaware art galleries and museums to have children's art work professionally displayed. One art gallery had an opening reception highlighting the foster children's art work with the Cabinet Secretary reading a proclamation from Governor Minner declaring May National Foster Care Month in Delaware. TV spots ran throughout the state with Governor Minner and youth in care requesting Delawareans to consider becoming a resource for abused and neglected children. We developed a poster stating the top 10 reasons to foster a teen as part of our ongoing effort to recruit more families to care for teens. The foster care team is committed to engaging civic and faith based organizations to promote foster parenting.

The Foster Care and Education Subcommittee of the Child Protection Accountability Commission sponsored legislation to broaden McKinney-Vento Act protections to all foster children. The impact of this legislation has strengthened collaboration between schools and the Department. Foster children have protections to ensure completing the school year in their school of origin. The Department of Education coordinates and funds transportation services for foster children placed outside their school's attendance area.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family	3.2 Placement with	95% case reviews	1. Continue the priority of sibling placements.
relationships and	siblings (Quality	will reflect	2. Recruit foster care homes for sibling groups.
connections is preserved	Assurance Case	reasonable efforts	3. 95% of case reviews will reflect reasonable efforts to
for children.	Reviews)	to initially place	initially place siblings together for each year 2006-
		siblings together	2009.

### PROGRESS & ACCOMPLISHMENTS:

The DFS QA 'Placement' tool incorporates questions regarding the existence of documentation reflecting efforts to place siblings together either initially or at any time during the foster care episode. For the reporting 4/1/05 to 3/31/06 the achievement rate was 90.20% (92/102) or 4.80% below the performance goal.

In accordance with Delacare regulations Child Placing Agencies engaged in providing adoption services "shall have a written plan describing strategies for recruiting or registering qualified adoptive parents for children legally free for adoption. The plan shall consider the ages of the children, developmental needs of children, racial identities of children, sibling relationships and special needs. At the time of the yearly compliance review a representative of the Office of Child Care Licensing will document the existence of such a plan. If the plan is not provided a corrective action plan will direct that such a plan is written and made available to the Office of Child Care Licensing within a specific timeframe.

Foster care policy states placing sibling groups together are a priority.

The foster care program continues efforts to recruit resources that are willing and able to care for children who enter care including

sibling groups. In May 2005, the Division's "Walk For Kids" walk-a-thon generated interest and financial support for children in care. Governor Minner and Senator Carper addressed the crowd, recognizing the valuable gifts foster parents offer children; the event raised nearly \$12,000 which is being used to purchase child well-being services and items not funded by foster care funds such as camps, sports, and music lessons.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and	3.3 Visiting with parents and siblings in foster	95% case reviews reflect efforts to	<ol> <li>Continue contractual services to support visitation (transportation, supervision, case management).</li> <li>Monitorerisitation through the directed case</li> </ol>
connections is preserved for children.	care (Quality Assurance Case Reviews)	comply with planned visitation schedules	<ol> <li>Monitor visitation through the directed case conferencing.</li> <li>Support foster parent involvement with families.</li> </ol>
			4. 95% of case reviews will reflect efforts to comply with planned visitation schedules, 2006-2009.

### PROGRESS & ACCOMPLISHMENTS:

The DFS Quality Assurance 'Placement' tool incorporates a series of questions regarding attempts to facilitate visitation between children in foster care and their siblings and, children in foster care and their parents. For the period 4/1/05 through 3/31/06 efforts to coordinate visitation between siblings was seen 83.46% of the time (106/127). For the same time period, efforts to coordinate visitation between children in foster care and their parents was seen 83.03% of the time (137/165).

Beginning in SFY06, DFS developed contracts designed to utilize parent aides to focus exclusively on assisting with visitation between children in foster care and their parents. The concept calls for contractors to assume 100 % responsibility for coordinating, transporting and supervising visitation. They are responsible for ensuring that visitation occurs in accordance with the court order. All parties involved with the visitation (birth family, foster family, CASA, GAL, DFS worker) are provided with a written visitation plan. Contractors are required to complete a Visitation Observation Checklist for every visit they observe. The Checklist is then forwarded to the assigned DFS caseworker for inclusion in the record. Finally, the Family Service Plan and the Plan for Child in Care provide an area to give specific information regarding visitation. This includes the frequency, the length of time, the location and any restrictions on visitation. Visitation requirements and schedules are reviewed during supervisory case conferences for contracted and OCS staff.

The Creating Lasting Family Connections, (CLFC), program entered into a Memorandum of Understanding with DYRS to provide services to the youth detained at Stevenson House Detention Center. At the Stevenson House 52 youth participated in the program. Plans are being made to offer the program at another DYRS site, Peoples Place II in 2006. Each youth and parent participant group is limited in size to 15 participants to ensure optimum participation in discussions. A total of 427 youth and 150 parents took part in the CLFC program. An ongoing challenge for the implementation of the program is to match participating youth with their parents. Many

parents give consent for their children to participate in the program but the parents themselves decline to participate. The largest percentage of adult/parent participants were those enrolled in other life skills and personal skill building programs. Many of the adults/parents in these groups were not the primary caregiver of their children at the time of enrollment in CLFC but were working toward that goal. An additional challenge for youth and adult participants is the completion of pre/post surveys. Both youth and adults are permitted to participate in the program without completing these surveys. One finding is more participants want to complete the post survey. This action appears to be based on the trust and relationship established with the CLFC facilitators. This practice has resulted in data collection challenges for the respective sites.

The Strengthening Families Program also works with a very diverse target population. This population includes Office of Children's Services families working toward reunification; other families referred by the Divisions of Family Services, Child Mental Health and Youth Rehabilitative Services. Self-referrals may occur, as well as community partners may refer individuals to the program as space permits. The program contractor assesses participant needs at the onset of service delivery to ensure they are provided with the most appropriate services. Participants are placed in particular groups depending on their identified needs. These groups include: families with custody of a child between 3-5 years of age; families with custody of a child between 6-12 years of age; families with custody of a child between 12-16 years of age and families without custody of children between the ages of 3-12. Strengthening Families Program serviced 166 parents who had custody of a child between the ages of 3 - 16 years old. The program served a total of 87 children between the ages of 3 – 16 years old. OCS referred 124 families to Strengthen Families Program that were mandated to services. Of the total number of families services by the program were two incidents of individual recidivism in 2005. Promoting Safe and Stable Families consultation and Support services continue to provide family support services through it consultation process to foster parents. PSSF Consultation and Support Program continues to focused its efforts on a family consultation process which is a child-centered model that seeks to prevent families from entering or re-entering the services of OCS and YRS resulting from concerns of neglect, abuse, and dependency and to provide support services to foster families and families in transitioning youth back into the home as well as the community. Through coordinated efforts, PSSF representatives often meet with the foster care clusters to engage foster parents and offer the PSSF Family Consultation and Support services to help reduce family stressors and improve family functioning.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and connections is preserved for children.	3.4 Preserving connections	Study & implement measurement by March 2006. Revised to 100% of children open	1. Develop supports and contractual services to maintain community and cultural connections for children and families.

	in 2 or more divisions will	
	have ISPs, 2007-	
	2009.	

Compliance with completing Integrated Service Plans (ISPs) is the measure for this Performance Indicator. The Department's Integrated Service Planning Policy stresses a holistic, culturally competent planning process with family and providers as partners. The policy states in addition to DSCYF case managers and family, teams should also include contracted providers, informal supports identified by the family (i.e. extended family, clergy, and friends), and educational representatives. The Service plan will follow the DSCYF vision to provide services that are consistent with the system of care principles. It is believed that the best care and protection of children can be provided when family strengths are aligned with department and contracted services. Plans will be: 1) Individualized built on the strengths of the child and family, 2) Child centered and family focused, 3) Community based, 4) Culturally competent, 5) Seamless within and across organizations; and 6) Developed by a team of partners working with families. ISPs are completed on children open in two or more divisions. DFS is 72% compliant with completing ISPs as of March 2006.

OPEI continues its efforts to target communities considered at risk. The Families and Centers Empowered Together (FACET) program is in its 14<sup>th</sup> year of service. In March of 2003, FACET was recognized as a Reported Effective Program in the Emerging Practices for Child Abuse and Neglect project conducted by the Administration for Children and Families' (ACF) Office of Child Abuse and Neglect. The primary goal of FACET is to build and enhance protective factors of families enrolled in child care centers in high risk communities, thereby reducing risk. The objectives of the program are to (1) develop and sustain an environment of family support and empowerment within child care centers in high-risk neighborhoods; (2) provide a range of services on-site in the child care center for all families whose children are enrolled in the center; and (3) establish and maintain Parent Councils who select programs and activities which reflect the specific needs and desires of the families to promote health and parent participation. Specifically, through participation in the program, parents are expected to achieve goals related to: increasing skills to care for oneself and children; motivating, nurturing, and guiding healthy, well-developed children; developing new skills in communication, decision-making, conflict management, stress management, and leadership; recognizing and using community resources; learning how to plan, spend, save, and invest resources to meet their family's changing needs; and, to participate in decisions about public issues. Through the Alternative Activities Grants (AAG), OPEI is encouraging and strengthening collaborations and connections among communities, nonprofit agencies, state and local government. AAG's are small grants offered during the summer months to organizations which serve at-risk young children, youth and families. Through these grants OPEI supports the communities' efforts to prevent child abuse and neglect, substance abuse, violence, delinquency and recidivism, promote health, wellness, and mental health and strengthen families. OPEI continues to provide contractual services that maintain community and cultural connections for children and their families. All the services provided through OPEI are child centered and family focused in an effort to encourage the family to take the lead in their service delivery and empower the family

to advocate for their needs.

The Early Intervention Unit conducted 14 parenting and children's groups throughout the state. These groups provided services to families in 51 schools throughout 13 districts and two Charter Schools. The parenting and children's groups are available to all families within the school. If a child is placed in foster care during the school year, he or she is still able to attend the group being offered at the home school, thus helping to retain the community connection.

Behavioral Health Treatment provided through the State of Delaware's public-private child behavioral health partnership for all Medicaid enrollees and for children without insurance strives to involve families in the treatment of children wherever appropriate. It is just one of the many ways DSCYF helps to promote preservation of connections of children to family members and caregivers.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and connections is preserved	3.5 Relative placement (Quality Assurance Case Reviews)	95% case reviews reflect relatives were considered	1. Continue policy and practice of considering relative placement over non-relative foster care, always assessing for child safety.
for children.		for placement	2. Case reviews will reflect 95% compliance with relatives being considered for placement 2006-2009.

### PROGRESS & ACCOMPLISHMENTS:

The DFS QA 'Placement' tool addresses efforts made to place children with relatives. For the reporting period 4/1/05 through 3/31/06, 92.77% of the case reviews (154/166) reflected efforts were made to achieve this outcome. This measure is 2.23% below the goal.

Policy dictates that prior to placement in out of home care, workers should always determine if there are any appropriate relative caregivers for the children. The quality assurance tool specifically asks whether or not the worker explored relative placement prior to placing the children in foster care. If workers do place a child in a relative placement, before placement can be made, the worker must complete a home assessment, and complete a criminal background and Child Protection Registry check.

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

Outcomes	Performance Indicator (Method of Measurement)	Goal		Strategy
The continuity of family	3.6 Relationship of child	95% case reviews	1.	Collaborate with Family Court, private providers and
relationships and	in care with parents	reflect efforts to		families to maintain quality family connections.
connections is preserved	(Quality Assurance	comply with	2.	Revised to develop measure by March 2007.

for children.	Case Reviews)	visitation with	
		parents	
PROGRESS & ACCOMPL			
	ance: No measure has been		
Per policy, visitation is sp	becifically addressed in DFS	's Plan for Child in C	are III.
All contractual agreement	ts with foster care providers	outline expectations f	For providers to keep children involved with their families
through visitation and contac	ct; and to engage families wi	ith service supports with	hen identified in the family service plan.
-			

## CHILD AND FAMILY WELL-BEING

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Families have enhanced capacity to provide for their children's needs.	4.1 Needs and services of child, parents, foster parents (Quality Assurance Case Reviews)	90% case reviews reflect appropriate assessment of needs and service delivery	<ol> <li>Build a system of care that provides a seamless continuum of services to support children, parents and foster parents.</li> <li>Strengthen continuous quality assurance to improve systemic delivery of service.</li> <li>Support foster parent participation in case planning activities.</li> <li>90% of case reviews will reflect appropriate assessment of needs and service delivery 2006-2009.</li> </ol>

### PROGRESS & ACCOMPLISHMENTS:

Measurement of Progress: The DFS QA tool for 'Treatment' and 'Placement' incorporates a series of questions to address the service needs of parents, children and foster parents, and has developed a composite data measure in order to evaluate its progress consistent with CFSR WB1, Item 17. Questions focus on both the assessment of needs, case planning, and demonstrated efforts to engage family members in the helping process. There are several questions which focus on key family issues such as substance abuse and domestic violence. In addition, issues surrounding the development of an Integrated Service Plan (ISP) when multiple Divisions are involved are included; as well as, providing foster care providers with necessary information. (Note: Assessment and provision of well-being needs of children is captured in another section of this report). For the reporting period 4/1/05 to 3/31/06 the aggregate outcome for this measure was 84.15%. This measure misses the goal of 90% compliance by 15.85%.

