

(Bolded text is revision of the original plan or the 2007 APSR)

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 style="list-style-type: none"> 1. 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. 2. Maintain 2003 average of 95% compliance with agency standard of initial contact with treatment families within 10 days for each year, 2006-2009.
<p>PROGRESS & ACCOMPLISHMENTS:</p> <p>Measurement of Performance: In an effort to ensure child safety, timeliness of initial contacts in investigation and treatment and on-going contacts in treatment, are monitored through management reports distributed on a monthly basis and, results are incorporated in the quarterly DFS Report Card. Supervisory oversight is a part of the contact completion activity as seen through the ‘Diligent Efforts’ event. For the reporting period 4/1/07 to 3/31/08: Initial Contacts in Investigation was 93.54%. This outcome missed the goal by 1.46 percentage points. 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 (QA) 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.</p> <p>Current DFS policy dictates that after a case has been transferred to treatment for on-going services, initial contacts must be made within 10 working days. Initial Contacts in Treatment was 84.58% compliance within timeframes. This outcome missed the goal by 10.42 percentage points. Policy also dictates that the worker must complete a formal Safety Assessment during that first face to face contact and incorporate safety awareness during subsequent contact. The contact schedule is based on the needs of the family but is never less than monthly. On-going Treatment contacts for this reporting period was 93.50%. 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.</p> <p>Treatment workers are required to meet with a family a minimum of three times prior to completing the initial Family Assessment Form and developing the Family Service Plan. At the conclusion of the assessment period, supervisors are able to modify the contact schedule to best meet the needs of the family; however, contact is never less than once per month. The supervisor reviews and evaluates</p>			

casework at each decision point in the case (i.e. assessment, monthly case conferences, quarterly case reviews, and case closure). This review focuses on the family's needs and child safety and assists the worker in identifying specific areas requiring additional action. The contact schedule is determined by the supervisor as a result of the information gathered from the monthly case reviews. Families with a higher degree of risk are assigned a more frequent contact schedule than families with a lower level of risk.

It is the policy of DFS to have a face to face visit within five days of a child being placed in a new foster home. In July 2007 policy was updated to include the federal requirement that children in foster care be seen on a monthly basis and that the majority of the contacts occur in the child's placement.

NCIC (National Crime Information Center) information will be expanded from use by DFS' two Special Investigators (in-house law enforcement) and the Criminal History Unit to fifty-three Investigation and Treatment staff at the Master Family Specialist and Family Crisis Therapists levels. Training should begin this summer.

The Professional's Child Abuse and Neglect Mandatory Reporting Form was updated in August 2007. This form is forwarded by professional reporters within 72 hours after making an oral report for documentary purposes.

If families are receiving home based services thru DFS contractors, the contractors are required to make their initial face to face contact with the family within 10 calendar days. The contract requires that the initial visit be a joint visit including the family, the DFS worker and the contractor.

This item is a Child and Family Services Program Improvement Plan (CFSR PIP) item. Activities are to review criteria for initial contacts and adjust policy and practice to address noted noncompliance.

The Child Protection Accountability Commission developed a subcommittee to examine the definitions of child abuse, neglect, and dependency in the Delaware Code. There were inconsistencies among the definitions within the various chapters of the Code and the definitions needed to be clarified for improved usage. The subcommittee also reviewed issues related to "care, custody, and control." The subcommittee was chaired by Community Legal Aid and, in addition to the Division of Family Services; other members included the Office of the Child Advocate, the Department of Justice, Family Court, the Child Placement Review Board, and the Department of Health and Social Services. The Subcommittee met for more than two years before definitions were drafted into bill form. The legislation, House Bill 266, was passed on June 30, 2007. One of the most significant revisions removes the qualification of care, custody, or control for sex abuse which impacts the Division's ability to substantiate minor perpetrators and other family members who were not designated as caretakers at the time the sexual abuse took place.

An interdisciplinary Medical Subcommittee of the Department of Justice Abuse Intervention Committee was created in 2006 and is chaired by the DuPont Hospital for Children. It is finalizing a program to educate family practitioners, pediatricians, and hospital emergency department professionals on the identification and reporting of child abuse and neglect. The statewide training is expected to begin during 2008.

The Office of Prevention and Early Intervention (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 (PSSF) Consultation and Support Program focuses on families where safety is not necessarily a factor, but where extenuating risks may lead the family to enter or re-enter into deeper end services. Attempts to engage and schedule families for this voluntary service are made within two working days from the date of referral. This past year, a waiting list protocol was implemented to identify families who could not be seen within five working days due to a scheduling backlog. As result of ongoing network efforts among the PSSF service providers, there was no waiting list for services. The frequency in which a family meets with a Family Consultant depends solely on the needs of the individual family. Based on the analysis of the average program closure timeframe according to data, the average timeframe for program participation during the report period was 6.42 to 7.50 weeks. This is shorter than the 8 to 10 weeks of service provided during the last reporting period. The program face-to-face sessions continue to last at least two hours with phone contacts lasting one hour.

The K-3 Early Intervention Program, an innovative partnership with the Department Of Education, provides voluntary services to Delaware’s children and their families whose behavior puts them at risk of academic, social, emotional failure and ultimately the need for DSCYF deep end services in the future. This program places a DSCYF Family Crisis Therapist in 51 schools statewide. This program contacts families before the need for DSCYF deep end services in order to increase protective factors, such as enhanced parenting skills.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children are, first and foremost, protected from abuse and neglect	1.2 Absence of maltreatment recurrence (Internal Management Report, NCANDS)	More than 94.6% absence of maltreatment within 12 months.	<ol style="list-style-type: none"> 1. Reduce risk of abuse and neglect through appropriate assessment, planning and service delivery. 2. Develop community and other agency resources to implement a system of care model. 3. Maintain NCANDS rating of 98.16% absence of maltreatment for 2007-2009 4. The Department to reduce the percentage of children and youth who return to service within 12 months of case closure to 26% for 2007-2009.

PROGRESS & ACCOMPLISHMENTS:
 Measurement of Performance: The DFS internal NCANDS report for the period 4/1/07 to 3/31/08 resulted in a 96.3% (1040 of 1080) absence of recurrence rate (40 of 1080), exceeding the goal by 1.7 percentage points. The result for the Department of Services for

Children, Youth and Their Families (DSCYF) 'Return to Service' measure, as of December 31, 2007 was 30.5% (836 of 2744). This measure is based on those children active with DSCYF between January 1, 2006 and December 31, 2006, who returned to service within 12 months of case closure. There are continuing efforts to analyze, through case reviews, the circumstances leading to a child or family's return to service. 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 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.

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 with the Department. OPEI maintains a prevention safety model through the approach of delivering services in the areas of Universal Prevention, Selective/Targeted Prevention, Indicated Prevention and Early Intervention approaches. OPEI also promotes strategies to reduce the risk of future negative 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 the protective factors of children and families and decreasing their risk factors.

The Promoting Safe and Stable Families Consultation and Support Program (PSSF) is a family preservation and family support combined effort providing universal/targeted/indicated approaches focusing on providing supportive services intended to reduce the occurrences of child maltreatment by addressing the four associated risk factors which are: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services and (4) crisis and stress. PSSF contracts with four community-based organizations to: increase formal and informal support networks, address concerns, increase family's advocacy efforts to address their need for services, empower families to make the connection to appropriate services and resources, assist families in designing an intervention plan, and increase a family's awareness of how to reduce stress in the future through this planning approach. PSSF will plan to add one addition service site in 2008. The selected contract site will serve families in a targeted area needing resource connection services only and who do not wish to participate in the family consultation and support process.

The community based Family Consultants are trained in a strength-based and family support approach combining Family Preservation and Family Support funding and applying principles and practices to create the Consultation and Support model serving caretakers of children 18 and under with multiple family needs. Services include enhancing parenting practices through discussions and suggestions, providing information on employment opportunities, budgeting and available housing, offering limited financial assistance, helping access services for substance abuse, working with families to identify their own needs, developing plans to meet those needs and providing information and referrals for needed services. The PSSF program continues to reach out to foster parents and has included independent living youth in their target population. Advertising efforts were implemented to increase foster parents' awareness of the PSSF Family Consultation and Support services. The program was promoted in the Foster Parent Newsletter and during DFS foster care provider meetings and trainings. PSSF will seek to expand its promotion effort to this population by mailing program brochures to foster parents. The PSSF Consultation and Support program continues to provide four priority services within its family centered

design: Healthy Marriages/Adult Relationships, Parenting Services, Child's Behavior 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 service continues to provide support through Healthy Marriage and Fatherhood education materials. PSSF has provided a series of educational sessions on the importance of fathers' involvement with children and families to four service providers as well as other community agencies. Individual and family sessions are also offered on topics such as healthy communication, conflict resolution, financial and other relational issues. The Parenting educational services ranges from parenting information, to classes such as Grandparents Raising Grandchildren, Understanding the Educational Services Available to Children of Delaware, Parenting Basics, Understanding Your Developing Child and the Strengthening Families Program. The PSSF contracted providers continue to offer these services by maintaining old agency partnerships while establishing new ones by purchasing services or by providing the services directly. The PSSF program offers service to families who are experiencing behavioral difficulties with their children. When families are in need of more intensive services, a referral is made to the PSSF Intensive Family Consultants to provide Family Consultation and Positive Behavior Intervention. The service continues to be offered by the PSSF Intensive Family Consultants who are classified as Psychiatric Social Workers and have the skills to offer Positive Behavior Intervention. The performance expectation for 2007 was to serve 1750 individuals and 700 families. Out of the 700 families expected to be served, 70% were to complete the Family Consultation and Support service. The program exceeded its expectations by serving a total of 2,642 individuals: 1048 adults, 1594 children and 766 families. Out of the 766 families served, 461 completed the Family Consultation and Support Service. In FY 2007, there was an increase in PSSF priority programs services, 123 individuals received Parenting Services and 48 families received Healthy Marriages and Adult Relationships services. PSSF experienced a reduction of individuals who received substance abuse services and plans putting more efforts into targeting that population in 2008. PSSF will continue to put forth extraordinary efforts to reach, engage and retain families in need of intensive services. In 2007, 135 families and 35 youth received family consultation.