The Office of Prevention and Early Intervention (OPEI) continues to provide a continuum of services focusing on preventing families from entering deeper end services through the support of school and community initiatives, youth and family prevention and early intervention programming, and other various educational venues. Programs and services are located or provided in various settings, such as day care centers, education institutions, churches, social service agencies and community centers. The office works with children, youth, families, communities, schools, and other agencies to provide prevention and early intervention programs and activities

to prevent child abuse and neglect, substance abuse, delinquency and child behavioral health issues. Programs and services are located or provided in a range of settings, such as child care, education institutions, churches, social service agencies and community centers. Strategies have been designed and implemented to reduce the risk of future development of poor outcomes related to substance abuse, child maltreatment, behavioral problems, and inadequate parenting. Efforts to this end focus on increasing protective factors of children and families. The Substance Abuse and Mental Services Administration (SAMHSA) has established these concepts to include: universal interventions (those that are targeted to the general public/group that has been identified on the basis of individual risk); selective or targeted interventions (those that are geared towards high-risk individuals or families who are high-risk by virtue of their membership in groups or subgroups with established risk factors); indicated intervention (those that are targeted to individuals and families who themselves have established personal risk factors); and early intervention (those that are targeted to persons and families who have moved past risk and have begun to engage in negative or undesirable behaviors). In addition to providing services along the continuum of care, OPEI offers programming statewide.

The Delaware Prevention Network, (DPN), is providing the Creating Lasting Family Connection (CLFC) substance abuse, violence prevention, family strengthening curriculum primarily in community centers. Sites are located in each of Delaware's three counties. Eight sites are in New Castle County, one in Kent County and two in Sussex County. DPN community sites operate on principles and practices that respond to community needs for comprehensive, local programs with continuity of service. DPN sites augment and supplement the CLFC curriculum with appropriate and accessible activities. Between the eight programs sites within the State the program serviced 87 adults, 216 youth and 125 families.

The Strengthening Families Program is a nationally recognized evidence-based parent skills training program model and indicated intervention service. The Office of Prevention and Early Intervention's application of the Strengthening Families Program is done so with the primary goal of reducing the incidence of child maltreatment. The objectives of the service are fourfold: to enhance parent-child and family relationships, to reduce incidents of child abuse and neglect, to maximize opportunities for both parent and child development and to strengthen capabilities of parents to draw upon formal and informal resources.

The PSSF Family Support and Consultation processes use family support practices and promotes the system of care approach in their delivery of services for families who are at-risk of child maltreatment. The family is supported to participate and take a leading role in the planning process addressing the families self assessed needs and or concerns. The Family Consultant assists the family to in the development of a service plan, to mobilize informal and formal supports participate and to connect with community resources. Through a strength-based approach and the family tools used to empower participants, families are encouraged to make decisions about the services they need and receive.

One of the components of the FACET model is that the program is located inside day care centers. Each center has a coordinator that helps the parents plan events, workshops and other learning opportunities for the families and teachers in the center. The FACET program also has a contractor that is responsible for quality assurance of the FACET Program within the day care itself. This contractor ensures that all child care providers and child care center workers are in line with the State of Delaware's child care regulations. This

contractor makes regular quality visits to ensure compliance of these regulations and also is responsible for helping the center obtain needed training and competencies. These entire aspects make a better quality child care center with a more knowledgeable and skilled staff. This translates to a healthy learning environment for the children in the FACET centers.

OPEI identified and enhanced "linkage points" with OCS and DYRS in an effort to promote the effectiveness of the three systems. These linkage points serve as critical conduits of information and communication between the statewide services systems. The Promoting Safe and Stable Families Consultation and Support Program provides family consultation and support services to at-risk families involved in OCS is currently partnering with DYRS to provide family consultation and support services to families of detained youth in Snowden and Grace Cottage. The PSSF Program has focused its efforts on a family consultation and child centered model that would prevent families from entering or re-entering OCS and DYRS as a result of neglect, abuse and dependency, assisting families with supports in transitioning delinquent youths back into the home as well as back into the community. Through this coordinated effort to improve early intervention services based on the needs of OCS and DYRS, the three offices gained a better understanding of each other roles and was able to define the type of services that could best serve OCS families and the at risk families not involved with OCS. During the current reporting period 103 OCS families were referred to PSSF program.

The Office of Prevention and Early Intervention established contracts with three community-based agencies to provide communitybased tobacco prevention programming to encourage youth involvement, promote life skills and provide alternatives to tobacco use. The contractors are with the Greater Dover Boys and Girls Club, the YMCA Resource Center, the University of Delaware, New Castle County Cooperative Extension, and the University of Delaware, Kent County Cooperative Extensive. The Greater Dover Boys and Girls Club provides the "Smoke Screamers" tobacco prevention program to youth, ages 8-11, in the City of Dover. The program consists of two components: tobacco prevention education and physical fitness. Total number of youth served by the Boys and Girls Club is 430 youth.

The YMCA Resource Center program consists of a curriculum using puppets for grades K-4, a health-based curriculum for grade 9th to 10th grade to be administered during health class. Total number of youth served is 550.

The University of Delaware, New Castle County Cooperative Extension and the Kent County Cooperative Extension provide the Health Rocks tobacco prevention curriculum developed by the National 4-H Council to reduce youth tobacco use. This curriculum focuses largely on building decision-making skills which enable youth to resist tobacco and other drug use. Health Rocks also involves the formation of three community-based, youth led advisory groups to receive training in delivering the curriculum to other youth. Total number of youth served is 486.

These programs will not be supported in the 2007 State Fiscal year. In order to implement a more uniform program and evidencebased program with a consistent outcome, OPEI has re-bid the funding to implement the Life Skills program.

OPEI initiated a Grant Writing Unit in 2005, which seeks funding for all of the Department's divisions – Child Mental Health, Family Services, and Youth Rehabilitative Services – to promote family stability and unity, ensure the well-being of children, and offer protection from physical, emotional, and/or social crisis. The Grant Writing Unit has been diligent in submitting applications for funding. Since its inception in September of 2005, the team has had a direct role in applying for close to \$11.5 million from federal and foundation sources. Services sought through funding solicitations include:

- 1. Peer-to-peer, school-based, need- and gender-specific mentoring for 9<sup>th</sup> grade males transitioning from juvenile justice incarceration to their communities and schools.
- 2. The creation of a strategic prevention framework (DE-SPF) to develop a comprehensive, statewide, data-driven substance abuse and prevention system that addresses lifespan issues while enhancing community capacity. The DE-SPF will not only address substance abuse prevention, but will also tackle underage drinking, as well as violence and suicide prevention strategies. Outcomes will be measured at the population level.
- 3. Gender-specific therapeutic services to young women in Delaware's juvenile justice Level Four secured placements who have been victims of childhood sexual abuse.
- 4. Materials requisition for Art Programming for youth at The Ferris School for Boys.
- 5. An expansion of Media Matters services for young males at The Ferris School for Boys and the New Castle County Detention Center. Media Matters is a hands-on, technology-based workshop geared toward adolescents that teaches students to create positive media messages using digital video-production software.

Future funding-seeking initiatives include gender specific programming, vocational/educational services, workforce and youth development, suicide and substance abuse prevention, and services for system-involved youth including the juvenile justice and foster care systems.

Child Care is viewed as a part of the continuum of care. It is now commonly accepted that this opportunity to reach children early could be the most effective intervention into achieving positive outcomes for children based on research findings. The concept of early care and education has been an evolving approach. An awareness of this change and the benefits thereof has not been created among the public and parents in particular. It is important that awareness be created both to support the movement and to empower parents to make the best choices for their children.

The Licensing Specialists of the Office of Child Care Licensing are responsible for ensuring that all licensed child care meets established standards. In addition to their monitoring/regulatory duties they also provide technical assistance to assist providers to remain in compliance and to enhance programs beyond just the basic requirements of licensure. In order to best prepare the field of early care and education to provide quality child care and ensure the health and safety of children in out-of-home care the Office of Child Care Licensing contracts for and coordinates a number of initiatives. During the last reporting period and continuing forward the following initiatives are underway:

Infant and Toddler Initiatives:

- Development of community-based infant-toddler training credential.
- Development of credit bearing infant-toddler training credential
- Development of 15 hour training for directors on management for delivery of quality infant-toddler programs

- Printing and distribution of Delaware Infant-Toddler Early Learning Guidelines.
- 15 hour seminar series featuring speakers on topics of quality infant-toddler care

Delaware First in the Office of Child Care Licensing provides the infrastructure and management of the early care and education professional development system with portions of the implementation delivered through bids and contracts:

- Development and delivery of 15 hour seminar series for directors featuring speakers on topics of business management and early childhood program administration.
- Design and plan for development of a trainer credentialing system for early care and education community-based trainers.
- Development of a proposal for tiered training approval and trainer approval.
- Development of a career ladder for early care and education career paths.
- Development and delivery of 12 hours of training that address deficits in programs identified by the DE Baseline Quality Study.
- Delivery of the DE Early Learning Foundations training modules—15 hours delivered statewide.
- Delivery of the DE 1<sup>st</sup> Core Curriculum modules statewide to allow providers to meet the provisions of proposed regulations.
- Design and plan for development of a system for individual professional development counseling for early care and education providers
- Development of a proposal for determining readiness of early care and education providers for formal training and education and method for addressing literacy deficits and study skills.
- Development of a proposal for enhancing and building leadership in early care and education.
- Trainer recruitment, preparation, support and resources to deliver the *Training for Early Care and Education 1 and 2* entry level training required to meet provisions of proposed regulations.
- Updating, revising and aligning *Training for Early Care and Education 1 and 2* to prepare entry level staff in working with young children and understanding state standards for children's learning, teacher competencies and program indicators for quality.
- Coordination of resources for training delivery and individual professional development
- Publication and delivery of a training calendar and professional development opportunities, *Provider Pursuits*.
- Publication and delivery of a newsletter on implementation of quality indicators and learning foundations, *The Source*.
- Collection and maintenance of data regarding training utilization and needs.
- Maintenance of web based training registration, notification and calendars.
- Operation of resource centers in each county available to early care and education providers and mobile resource vans providing technical assistance, information and resource materials for professional development and program enhancement.
- Operation and maintenance of TEACH scholarship program providing scholarship assistance and compensation initiatives to

individuals to take college courses toward an AA degree in early care and education.

Early Intervention FCT's have helped provide a continuum of services for families by acting as liaisons for DFS investigation and treatment workers involving children in their assigned schools. Likewise, E.I. FCT's provide referral services and information linkage between the school and outside agencies where all appropriate consents are given by the families.

The Early Intervention Unit continuously provides quality assurance by conducting routine reviews. During the year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. Throughout the year, several working committees updated E.I. procedures to ensure a quick transmission of client information to the management team.

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

DSCYF received funding in FY2006 to fund an initial behavioral health assessment for every child (ages 4-17) entering foster care placement for the first time. Operated by DCMHS in partnership with a behavioral healthcare provider experienced in providing services to foster children, the intent of this initial behavioral health screen is to identify children who may benefit from behavioral health treatment (mental health and /or substance abuse treatment) and link them directly to provider(s) who can provide that treatment. This service is expected to stabilize placements and be a support for foster parents.

Department Policy #209, "Department Service Coordination" was implemented October 1, 2003. This policy directs collaboration between divisions in providing services for dependent children who cannot return home or are under age 13 and in detention. Cases from other divisions are referred to the Office of Children's Services for investigation, treatment and foster care services as appropriate. This broadened the continuum of services for children and families, allowing each division to extend its own unique expertise. This has resulted in an increase of the foster care population and presented challenges to provide placement resources and supports for children leaving juvenile justice and mental health settings. The Division of Family Services is the primary case manager if a treatment case is open.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
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Families have enhanced	4.2 Child and family	95% case reviews	1. Monitor and support child and family involvement in
capacity to provide for	involvement in case	will reflect family	case planning.
their children's needs.	planning (Quality	participation in	2. Revised timeframe for 90% compliance is March
	Assurance Case	case planning	2006. Revised to 95% of case reviews will reflect
	Reviews)	process	family participation in case planning process 2007
			2009.

Measurement of Performance: Efforts to ensure parents and children are participating in the case planning process both in treatment case planning and for children in care through the PCIC III, are part of the monitoring questions in the DFS QA case review system. During the reporting period 4/1/05 to 3/31/06, for the Family Assessment Plan, reviewers believed parents and caretakers were involved in the development of the plan 84.46% (163 of 193) of the time. For the Plan for Child in Care III, participation was seen 57.14% (124 of 217) of the time. It is believed that the low participation rates identified by QA Reviewers may be associated with insufficient documentation by staff regarding the intent and purposes of a particular contact with a child or family or a training need regarding accurately identifying children and families in the events themselves. This issue will be analyzed further and addressed through refresher training, scheduled for 2007.

The Department's System of Care philosophy clearly stresses that families must be involved in the case planning process. OCS policy clearly states that workers should develop the Family Service Plan with the family. Department Policy on Integrated Service Planning emphasizes family participation.

The Promoting Safe and Stable Families (PSSF) Family Support and Consultation processes use family support practices and promote a system of care approach in the delivery of services for families who are at-risk of child maltreatment. The family is supported to participate and take a leading role in the process. Through a strength-based approach and the tools used in the process to empower families who are active or not active with DFS, families are encouraged to make decisions about the services they need and receive. Families assess and identify their concerns, address their needs and develop a plan on how they want to meet their needs by increasing their support systems to include formal and informal supports. The Family Stressor and Resource Assessment (FSRA) tool consists of 92 questions that help the family member and the family consultant to focus on isolation issues, coping skills, relationship with their children and the child's behavior, the resource needs of the family, the barriers in seeking and acquiring assistance around substance abuse, parenting, and marriage/relationship. The FSRA tool helps the family prioritize these concerns and identify additional concerns that may turn into a crisis. The family lists their concerns on the Family Needs and Social Support Scale, (FNSSS) that helps the family turn a "concern" into a defined "need". By defining the need, the participant can establish goals to resolve the concerns with the support of formal and informal networks. Supports include neighbors, family members, organizations, churches and social agencies and if they are currently available or potential supports. Upon completion of the FNSSS, the Family Assessment and Intervention Plan (FA&IP) is completed detailing the steps needed to accomplish the goals using supports and resources. As a result, families are empowered to take

Outcomes	cess to reach identified goals Performance Indicator (Method of Measurement)	Goal	Strategy
Families have enhanced capacity to provide for their children's needs.	4.3 Worker visits with child (Quality Assurance Case Reviews)	95% placement case reviews reflect compliance with contact schedule	<ol> <li>95% of placement case reviews reflect compliance with contact schedule 2006-2009.</li> </ol>

Measurement of Performance: While timely contacts between staff and child are assessed in the QA system, so is the quality of those contacts. For the reporting period 4/1/05 to 3/31/06, QA reviewers believed the contacts staffs were having with children in intact families focused on the pertinent issues for each child 93.59 % of the time. The quality of contacts between staff and children in foster care had a higher achievement rate at 98.78%. This score exceeds the goal by 2.78%.

Early Intervention contact data from September 2004 through April 2005 shows FCT's conducted 63,143 visits with children on their case loads. The visits were with through individuals, small group sessions, one on one counseling, group activities and observing children during a routine school activity.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Families have enhanced capacity to provide for their children's needs.	4.4 Worker visits with parents (Quality Assurance Case Reviews)	95% case reviews reflect compliance with contact schedule and efforts to engage parents in treatment needs	<ol> <li>95% of case reviews reflect compliance with contact schedule and efforts to engage parents in treatment needs 2006-2009.</li> <li>Explore strengthening policy on parental contact.</li> </ol>

# PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: Several questions exist in the DFS QA case review tool which address efforts to engage parents in working toward service needs. The documentation of these efforts on a regular basis is seen as a reflection of the quality of contacts workers have with families. Key areas focus on addressing substance abuse, domestic violence or other issues identified in the case plan. For the reporting period 4/1/05 to 3/31/06, the consistent documentation of efforts to engage the clients in the helping process was

seen 84.51% of the time. Of concern was addressing domestic violence issues which were seen 76.40% of the time. DFS has substance abuse and domestic violence liaisons located in several regional offices. These liaisons often address their respective issues with the family and provide documentation in the FACTS case record. There remains a continued effort to ensure all documentation is reviewed and intervention activities are identified by these specialists.

Data from September 2004 through April 2005 shows Early Intervention FCT's had parental contact on 10,849 occasions. This number reflects 6,883 family counseling sessions and 3,966 home visits.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children receive	4.5 Educational needs of	95% case reviews	1. Advocate for children and families in educational
appropriate services to	the child (Quality	reflect appropriate	settings.
meet their educational	Assurance Case	educational	2. Incorporate Service Entry Needs and Strengths
needs.	Reviews, Internal	assessment for	Screen (SENSS) educational information into
	Management Report)	risk	assessment and planning activities.
			3. 95% of care reviews reflect appropriate educational
			assessment for risk 2007-2009.

## PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA case review system incorporates questions addressing children's educational needs. During the reporting period 4/1/05 to 3/31/06, the assessment of educational well-being of all children in a family in a treatment case was identified 83.06%. Educational well-being of children in foster care was seen 94.09% of the time. In both program areas the follow-up question, when necessary were educational needs addressed with parents or caretakers, the outcomes were significantly higher than the assessment outcomes. The challenge for reviewers and staff is the assessment of <u>all</u> children in a household and the availability of this documentation. The QA case review is a FACTS case review only, therefore, any hardcopy documents provided by a school may not be evident in the FACTS case. In addition, there are concerns regarding assessing this information over time. While an adequate assessment may have occurred for all children early in the life of a case, QA case reviews may have believed that additional assessments should have been done later in the life of a case. This issue is subject to policy review and potentially training implications as to the frequency and need for ongoing assessment.

The SENSS (Service Entry Needs and Service Survey), an initial assessment, decision-support instrument designed for Delaware based on John Lyons' CANS-MH, was incorporated into our FACTS system in October, 2003. Since that time, staff complete a SENSS on every child residing in their own home in all open treatment cases within 30 days of the case being opened. The SENSS has specific questions that look at the educational needs of each youth. If an area has been identified as being concerning, it is then incorporated into the Family Service Plan and if appropriate, the Integrated Service Plan. In addition to the SENSS, the monthly quality reviews force

reviewers to evaluate whether educational needs have been assessed and addressed. For youth residing in foster care, their educational needs are assessed and addressed through the Plan for Child in Care Series.

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

The Office of Prevention and Early Intervention directs services and programming to support children and families in educational settings. The Families and Centers Empowered Together offers educational programming in child care centers that is pertinent to parents involved in the FACET Center. These include skill building workshops on different topics, GED classes, parenting classes, defensive driving etc.

The Promoting Safe and Stable Families Consultation and Support Program offers Positive Behavior Intervention to families with children who are experiencing behavioral problems at home or in a school setting. In addition, The Families and Schools Together, (FAST), is a collaborative early intervention/prevention program for youth who are vulnerable to school failure, alcohol and other drug abuse and/or juvenile delinquency. The goal is to foster a sense of confidence and competence in youth and parents, to increase the likelihood of success at home, in school, and in the community.

Child Care Center licensing regulations are in the process of revision. The expected date of implementation is January 2007. In accordance with best practice, the revised rules are worded to strengthen the ties between parents and centers, with centers providing information on children in care and encouraging parental access to the center. The regulations include requirements that parent visits and parent monitoring of the programs are welcomed and have access to the center to observe their children at any time without prior approval; procedures for ensuring that parents are kept informed concerning the program and their children's developmental and educational progress; information about procedures used by the center to assess children's accomplishments and needs, and, when there are concerns, to refer parents for additional help in the community; opportunities for involvement of parents in the center; procedures for a minimum of one conference annually between center staff and parents; a clear procedure for making and handling parental complaints regarding the center; a statement of the center's developmental and educational goals for all children; a typical daily overall schedule of the center's programs and activities.

A network of State and private entities is working together to support the identification of appropriate assessment instruments for children in child care.

Data from September 2004 through April 2005 shows Early Intervention FCT's provided 13,084 consultations from their positions in educational settings. These consultations were conducted state wide in 13 school districts and two charter schools.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children receive adequate services to meet their physical and mental health needs.	4.6 Physical health of the child (Quality Assurance Case Reviews, Internal	95% case reviews reflect appropriate health assessment for risk	<ol> <li>Incorporate SENSS health information into assessment and planning activities.</li> <li>Medical and dental needs are identified and met for all children.</li> </ol>
	Management Report)		3. 95% of case reviews reflect appropriate health assessment for risk 2006-2009.

Measurement of Performance: The DFS QA case review system incorporates questions addressing children's physical health needs. During the reporting period 4/1/05 to 3/31/06, the assessment of physical health well-being of all children in a family in a treatment case was identified 83.06%. Physical Health well-being of children in foster care was assessed 96.52% of the time. As with educational well-being, the challenge is assessing all children in an intact family and accessing hard copy documentation which may have been provided by a child's primary care physician. When assessments did occur, evidence of addressing these concerns increased in both program areas.

The SENSS (an initial assessment, decision-support instrument designed for Delaware based on John Lyons' CANS-MH) was incorporated into our FACTS system in October, 2003. Since that time, staff complete a SENSS on every child residing in their own home in all open treatment cases within 30 days of the case being opened. The SENSS has specific questions that look at the educational needs of each youth. If an area has been identified as being concerning, it is then incorporated into the Family Service Plan and if appropriate, the Integrated Service Plan. In addition to the SENSS, the monthly quality reviews force reviewers to evaluate whether educational needs have been assessed and addressed. For youth residing in foster care, their educational needs are assessed and addressed through the Plan for Child in Care Series.

For each of the 404 cases opened during the year, Early Intervention FCT's inquired about any serious medical conditions or developmental delays. This was done for each new case and was recorded on the Initial Assessment form.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children receive adequate	4.7 Mental health of the	95% case reviews	1. Incorporate SENSS mental health information into
services to meet their	child (Quality	reflect appropriate	assessment and planning activities.
physical and mental health	Assurance Case	mental health	2. Collaborate with Children's Mental Health to develop
needs.	Reviews, Internal	assessment for	and implement mental health services for children in

Management Report)	risk	foster care.
		3. Mental health needs are identified and met for all
		children.
		4. Maintain the therapist/child relationship, if possible;
		ensure a structured transition if a change is necessary.
		5. 95% of case reviews reflect appropriate mental health
		assessment for risk 2006-2009.
		6. Study the feasibility of a Children's Bill of Rights by
		June 2006 to be lead by the Office of the Child
		Advocate (OCA).

Measurement of Performance: The DFS QA case review system incorporates questions addressing children's mental health needs. During the reporting period 4/1/05 to 3/31/06, the assessment of mental health well-being of all children in a family in a treatment case was identified 83.04%. Mental Health well-being of children in foster care was assessed 95.70% of the time. As with educational well-being, the challenge is assessing all children in an intact family and accessing hardcopy documentation which may have been provided by a child's mental health provider. When assessments did occur, evidence of addressing these concerns increased in both program areas.

The SENSS (an initial assessment, decision-support instrument designed for Delaware based on John Lyons' CANS-MH) was incorporated into our FACTS system in October, 2003. Since that time, staff complete a SENSS on every child residing in their own home in all open treatment cases within 30 days of the case being opened. The SENSS has specific questions that look at the educational needs of each youth. If an area has been identified as being concerning, it is then incorporated into the Family Service Plan and if appropriate, the Integrated Service Plan. In addition to the SENSS, the monthly quality reviews force reviewers to evaluate whether educational needs have been assessed and addressed. For youth residing in foster care, their educational needs are assessed and addressed through the Plan for Child in Care Series.

Effective February 2006, Mental Health Screening is completed for every child age 4 and up who enters out of home care for the first time, this will ensure children's mental health needs are identified early and services implemented. This initiative by the Division of Child Mental Health Services will provide support to foster parents and increase placement stability. DCMHS is partnering with the City of Wilmington on its Child Development-Community Policing Initiative. As a result, families and caregivers in the City of Wilmington have increased access to child mental health treatment and services and to trauma-specific treatment where it is indicated.