OPEI's Indicated prevention approach focuses on specific high risk groups that have frequent contact with more intensive Departmental Services. The evidence-based Strengthening Families program was provided statewide to the Department's Office of Children Services target population through a contract with Children and Families First. This Department's target population represents abuse and neglected children, ages 3-17, and their families with an open case. The family skills program has been proven to significantly reduce substance abuse and use, delinquency, improve social competencies and school performance, and decrease child maltreatment. Children and Families First staff meet with parents and children in 14-week sessions to reduce incidents of child abuse and neglect; enhance parent-child and family relationships, maximize opportunities for both parent and child development and strengthen capabilities of parents to draw upon formal and informal resources. In separate and combined groups, exercises provide both parents and children effective communication and discipline skills. Families learn to problem solve, set limits, understand feelings, cope with anger and criticism, manage stress, understand peer pressure, the consequences of substance use and compliance with parental rules. These skills are practiced and reinforced during the session in the joint structured family activity, therapeutic child play and family meeting. In SYF07, 341 individuals successfully completed the Strengthening Families program in all three counties statewide. OPEI continues to track program participants to assess if participants return to the Department for a new substantiated case of child maltreatment within 24

months of successfully completing the Strengthening Families program. This specific outcome is measured by conducting checks on participants that completed the program using the Department's Family and Child Tracking System (FACTS). The 24 months post program FACTS checks show that there were 5 program participants investigated and substantiated for child maltreatment out of 238 participants completing the Strengthening Families program for FY2007.

A Selected/Targeted prevention program provided by OPEI is Families and Centers Empowered Together (FACET). FACET is a family support and empowerment program located within four Early Care and Education Centers from birth to five years of age. The program's primary goal is to build and enhance protective factors of children enrolled in Early Care and Education Centers and their families. The program also prevents substance abuse and strengthens family connections and supports through the Early Care and Education 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 program averages 121 active families per month. The FACET program served 196 unduplicated families and 365 unduplicated children during this review period. The 4 Early Care Centers function as a coalition called the FACET Cluster. The FACET Cluster gives the FACET Centers a sense of trust and purpose where difficult program issues are shared and solution for the greater good of the program originate. The Cluster functions as:

- An assessment tool where centers compare their work to the work of the other centers which ensures the integrity and value of services.
- A network for sharing where centers are encouraged to borrow ideas, materials, strategies, resources and successes resulting in the enhancement of services to families.
- A supportive environment where members support each other and help each other to see their own issues in a more universal context.
- A base for social change where members keep each other informed of current public policy issues and if necessary mobilize quickly as advocates for parents, families and children.

As of July 1, 2007, OPEI implemented the evidence-based All Stars Program through a contract with Edgemoor Community Center as the lead agency for the Delaware Prevention Network Alliance. It is a consortium of ten non-profit and governmental agencies geographically located throughout the State of Delaware that provide multifaceted services in their respective communities/neighborhoods. All Stars is a universally approached school or community-based program designed to prevent youth from engaging in behaviors that will put their health and well-being at risk. The program is delivered in an after-school setting. Parents are provided, through the youth participant, take-home assignments and the sharing of information about parenting strategies. Throughout the program, youth meet and engage in small group activities, group discussions, worksheet tasks, videotapes, games and art activities. Some strategies include bonding, commitment, parental attentiveness, social norms and abstinence. The primary target audience is 360 youth ages 10-14 years of age with the following risk factors: access to tobacco, alcohol and drugs; lack of economic and social

resources, social acceptance of alcohol and drug abuse within the home and community, low parent-child bonding and aggressive or disruptive classroom behavior. Programs outcomes will be evaluated with validated pre- and post-test surveys yielding information about individual participants, their behaviors, attitudes, beliefs and opinions. Items include substance abuse 30-day use, perception of disapproval/attitude, and perceived risk/harm of use. To date this reporting year, 146 individuals have participated in the All Stars program.

The selective prevention program, Separating and Divorcing Parent Education (SDPE) is a state Family Court mandated program. Family Court mandates divorcing parents with children up to age 17 to attend an education program on co-parenting successfully. Parents wanting custody and/or wanting visitation are also required to take these classes. The goal of SDPE is to help educate parents about the effects and impact divorce and separation has on their children and to help minimize the harmful affects this produces. The SDPE program has 3 components: Basic (6 hrs.), a Domestic Violence component (2 hrs.), and a Children's piece which is monitored by Family Court (children ages 8 to 16 years old must attend a children's class). Currently, 13 Partners through 22 sites offer the program. Two of these sites are Bilingual (Spanish/English), catering to a large Hispanic population in the Northern and Southern part of the state. The program is available in all three counties in the state and has served 691 parents during this review period. An evaluation plan is being coordinated to gauge the level of awareness and the program's efficacy resulting from parent participation.

The Child Abuse and Neglect Campaign (CAND) is a Universal approach designed to reach the masses through "booster shots" of information geared to educate the public about child maltreatment. The CANC implements prevention information/dissemination strategies to increase awareness engage the community and change the behaviors of individuals at risk of abuse and neglect across the lifespan despite their economic situation, educational and/or cultural background. OPEI is making a concerted effort to promote awareness and subsequently change high-risk behaviors through organized and coordinated outreach initiatives. Each April, there is a child maltreatment prevention campaign that takes place across different venues. In 2007, the CANC Committee continued to increase their collaborative efforts by including partnerships throughout the state with a similar mission in protecting children.

The Domestic Violence Coordinating Council, Public Health, Prevent Child Abuse Delaware, Survivors of Abuse Recovery Inc., the Division of Child Mental Health Services, the Division of Youth Rehabilitative Services and the Division of Family Services were involved in all child abuse and neglect CANC prevention initiatives. All divisions within the Delaware Children's Department interface with children and youth who have been exposed to abuse and neglect. Materials related to child abuse and neglect are used in all campaigns and are distributed throughout the Department and community to reach target populations of parents and youth. It is the focus of these efforts to coordinate communication plans as outlined in the three year strategic plan. These efforts will aggressively target child abuse and neglect prevention in our state and especially those issues that contribute to it.

The OPEI Resource Clearinghouse (OPRC) disseminated during this reporting period 101,332 pieces of information including books and videos on child development, separation and divorce/successful co-parenting strategies, parenting skills/tips, drug and alcohol prevention, budgeting, resources, community emergency preparedness, violence prevention, and a host of other topics. Materials related to preventing child maltreatment were distributed to over 34,970 individuals and organizations across the state free of charge. These agencies represent schools, daycares, Head Start and early childhood centers, community centers, hospitals, universities and colleges,

faith-based organizations and state organizations. A total of 4,007 adult-oriented handbooks and workbooks on topics such as discipline, stress, and parenting skills were also distributed. The OPRC continues to contract with the Channing Bete Company to manage the inventory of booklets and to direct ship materials to individuals and organizations throughout the state. In FY2007, the OPRC developed a Cyber Café to enable patrons to review and/or obtain prevention materials, educational videos and software onsite. The OPRC developed a partnership with the University of Delaware Youth/Adolescent Center to expand service delivery and make materials more accessible. The OPRC also reestablished the partnership with the YMCA Resource Center to serve as a satellite location for the distribution and dissemination of prevention materials. The OPRC has developed some new initiatives that will hope to address some of the devastating issues of substance abuse, violence and mental health. In 2008, the CANC Committee implemented the Prevent Child Abuse America National Campaign “Pinwheels for Prevention” that engages people to act in preventing abuse from happening in the first place. The campaign is built around the symbol of the pinwheel. In Delaware, the pinwheels are used to signify the happy and uplifting symbol of childhood. As a campaign symbol, a pinwheel will convey this message “Every child deserves the chance be raised in a healthy, safe, and nurturing environment.” Secondly, the OPRC is planning to build a system that informs the community about events that are sponsored by the Children’s Department and OPEI. These public awareness events target the universal population about issues of fatherhood, building stronger marriages and relationships and parenting. In addition, the Cyber Cafe will continue to allow families and agencies to view information, DVDs and videos that can be used to promote more positive family relationships. The Cyber Cafe is expanding its consultation service to non-profit agencies, law enforcement and department staff to assist them in building programs, workshops and support groups for youth and families. The OPRC will reach out to more than 80 agencies in Delaware and build their resource areas by delivering pamphlets, psycho-educational materials and activity books in the areas of divorce, character building, bullying, domestic violence, health and wellness, substance abuse, mental health and marriage. Finally, the OPRC will expand its lending library to include curriculums that schools and non-profit agencies can use with children, youth and parents in the prevention of domestic violence, bullying, substance abuse and stress.

Delaware is fortunate to have an innovative and recognized early intervention program. The K-3 Early Intervention’s Family Crisis Therapists (FCTs) are co-located in 51 public and charter elementary schools throughout the state 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. DSCYF partners with the Department of Education and local school districts in this endeavor. From October 2006 to September 2007, Early Intervention FCTs opened 996 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 Program, two assessments are completed. The first is an Initial Assessment consisting of 19 questions. This form helps FCTs assess risk behaviors, significant clinical issues, determine differentiation between attention difficulties from other behavioral difficulties, and assesses the appropriateness of the Early Intervention Program to meet the needs of the referred child. The second assessment is the Child and Adolescent Functional Assessment Scale (CAFAS). This assessment is conducted within 30 days of a family entering the program. After the first CAFAS is completed, an additional CAFAS is completed every three months until the case is closed. For each open case within the Early

Intervention Program, a service plan is completed within thirty days of the family entering the program. Service plans are updated monthly and a summary of each case is provided to the assigned supervisor. The plans mirror the CAFAS and address issues in the following areas: school/work, home, community, behavior towards others, moods/emotions, self-harmful behavior, substance use, thinking, material needs and family/social support. Services provided by the Early Intervention FCTs include: one on one counseling, group counseling, consultations, family counseling and home visitation. Additionally, Early Intervention FCTs offer parenting and children's groups to all clients. Other services such as accessing 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 FCTs 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 this reporting period, FCTs have partnered with numerous agencies, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, Operation Warm, medical centers, and mental health providers for children and adults. This year, the Early Intervention Program has partnered with Operation Warm to provide winter coats to children at each of the participating elementary schools in the state. Through their efforts, the Early Intervention FCTs partner with the Office of Children's Services and others to reduce the incidence of child maltreatment.

The Division of Family Services continues to implement a thorough assessment process for families referred for treatment services. Workers are required to complete a Safety Assessment at their first face-to-face contact. A Family Assessment and a Service Entry Needs and Strengths Screen (SENSS) are required within the first six weeks of receiving a case. Based on the results of these assessments, workers are able to identify the most appropriate resources to meet the needs of the family, thereby reducing or eliminating the recurrence of maltreatment. In addition to the Division's assessment tools, DFS also has Domestic Violence liaisons and certified Substance Abuse Treatment Counselors co-located in each regional office. If families present with either suspected or confirmed domestic violence or substance abuse issues, DFS workers are able to refer the individual directly to the in-house specialists for an immediate assessment and subsequent referral for services.

The Department instituted a System of Care Philosophy when working with children and their families. In order to facilitate the adoption of this philosophy, the Department has embarked on a multi-phase training program. Phase One occurred from April thru December 2004. This Phase was designed to educate all Department staff regarding the seven SOC principles and to outline how the Department proposed to move forward with this initiative. Phase Two training occurred in the Fall and Winter of 2005. This training was provided to supervisors and focused on developing team building and facilitation skills. There was also a focus on training the supervisors to implement these skills within their units. Phase Three occurred in the Summer and Fall of 2006 and was provided to frontline workers. The training focused on team building and facilitation skills. Phase Four occurred in the Fall of 2007 and was provided to both frontline workers and their supervisors. This training focused on enhancing skills related to engaging families in the planning process.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children are, first and foremost, protected from abuse and neglect	1.3 Absence of child abuse and/or neglect in foster care (Internal Management Report, NCANDS)	More than 99.68% absence of abuse and/or neglect in foster care. 90% of annual reviews will be completed timely 2007-2009	<ol style="list-style-type: none"> 1. Provide safe homes for children in care by annual reviews of DFS foster homes and child placing agencies; review FACTS data entry and reporting for DFS foster home annual 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 (FACTS) to improve use of A/N information, study the feasibility of enhancing institutional abuse data access by December 2004. Action completed. 5. Maintain more than 99.68% absence of abuse/neglect in foster care for every year 2007-2009.
<p>PROGRESS & ACCOMPLISHMENTS:</p> <p>Measurement of Performance: The DFS internal data report for ‘Absence of Abuse/ Neglect in Foster Care’, which mimics the NCANDS/ AFCARS data standards is used to report this measure. DFS has established that there were no substantiation incidents of child abuse or neglect in a foster care setting during the period 4/1/07 to 3/31/08. Therefore, 100% of the children in foster care were kept safe from harm, exceeding the 99.68% standard for this measure.</p> <p>The DFS 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 4/1/07 to 3/31/08, reviewers found safety had been properly assessed 95% (167 of 176) 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.</p> <p>A strong communication system between OCS Foster Care and Office of Child Care Licensing (OCCL) has been established. Administrators and program supervisors meet with the goal of ensuring the alignment and equal application of standards across foster care services without regard to the entity that has “approved” the foster provider. There is agreement to make clear, consistent enforcement of standards. When a concern or complaint comes to light, it is communicated between DFS Foster Care and Child Care</p>			

Licensing to ensure that the safety of all children in day care or foster care is protected.

Meetings continue and strategies that take into account guidance gained from the IV-E and Child and Family Services Reviews, conducted in 2006 and early 2007 are being further developed. The review of licensing requirements that set regulatory standards for the licensing of Child Placing Agencies (CPA) was suspended pending the findings of these reviews. A DFS workgroup has been analyzing the findings and recommendations from the federal reviews to identify areas that need to be either embedded in regulation or in the contracts. The task force that had been working on Delacare rules will reconvene to review the revised draft and proceed with revising regulations.

A review of the FACTS data system was completed with the goal of aligning the fields used to track foster care providers with those that track child care providers. A document indicating “approval” of a foster home will now use the same template as the child care “license”. Other forms have been shared and work is ongoing to design single applications shared by both offices.

The Division of Family Services refers all children ages 4 and older who are entering foster care for the first time for a mental health screening, a service provided by DCMH. As a result of this screening, services and referrals are made which support the child and foster parent. This initiative strives to improve child well-being and placement stability. 213 foster children were screened during FY07.

It has always been the Division of Family Service’s policy that all children in foster care be seen on a monthly basis. However in July, 2007 the policy was modified to include the federal requirements that the majority of contact with children in foster care occur in the child’s residence. In addition, policy clarifies what must be discussed during the monthly contacts. Assessing the safety of the child in their foster home is required during each contact. To ensure compliance with the monthly contact, caseworkers now create separate monthly contact notes so that their contacts can be tracked and reviewed. The initial FFY07 contact baseline was 43%; an improvement plan to reach 90% compliance by October 2011 is attached to the IV-B Subpart I grant chapter. Delaware is completing the majority of contacts in the child’s residence.

All foster parents from DFS and contracted child placing agencies will continue to receive annual reviews. Improvements were made in the process for annual reviews and involve the inclusion of start and end dates as well as the yearly issuance of certificates of approval to each foster family; this is a IV-E Review Program Improvement Plan item. Foster family annual reviews are now completed 30 days prior to the annual review due date in order to allow for any corrective actions to be completed before the annual review expires. The expectation is to prevent foster families from having a lapse of time in their approval.

The Division of Child Mental Health Services (DCMH) sponsored full-day trainings open to foster parents including Child Traumatic Stress and Assessment and Treatment of Adolescents With Sexually Inappropriate Behaviors.

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. There were 54 critical incidents reviewed by the Department Safety Council (DSC) 4/07–3/08. As a result of these reviews, 19 recommendations were made. System issues identified included communication, team based planning, service planning, staff performance and complacency issues and case recording. Although system issues were not identified to warrant further review for most incidents, there were situations where the DSC identified the need for clarification of policy, improved communication or staff refresher training and communicated these findings to the divisions.

Regarding the Child Death, Near Death and Stillbirth Commission, the 3 panels (New Castle County Panel, Kent/Sussex Panel and the Abuse/Neglect Panel) have reviewed a combined total of 33 cases that had some Department involvement during this time frame.

Reviews conducted by both the DSC and CDNDSC are intended to identify system issues that if corrected could prevent future similar incidents from occurring.

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.	1.4 Services to family to protect children in home and prevent removal (Quality Assurance Case Reviews, Dept. Report Card)	100% of children in home will be assessed as safe	<ol style="list-style-type: none"> 1. 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. 2. Continue the safety model in investigation and treatment cases. 3. 100% compliance for children assessed safe 2007-2009. 4. Continue administrative review of all children assessed as not safe. 5. Decrease the percentage of Departmental children in out-of-home care to 12% by FY08, 3rd quarter. Maintain 12% through 2009. 6. Strengthen community based prevention services for the Department through 2009.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: 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 4/1/07 to 3/31/08, Investigation reviewers agreed that the children were safe in 95% (307 of 323) of the cases reviewed and in Treatment, reviewers agreed that the children were safe in 92% (181 of 196) of the cases reviewed. 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 during the case review process, are reviewed by the Quality Assurance Manager for appropriate action.

The Department measure for ‘Percent of Children in Out-of Home Care’ as of December 31, 2007 was 17.9% (1,482 of 8,275). The Department missed the goal by 5.9 percentage points, as of the last available reporting date.

This item is addressed in the pending CFSR PIP. Activities are planned to review and amend current practices to ensure safety assessments are conducted in investigation, treatment and out-of-home care.

Trauma-specific, evidence-based mental health treatment is available and is specifically targeted to the population of children and adolescents who are in the DFS “Treatment Unit,” in an effort to address mental health issues and help the family keep the child in the home/prevent removal to foster placement. The Division of Child Mental Health Services, through a SAMHSA Child Traumatic Stress Treatment Center Grant, operates a statewide pilot program serving 45 children and families at any one time, using Trauma-Focused Cognitive Behavioral Therapy with children who have significant child traumatic stress (PTSD – Post Traumatic Stress Disorder) resulting from physical and/or sexual abuse or from witnessing violence. DCMHS conducted multiple trainings for supervisory staff of DFS Treatment Units, including training on how to identify youth who may benefit from this treatment and how to make an easy referral (consisting only of a single form called “consent to contact”), so that DCMHS may contact the family with assurance that the family is expecting the contact. Initial assessment for child traumatic stress is conducted in home or even over the phone and, where the initial screen is positive, the child/family are linked directly to an evidence-based treatment therapist. One outcome of successful treatment is the prevention of removal from their home.

In addition, a wide range of services are available from DCMHS including mental health and substance abuse treatment that is provided in home and/or in community. Outpatient treatment is available without preauthorization for mental health or substance abuse treatment for children who are Medicaid enrollees (includes SCHIP enrollees) or who are without insurance.

Child Mental Health Family Psycho-Education is a manualized guide for use by mental health providers to offer family psycho social education as a service. Developed as a product of a 3 year, \$300,000 CMS grant to the Division of Child Mental Health Services, this product enables outpatient providers to conduct economical group sessions and provide intervention using family psycho-education to children/families who otherwise would be on the wait list for therapy, thereby expanding the system’s capacity to provide intervention at the outpatient service level. This type of intervention has been reported to be useful to families who are trying to prevent removal of children at risk for foster placement by enhancing adult caregiver’s effectiveness in working with youth.

OPEI continues to provide supportive services to the Office of Children's Services (OCS), Division of Child Mental Health Services

(DCMHS) and Division of Youth Rehabilitative Services (DYRS) in an effort to promote a system of care. During the past year, the Promoting Safe and Stable Families Consultation and Support Program (PSSF) provided family consultation and support services to at-risk families involved in OCS including independent living youth. The partnership with DFS' IL program strengthens family support services to youth in Kent and Sussex County. The youth participated in a seven-week program entitled "Healthy Adult Relationship Skill Building." Program services were provided in gender specific group session. The purpose of the gender specific group session was to provide youth with specific skills and enhance their knowledge and understanding of how relationships impact every aspect of their lives, and to enhance, nurture and strengthen family relationships. Sessions served as a building block to support the development of healthy adult relationships for the participating youth. The seven-week group sessions addressed such topics as:

- Types of Relationship – family, friends/peers, spiritual;
- Relationships and Self Defeating Behaviors i.e. irresponsibility, blaming, denial;
- Tools that help to build healthy relationships; owning one's behavior, honesty, trust;
- Communications and Relationships: sender vs. receiver, respect vs. disrespect;

Youth participation in the program service was very notable as they took the lead in directing the weekly activity, displayed commitment to the process and gave of themselves during these sessions.

PSSF continues to focus its efforts on a family-focused, child-centered consultation model that seeks to prevent families from entering or re-entering Departmental services resulting from concerns of neglect, abuse and dependency. PSSF provides support services to families with youth transitioning back into the home and community. Through coordinated efforts to improve prevention and early intervention services based on the needs of Departmental families, a system of care has been developed that offers services along the continuum. The program received 135 OCS families and 21 Independent Living Youth referrals. These numbers are not inclusive of all the DFS families served because the program depends on self reporting of OCS involvement.

In February 2007, OPEI issued a Request For Proposal (RFP) seeking applicants to provide evidence-based prevention programming in three Priority Areas: Parent Enrichment and Support, Substance Abuse Prevention and School-Age Drug Use and Violence Prevention. A requirement of the applicants were to submit proposals that met the federal guidelines of the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), Substance Abuse Prevention and Treatment Block Grant prevention set aside and the Office of Safe and Drug Free Schools, Safe and Drug Free Schools and Communities Act Governor's program. Applicants were encouraged to select and adapt programs referenced by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), U.S. Department of Education and the Office of Juvenile Justice and Delinquency Prevention. As a result of this competitive RFP process, OPEI awarded contracts to Children and Families First, Edgemoor Community Center, Jewish Family Services and Latin American Community Center to implement evidence-based programming from July 1, 2007 to June 30, 2008.