Delaware maintains its policy of no pre-authorization needed for child behavioral health outpatient treatment, thus encouraging families/caregivers to seek treatment for children early, before the issues reach the point of crisis or require residential treatment. Early Intervention FCT's identify mental health needs through the use of the Initial Assessment and the Child and Adolescent

Functional Assessment Scale. These assessments were conducted for all 404 new cases opened during the year. The needs are then addressed as part of the service plan. Meeting the needs includes making the appropriate referrals, teaching families to set up initial medical and mental health consultations, teaching families to schedule follow up visits as needed, and teaching the families to manage a schedule of appointments.

A Children's Bill of Rights continues as a strategy to improve mental heath services. This initiative continues under the authority of the Office of the Child Advocate.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Inspired Workforce	5.1 Maintain a highly skilled and professional team of child welfare staff at all levels (Internal Management Report)	15% or lower annual staff turnover rate	<ol> <li>Maintain high staff retention rates.</li> <li>Develop and implement a competency-based training program for all levels of staff.</li> <li>Collaborate with community partners to improve training opportunities for all child welfare professionals.</li> <li>Continue Departmental employee satisfaction surveys and incorporate findings into human resource planning.</li> </ol>

## PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: This element assesses the turnover rate based on the total allotted DFS caseworker 'FTE's' (Full Time Employees). The final turnover rate for the period ending 6/30/05 (SFY05) was 16.70% or 1.70% over the goal. The turnover rate through 3<sup>rd</sup> quarter SFY06 was 6.3%, suggesting Delaware will exceed its goal for FY06.

In 2005, the Department adopted the use of the national Baldridge "Are We Making Progress" Survey to replace the DSCYF Employee Satisfaction Survey used from 2000 to 2004. There were two major differences between the 2005 and previous employee surveys: which involved an additional "neutral" response option and the rephrasing of overall satisfaction from rating the overall job satisfaction to rating the question "I am satisfied with my job". Because both the individual survey statements and the response options are different, the results of the 2005 DSCYF Survey cannot be compared directly with those from earlier DSCYF surveys. Note: Responses of "neither agree nor disagree" were not included in computing the satisfaction rate percentages. The Department's Employee Survey measures employee satisfaction. The 2005 Survey reports 69% of employees are satisfied with their job. This is 8% higher than 2004 (61%). The two areas of the Baldridge survey DFS staff "agreed" with the most were: "I know my organizations mission" and "I know who my most important customers are".

All DFS training developed and delivered by the Professional Development Unit (PDU) is competency-based.

The Department is joining Family Court for a conference scheduled for November 2006 on child protection. National and local experts will present on Court Improvement Project outcomes and issues related to improving children's safety, permanency and well-being. This conference will be available to multidisciplinary professionals statewide.

OPEI conducts an annual Prevention and Early Intervention Forum to provide technical assistance and promote capacity building through two day training to Department staff and community partners on best practice approaches in preventing child abuse and neglect, substance abuse, delinquency, mental illness and emotional disorders among children and youth. The planning of this Forum involves collaborating with community partners to identify the workforce development training needs of their staff, to identify potential workshop presenters and/or serve as workshop presenters and provide monetary support. A total of 350 persons attended the 2006 Forum.

The OPEI provides continuous training to the Delaware Prevention Network, an alcohol, tobacco and substance abuse prevention program for nine to seventeen year olds and their families. All DPN staff are trained and certified as Creating Lasting Family Connection implementation facilitators. DPN is structured into geographical area clusters- North Cluster and South Cluster. Each Cluster meets monthly for training to address local program issues, participant needs and training needs. Additional training is provided at statewide meetings. Facilitators are also encouraged to access online trainings made available through the North East Center for Applied Prevention Technologies and other local resources.

The OPEI provided five day prevention and early intervention training to new employees. The training provided a general overview of the elements of successful prevention programming, i.e. programming facilitated by knowledgeable and competent staff; programming based on sound theory and useful practices grounded in research; programming systematically planned and assessed; programs that are evaluated; programs that addresses participants from a variety of backgrounds and cultures; programs developmentally appropriate and programs that incorporate the media. The training was provided to address the challenges new employees face working in the field of prevention and early intervention services understanding of theory and findings from research for which such services developed and implemented.

The Families and Centers Empowered Together program continues to successfully help program sites incorporate the Early Success (long term plan for a quality early care and education system to serve all of Delaware's children) recommendations to improve the quality of educational services to children. FACET sites continue to meet five pertinent domains (Quality Programs, Professional Development, Family Engagement, Financing and Results) of the eight domains (Quality Programs, Professional Development, Family Engagement, Public Will, Program Licensure, Governance, Financing and Results. Strides have been particularly evident in the Professional Development domain. Training continues to be an integral part of the FACET Model.

Again this year, the Early Intervention Unit was a part of the statewide Prevention and Early Intervention Conference. The conference provides a forum that allows state and community workers access to prevention, early intervention and support services from the surrounding areas. Topics discussed at the conference creating partnerships where well-being, self-esteem, and hopefulness provide an intentional foundation for successful children, anti-bullying prevention programs, parenting your grandchild, the parent-professional partnership in a system of care, building resilience in children, Delaware's child abuse investigations in child care and institutional

settings, youth aging out of foster care, cultural competency in blended and extended families, the secrets of successful grant writing, mobilizing the faith community for tobacco control and community youth mapping in Delaware.

The Child Abuse and Neglect Campaign (CANC) is an important opportunity to raise awareness, and increase advocacy for the safe care of Delaware's Children. While the month of April is recognized as Child Abuse and Neglect Prevention Month, the CANC occurs throughout the year using a variety of venues to inform and educate citizens about the child abuse and neglect prevention. OPEI partners with Prevent Child Abuse Delaware and Happy Harry Drug Store chain to host the Blue Ribbon Campaign. Happy Harry's distribute "Blue Ribbons" cards and pins throughout the month of April. The ribbons are a tribute to a three year old child who died at the hands of his mother's abusive boyfriend. Since that time, concerned citizens all over the country wear the blue ribbon as a symbol of the need to prevent child abuse and neglect. The 2005 Child Abuse and Neglect Information Fair provided an opportunity for helping agencies to come together to network and inform the public of services addressing the issues of child abuse, neglect, family violence, substance abuse and child care. Other initiatives of the 2005 CANC included "The Summer of Safety" informational kit that served 3000 children and families throughout the state, and dissemination of Child Abuse and Neglect prevention information files that were provided to 200 in home child care centers throughout the State located in at risk communities.

In 2006 the DSCYF CANC representing all three Divisions within the Department will develop and implement a social marketing plan for the campaign's future activities. The CAN Campaign develops environmental strategies to increase awareness, engage the community and change the behaviors of individuals at risk to abuse and neglect across the lifespan despite their economic situation, educational and cultural background. As part of the Fun, Health and Fitness Fair sponsored by Happy Harry's information and blue ribbons were provided to participants of the 2006 fair. In addition, through a continued partnership with Happy Harry's, blue ribbons are being distributed in their stores. As part of another social marketing strategy, Child Abuse Prevention event will be a focus at a Blue Rocks baseball game using children's hats to promote the message "Think of the Child First" as it relates to this topic. There will be a mini-fair which includes partners such as Prevent Child Abuse Delaware and Domestic Violence Coordinating Council joining with OPEI to educate the public about how they can prevent and help change behaviors related to child abuse and neglect. The CAN Campaign is planning to host a series of workshops in the fall targeting topics such as sexual abuse statewide for professionals, community workers and school personnel. In 2006 CAN Campaign will increase their committee to include partnerships throughout the state with a similar mission in protecting children. Plans are to include the Domestic Violence Coordinating Council, Public Health, State Police, Office of the Child Advocate and other relevant and interested private and public agencies in the initiative. The committee is developing a three year strategic plan that will aggressively target child abuse and neglect prevention in our state.

The Promoting Safe and Stable Families Community Advisory Boards provide venues to distribute resource information and advertise the PSSF program helping to engage families who are in need of services and resources.

In the past year the K-3 Early Intervention Program maintained a retention rate of 90%. Each year the K-3 Early Intervention Program plans, schedules and administers a 2 week competency based training program. The training program is managed by a yearly training committee and the competency manual is monitored by a member of the management team.

DCMHS collaborated with DFS in producing a special Spring 2005 Foster Family Newsletter (also distributed to DFS Staff) outlining progress on initiatives related to children's mental health, new services for foster children entering placement, how to access public child mental health services in Delaware, free Medicaid transportation to treatment for children and families, workshops on behavioral health treatment for children, and supports for families and caregivers available through the Delaware Federation of Families for Children's Mental Health. It featured a joint message from the DSCYF Directors of the Division of Family Services and the Division of Child Mental Health Services and provided lots of resources where foster families/caregivers can go to learn more about child mental health and parent supports. Readers, in accordance with the Department's vision, are reminded to "Think of the Child First!"

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

Systemic Factors	Performance Goals and Objectives	Strategy
Statewide	6.1 Statewide system determines status, demographics,	1. Complete the AFCARS Improvement Plan by
Information	location, goals for all foster children in state	December 2005. Revised timeframe is March
System Capacity		2007.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: All elements of the AFCARS Improvement Plan have not been completed. In January 2005, an AFCARS work plan was submitted for cost estimate and development. The content of this proposal will further the efforts of the Department to include all children in the AFCARS reporting population, specifically those in the Division of Child Mental Health and the Division of Youth Rehabilitative Services. During the fall of 2005, ACF approved matching funds for this step in the improvement plan; DFS is awaiting funding approval in the DSCYF FY07 budget. Preliminary work has already begun between DFS and the contracted programmers in anticipation of final fiscal approval, with an implementation date of fall 2006. In a separate but concurrent initiative, in order to meet SACWIS requirements, the DSCYF Division of Management Support Services has been working with State of Delaware sister Departments to improve interfaces regarding Child Support, TANF and Medicaid. The end result of improve data exchanges involving these areas will be the ability to map this information to the respective AFCARS elements, furthering our efforts to complete the AFCARS Improvement Plan requirements.

Systemic Factors	Performance Goals and Objectives	Strategy
Statewide	6.2 Information is accessible to state and local staff	1. Improve the analysis and dissemination of
Information		information to improve quality of services for
System Capacity		children and families.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: There are several mechanisms of enhanced communication regarding the quality of services to children and families provided to all levels of staff in the Division of Family Services. The Division Report Card reports out in four categories (Financial, Customer, Process Management and Employee Perspectives) and 23 key outcome measures on a quarterly basis. Some of the key outcome measures include the six National Standards, children supported in adoption and related expenditures; achievement of contact expectations and staff turnover rates. The quarterly QA case review results are distributed throughout the Office of Children's Services and provide highlights and details in the three primary program areas: Intake/ Investigation, Treatment and Placement. Individual case reviews are also returned to the regions for review. See additional reporting mechanisms listed under 8.3 below.

DSCYF uses a computerized case management system that provides staff with case information as security profiles permit. This information is available statewide.

All foster care providers have performance measures comparable to national standards added to their FY07 contracts beginning July 1, 2006 and will report progress to the agency. Performance measures are tracked by the provider and the Department.

During the year, all Early Intervention FCT's and the management team meet monthly. All information pertaining to services for children and their families is shared with staff at these meetings. The unit also conducts quarterly cluster meetings with their individual supervisors. Twice a year trio meetings are held with the FCT, FCT supervisor and the school principal. Additionally, every K-3 E.I. FCT has access to a computer in their office with access to the state internet and state intranet systems. Also, every K-3 E.I. FCT is equipped with a pager and cell phone. The face to face meetings and the electronic messaging modalities make up our unique communications strategy. All of the above mentioned communication tools allow the unit to analyze and disseminate quality information in support of the department's mission, vision and strategic plan.

Systemic Factors	Performance Goals and Objectives	Strategy
Statewide	6.3 Information is useful in carrying out agency's	1. Support the agency's mission, vision and strategic
Information	responsibilities	plan through quality information management.
System Capacity		

PROGRESS & ACCOMPLISHMENTS:

DSCYF utilizes a Report Card method to measure four key perspectives: Financial, Customer, Process Management and Employee. This data is shared openly with all levels of management and staff in an effort to track and improve services.

OPEI staff continues to be involved in the development of FACTS II, which will provide for Integrated Service Planning based on a System of Care case management approach. FACTS II will be standardized across Departmental services while maintaining content flexibility for more individualized services, facilitate access to services across the Department, consolidate service planning processes to meet funding requirements, be child-centered and maximize data quality. OPEI will be an integral component of FACTS II as it rolls out over the course of the next few years.

In an effort to examine the relationship between participation in select prevention and early intervention programs and subsequent involvement with core areas of the Department, OPEI has designed FACTS research protocols for two of its programs; Strengthening Families and Promoting Safe and Stable Families. Both programs have as an expected program outcome reduction in incidences of child maltreatment following completion of the respective interventions. To monitor this, all participants who receive services within each of the two programs are checked in the Department's FACTS system. Specifically, data is collected on the number of unsubstantiated investigations, substantiated investigations and referrals to treatment for each participant at uniform time periods following program completion. OPEI programs have worked hard to re-develop the manner in which it's programs collect and manage data, revised the various data management protocols within the office's programs to improve the quality of the data collected to assist in the determination of service outcomes and program analysis. Currently a comprehensive evaluation is being conducted on all the

programs provided by OPEI. OPEI has contracted with a research scientist to conduct the evaluation. OPEI anticipates the evaluations to be completed during the 2006 service year.

The Department Service Array Committee has recently developed a department-wide resource manual. This manual provides detailed information about all of the Department resources, including referral criteria and contact information. It is anticipated that this manual will be available on-line in 2006 and will then be updated annually. Contract managers for both Child Mental Health and Youth Rehabilitative Services met with all DFS administrators and supervisors to discuss services that are available to families within their divisions.

The Parents Right to Know Act was intended to increase a parent's access to information about licensed child care homes and centers, including enforcement actions and substantiated complaints. The information is available at the DSCYF website <a href="http://www.state.de.us/kids/pdfs/occl\_zip\_april\_2006.pdf">www.state.de.us/kids/pdfs/occl\_zip\_april\_2006.pdf</a> and through the process of a "file review". This list is updated monthly. Currently, the information available on-line is limited. The Office of Child Care Licensing is working with the Department's Management Information Services unit to improve the website by making it more user friendly and increasing the information available online. Having this information available to parents empowers them to make informed choices and to safeguard the health and safety of their children.

During the year, all Early Intervention FCT's and the management team met monthly. All information pertaining to services for children and their families is shared with staff at these meetings. The unit also conducts quarterly cluster meetings with their individual supervisors. Twice a year trio meetings are held with the FCT, FCT supervisor and the school principal. Additionally, every K-3 E.I. FCT has access to a computer in their office with access to the state internet and state intranet systems. Also, every K-3 E.I. FCT is equipped with a pager and cell phone. The face to face meetings and the electronic messaging modalities make up our unique communications strategy. All of the above mentioned communication tools allow the unit to analyze and disseminate quality information in support of the department's mission, vision and strategic plan.

Systemic Factors	Performance Goals and Objectives	Strategy
Case Review	7.1 Each child has a written case plan with all required	1. Continue to monitor compliance with agency and
System	elements	federal requirements.

**PROGRESS & ACCOMPLISHMENTS:** 

Per policy, all foster children have the Plan for Child in Care series completed. This series meets federal standards for planning requirements and timeframes.

In accordance with Delacare regulations, Child Placing Agencies shall ensure that there is a service plan that "shall consider social history information on the child's emotional and physical development, the family situation, and evaluation of the past experiences and problems of the child to determine the placement and services best suited to meet the child's needs. The plan shall include a projection of the expected length of stay in foster care and the anticipated next placement and shall identify the child's needs, specific goals, and projected time frames for meeting the goals. Time frames shall be developed with consideration for the child's perception of time. The

service plan shall address the following areas, as appropriate to the individual case: safety of placement, social services, family visitation, permanency planning, behavior management techniques, education, health, vocational training, psychological, psychiatric, and mental health services."

Throughout the year, each client that had an open case with the K-3 Early Intervention Program has a written service plan identifying goals and strengths in conjunction with the Child and Adolescent Functional Assessment Scale (CAFAS). Monthly service plans indicating this information was submitted to the supervisors each month for 100% of the open cases within our program.

The Child Placement Review Board and Family Court provide agency oversight as case review entities.

The Child Death, near Death and Stillbirth Commission and the Child Protection Accountability Commission, review child death, near death and stillborn cases for the state. Findings and recommendations are summarized in their annual reports.

Systemic Factors	Performance Goals and Objectives	Strategy
Case Review	7.2 Parents of foster children participate in developing	1. Strengthen engagement of families with children in
System	case plans, identifying strengths and needs,	out of home placements.
	determining goals, requesting specific services, evaluating progress related to their children	2. Monitor compliance with agency and federal requirements.
		3. Practice system of care philosophy of parental involvement.

PROGRESS & ACCOMPLISHMENTS:

See 4.2 for performance measurements.

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

Foster parents, caregivers, biological parents and significant others are encouraged to participate in Independent Living case planning conferences.

Children who are in the child welfare system and who are also active with DCMHS do have a DCMHS service plan which we encourage and expect parents to participate in developing. Whether parents participate in service plan development is a performance measure which is tracked by DCMHS in an effort to improve family participation in treatment planning.

Parents/guardians of DYRS youth in Level 4 placements are involved in planning for the return of their children. A PCIC is developed for youth in placement, and it outlines parental involvement. For youth remaining in placement for 12 months or longer, a Family case plan is generally expected by the Judges. DYRS addresses these types of plans on the events in our current Family and Children's Tracking System (FACTS).

At the time of the yearly compliance review for Child Placing Agencies, a representative of the Office of Child Care Licensing will

document the existence of a service plan for children in care. If plans are not included in the records reviewed a corrective action plan will direct that such a plan is written and made available to the Office of Child Care Licensing within a specific timeframe. The CPA's policies must include a policy for service planning for children in care.

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

## PROGRESS & ACCOMPLISHMENTS:

Collaboration with Family Court occurs through county based quarterly meetings between judges and OCS regional management. The DSCYF Cabinet Secretary also meets with the Family Court Chief Judge to review systemic issues with the goal of improving outcomes for children and families before the court. With state wide implementation of Court Improvement and oversight by the Child Placement Review Board, foster children are reviewed at least every 6 months. Family Court hearings are held in front of the same judge, as many as four times in the first year. The Court Improvement Plan emphasizes shorter foster care episodes, approving appropriate permanency planning, offering ceremonial adoption hearings, eliminating delays in decision making, standardizing judicial procedures statewide, appointing GAL/CASA representation for foster children, appointing legal representation for parents, meeting federal, state and family court rule requirements for hearings and decisions and providing training for child welfare professionals. DFS staff are involved in CIP's national evaluation project and met with the review team.

The Division of Youth Rehabilitative Services continues to collaborate with the Child Placement Review Board and the Family Court to ensure quality case reviews for youth in placement for 6 months or longer. The reviews begin at the 6 month mark with the CPRB, and if the youth remain in a Level 4 program longer than 6 months, the cases are presented before the DFS Permanency Committee for a departmental permanency goal approval to present to the Court for their review and approval.

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

## PROGRESS & ACCOMPLISHMENTS:

Foster children are reviewed by a regional Permanency Committee during their ninth month in care. The permanency goal and the family's progress are reviewed in preparation for the permanency hearing by the end of the 12<sup>th</sup> month in care. Should a change of permanency goal be recommended, the court and all parties are notified of the recommended change. Final permanency goals are determined by Family Court judges. IV-B funds support a position that tracks children needing permanency reviews. Family Court and DFS regional management meet regularly to discuss judicial processes with the goal of improving permanency and timeliness.

The Division of Youth Rehabilitative Services petitions the court via our Attorney General's office for hearing prior to the 11<sup>th</sup> month of a youth's placement, to ensure that the permanency hearing is scheduled within the 12 month time frame. Ongoing

permanency reviews are scheduled at the time of the initial hearing. The DYRS permanency recommendations are made with the approval of the DFS permanency committee in which DYRS has established members for each county. In the event that a youth is approved for Approved Planned Permanent Living Arrangement (APPLA) and all family members have been queried for possible placement and not accepted, the youth will be in need of a foster home placement following their treatment. At that time, a referral is made to the Division of Family Services (DFS) for dependency. The DFS investigates and once found dependent, an appropriate foster home is accessed for the youth and the case is opened and assigned to an APPLA worked in DFS. Once all court ordered conditions have been met, and the other Division(s) has consented, DYRS may close their involvement with the youth with concurrence by all involved staff.

Systemic Factors	Performance Goals and Objectives	Strategy
Case Review	7.5 Permanency hearings promote timely and	1. Partner with Family Court and community
System	appropriate achievement of permanency goals	stakeholders to achieve timely and appropriate
		achievement of permanency goals.

## PROGRESS & ACCOMPLISHMENTS:

See 7.3 and 7.4.

Delaware contracts for about 300 foster care slots with private agencies at any given time. These contract providers are fully aware and committed to improving outcomes for children and families. Strategies to achieve national standards and implement system of care principles were requirements for successful awardees. FY07 foster care contracts include performance measures comparable to the national standards for placement stability, abuse and neglect in foster care, reunification, reentry and permanency.

Systemic Factors	Performance Goals and Objectives	Strategy
Case Review	7.6 Foster/pre-adoptive parents and relative caregivers	1. Strengthen policy and procedures to fully engage
System	have notice of an opportunity to be heard in any review or hearing for each child in their care	foster/pre-adoptive parents in judicial hearings.

## PROGRESS & ACCOMPLISHMENTS:

DFS policy states that foster parents/preadoptive parents are invited to judicial hearings. This aligns with the system of care principle to engage caregivers in planning activities.

Systemic Factors	Performance Goals and Objectives	Strategy
Quality	8.1 Implement standards [(SSA 471(a)(22)]ensuring	1. Continue implementation of the Governor's Foster
Assurance	foster care placements are provided quality services	Care Task Force recommendations.
System	that protect children's health and safety; evaluate	2. Enforce licensing and approval regulations and
	effects of implementing standards to date	policies for foster care homes and facilities.
PROGRESS & ACCOMPLISHMENTS:		

The 2001 Governor's Foster Care Task Force recommendations continue to be supported by the General Assembly, Governor's Office and the Department. This year, funding for mental health screening supported awarding a contract with a private agency through the Division of Child Mental Health Services to offer mental health screenings for new foster children entering care.

Delacare child placing agency requirements continue to be reviewed, amended and updated and will soon be ready for public comment.

The Office of Child Care Licensing is responsible for directly licensing child care providers (family and center level) and Child Placing Agencies (CPA). In that role, visits are made to providers to review compliance with Delacare regulations. Those regulations cover adherence to standards that are designed to protect the health and safety of children. Technical assistance (TA) is also provided to instruct and assist providers in meeting requirements. Included in TA is information about resources that are available. Child Placing Agencies are licensed to provide foster and adoptive services. Licensing Specialists review CPA records, policies to ensure that the services are provided in a manner consistent with Delacare regulations. Whenever it is found that a Child Care Provider or Child Placing Agency is not in compliance with Delacare regulations the Office of Child Care Licensing takes an action. Possible actions include but are not limited to: time limited corrective action plans, extension of a license on a provisional status, or warning of probation and revocation. These situations are closely monitored until such time as the provider comes into compliance or the provider closes.

Systemic Factors	Performance Goals and Objectives	Strategy
Quality	8.2 Quality assurance system helps ensure safety,	1. Strengthen child welfare practice using data from
Assurance	permanency and well-being for children and families	the case review system.
System	served statewide	2. Implement a Departmental Review System by
		March 2005. Action completed.

## PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA Case Review tool was updated in November 2004, incorporating both changes in content and expanding the pool of reviewers. During the period 4/1/05 to 3/31/06 the total reviews completed by program area were: Intake/ Investigation- 362, Treatment- 218 and Placement- 217. As referenced in this report, data was able to be reported due in large part to the existing QA system and its ability to track certain pertinent and necessary activities in child welfare. Future plans are to further improve the QA system by incorporating issues regarding service delivery of Independent Living Services, delineating and assessing specific permanency goals and evaluating the utilization of case history in assessments. There is consideration to incorporate a 'customer satisfaction survey'; however, final decisions are pending. The goal is to incorporate these further improvements by the fall of 2006. See 6.2 for additional comments.

The Professional Development Unit receives reviews and incorporates aggregated case review data in order to strengthen core and refresher training.