The FACET Program providers partner with schools in their school feeder pattern to establish relationships with school staff to ease the children's transition from Pre-school to Kindergarten through information sharing and parent meetings. Parents are more

knowledgeable about school process and as a result get more involved in their children's school.

The Strengthening Families program continues to implement services through a community based organization, Children and Families First, to provide parent education training to the Office of Children Services target population. During this reporting period, the Strengthening Families program experienced some program challenges in serving the target population. These challenges included program participants attending sessions under the influence of alcohol and other drugs, and mental and emotional illnesses which interfered with service delivery. Transportation was a major issue in the rural areas of Sussex County. The program also experienced budgetary issues due to Children and Families First underestimating program implementation costs, staffing and client transportation needs. Client transportation was initially managed by the Department but in SFY07 Children and Families First assumed this responsibility to provide total oversight and management of the program. As a result of the budgetary issues and not enough money remaining in the contract to provide services until June 30, 2007, Children and Families First, in consultation with OPEI, ended Strengthening Families classes in March 2007. OPEI entered into a new contract with Children and Families First on July 1, 2007 to continue the Strengthening Families program, and serve a minimum of 110-120 families. The primary target population continues to be families with children who are active with the Department's Divisions including YRS, DFS or CMH. This population may be receiving treatment or intervention services but this program will serve as the primary prevention component, one that builds protective factors to prevent and/or reduce child maltreatment.

Children and Families First also continues to implement the Families and Schools Together (FAST), a 14 week science-based family skills training program designed to increase resilience and reduce risk factors for youth who are vulnerable to school failure, alcohol and other drug abuse and/or juvenile delinquency. The target population included youth ages 11 to 14 from 5 middle schools statewide. Youth were identified to participate in the FAST program by school officials based on the following risk factors: youth who show signs of school failure; involved in substance abuse by child and family, and stress due to daily life situations. Sessions included teaching youth positive problem solving, communication and coping skills, alcohol, tobacco and other drugs refusal skills and the awareness of the dangers of alcohol, tobacco and other drug use. Parents of the youth formed a Parent Advisory Group through FASTWORKS, a program enhancement component that empowers parents to develop committees to plan alternative activities and guide future program development. The program also included referrals to needed community services/resources by a multi-disciplinary professional team. A total of 335 individuals were served via recruitment, outreach efforts, home visits, and referrals by teachers, parent partners and social workers. During this reporting period, the FAST program did experience challenges with recruiting and retaining the target population mainly because children did not attend school in the neighborhood they reside. In July 1, 2007, OPEI did not continue the FAST program because of limited funds available from the federal United States Department of Education, Safe and Drug Free School and Communities Act.

The member agencies of the Delaware Prevention Network Alliance continued in SFY 2007 to implement the Creating Lasting Family Connections program statewide to children and youth, ages 9 -17 and their families. Delaware Prevention Network Alliance is a consortium of local non-profit and governmental agencies that provide multi-faceted services in 10 community centers settings. The Creating Lasting Family Connections program focuses on increasing community, family, and individual youth protective factors by delaying the onset and reducing the frequency of substance use, a major issue for families in the child welfare system. Each youth and

parent participated in sessions over a 15-20 week period, with a class size of no more than 15 participants. Alternative activities were provided such as drug free dances, recreational, educational and cultural activities as a strategy to recruit and retain the target population. During this reporting period, an ongoing challenge for the implementation of the program was the recruitment of family groups. Many parents give consent for their children to participate in the program but the parents themselves decline to participate. An additional challenge for youth and adult participants is the completion of pre and post surveys, as both youth and adults were permitted to participate in the program without completing these surveys. This practice has resulted in data collection challenges for the respective sites, which were addressed through technical assistance by OPEI staff. A total of 375 youth and 83 adults were served in the Creating Lasting Family Connections program. This program did not continue beyond June 30, 2007 due to a competitive Request for Proposal issued by OPEI.

The evidence-based Life Skills Training program was implemented by the University of Delaware Cooperative Extension to prevent the early stages of substance use by influencing the risk factors associated with substance abuse, particularly occasional or experimental use. The program target population was youth ages 11-15 in middle schools statewide. The Life Skills sessions use lecture, discussion, coaching, and practice to enhance students' self-esteem, feelings of self-efficacy, ability to make decisions, and ability to resist peer and media pressure in three major components which are: drug resistance, personal self-management and general social skills. During this reporting period, 270 youth statewide received the Life Skills Training program. The evaluation of the program showed a significant increase in the youth's ability to resist drugs, and a decrease in pro-substance abuse attitudes. The evaluation also indicated that the program impacted youth's assertiveness, anxiety reduction, and self-control, all of which increased significantly from pre-test to post-test condition. Significant decreases were observed in Pro-Smoking Attitudes, Pro-Drinking Attitudes, Pro-Marijuana Attitudes, and Pro-Hard Drug Use Attitudes from the pretest condition to the posttest condition. Drug Refusal Skills, Saying "No", and Using a Variety of Refusal Skills all increased significantly from the pretest condition to the posttest condition. Evaluation efforts to be considered in FY2008 will be to explore the need for a two year evaluation instrument and a means of assessing any cumulative effects on the youth being served. The design of the Life Skills Training program is basically an intense year one program of teaching, coaching and modeling substance abuse prevention education; this is followed by two less intense booster sessions over the next two consecutive years. Currently National Health Promotions, the organization managing the Life Skills program does not offer a year two or year three evaluation tool. Therefore, OPEI has been in discussions with an evaluator at the University of Delaware, Center for Drug and Alcohol Studies to develop a two year evaluation instrument to be piloted in FY2008. The Life Skills program is also being offered by the Department of Education within the schools. Collaboration is being sought to better enable the implementation of the program without duplication of efforts.

Edgemoor Community Center and the member agencies of the Delaware Prevention Network Alliance are currently implementing the evidence-based fourteen week All Stars program to prevent substance use, premature sexual activity, fighting and delinquency in youth and teens through the development of personal characteristics. The Delaware Prevention Network Alliance is a consortium of ten non-profit and government agencies that provide multifaceted services in their respective communities. Currently, the All Stars program is being implemented in community and school settings to youth ages 10-14 with the following risk factors: access to tobacco, alcohol

and drugs; lack of economic and social resources, social acceptance of alcohol and drug abuse within the home and community, low parent-child bonding and aggressive or disruptive classroom behavior. Youth meet weekly and participate in small group activities and discussions, complete worksheet tasks, review videotapes, and participate in games and art activities. Parent participation is encouraged through youth take home assignments on topics covered in workshop sessions. Programs outcomes will be evaluated with validated, pre-test and post-test survey instruments yielding information about participant' behaviors, attitudes, beliefs and opinions, and perceived risk and harm of substance use. The All Stars program will serve 360 youth from July 1, 2007 to June 30, 2008.

OPEI in collaboration with Jewish Family Services and the YMCA Resource Center are implementing Media Matters and the evidence-based Project Toward No Drug Abuse (TND). Media Matters is a hands-on media workshop in which youth translate the content and attitudes of Project TND into public service videos for presentation to a wider audience. The Project Towards No Drug Abuse (TND) is an interactive program designed to help high school youth (ages 14-19) resist substance use. The program consists of twelve 40 – 50 minute lessons that include motivational activities, social skills training, and decision – making components that are delivered through group discussions, games, role-playing exercises, videos and student worksheets over a 4-week period. Combining the programming of these two programs is considered necessary for positive bonding. These combined strategies will provide: opportunity to contribute to community, family, peers and school in a meaningful way; skills to take advantage of opportunities and avoid frustration and or failure; and recognition to foster incentive to contribute and to reinforce positive achievement. Programs outcomes will be evaluated with validated, pre-test and post-test survey instruments yielding information about participant behaviors, attitudes, beliefs and opinions, and perceived risk and harm of substance use and violence. The program target population includes youth from the Department's Youth Rehabilitative Services campus comprising Ferris School, Mowlds Cottage, Grace Cottage, and Snowden Cottage, and the Division of Child Mental Health's Silver Lake Consortium at the Silver Lake Day Treatment Center in Middletown including day treatment participants from Brenford Residential Treatment Center. The actual number of youth to be served will be determined by the populations of the different facilities at the time of service, it is estimated that approximately 148 youth will participate in the program from July 1, 2007 to June 30, 2008.

The Latin American Community Center (LACC) and West End Neighborhood House (WENH) are collaborating in the implementation of the 14 week evidence-based Too Good For Drugs and Violence (*TGFD&V*) substance abuse and violence prevention program. The Too Good for Drugs and Violence program is designed to positively impact individuals, families, learning environments and communities. *TGFD&V* helps youth acquire skills through showing youth alternative, positive life style choices. The target population includes children and youth who are not normally served by State Education Associations (SEAs) or Local Education Associations (LEAs), or populations that need special services or additional resources (such as youth in juvenile detention facilities, runaway or homeless children and youth, pregnant and parenting teenagers, and school dropouts). After starting with the initial population, LACC expanded their scope to reach other at-risk youth. Program outcomes will be evaluated with validated, pre-test and post-test survey instruments yielding information about participant behaviors, attitudes, beliefs and perceived risk and harm of substance use and violence.

The K-3 Early Intervention Program is a partnership with OPEI, the Department of Education and local school districts. It is a

voluntary program whereby children and families identified at-risk are assigned to a Family Crisis Therapist co-located in 51 schools statewide. They provide a range of interventions designed to remove barriers to academic and social success. Services include: individual and family counseling, child/parent support groups, home visits for reinforcement training, social skills workshops, conflict resolution techniques, discipline alternatives and location of community resources. The Early Intervention Program is highly successful and has become a model for other states. The Early Intervention Unit conducted 17 parenting and children's groups throughout the state during this reporting period. Through an evidence-based curriculum, these parenting and children's groups increase the chances of children remaining in their homes. Early Intervention FCTs 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 assistance programs, and child care providers. By accessing necessary resources before a crisis arises, the FCTs support the family and help ensure through home visits that they are getting the help that they need to remain intact and functional.

OPEI remains a member of the Delaware After School Alliance (DASA). DASA has received a Mott Foundation grant and through a public-private partnership, DASA's goals are: to create a long-term policy while advocating for and supporting after school programming, to support quality initiatives and workforce development, to support family-centered practices and to build collaborations between schools and community organizations. Quality after school programs are a vital link to intervening early and often with at-risk families, with research demonstrating they reduce the likelihood of youth engaging in delinquent behavior and being maltreated. OPEI continues to support this effort, as one of our goals is to expand the amount and quality of after school programming in our communities through like collaborations and grant-seeking efforts. In congruence, OPEI partnered with the City of Wilmington Hope Commission in the summer of 2007 to sponsor a Safe Havens site at a community center in a neighborhood plagued by violence that provided 150 youth ages 10-18 a safe and structured place to go. All together, there were five Safe Haven sites around the City of Wilmington. OPEI also funded twenty-three community and faith-based organizations to provide summer alternative activities for youth in order to keep them in structured programming.