In an effort to examine the relationship between participation in select prevention and early intervention programs and subsequent

involvement with core areas of the Department, OPEI has designed FACTS research protocols for two of its programs; Strengthening Families and Promoting Safe and Stable Families. Both programs have as an expected program outcome reduction in incidences of child maltreatment following completion of the respective interventions. To monitor this, all participants who receive services within each of the two programs are checked in the Department's FACTS system. Specifically, data is collected on the number of unsubstantiated investigations, substantiated investigations and referrals to treatment for each participant at uniform time periods following program completion. Strengthening Families served 166 parents in 2005 of those families 124 families participating in the program were mandatory participants referred by OCS. The number of individuals returning to service three months after the completion of the Strengthening Families program was two.

The Office of Child Care Licensing has established a work group to identify quality items and data sources from which an expanded quality assurance system could be established. In OCCL staff review for trends in types of complaints, adherence to follow-up activities specified in improvement plans, adherence to timeframes for actions and uniformity of application of regulations. This information assists in identifying training needs for both providers and staff and ensures that providers are being treated in a fair and uniform manner leading to ensuring a safe and healthy environment of children in out-of-home care.

The Early Intervention Unit continuously provides quality assurance by conducting routine reviews. During the year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. Throughout the year, several working committees updated E.I. procedures to ensure a quick transmission of client information to the management team. All input from reviews is monitored and studied in order to make recommendations or changes to current procedures to strengthen E.I. practices.

Systemic Factors	Performance Goals and Objectives	Strategy
Quality	8.3 System has the capacity to evaluate the adequacy	1. Produce divisional report cards by September 2005.
Assurance	and quality of the State's child and family services	Action completed. Revised to continue
System	system	divisional report cards as a management tool.
		2. Continue the case review system to evaluate the adequacy and quality of child and family services.
		3. Ongoing Citizen Review Panel recommendations are incorporated into systemic improvement planning.
		4. Continue to assess all programs and contracted services to ensure a culturally competent system.
		5. Continue to review all programs and services offered by agency and service providers to ensure a culturally competent system.

6. Continue processing constituency complaints and
review for quality assurance improvements.
7. Implement Department Child and Family
Satisfaction Surveys by June 2006. Survey has
been completed.
8. Study the feasibility of reviewing audio recordings
of Hotline reports by December 2004. Action
completed.

Measurement of Performance: See 6.2 and 8.2 for comments related to the Quality Assurance Case Review System.

The DFS Report Card provides data in four categories (Financial, Customer, Process Management and Employee Perspectives) and 23 key outcome measures on a quarterly basis. Some of the key outcome measures include the six National Standards, children supported in adoption and related expenditures; achievement of contact expectations and staff turnover rates. The quarterly QA case review results are distributed throughout the Office of Children's Services and provides highlights and details in the three primary program areas: Intake/ Investigation, Treatment and Placement.

A Department wide customer survey was conducted in the summer and fall of 2005 by the SOC Service Array workgroup. All families active with any DSCYF Division in August and September of 2005 were asked to complete a brief survey to discuss how the Department has and has not been helpful. They were asked what services would have been helpful for their families that they did not receive. All frontline staff were asked to complete a brief survey to discuss what services the Department offered that were helpful and what we needed to offer that we didn't currently have. Finally, all contract managers were asked to complete a brief survey discussing how accessible contracted services are to families. The answers from both families and frontline staff were fairly similar. The vast majority wanted more services for the most difficult children, particularly those with serious charges, sex offenders, fire setters, etc.

A foster parent survey was conducted in the summer and fall of 2005. This is the third survey in the series that is taken approximately every two years. Results are being collated and will be distributed to regional staff for follow-up as needed. A committee will be formed to address areas needing improvement. This survey is a valuable tool to strengthen our recruitment and retention of foster homes.

Foster care services were bid Spring 2005. The Request for Proposal required successful bidders to use a system of care framework to build service programs including cultural competency.

The Abuse and Neglect Report Line has Spanish translation service available. Many of our family support services include Spanish speaking staff. Language and deaf translation services are available statewide for staff access when working with families of different cultures.

Investigation case reviewers listen to actual audio recordings of the initial report to rate professionalism of our report line operations.

OPEI works with contractors to ensure that programs and curricula are sensitive to heritage, cultural and ethnicity, as well as the educational literacy level of participants. The Delaware Prevention Network in its implementation of the Creating Lasting Family Connection (CLFC) curriculum strives to provide a culturally competent delivery system. CLFC facilitators are trained and certified by CLFC Master Trainers for program implementation. CLFC facilitators are characterized as non-judgmental; able to hold and model moderate beliefs and attitudes; and experienced in group-oriented personal growth opportunities. Strengthening Families program and Creating Lasting Family Connection program materials are also provided in Spanish to better serve our Spanish speaking participants.

The system of care model involves individualized services that are appropriate in type and duration that are family focused and both community based and culturally competent. FACET operates in 4 daycare centers. Every family in the daycare center is a part of the FACET Program. All families receive services that help their families to be empowered and involved. In keeping with the system of care philosophy, the FACET parents decided the activities and services most beneficial and enriching to their families and their community. Programming materials affirm and strengthen families' cultural, racial and linguistic identities.

The Early Intervention Unit continuously provides quality assurance by conducting routine reviews. During the year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. Throughout the year, several working committees updated E.I. procedures to ensure a quick transmission of client information to the management team. All input from reviews is continually monitored and studied in order to make recommendations or changes to current procedures to strengthen E.I. practices.

DSCYF, through the Office of Case Management, has a constituent complaint function and responds to consumer and public complaints. Child Protection Registry substantiations are referred to Family Court, critical decisions such as OCCL licensing and OCS foster home disapprovals can be appealed before an independent fair hearing officer. Findings from these hearings can result in policy and practice changes.

Systemic Factors	Performance Goals and Objectives	Strategy
Quality Assurance System	8.4 System has capacity to produce information leading to program improvements	<ol> <li>Produce internal management reports to guide programming decisions.</li> <li>Use the case review system to evaluate the adequacy and quality of child and family services.</li> <li>Ongoing Citizen Review Panel recommendations are incorporated into systemic improvement planning.</li> </ol>
PROGRESS & ACCOMPLISHMENTS:		

The Department responds to recommendations made by the Child Protection Accountability Commission and the Child Death, Near Death and Stillbirth Commission.

Measurement of Performance: DFS continues to update and distribute the Division Report Card. Included in the first three quarters

of SFY06 were the results of the bi-annual foster Parents satisfaction survey and the annual Employee satisfaction survey. In addition to the distribution of this Report Card, agency wide periodic review of the measures are highlighted at quarterly mangers meetings, with recent emphasis placed on Delaware's achievements with the National Standards.

The DFS Quality Assurance Case Review system was re-tooled in the fall of 2004 along with an increased pool of case reviewers in November 2004. Copies of the reviews are distributed back to the Regional offices for review and feedback with Supervisors and Social Workers in order to acknowledge good practice or identify areas for improvement. Quarterly reports distributed to administrators and managers highlight composites consistent with the CFSR issues and key reporting areas such as completion of ISP's and alleged perpetrator initial notification. A review of the quarterly reporting is planned for 2006 to optimize the feedback for operations and programmatic improvements.

The Early Intervention Unit provides quality assurance by conducting routine reviews. During the year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. Throughout the year, several working committees updated E.I. procedures to ensure a quick transmission of client information to the management team. All input from reviews is continually monitored and studied in order to make recommendations or changes to current procedures to strengthen E.I. practices.

With the startup of the initial behavioral assessments for children entering foster care, a procedure for tracking disposition of children assessed has been developed so that the Department can effectively evaluate the results of this new service. Across the Department and Medicaid behavioral health providers, data will be collected, stored and analyzed regarding to the number of assessments conducted for children entering foster care, the number children identified as needing behavioral healthcare, the number of referrals/linkages made with providers, the number of children referred for behavioral health treatment who actually enter (and complete) treatment. Routine review (quarterly) of this information will be extremely useful in evaluating the results of the initial behavioral health screening/linkage service and help the Department identify areas of opportunity for improvement and removal of barriers to treatment for children and their families.

Systemic Factors	Performance Goals and Objectives	Strategy
Staff and Provider	9.1 State's initial and ongoing training for all child	1. Continue core and refresher training schedules.
Training	welfare staff is effective and includes the basic skills	2. Continue use of experiential practice and exercises
	and knowledge required for their positions	for all cores to evaluate competency of new
		workers and advising supervisors when further skill
		building is necessary.
		3. Continue review of trainee evaluations.
		4. Develop System of Care (SOC) training content
		and protocol with stakeholder base by June 2004.

Citizen Review Panel recommendations are incorporated into systemic improvement planning.

Integrate SOC principles in orientation and on- going training by September 2004.
5. Incorporate quality assurance data to strengthen
worker competencies.
6. Study the feasibility of a training certification
program by June 2006. <b>Timeframe revised to</b>
June 2007.

Case manager core and refresher trainings have been implemented. PDU continues to use experiential practice and skill building exercises in training and advises supervisors when a worker appears to need more practice or understanding. Evaluations are customized for refresher training, the data is aggregated and a report is written. System of Care principles are introduced in our orientation core, as well as at the department orientation, and incorporated into all core training. Case review statistics have proven valuable in strengthening competency trainings. Serious injury and death reviews are used as tools to strengthen training. Researching the feasibility of a training certification program is still desired but has not been initiated.

The System of Care philosophy and principles has been incorporated into all DFS training.

The SOC in Action committee is working on developing strategies to promote SOC within the Department. The team is in the beginning stages of developing a SOC Toolkit for case workers to help them put SOC into Action as well as an incentive and recognition program to reinforce the use of SOC principles. Ferris School has been working with youth in the Fine Arts and Graphic Arts programs to design posters to be used in promoting SOC in the workplace. The target date for implementing is September 2006.

Each year the Early Intervention K-3 Program plans, schedules and administers a 2 week competency based training program. The training program is managed by a yearly training committee.

DCMHS training includes clinical workshops that are open to DFS staff and to families/caregivers. During this reporting period such workshops included:

- On August 17, 2005, the Division and the DE Psychological Association co-sponsored the first Continuing Education Credit workshop of the fiscal year. Funding was provided through a grant to the Terry Children's Psychiatric Center (TCPC) from the Health Resources & Services Administration (HRSA). Dr. Mary McKay presented on *Engaging Families in the Treatment Process*. 204 participants attended.
- DCMHS and the legal community co-sponsored a special event on January 28, 2006 conducted by Dr. Randy Otto on *Juvenile Competency to Stand Trial*. Twelve DSCYF employees and 4 students attended.
- On February 8, 2006, a special outside training event on *Animal Cruelty and Domestic Violence* was made available, and 3 DSCYF employees attended.
- On February 16, 2006, DFS staff at University Plaza arranged for a special presentation on Gangs in Wilmington and the

Schools, and DCMHS staff members were invited; 5 DSCYF employees attended.

- On March 8, 2006, Family Court Liaison Kysha Barrett conducted the first of two sessions on *New Castle County Family Court Procedures* at University Plaza; 6 DSCYF employees attended. On April 15, 2006, Family Court Liaison Monica Farrell conducted the second session in Wilmington, this time for 6 DSCYF employees and 3 student interns.
- During the Division Managers Meeting on March 15, 2006, Candy Charkow and Keith Zirkle gave a presentation on key areas of the functions of the *Division of Family Services* for 22 managers. A similar presentation was conducted by Rick Shaw on June 14, 2006 on key areas of the functions of the *Division of Youth Rehabilitative Services* for 19 managers.
- On March 17 and April 28, 2006, Joan Chatterton of Aquila presented two sessions updating the latest information on *Street Drugs* for the Department and providers, with a total of 27 DSCYF employees among the participants.
- The second major FY-05 Continuing Education Credit event co-sponsored by DCMHS and the Delaware Psychological Association was held at Clayton Hall on March 24, 2006, where Dr. Win Turner and a panel of family members conducted a workshop on *Intervention Strategies for Youth with Co-Occurring Mental Health and Substance Abuse Disorders*. 194 participants attended.
- On April 19 & 20, 2006, substance abuse treatment providers and selected clinical staff were included in training designed as follow up from FY-04 on the *Cannabis Youth Treatment Project*.
- Two separate conferences were held by the Office of Prevention and Early Intervention, one on April 27, 2006 and one on May 24, 2006. Four DSCYF employees attended each of the conferences.
- The National Association for Case Management held its annual conference (DSAMH was a co-sponsor) in June 2005 in Philadelphia. Six DSCYF employees attended this conference to explore areas which would support the Department's System of Care approach. This was considered another of the year's Continuing Education Credit opportunities.
- On June 27, 2005, Tania Culley and Anne Pedrick of the Office of the Child Advocate, Guardian ad Litem M. C. Landis, and Deputy Attorney General Jim Maxwell participated in a panel discussion of the *Roles, Responsibilities, and Rights* of those organizations. Thirty-one DSCYF employees attended.
- The Department-wide series of training sessions on *System of Care/Integrated Service Planning* continued into FY-05 for 16 more sessions from July 19, 2005 through January 11, 2006, covering this content for a total of 74 DSCYF employees and 3 student interns.

<b>Systemic Factors</b>	Performance Goals and Objectives	Strategy
Staff and Provider	9.2 State's foster/pre-adoptive family and child care	1. Use pre- and post-tests to evaluate effectiveness of
Training	institution training addresses the skills and	foster parent competency building.
	knowledge base needed to carry out their duties	2. Continue basic and specialized training for all
		foster parents and specialized group home staff.

Prevent Child Abuse Delaware (PCAD) is the contractor that manages foster parent competency training. Training effectiveness is currently measured using participant evaluations. Pre- and post-testing will be required for the SFY07 contract. Specialized training sessions are offered during the year to enhance foster parent competencies to handle challenging youth.

DFS continues to collaborate with the Division of Child Mental Health Services to strengthen training curriculum for providers to care for specialized and treatment level children, trainings are open to private provider agencies as well. Provider agencies open at least one training each year for all who have interest to attend. Private and public staff meets twice a year to develop trainings to support the needs of care givers.

In addition to the Pride training, any DFS foster parent who wants to adopt must attend the additional 12 hours of fost/adopt training conducted by the Division of Family Services staff. This training began statewide on 1/1/04. This additional training will help prepare the child and family for the issues related to adoption and permanency. In addition, the families receive information on post adoption support and community resources. 30 families were trained this year.

Delacare regulations for residential facilities require 40 hours of training for full time employees including behavior management, emergency first aid and cultural sensitivity.

Systemic Factors	Performance Goals and Objectives	Strategy
Service Array and	10.1 Services are provided to help children safely and	1. Provide an array of services through the
Resource	appropriately return to families from which they	Department and contractors for strengthening
Development	were removed	families with the goal of reunification; facilitate
		informal community supports via dedicated
		partnerships.

### PROGRESS & ACCOMPLISHMENTS:

DFS currently offers Intensive Home Based Services (IHBS) to families who have had their children removed from their care. The referral to the contracted provider must be made with 24 hours of the placement. Services are then provided by a team. The team consists of a Masters level therapist as well as a parent aide. This team works intensely with the families for 4 months. The team is available to the family 24 hours per day, 7 days per week. It is the goal of this program to be able to reunify at the end of their 4<sup>th</sup> month of service. In addition to IHBS, DFS staff can also refer families to the enhanced parent aide program for families with children in care. This program also focuses on providing education to the families to address the issues which resulted in placement. The education occurs during the course of visits between the children and their parents. Finally, families with children in care are also able to attend a specialized version of Strengthening Families parenting classes. A specific curriculum has been designed for families who have had their children removed.

The Strengthening Families Program funded by OPEI works with OCS families working towards reunification. The provider of the program has developed a specific type of parent education training course for families with children in foster care. The course is more

intensive and provides additional supports in re-enforcing skills, modeling behavior, and the observation of parents interacting with their children.

OPEI's Promoting Safe and Stable Families Consultation and Support Program family consultation model provides supportive services to families active and inactive in Departmental services. The family consultation process uses family support practices and promotes a system of care approach in the delivery of services for families who are at-risk of child maltreatment. The family is supported to participate and takes a lead role in the process. Using a strength-based approach to empower families, they are encouraged to determine their needs and services. Families develop informal and formal support systems to assist in resolving the family's needs and concerns. The outcome expected from participation in the program is that families connect to appropriate services and that the family gains and/or enhances their ability to be proactive in identifying and addressing their needs before the needs becomes on going crises. By defining the needs, the participant can establish goals to resolve their needs/concerns with the support of formal and informal networks. Supports include neighbors, family members, organizations, churches, friend, employer and social agencies. As a result, families are empowered to take the lead in the planning process to reach identified goals and therefore reducing certain life stressors to facilitate a successful transition of the youth to its home and/or community, while assisting families to maintain supportive, safe and nurturing environments for the child. PSSF has begun to collaborate with several Catholic Churches to provide family consultation and support services. One such church that participates in the PSSF program regularly is St. Joseph's Church's "St. Vicent DePaul Society program". The St. Vicent DePaul Society program provides spiritual, community support and financial assistance for such things as, emergency food & shelter, utilities assistance, rent and mortgage assistance, and other social service needs. Families with children 18 years old and younger presenting to be at risk of child maltreatment; families who are isolated; families experiencing parent child conflict, families in need of assistance and willing to participate in the PSSF family consultation process are referred for services. Together the St. Vicent DePaul case manager and the PSSF family consultants work together in support of each program empowering the family to take the lead in assessing and resolving their needs and concerns.

DFS' Treatment Units use the SENSS, an initial screening instrument designed as a decision-support tool for front line workers to help them to identify youth who may need treatment and provides information to assist in an appropriate referral and linkage to treatment. This is intended to provide early identification of issues and linkage to treatment to help maintain children in their own homes.

<b>Systemic Factors</b>	Performance Goals and Objectives	Strategy
Service Array and	10.2 Pre-placement preventive services are provided to	1. Provide an array of services through the
Resource	help children at risk of foster care placement remain	Department and contractors for strengthening
Development	safely with their families	families with the goal of successful case closure.
		2. Provide comprehensive assessment, planning and service delivery for families with serious risk of
		foster care placement.

3. Continue professional training in SOC team
facilitation skills by June 2006.
4. Strengthen resources with community partners for
developmentally challenged children.

During FY2006, a contracted customized training series was delivered by the contractor and selected trainers within the department for 100 key department supervisors, mentors and trainers. This training equipped these key staff with skills needed to implement the new team-based system of care. This training was experiential, grounded in real situations, and include practice and feedback. These key staff now have the skills necessary to lead the case team, engage families, joint problem solve, promote and encourage cultural change, and train or coach the rest of the organization in these skills. In FY2007, this training will continue for the rest of our department staff. Two trainers from the DFS PDU will continue to participate in the development and delivery of this training for department staff.

In January 2006 the Division of Developmental Disabilities Services, Division of Child Mental Health Services and the Division of Family Services sponsored a day long conference on services and programs for staff and community professionals. Next steps were identified and as a result these agencies are in process of developing a MOU to ensure children with developmental challenges have adequate services to meet their needs.

The Department collaborates with the Department of Education and individual school districts to coordinate and fund placements for handicapped and disabled children that cannot be educated in public school settings through the Interagency Collaborative Team.

Educational Surrogate Parents (ESP) are appointed to foster children whose parents are unable or unavailable to advocate for special education protections. Foster parents, GALs, CASAs and volunteers serve as ESPs and are trained by the Educational Surrogate Parent program under the authority of Family Court Administration. As of March 31, 2006, the Educational Surrogate Parent Program served 229 children with the 185 volunteer educational surrogate parents.

OPEI continues to provide prevention and early intervention support services to all the Divisions within the Department. The services of the OPEI seeks to connect families to appropriate community based programs, improving service coordination, assuring the families are connected to appropriate services while empowering families to take the lead in advocating for their needs. Through the Promoting Safe and Stable Families program, families active or not active with the department who participate in the program develop informal and formal support systems to assist in resolving the family's needs and concerns. One of the major outcomes expected from the participation in the program is that families connect to appropriate services.

The Early Intervention Unit conducted 14 parenting and children's groups throughout the state. These groups provided services to families in 51 schools throughout 13 districts and two Charter Schools. The parenting and children's groups increase the chances of children remaining in their homes. Additionally, E.I. FCT's continue to refer clients to community and state based agencies with the goal of strengthening the family unit.

Systemic Factors	Performance Goals and Objectives		Strategy
Service Array and	10.3 Services are provided to help children be placed for	1.	Strengthen fost/adopt training.
Resource	adoption, with a legal guardian, or in some other,	2.	Continue to reduce the number of legally free
Development	planned, permanent living arrangement		children needing adoptive family with aggressive recruitment techniques.
		3.	Partner with AdoptUSKids and other resources to place children in adoptive families.
		4.	Continue review of permanency goals in conjunction with Family Court and Child
			Placement Review Board.
		5.	Provide an array of supportive services to long term
			caregivers and to children with permanency goals
			other than return home.

During this period, the Division of Family Services provided fost/adopt training to 30 DFS foster families. Children with a goal of TPR/Adoption and who need a permanent family are placed on the Delaware Deladopt listing, the National Adoption Center (NAC) web site and the AdoptUSKids web site. During this period, the National Adoption Center received a grant from Wendy's. The project, Wonderful Wendy's Child is another way to recruit for adoptive families for older children and those who have been in foster care the longest. Delaware referred 13 children for this program. The recruitment plan consists of the NAC worker meeting with the child and caretaker, taking pictures and making videos of the child to show at various venues. Five of those children have been placed with an adoptive family and one other child has subsequently been adopted. Delaware continues to seek adoptive resources in other states. Currently, there are 17 children with a goal of adoption who are placed with a pre-adoptive family in another state. This number has slightly increased from previous years as the division has shown an increase in overall foster care placements.

The Division of Family Services provides supportive services to adoptive families through a contract with AFIS (Adoptive Families with Information and Support). They provide information to prospective families, refer families to community resources and provide support groups to children and families touched by adoption statewide. This is an area of greater need in Delaware and across the nation.

AFIS is also the Delaware Rapid Response Team for AdoptUSKids and have the resources to share with families inquiring about foster care and adoption. In November 2005, AFIS received a mini-grant from Children's Bureau. Pat O'Brien who runs the Because We Care Program in NY and focuses on adopting older children was the invited speaker. There were 150 people in attendance that enjoyed the presentation and the evening out with other adults. We are hoping to continue this program again in 2006 during national adoption month.

The Division of Family Services permanency committee continues to review all children placed in foster care at the 9 month mark. The committee reviews and recommends changes in goals. During this period, the permanency committee reviewed over 700 children statewide who were in foster care. This was a slight increase from the previous year as the number of children entering foster care in Delaware has increased.

Barriers to timely permanency are being addressed by a Child Protection Accountability Commission Subcommittee staffed by DFS and Family Court. The Court Improvement Project goals and actions are coordinated and consistent with the Department's CFSP.

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

PROGRESS & ACCOMPLISHMENTS:

The Department strives to offer local, community based programming throughout the state. Prevention, early intervention, investigation, treatment and foster care services are provided statewide through state, contracted or private agencies. Court Improvement Project activities are currently statewide.

Systemic Factors	Performance Goals and Objectives		Strategy
Agency	11.1 Child and Family Services Plan (CFSP) is	1.	Evaluation of agency's progress towards goals and
Responsiveness	consulted and coordinated with community		objectives is reviewed with community
to Community	stakeholders; their concerns are addressed in		stakeholders at least annually using existing
	planning and operations; stakeholders are involved		forums, meetings or the CFSR process.
	in evaluating and reporting progress on agency goals	2.	Implement Department Child and Family
			Satisfaction Surveys by December 2004. Survey
			has been completed.

## PROGRESS & ACCOMPLISHMENTS:

Several forums are used to share and coordinate child welfare planning and services. The Division of Family Services has an active Advisory and Advocacy Council that reviews agency activities. The Council includes child advocates, a foster parent, service providers and is currently chaired by the Executive Director of the Child Placement Review Board.

The CFSP's 2005 annual report was presented to community partners and stakeholders on December 7, 2005. Thirty four stakeholders were invited including the Nanticoke tribal leadership. Comments from the group were supportive of our plan and strategies to achieve outcomes. Plans are to repeat this presentation for the 2006 annual report.

Federal requirements and national standards for safety, permanency and well-being were presented to our foster care providers and advocates November 8, 2005. Community providers are expected to share responsibility in achieving positive outcomes for foster children and their families. While safety performance measures have been in foster care contracts for years, starting with SFY07, foster

care contracts will include permanency and well-being performance measures further aligning the mission of the agency with contract requirements.

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

A Department wide customer survey was conducted in the summer and fall of 2005 by the SOC Service Array workgroup. All families active with any Division in August and September of 2005 were asked to complete a brief survey to discuss how the Department has and has not been helpful. They were also asked what services would have been helpful for their families that they did not receive. All frontline staff completed a brief survey to discuss what services the Department offered that were helpful and what we needed to offer that we didn't currently have. Finally, all contract managers completed a brief survey discussing how accessible contracted services are to families. The answers from both families and frontline staff were fairly similar. The vast majority wanted more services for the most difficult children, particularly those with serious charges, sex offenders, fire setters, etc.