Using the universal approach, the OPEI Resource Clearinghouse (OPRC) disseminated during this reporting period 101,332 pieces of information including books and videos on child development, separation and divorce/successful co-parenting strategies, parenting skills/tips, drug and alcohol prevention, budgeting, resources, community emergency preparedness, violence prevention, and a host of other topics. Materials related to preventing child maltreatment have been distributed to over 34970 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 4,007 of these books being distributed. The OPRC has contracted services through Channing-Bete to expedite and facilitate the distribution of literature to individuals and organizations throughout the state. In addition, the Office of Prevention Resource Center along with the Promoting Safe and Stable Families Program continue to distribute information to males on the topics related to responsible fatherhood. Over 10,000 pamphlets and booklets were distributed through organizations, fatherhood coalitions and community events. The topics are: Being a Good Father, What it Means to be a Good Father, Cooling Down Before Things Heat Up, Fathers in Prison, Parenting and Co-Parenting, Relaxation and Stress Management, Ensuring a Successful Marriage, Budgeting

Management, Stress and the Single Parent, Every Child Deserves a Legal Father, Success in Life, Guys Let's Keep it Real, Active Parenting, Young Men as Fathers, Why a Son Needs a Dad, 101 Ways to be a Special Dad, How to be Your Little Man's Dad, Road to Fatherhood and Be Prepared: A Practical Handbook for New Dads. By promoting intact and healthy families, child maltreatment will be positively impacted.

The Child Abuse and Neglect Campaign (CANC) is a universal approach designed to reach the masses through booster shots of information geared to educate the public about child maltreatment. The CANC implements prevention information/dissemination strategies to increase awareness, engage the community and change the behaviors of individuals at risk of abuse and neglect across the lifespan despite their economic situation, educational and/or cultural background. Each April, there is a child maltreatment prevention campaign that takes place across different venues. In 2007, the CANC Committee continued to increase their collaborative efforts by including partnerships throughout the state with a similar mission in protecting children. The Domestic Violence Coordinating Council, Public Health, Prevent Child Abuse Delaware, Survivors of Abuse Recovery Inc., the Division of Child Mental Health Services, the Division of Youth Rehabilitative Services and the Division of Family Services were involved in child abuse and neglect prevention initiatives. All divisions within the Delaware Children's Department interface with children and youth who have been exposed to abuse and neglect. Materials related to child abuse and neglect are being used in all campaigns and distributed throughout the Department and community to reach target populations of parents and youth. It is the focus of these efforts to coordinate communication plans as outlined in the three year strategic plan. These efforts will aggressively target child abuse and neglect prevention in our state and especially those issues that contribute to it.

In April, 2007, the Social Marketing Partnership of the Department and the community kicked off the "End Harm Campaign", a Sexual Abuse Prevention campaign. The goal of the campaign was to provide information to the state about the symptoms of child sexual abuse and resources throughout the state. The campaign has continued into 2008 with the ongoing maintenance of a 24-hour Hotline with a steady increase in calls of about 2% each month. In addition, 50 schools will publicize the hotline number this month during Child Abuse and Neglect Prevention Month. During the summer months of July, August and September of 2007, the Social Marketing Partnership conducted a "Summers Rough When You're In Cuffs" Violence Prevention campaign targeted at youth who are at risk for entering the juvenile justice system. The Delaware Children's Department collaborated on this campaign from the child welfare and juvenile justice perspective to address early issues of violence among youth who will eventually enter parenting roles. In September 2007 the Social Partnership included the Division of Child Mental Health Services in developing programs and providing prevention materials for substance abuse prevention and during the celebration of recovering abusers during Recovery Month. In addition, substance abuse prevention materials, activity books and parenting guidebooks were distributed to families at the University of Delaware's Community Days. Over 6,000 individuals from every corner of the state attended this event.

The Office of Prevention Resource Center sponsored a booth at the Wilmington Riverfront for Kid's Day. The focus of the event was to provide learning activities for children and youth and distribute workbooks, parenting guidebooks and coloring activity books to participants. The efforts of the Resource Center reached over 7,000 individuals; 5,000 books were distributed and over 1,000 promotional items were given away with prevention messages focusing on positive parenting.

It is the policy of DFS that Safety Assessments must be completed on all children in the family at the initial face-to-face contact; any time there is a significant change in the family's circumstances, prior to reunification, and prior to case closure. In addition to this formalized process, DFS staff is directed to assess for safety during every contact with the family. In the event that a safety concern should arise, DFS staff will complete a safety plan if safety in the home can be assured, or DFS will petition for custody and remove the child from the home if necessary. During regular case conferences between social workers and their supervisors, the focus is on the safety of children in the family, regardless of where they may be living. Policy was modified in March, 2008 to require workers to complete a criminal background check every time a formal Safety Assessment is completed. By doing so, the caseworker will stay abreast of any criminal charges that any adult in the home may have incurred.

All contracted treatment services available to families through DFS are provided to the family in their own home. 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.

A Spanish Service Array workgroup was created in 2007 to develop resources for Spanish-speaking families active with DFS.

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. In FY07, 62% of the cases referred for either Intensive Home-Based Services or Home-Based Support qualified for the incentive. DFS staff also has access to domestic violence liaisons and certified substance abuse counselors (co-located). Both professions are able to provide services to the clients in their own home.

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

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children are safely maintained in their own homes whenever possible and appropriate.	1.5 Risk of harm to child (Quality Assurance Case Reviews, Dept. Report Card)	See 1.4	1. 100% of children open in 2 or more divisions will have ISPs for each year 2007-2009.
<p>PROGRESS & ACCOMPLISHMENTS:</p> <p>Measurement of Performance: DSCYF Policy # 201 “Integrated Service Planning” (ISP) was implemented in March 2004, followed by the creation of a Family and Child Tracking System (FACTS) ISP event and staff training. The Department performance outcome for the completion rates of ISP’s during this period has varied, starting the year with a 63% completion rate, climbing to a high of 74% in August 2007 and then ending March 2008 at 69%.</p> <p>If a youth is active with more than one Division within the Department of Services for Children, Youth and Their Families, an Integrated Service Plan (ISP) must be developed within six weeks of DFS opening their case. Thereafter, the ISP must be reviewed at a minimum of every 90 days. It is the policy of the Department that all involved parties be invited to participate in the development of the ISP.</p> <p>The Department has provided training focusing on the System of Care principles. This training, partnered with the Integrated Service Plan (ISP) allows workers to provide comprehensive services to families. 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” practice model.</p> <p>The seven principles of the Department’s System of Care practice model are as follows:</p> <ul style="list-style-type: none"> • <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 settings and appropriate peer contact within their own community whenever possible. 			

- Services should be culturally competent – 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.
- Services must be seamless within and across systems – 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 order to facilitate the adoption of this philosophy, the Department has embarked on a multi-phase training program. Phase One occurred from April thru December, 2004. This Phase was designed to educate all Department staff regarding the seven SOC principles and to outline how the Department proposed to move forward with this initiative. Phase Two training occurred in the fall and winter of 2005. This training was provided to supervisors and focused on developing team building and facilitation skills. There was also a focus on training the supervisors to implement these skills within their units. Phase Three occurred in the summer and fall of 2006 and was provided to frontline workers. The training focused on team building and facilitation skills. Phase Four training occurred in the fall of 2007 and was provided to both frontline workers and their supervisors. This training enhanced skills related to engaging families.

OCS workers have a vast array of services at their disposal designed specifically to reduce risk and prevent placement. The most intensive service available to families is Intensive Home Based Support (IHBS). To qualify for this service, the family must be at imminent risk of placement. Under this program, 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 a day, 7 days a week. A step-down from this service is Home-Based Family Support (HBFS). To qualify for this service, families have a significant number of issues that, if not resolved, would result in the removal of the children from the home. Through this service, counseling is provided to the family in their own home on a weekly basis by a therapist with the goal of preventing placement. Beginning in SFY06, contractors providing both IHBS and HBFS became eligible for a performance-based incentive if the family remained intact, with no entries into foster care 12 months after the contracted agency closes the family’s case. The most popular service to prevent placement or facilitate reunification continues to be the home based Parent Aide program. The focus of the parent aide is to help families address areas that might place children at risk. All contracted providers are aware that they must assess for safety during every contact with the family.

DFS currently has four community-based providers designated to provide parent aide services. One contractor was selected specifically to address the Spanish-speaking population in New Castle County.

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 9.9% re-entry rate within 12 months of prior episode	<ol style="list-style-type: none"> 1. Provide an array of services designed to reduce the risk of re-entry. 2. Implement AFCARS Improvement Plan by March 2008. Achieve 9.9% re-entry rate 2007-2009. 3. Request revised AFCARS report for 1999-present based on #2 results, if appropriate by September 2008. Action pending AFCARS Improvement Plan and availability of reports.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>Measurement of Performance: For the period 4/1/07 to 3/31/08 the re-entry rate was 13.89% (130 of 936). There are known data quality issues with this information. The Department has an AFCARS Improvement Plan workgroup in place attempting to address the AFCARS requirements and make corrections to the AFCARS extract. Significant changes were made to the FACTS Information System effective May 1, 2007 which enhanced the accuracy of the data and the validity of the outcome data reported above.</p> <p>The K-3 Early Intervention Program is a collaborative partnership between DSCYF and the Department of Education. The K-3 Program provides services to parents and to children to increase skills, to improve access to resources, and to address problems before they require intensive remediation. This program helps children to have permanency and stability in their living situations by addressing risk factors such as parenting skills, child behavior, mental health, medical, educational and social needs as well as resources such as housing, food, and utilities before they reach crisis stage. All services provided to families through the K-3 Early Intervention Program are also available to foster children and their families. The criteria for working with these families are the same as for all other eligible clients. Families already receiving services from OCS are still able to access services from within the school as a non-caseload client.</p> <p>DFS staff has a range of services at their disposal to help families address issues which place children at risk. Immediately prior to reunification, a safety assessment must be completed. 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.</p> <p>Beginning in SFY06, the Division of Family Services developed a new parent aide service for families whose children have been removed from the home. The parent aide, who has a minimum of a Bachelor's Degree, is responsible for coordinating, transporting and</p>			

monitoring visits between children in care and their families. The aides address issues that resulted in children being removed from their home. The educational process continues even after the children have been reunified, thereby preventing re-entry into foster care. Performance-based incentives are linked to these contracts. If DFS referred the family to the contracted agency to work towards reunification, the agency is eligible for a performance-based incentive if the children are successfully reunified and do not re-enter foster care for one year. An array of support services is available for reunification: transportation, language translation, deaf interpretation, substance abuse, domestic violence, prevention and early intervention programming.

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)	86.0% or more will have two or fewer placement settings for those in care less than 12 months	<ol style="list-style-type: none"> 1. Maintain a diverse and culturally competent recruitment and retention program for foster care providers. 2. Provide specialized training and support to foster parents. Collaborate with CMH to provide specialized training. 3. Develop a child-centered system of care that meets the needs of all children in out of home placements. 4. Match children's needs and foster parents' strengths.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The percent of children in care less than 12 months with no more than two placements settings for the period 4/1/07 through 3/31/08 was 88.19% (956 of 1084). DFS exceeded the goal by 2.19 percentage points.

DCMHS services that promote the stability of foster placement where the foster child and foster parent participate include:

- Outpatient treatment (mental health and/or substance abuse)
- Trauma-specific, evidence-based outpatient treatment through a DCMHS pilot program called the “Child Well-Being Initiative, specifically developed to provide effective treatment to children/youth who have child traumatic stress resulting from physical and/or sexual abuse or from witnessing violence. Up to 45 children and their caregiver/parent at a time can be treated via this pilot. In addition, there are 12 outpatient therapists across the state who are certified by DCMHS as competent to provide TF CBT and another 15 therapists in training that is scheduled to complete by June, 2008. The dissemination of TF CBT across the state at the outpatient and intensive outpatient service levels by DCMHS has dramatically increased access to and the quality of trauma-specific treatment for children, their families, foster parent and caregivers in Delaware’s public child behavioral healthcare system.

- In-home intensive outpatient treatment (MH and/or SA)

DCMHS received funding in the FY08 state budget to open a new Substance Abuse Intensive Outpatient Treatment program for southern Delaware, further increasing access to substance abuse treatment for Delaware children and their families. The program is scheduled to open fiscal year 2009.

DCMHS provides initial behavioral health assessment for every child entering foster care (age 4 – 17 yrs.) In FY07, there was a 25% increase in the total number of foster children screened compared to FY06 (year one of the service). 213 children received initial behavioral health screening in FY07, with 128 children screening positive for a behavioral health disorder and referred to a behavioral healthcare treatment provider. 81% of those children (104) were referred to outpatient services and 7 (5.5%) were referred for trauma-specific treatment to the Child Well-Being Initiative. More than 80 children have been provided trauma-specific, evidence-based treatment through the Child Well-Being Initiative, with just over 50% of those referred by DFS.

OPEI supports the recruitment of foster parents through community outreach events and contact with an Early Intervention FCT to encourage culturally diverse foster care providers. During this reporting period, OPEI spoke numerous times of the need for more foster parents at school open houses, annual child abuse and neglect trainings, district health and safety fairs and other school based and community events.

The foster care recruitment and retention plan includes a continuation of faith based recruitment activities which encompasses all cultures. The faith based recruitment and marketing team completed over 400 faith based organization visits. Recruitment continues its focus on families to foster sibling groups, minorities, youth who are medically fragile and teen populations. Other activities included distribution of flyers, posters, give-a-ways, appearance on local TV, and presentations upon request to civic and community groups.

Training to develop the skills of foster parents in order to improve their ability to manage challenging behaviors of children who enter care continues to be training of priority. In service training schedules include understanding sexual abuse, developing social skills, teens and anger management, psychotropic medications, child grief and loss, crisis intervention, depression and suicide in adolescent girls, and foster parent college DVDs which include lying, anger outbursts and fire setting. Other trainings include “Meeting the Developmental Needs of Children”, independent living, helping children succeed academically, and obesity and intellectual disabilities. Our training efforts continue to support foster parents to strengthen skills to improve outcomes for children in their care.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children have permanency and stability in their living situations	2.3 Length of time to achieve reunification (Internal Management Report, AFCARS)	75.2% or more will achieve reunification in less than 12 months	<ol style="list-style-type: none"> 1. Emphasizing safety first, provide timely reunification services through agency and community based services. 2. Study the feasibility of adding family case conferencing for children in care. 3. Maintain 85.2% compliance for each year 2006-2009.
<p>PROGRESS & ACCOMPLISHMENTS:</p> <p>Measurement of Performance: The length of time children achieved reunification within 12 months for the period 4/1/06 though 3/31/07 was 84.23% (470 of 558). This result exceeds the stated goal by 9.03 percentage points.</p> <p>The Court Improvement Project continues to be instrumental in helping families achieve timely reunification. Office of Children’s Services workers are required to present Family Service Plans 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 made. If the family is making progress, reunification remains the goal. However, if the family is not making sufficient progress on the Family Service Plan, then the PPC recommends that the change in goal be presented to court at the next scheduled hearing. The Deputy Attorney Generals are regular members of the PPC and offer legal advice.</p> <p>If the caseworker is unable to locate parents for a child, the worker is expected to follow DFS policy on locating missing parents. According to DFS policy, if a parent’s whereabouts are unknown, workers are required to:</p> <ul style="list-style-type: none"> • Determine if the parent is listed in the current telephone and cross-reference street directories • Contact the school, if applicable, where the child(ren) last attended • Contact all significant relatives, if known • Complete Delaware Justice Information System (DELJIS) search • Complete a search of DHSS Programs (TANF, Medicaid, Child Support) • Complete a Department of Motor Vehicle search • Send an Address Information Request form to the Postmaster of the last known residence of the parent 			

- Utilize the Division's Special Investigators to see if they can locate the missing parent

DFS has the most success in locating missing parents by contacting relatives and by utilizing the Special Investigators.

In addition to trying to locate absent parents, it is the policy of the Division to try to locate other possible relatives for placement. In the event that the Division is able to locate relatives interested in caring for the children, DFS ensures that relatives understand their responsibilities and ability to protect the child from the parents and to discuss their willingness to care for the child both long and short term. If workers 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.

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. Parent aides address a wide variety of needs for families, including helping them develop appropriate expectations for their children and helping them learn how to budget and run their household. 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 addresses the issues that resulted in the children's removal from their 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 children will be reunified in a timely manner.

Completing timely Integrated Service Plans (ISP) 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.

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

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)	36.6% or more will have finalized adoption in less than 24 months from their latest removal.	<ol style="list-style-type: none"> 1. Collaborate with Family Court and community partners to identify and correct obstacles to timely adoption. 2. Recruit and retain a resource pool of adoptive families both in state and across jurisdictional boundaries to secure permanent placements. 3. Maintain 36.6% compliance 2007-2009. 4. Maintain 30 participants in the fost/adopt training for each year 2008-2009.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The percent of children achieving adoption within 24 months from last entry into care, for the period 4/1/07 through 3/31/08 was 35.11% (39 of 111). This outcome missed the goal by 1.49 percentage points.

Recruitment of foster/adopt resources is vital to increasing the number of adoptive placements. Volume increases in the foster care population has outpaced recruitment efforts. Private providers conduct recruitment activities per contract requirements. The Office of Children's Services (OCS) continues to partner with AdoptUsKids and the National Adoption Center by photo listing legally free children awaiting permanent homes. The Division uses media whenever possible to recruit adoptive families. Some of Delaware's children are shown on Wednesday's Child on Philadelphia's NBC10, sponsored by the Freddie Mac Foundation. Other recruitment activities include advertising in the Wilmington Blue Rocks Year Book, informational booths at community events statewide, and local television appearances during November in Sussex county and again in March in New Castle County. Delaware also held National Adoption Month and National Foster Care Month activities. During this period, DFS started a Heart Gallery promoting waiting children who need a permanent family. Displays were at Legislative Hall, Wilmington Drama League, Family Court conferences, and the DSCYF web site. OCS continues to identify adoptive families across the country and has placed children in 29 different states for adoption during this reporting period. Within Delaware, adoption home studies are completed by private child placing agencies and through OCS' foster/adopt program. This year, 40 foster families received the fost/adopt training statewide. This is an increase from the previous years. One hundred and twenty children were adopted from foster care during FY07. Of those adopted, 73% were by the foster parents. There were 25 international adoptions which is a decrease from previous years as the process for adopting internationally has been restricted in some countries. There were 50 children from other states who were adopted by Delaware families. There is no data available on disruptions or dissolutions for inter-country adoptions during this period.

Case review results from the Court Improvement Program’s reassessment indicated 71% of Family Court permanency hearings are held within one year of adjudicatory hearing. Dependency and neglect petitions filed in all three counties during the first quarter of fiscal year 2003 were reviewed.

Mean Days to from the Adjudicatory to the Permanency Hearing	331.8
Range of Days	50 – 559
Percent held within 365 days (Compliance with court rules)	71.1

Following the permanency hearing, post permanency reviews are held until the child achieves permanency or until a petition to terminate parental rights is filed.

Mean Days from the Permanency to the First Post-Permanency Review Hearing	139.1
Mean Days Between Subsequent Post-Permanency Review Hearings	126.1

The Reassessment examined 10 cases with adoption petitions. The mean time between the petition and the decision was 40 days, the same as in the original assessment.

The pending CFSR PIP’s Permanency Planning activities include making improvements in court processes to achieve timely permanency outcomes. Family Court will collect data, seek technical assistance and plan specific activities accordingly. These activities are also related to the Court Improvement Program grant plan.

The Child Protection Accountability Commission (CPAC) Subcommittee on ASFA Timelines was created to assess whether Delaware was meeting timelines as provided by Family Court Rules and ASFA. The Subcommittee is comprised of system partners from Family Court, the Office of the Child Advocate (OCA), Child Placement Review Board, Division of Family Services, and private adoption agencies. The Subcommittee reviewed all DFS legal custody petitions from 2002 through 2006, statewide, with the exception of calendar year 2006 files from New Castle County. The subcommittee plans to complete the review of those files by August 2008. Throughout the reporting period, the Subcommittee met regularly to focus on the data gathered as it relates to the achievement of permanency best practices nationwide and has chosen to pilot a simple spreadsheet to track the data. The work of the CPAC ASFA Timelines Subcommittee led to Family Court’s implementation of its own tracking system. Starting with cases opened in October 2007,

the data collection tracks the timeliness of hearings and causes for delays. The process and data are undergoing review and correction, but it is anticipated that in 2009 the Court will have solid data and analysis from which it can address opportunities for improvements. The Subcommittee will collaborate with Family Court to review the data generated by the new tracking system and develop recommendations as necessary.

The Family Court sponsored multidisciplinary training in 2007 focusing on concurrent planning and permanency planning. More than 200 people attended, including caseworkers, GALs, CASAs, CPRB members, judges, and attorneys representing parents or the agency.

Delaware’s Child Placement Review Board remains a member state of the National Foster Care Review Coalition (NFCRC), which continues to work with representatives from the Children’s Bureau to collect data that will supplement the CFSR data. The Coalition is committed to ensuring this effort strives to provide objective, unbiased information regarding the underlying factors and issues that positively or negatively impact a state’s ability to achieve the standards established in the CFSR. NFCRC’s purpose and motivation is to improve the way our nation serves our most vulnerable children.