Systemic Factors	Performance Goals and Objectives	Strategy	
Agency	11.2 Agency services are coordinated with services and	1. Develop, evaluate and revise Memoranda of	
Responsiveness	benefits of other public and private agencies serving	Agreements with other agencies.	
to Community	the same general populations of children and	2. Support interdisciplinary grant initiatives.	
	families		

PROGRESS & ACCOMPLISHMENTS:

DSCYF has MOUs with these agencies: Police Departments and Department of Justice, Department of Education and School Districts, Department of Corrections, Division of Social Services, Division of Developmentally Delayed and Disabled Services, and Dover Air Force Base. The MOUs with DOE/school districts and police/DOJ are being revised and updated.

DFS senior managers presented to child mental health treatment teams statewide on the array of services provided by OCS in child welfare and to answer questions. The information sharing provided an excellent opportunity for staff to learn more about child welfare services and get answers to program-level and case-specific issues.

A new position has been added to the Office of Prevention to coordinate and help write grants for the operating divisions of the Department. This person collaborates with community partners to strengthen applications for federal and foundation grants to improve outcomes for children and families.

Two new grant initiatives have been implemented by the Division of Child Mental Health Services to improve mental health services for children. One is based on the Yale Project and provides crisis counseling to children who witness violent crimes in Wilmington. Police call a crisis professional to assist children on the scene of a traumatizing crime. Another program has recently started to provide structured trauma intervention. The project director was hired May 1, 2006 and funding is through September 2009. The project will implement and test trauma focused cognitive-behavioral therapy as well as other trauma services for children and youth throughout the

#### department.

Each Division of Family Services region currently has a certified substance abuse counselor and domestic violence advocate. Workers can use the expertise of these professionals in a host of different ways, including making home assessments, connecting clients to appropriate community based services and providing natural supports to the family. If workers are using these liaisons to work on a case with them, they are often included in the Family Service Plan. In addition to this formal arrangement, the Division of Family Services has recently partnered with the Division of Social Services (DSS) to provide comprehensive services to common clients. Under this new protocol, when OCS workers get a new case, they have the clients sign consent to release information form giving them permission to talk with DSS. DSS follows the exact same protocol for new cases they receive – they have the clients sign consent to release information forms giving the DSS worker permission to talk with the assigned OCS worker. Once all releases have been signed, the workers are able to freely discuss the case. DSS has agreed to include "Compliance with the DFS Family Service Plan in the client's "Contract of Mutual Responsibility". This agreement provides streamlined services to families. If both systems have reason to suspect that the parent has a substance abuse problem, by improving communication between the systems, only one system will make the substance abuse assessment referral.

The Division of Family Services offices are co-located with a variety of agencies including Adult Probation/Parole, Public Health, Child Mental Health, Youth Rehabilitative Services, Social Services and New Castle County Police. This co-location has resulted in improved communication between the different systems as well as more comprehensive case plans for the families.

Through a blending of funding, Delaware First has overseen the implementation of a system of Professional Development opportunities for individuals working in the child care industry. The topics are wide-ranging and include nutrition, health, safety, working with parents, child development, program and curricula development. Many of the licensed child care providers also accept Purchase of Care payments. Children eligible for Purchase of Care fall into the at-risk category. This Professional Development initiative strives to ensure that individuals working in the field of child care understand the multiple needs of children, are able to better meet those holistic needs with the outcome being that the children they serve will have the skills and competencies to learn and achieve to their full potential.

The K-3 Early Intervention Program currently has MOAs with each district and charter school for which we provide services. K-3 E.I. FCT's utilize many grant funded initiatives for the benefit of our families.

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

Delaware First has memorandums of agreement with seventeen schools (public and private) to ensure alignment of child care

concentration with the qualification to work in licensed child care facilities in Delaware. This ensures a continuing stream of qualified candidates to fill entry level child care staff vacancies.

The use of Child Care Health Consultants (CCHC) trained through the Division of Public Health has been initiated. Use of the services of a CCHC is now being prescribed in "Compliance Plans". The Compliance Plan is the document that outlines actions necessary by child care providers to become in compliance with regulations and avoid further enforcement actions. A pilot project will be initiated in 2006 that would provide up to 50 free hours of CCHC services to six Child Care Centers serving high risk children that would focus on compliance and improvement in the quality of care provided to children.

<b>Systemic Factors</b>	Performance Goals and Objectives	Strategy	
Agency	11.3 Agreements with other agencies to perform IV-E	(DE has none)	
Responsiveness	or IV-B functions are monitored for compliance and		
to Community	accuracy		
PROGRESS & ACCOMPLISHMENTS:			
Delaware has no ag	reements with other agencies to perform IV-E or IV-B func	tions.	
Systemic Factors	Performance Goals and Objectives	Strategy	
Agency	11.4 Status of American Indian children is appropriately	1. Strengthen the identification of tribal affiliation of	
Responsiveness	determined; state is in compliance with ICWA	children and families served.	

PROGRESS	k	ACCOMPLISHMENTS:

Delaware has no federally recognized Indian tribes. The Nanticoke Tribe has shared point of contact and leadership information with DFS. The tribe is included as a stakeholder and invited to participate in planning and review of the Child and Family Services Plan.

With system of care as a state strategy to improve outcomes for children and families, the Department's existing policies on cultural competency are strengthened. The Department's Cultural Competency Committee focuses on diversity and cultural sensitivity. Training events are sponsored by this committee and Child Mental Health Services.

Systemic Factors	Performance Goals and Objectives	Strategy
Foster and	12.1 State has established and maintained standards for	1. Review and revise standards for foster and adoptive
Adoptive Home	foster family homes, adoptive homes and child care	homes and child care institutions through policy
Licensing,	institutions	and Delacare regulations as appropriate.
Approval, and		
Recruitment		

to Community

2. Continue to provide culturally diverse services to

all populations statewide.

The Delacare requirements for Child Placing Agencies are currently under review. A draft of revised rules should, be set forth for public comment during late 2006. These rules govern how licensed Child Placing Agencies will provide foster and adoptive services. The Delacare requirements for Residential Facilities are utilized in compliance reviews for child residential facilities. They are not currently under revision, however, continuing consultation occurs between the Office of Child Care Licensing and other offices under the Department of Services for Children, Youth and Families to ensure that rules exist and are being enforced that support the changing needs of children in care. The Division of Family Services foster care and adoption staff are a part of these discussions. Also, there are representatives from community partner and contractor agencies at these meetings. Drafting regulation revisions has proved to be laborious and tedious.

Systemic Factors	Performance Goals and Objectives	Strategy
Foster and	12.2 State's licensing standards are applied equally to all	1. Continue application of uniform standards for all
Adoptive Home	foster and adoptive homes and institutions	foster and adoptive homes and institutions per
Licensing,		statutes, policy and Delacare regulations.
Approval, and		
Recruitment		

PROGRESS & ACCOMPLISHMENTS:

As of 1/1/04, the Division of Family Services initiated the dual application and training for DFS foster parents and for those who wanted to adopt the foster child residing in their home. During this reporting period, 30 foster parents received this training and had a completed home study to adopt the foster child residing in their home. The foster parent must meet all of the requirements to adopt which includes a home safety checklist and a criminal history record check. This training has been offered in the evening and/or on Saturdays to accommodate foster families. DFS foster home approval requirements are standardized statewide. Private foster care providers operate under Delacare requirements.

Systemic Factors	Performance Goals and Objectives	Strategy				
Foster and	12.3 Criminal background clearances are conducted for	1. Continue application of criminal background				
Adoptive Home	state and privately approved foster and adoptive	clearances for all foster and adoptive homes and				
Licensing,	parents and institutions	institutions per policy and Delacare regulations.				
Approval, and						
Recruitment						
DDOCDESS & ACCOMPLISHMENTS.						

PROGRESS & ACCOMPLISHMENTS:

State approved foster homes in the Division of Family Services are required to have criminal background checks including fingerprint checks by the FBI. Additionally, DELJIS checks are conducted on non-custody out of home placements including teens age 13 and older.

Requirements for Child Placing Agencies set forth rules for criminal history record checks for foster and/or adoptive applicants. During yearly compliance reviews a representative of the Office of Child Care Licensing will review the policy and procedure manual to validate that the Agency has a policy that complies with the specific requirement of Delacare rules, for checks on adoptive and foster applicants. The OCCL representative will also review a sampling of case records to validate that checks have been completed in accordance with Agency policy and Delacare licensing requirements and State law.

Systemic Factors	Performance Goals and Objectives	Strategy
Foster and	12.4 Recruitment and retention efforts for foster and	1. Recruit and retain a diverse pool of foster and
Adoptive Home	adoptive families represent the ethnic and racial	adoptive families to match the needs of children
Licensing,	diversity of children needing placement; state's	needing placement.
Approval, and	effectiveness in meeting official recruitment plan	2. Use internal management reports to evaluate and
Recruitment		guide foster and adoptive family recruitment and
		retention efforts.

## PROGRESS & ACCOMPLISHMENTS:

The Division has been successful in recruiting and maintaining a culturally diverse foster parent program where racial/ ethnic groups are proportionate to the foster children requiring out-of-home placement. As of 3/31/06 56.8% (416) of the children in foster care were African American and 58.75% (155) of the available foster homes were African American. 42.7% (346) of the foster children were Caucasian, compared to 40.55% (107) of the foster homes. 7.0% of children in foster care are identified as having Hispanic or Latino background, compared to 6% of the foster parents.

On going marketing and recruitment efforts are geared towards all faith based organizations to recruit foster parents from diverse cultural, racial and religious backgrounds to meet the needs of our children who enter care. The Division of Family Services continues to focus on recruitment for foster and adoptive families. A marketing team chaired by the foster care program manager meets monthly to identify strategies to recruit for additional resources. After a recent meeting, the team visited local churches in communities where our largest foster care population originated.

The National Child Welfare Resource Center for Adoption is working with states that have a disproportional population of minority children in foster care with a goal of adoption. Since 80% of the children with a goal of adoption are of a minority race, Delaware was selected as one of the 10 states to participate in this 2 year project. Mrs. Tiffany Earle was selected to be the representative and will work with the adoption program manager on a research project. This project will not only include research, but Mrs. Earle will write a position paper with follow up recommendations for the Division. This research will be used to help develop a recruitment plan to increase the pool of foster care and adoptive resources.

Early Intervention FCT's continue to express the needs of the Foster Care Program to attract culturally diverse foster care providers. During the year, E.I. FCT's speak of the need for these providers at school open houses and district health fairs and events throughout the state.

Systemic Factors	Performance Goals and Objectives		Strategy
Foster and	12.5 Recruitment and use of adoptive families across	1.	Continue to use regional and national adoption
Adoptive Home	state or other jurisdictional boundaries		placement resources for Delaware's foster children
Licensing,			needing adoptive homes.
Approval, and		2.	Continue to contract with out of state child placing
Recruitment			agencies to finalize adoptions for Delaware's foster
			children needing adoptive homes.

Delaware has expanded the recruitment efforts for foster and adoptive families with Public Service Announcements and other activities during National Foster Care Month and National Adoption Month. In November, 2005, the Adoptive Families with Information and Support groups hosted a conference to recognize adoptive families. Pat O'Brien from the Because We Care Program in NY was the invited guest and speaker. The theme was laughter and he was well received by those in attendance. The adoption program manager was video-taped for a 5 minute TV ad that was shown throughout the month of November on local television.

The National Adoption Center received a grant from Wendy's to recruit adoptive families for the older children. This is called, Wendy's Wonderful Children. Delaware submitted 13 children for this recruitment campaign that consisted of pictures and video taping. Five of these children have been placed with an adoptive family and one other child's adoption was recently finalized. After two of the children were shown on NBC10 Wednesday's child, the program manager and child's social worker were invited to say a few words about these children and the other children who need an adoptive family.

Delaware continues to list the children who are legally free on the AdoptUSKids web site. Since Delaware is a small state, about 15% to 20% of the children adopted are placed out of state. During this period, 17 children have been placed with an adoptive family in another state. We continue to send a Deladopt list of the children who need permanent homes to over forty adoption agencies throughout the country.

Representatives from the Division of Family Services attend a monthly meeting with the Interagency Committee on Adoption (ICOA). At this meeting, there is some discussion about the waiting children and the recruitment efforts throughout the state. This time is also used as a match discussion for children who need an adoptive family. Much of the discussion focuses on older children, sibling groups and minority children.