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 Less than 220 children in foster care more than 24 months	<ol style="list-style-type: none"> 1. Provide timely and effective services to effect reunification or other permanency goals. 2. Limit the number of children in foster care more than 24 months to 220 or less by timely achievement of permanency goals. 3. Continue review of permanency goals in conjunction with Family Court and Child Placement Review Board. 4. Achieve 100% compliance for timely completion of the PCIC III 2006-2009.

PROGRESS & ACCOMPLISHMENTS:
 Measurement of Performance: 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 4/1/07 to 3/31/08 the achievement rate was 85.13% (166 of 195). 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. Regardless of “timeliness” as represented above, QA case reviewers also address the appropriateness of the permanency goal to the child’s individual need for permanency and stability. The results here are more promising with reviewers finding 97.44% (190 of 195) had an appropriate permanency goal. As of September

2007, there were 267 in foster care for 24 months or longer. This exceeds the goal by 47 children. For comparison, there were 224 children in care more than 24 months September 30, 2006.

These activities address the goal of having 220 or less foster children in care for 24 months or longer.

- Timely review of permanency goals by OCS, Family Court, and Child Placement Review Board.
- Timely review of Plan for Child in Care, identifying the needs and services appropriately.
- Identifying family and child needs and services to meeting those needs leading to timely reunification.
- Recruitment of permanency resources for children with goals other than reunification.

The Division of Family Services' Permanency Planning Committees continue to review foster children for permanency options. Within 30 days of entering care, children are screened for permanency fast tracking with the Early Screening Tool. The committee reviews all children at the 10th month in preparation for the initial permanency hearing. Timeliness tracking is done by the adoption unit in the central office. The committee reviews all children in foster care initially and for any subsequent recommendation for a goal change. DYRS continues to refer youth meeting ASFA timelines to the Permanency Planning Committees in each of the 3 counties; goals are approved and presented permanency hearings. The Committees recommend returning the case to the committee for updates if necessary. After CFSR case review findings indicate that compelling reasons were not always documented. The committees document reasons for goal changes, provide compelling reasons for not filing a TPR petition, or why a child has an approved goal of APPLA. DFS has developed an APPLA work group to look at ways to provide family connections to youth before exiting foster care. Activities include reviewing the current population of children with a goal of APPLA and developing strategies to reduce the number of children and youth with a goal of APPLA.

This item is addressed in the pending CFSR PIP. Activities include improved permanency goal selection and review, strengthening concurrent planning, improving case management, purchasing more services for older foster youth, and improving court processes for achieving timely permanency.

The Family Court sponsored multidisciplinary training in 2007 focusing on concurrent planning and permanency planning. More than 200 people attended, including caseworkers, GALs, CASAs, CPRB members, judges, and attorneys representing parents or the agency.

The Office of the Child Advocate, through task force and committee participation and the work of its attorney guardians *ad litem*, collaborates with DFS, Family Court, and families for the timely achievement of permanency goals through advocacy and oversight of appropriate service delivery. Through the attorney representation of children, an important check and balance system exists along with Family Court oversight. This enables attorneys, as well as other vested parties, to advocate for timely and effective services for children and their families, and to utilize the Court system as a means of redress to enable permanency goals to be achieved. The Office of the Child Advocate also participates on DFS' APPLA Workgroup as an invested partner in ensuring youth in foster care have appropriate

permanency goals and those aging out of foster care are able to cultivate and maintain lifelong connections before they reach the age of majority.

The CPRB reports that during this past year, there was a stated permanency goal for all of the children reviewed by the Board. In addition to clarity regarding the child's permanency goal, the Board observed that for the vast majority of the cases, all of the parties involved with a case were knowledgeable regarding the efforts to be made to achieve the goal.

The K-3 Early Intervention Program is a collaborative partnership between DSCYF and the Department Of Education. The K-3 Program provides services to parents and to children to increase skills, to improve access to resources, and to address problems before they require intensive remediation. This program helps children maintain permanency and stability in their living situations by addressing risk factors such as parenting skills, child behavior, mental health, medical, educational and social needs as well as resources needs such as housing, food, and utilities before they reach crisis stage.

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)	1. Maintain baseline percentages 2008-2009: 72.2% employment; 17.8% completion of high school/GED; education enrollment 43.3%; and post-secondary graduation 6%	<ol style="list-style-type: none"> 1. Develop and strengthen partnerships with providers and other state agencies to deliver an array of IL services. 2. Use Chafee and ETV funds to support older youth in and exiting foster care. Partner with the Child Placement Review Board to administer ETV funds. 3. Improve IL competency skills for youth exiting the foster care system at age 18 through a competency based curriculum, education, and vocational training. 4. Support youth seeking employment through community partnerships and shared resources. 5. Collaborate with youth and community leadership to support educational goal achievement. 6. Incorporate Youth and IL Advisory Council's recommendations into IL programming. Revise to: incorporate Youth Council's recommendations into IL programming (IL Advisory Board has been incorporated into DFS Advisory and Advocacy Council.)

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: These measurements are for former foster youth who have not reached age 21 and are actively participating in contracted programs. Data are based on IL contractors' monthly reporting requirements and are stored independently from FACTS. There is no method of tracking youth who do not participate in after care services. The established baselines are from data collected for SFY06. The number of youth served and exiting care fluctuate each year, as such, percentages, as opposed to using raw numbers, were used to establish baselines. One hundred fifteen (115) former foster youth received IL services this reporting period. For performance measures: 49% were employed; 24% completed high school/GED education; 51% were enrolled in high school or GED classes; 24% were enrolled in post-secondary education and training programs and 12% completed post-secondary education and training programs. Twenty one (21) young adults received ETV funds during school year 2007-2008 and there were twelve (12) new applicants.

The Department and IL contractors developed relationships and partnered with several agencies to deliver an array of IL services. To address housing, HUD, Delaware State Housing Authority and JPMorgan Chase partnered to generate 10 additional housing slots for single parents. The program is called Partnering with Parents. One IL provider is currently raising money to build five (5) new townhouses; completion is scheduled for early 2009. Fifty (50) former foster youth received financial support for housing; eleven (11) were mentally disabled; and eight (8) were single moms. To address employment, one IL contractor spent \$29,000 (not Chafee funds) to employ eighteen (18) youth over the course of the summer. Youth were taught work ethic, accountability, punctuality, responsibility and money management. Youth received real life experiences in working and performing labor intensive tasks that they could use as prior work experience when applying for jobs in the community. All youth in the after care program were assessed for employable skills, work readiness knowledge, and job seeking ability. IL contractors' staff conducted mock interviews, assisted youth with creating resumes and cover letters. Some youth were registered with the Department of Labor to access job training and job fairs. Four (4) youth are currently attending Job Corps. To address education and training, three (3) youth are attending the Department of Labor Startup Program at Delaware Technical Community College; the program provides job training and GED classes; The First Unitarian Church provided tutoring to three (3) youth who were pursuing their GED; representatives from Commerce Bank and Barclay's Bank presented monthly trainings on financial literacy to forty (40) youth. The Youth Advisory Council (YAC) applied for and received a grant from State Farm in the amount of \$45,191. Funds are being used to sponsor trainings and programs that should improve financial literacy for youth who will soon be aging out of foster care. Five (5) YAC members completed training in public speaking sponsored and conducted by the YMCA. Support services included health workshops on STD, AIDS and family planning for youth in the Transitional Living Program. The ILP Manager coordinated with the Office of Prevention and Early Intervention to sponsor the Healthy Relationship Skills Building Training; topics included etiquette, career planning, communication and anger management. Twenty four youth (14 females and 10 males) participated in seven (7) training sessions. The First Unitarian Church donated college care packages to ten (10) students and holiday gifts to twenty (20) families. The church also donated furniture to five (5) youth moving into their first apartment and provided emergency funding for housing for youth who had a monetary crisis. Crossroads Counseling Services, Jewish Family Services and Connections CSP provided services for youth suffering from drug and alcohol abuse issues and mental health diagnosis.

The IL coordinator and a YAC member currently serve on the Delaware Youth Vision Team. One of the team's objectives is to build partnerships and resources for youth aging out of foster. A former foster youth organized Delaware Foster Alumni Peer Support Group.

This item is included in the pending CFSR PIP with activities to improve capacity and quality of independent living services for older foster youth and young adults that have exited care at age 18. Establishing and preserving long term relationships, building caregiver guides and increasing provider funding for older youth is included in the PIP.

DFS and the CPRB continued their partnership to ensure distribution of Education and Training Voucher (ETV) funds are coordinated with the distribution of the state established Ivyanne D.F. Davis Memorial Scholarship. The CPRB's volunteer scholarship committee and professional staff work closely with the representatives from the independent living contract agencies to achieve a fair distribution of

the available funds, while allowing for individualized decisions tailored to best support the needs of the individual student.

OPEI, the Department of Labor, Department of Education, Department of Health and Social Services and the Workforce Investment Board are partnering to provide more comprehensive vocational programming for Delaware's youth. During 2007, DSCYF received an infrastructure grant from the U.S. Department of Labor to develop a plan to serve the neediest youth and then subsequently enhance the workforce service delivery system to meet their very specific needs. To complete this task, Delaware created a State Youth Vision team, which has selected the target population to be youth aging out of the foster care system from the City of Wilmington, particularly those 16 and older. The ultimate goal of the project is to increase the number of foster youth achieving post-secondary educational credentials, entering the workforce pipeline with the right skills to work in high technology, high growth and high wage occupations. Replication will occur with other at-risk youth populations, such as children who have been abused or neglected, juvenile justice youth, substance abusing youth, high school drop-outs, youth of incarcerated parents, disabled youth and pregnant or parenting teens. A gap analysis has been completed, data collection protocols are being put in place and discussions are occurring between private and public entities to leverage resources and solicit new sources of funding for much-needed services. Through the USDOL grant, OPEI helped to sponsor the DFS Foster Care Youth Advisory Council's (YAC) 8/07 conference, where there were over 120 youth participants.

OPEI is partnering with other state agencies and community-based organizations to promote the holistic approach to adolescent health and well-being. Delaware Division of Public Health's Teen Pregnancy Prevention Board (TPPB) sees the need to address adolescent health risk issues earlier in the lives of youth in order to more effectively impact decision-making and health behaviors. In turn, services are being developed to assess programming, determine gaps in current initiatives, and provide comprehensive interventions that promote general youth well-being, while preventing teen pregnancy. The overall goal is to develop strategic, evidence-based, and sustainable programs. The TPPB has a special interest in youth in foster care as research shows that more than half become pregnant before age 19.

In the 2007 summer, the Promoting Safe and Stable Families Consultation and Support Program (PSSF) provided family consultation and support services to at-risk families and youth participating in independent living programming. This partnership with DFS independent living program was sought to increase family support services to youth in Kent and Sussex Counties. Youth participated in a seven-week program entitled Healthy Adult Relationship Skill Building, where services were provided in gender specific group sessions. Programming provided youth with specific skills and enhanced their knowledge and understanding of how relationships impact every aspect of their lives, to enhance and nurture and strengthen family relationships and build skills to establish and maintain current family relationships. These sessions built foundations to support the development of healthy adult relationships. The seven week group sessions addressed such topics as:

- Types of Relationship – family, friends, peers, spiritual;
- Relationships and Self Defeating Behaviors - irresponsibility, blaming, denial;

- Tools that help to build healthy relationships; owning one’s behavior, honesty, trust;
- Communications and Relationships: sender vs. receiver, respect vs. disrespect.

The IL youth participation in the program service was notable as they took the lead in directing the group’s weekly activity. The youth were committed to the process and gave of themselves during these sessions. The PSSF continues to focus its efforts on a consultation process which is a family-focused, child-centered model that seeks to prevent families from entering or re-entering Departmental services resulting from neglect, abuse, and dependency.

PSSF also provides support services to families transitioning youth back into their homes and community. Through coordinated efforts to improve prevention and early intervention services based on the needs of Departmental families, a system of care has been developed that offers services along the continuum. As a result, 135 OCS families and 21 independent living youth were referred to Promoting Safe and Stable Families programs. These numbers are not inclusive of all the DFS families served in PSSF through the program’s contract providers.

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

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: See 2.5

See 2.6 for progress and accomplishments.

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 2008. (Revised to March 2009)	<ol style="list-style-type: none"> 1. Build the capacity for neighborhood foster care resources. 2. Maintain children within their school district, if possible.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>Measurement of Performance: No data available for this outcome.</p> <p>The Family Court is sponsoring multidisciplinary training in Fall 2008 focusing on education needs and rights for children in care.</p> <p>The foster care marketing and recruitment team continues to contact faith based organizations to identify families to provide care for children in their community as often as possible. There have been over 400 contacts with faith based organizations to help identify families to keep children in their own community. The marketing and recruitment team's faith based initiative identified zip codes in each county where most foster children are from and developed a strategy to recruit homes in those zip codes. Contact was made with approximately 60% of faith based organizations in these areas requesting support to keep children in their community. The impact of our efforts is expected next year. OCS, Department of Education and school districts continue implementing McKinney-Vento protections to keep children in home schools with the Department of Education providing transportation.</p>			
Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and connections is preserved for children.	3.2 Placement with siblings (Quality Assurance Case Reviews)	95% case reviews will reflect reasonable efforts to initially place siblings together	<ol style="list-style-type: none"> 1. Continue the priority of sibling placements. 2. Recruit foster care homes for sibling groups. 3. 95% of case reviews will reflect reasonable efforts to initially place siblings together for each year 2006-2009.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA ‘Placement’ tool incorporates questions regarding the existence of documentation reflecting efforts to place siblings together during the initial foster care episode. For the reporting 4/1/07 to 3/31/08 the achievement rate was 85.19% (69 of 81) missing the goal by 9.81 percentage points.

The CPRB recognizes that DFS seeks to keep siblings together whenever it is feasible, despite the reality of limited resources and services to support and sustain sibling groups in foster placements.

In the event that DFS must remove a sibling group from the home, the caseworker and foster home coordinator routinely try to locate a placement that will keep the siblings together, unless there are compelling reasons for separate placements. Recognizing that the sibling relationship is the longest lasting relationship a person will ever have, DFS policy requires workers to arrange sibling visitation at a minimum of monthly if the children are not placed in the same foster home. The sibling visitation is above and beyond any visitation that occurs between the parents and children.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and connections is preserved for children.	3.3 Visiting with parents and siblings in foster care (Quality Assurance Case Reviews)	95% case reviews reflect efforts to comply with planned visitation schedules	<ol style="list-style-type: none"> 1. Continue contractual services to support visitation (transportation, supervision, case management). 2. Monitor visitation through the directed case conferencing. 3. Support foster parent involvement with families. 4. 95% of case reviews will reflect efforts to comply with planned visitation schedules, 2006-2009.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS Quality Assurance ‘Placement’ tool incorporates a series of questions regarding attempts to facilitate visitation between children in foster care and their siblings in foster care and, children in foster care and their parents. For the period 4/1/07 through 3/31/08 efforts to coordinate visitation between siblings was rated 81.20% (95 of 117). Efforts to coordinate visitation between children in foster care and their parents was seen 80.58% of the time (112 of 139).

The Strengthening Families program is offered to provide parent education and skill building to meet a specific requirement of a client’s overall case plan established by the Department’s Office of Children Services. Oftentimes, these parents are court-ordered to attend as a condition for their children to be returned to their care. The curriculum is structured for parents in a 16-week format, with the children

attending as appropriate. Foster parents are welcome at these classes as well, as they often provide transportation for the children to attend. In FY07, 16 families participated and successfully completed the specialized reunification classes offered statewide. Currently, the Strengthening Families program does not have the capacity to report the number of children reunified with their families. In FY08, Children and Families First will continue to provide reunification classes based on the number of referrals received from the Department. The classes will be provided in age appropriate groups (3-5, 6-12 or 13-17); assuming parents attend with their child.

Workers from the Office of Children's Services place special emphasis on developing consistent, meaningful visitation plans between children in foster care and their families. It is the Division's belief that consistent visitation is necessary to help maintain family relationships, maintain psychological ties between the parent and child, and to help prepare the family for reunification. When developing a visitation plan with the family, workers must consider the child's sense of time and the parent's circumstances, as well as the continuity and improvement of the parent and child relationships. Weekly visitation is encouraged unless otherwise directed by the court. Workers are required to present the Family Service Plan to the Court by the Adjudicatory Hearing (40th day). Visitation is always included in the Service Plan. Once presented to the Court, it becomes court-ordered. Prior to the visitation being court-ordered, the frequency of visitation is left up to the discretion of the worker. However, policy does contain research-based guidelines for workers to follow indicating the amount of time a child can be away from their parent before they begin to form new psychological bonds. Beginning in FY06, DFS workers have also had access to contracts developed specifically to support and enhance visitation between children in care and their parents.

When the Family Service Plan is developed, if the children have been removed from the home, the visitation arrangements are always included in the plan. The worker will take into account the parent's work schedule, their transportation needs, their location, and any special conditions that may impact the visitation (supervised visitation, etc). The worker also takes into account the schedules of the youth as well as the foster family. If service providers are going to be assisting with the supervision, they are also included when the visitation plan is developed.

DFS policy requires that visitation details be captured in both the Plan for Child in Care series and the Family Service Plan. On both documents workers include all details of the visitation including who will be present for the visits, the location, duration, and any special conditions. Families are required to sign both the PCIC series as well as the Family Service Plan indicating that they are in agreement with the proposed visitation plan. Policy also requires that DFS supervisors review visitation requirements and schedules during monthly supervision. This information is then captured in the Directed Case Conference notes that supervisors maintain for every case.

Beginning in FY06, 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. The contracted worker is required to use the visitation time as an opportunity to provide a continuum of parent education services initially focusing on the behaviors and conditions which resulted in the child being removed from the home. These activities include teaching parents how to play with their children, how to set limits, how to discipline appropriately, what is developmentally realistic, and how to

prepare and provide nutritious snacks. The expectation is that the input from the parent aide contributes to a more meaningful, sensitive visit while at the same time providing the parent with an opportunity to practice their skills. Once the children have been reunified, the focus of the contractors' services then shifts to continuing the educational process in the home and, ensuring that parents are able to utilize the skills they have been taught. DFS staff has found this service to be a welcome relief as they are now able to schedule more frequent, meaningful visitation between parents and their children. 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. The Checklist is then forwarded to the assigned OCS 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.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and connections is preserved for children.	3.4 Preserving connections	100% of children open in 2 or more divisions will have ISPs, 2007-2009.	1. Develop supports and contractual services to maintain community and cultural connections for children and families.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: 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 follows the DSCYF 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. When DFS is involved there we are 58% compliant with completing ISPs as of March 31, 2008. For all cases active with DSCYF the outcome rate was 69% as of March 31, 2008.

This item is addressed as a primary strategy in Delaware's pending CFSR PIP. Actions will focus on strengthening policy and practice to engage all caregivers and age appropriate youth in case planning, visitation and service delivery. Specific actions will address building connections for older foster youth with APPLA goals to achieve permanency, prepare for self sufficiency and establish life-long

mentors. During this reporting period, a multi-disciplinary work group comprised of IL providers, DSCYF, Family Court, child advocates and youth has met regularly to review current practices and recommend changes. Many of the APPLA work group's recommendations are incorporated in the PIP.

The Family Court sponsored multidisciplinary training in 2007 focusing on concurrent planning and permanency planning. More than 200 people attended, including caseworkers, GALs, CASAs, CPRB members, judges, and attorneys representing parents or the agency. The Court has also been an active participant in the CFSR APPLA work group where establishing and maintaining family and community connections is valued and emphasized.

Behavioral health treatment provided through the state of Delaware's public-private child behavioral health partnership for all Medicaid enrolled children (including SCHIP enrollees) and children without insurance strives to involve families in the treatment of children wherever appropriate. This is just one of the many ways DSCYF helps promote the preservation of children's connection to family members and adult caregivers.

OPEI continues to provide contractual services that maintain community and cultural connections for children and their families. All services provided through OPEI are child-centered and family-focused in an effort to encourage the family to take the lead in their service delivery and empower the family to advocate for their needs. The Creating Lasting Family Connection curriculum provided youth and parents the opportunity to improve relationships, including parent child relationships and to connect with other youth and parents that want to promote positive behaviors and to abstain to reduce the use of alcohol, tobacco and other drugs. Youth and parents are provided with alternative activities to promote well being. Youth and parents are also provided with information, if needed, to access community resources for multiple social, emotional and financial needs.

The Families and Centers Empowered Together (FACET) program is in its 15th 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 Early Care and Education 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 Early Care and Education centers in high-risk neighborhoods; (2) provide a range of services on-site in the Early Care and Education center for all families whose children are enrolled in the center; and (3) establish and maintain Parent Councils who select programs and activities which reflect the specific needs and desires of the families to promote health and parent participation. 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; developing program partnerships with schools in the center's feeder pattern and other community organizations, recognizing and using community resources; learning how to plan, spend, save, and invest resources to meet their

family's changing needs; and, to participate in decisions about public issues. Parents in the four Early Care Centers have been participating in trainings to develop their leadership skills to a level where they will be able to participate in statewide parent leadership training, conferences and meetings.

Through Alternative Activities Grants (AAG), OPEI encourages and strengthens collaborations and connections among communities, nonprofit agencies, state and local government. Applications are invited from nonprofit community-based agencies and organizations interested in implementing prevention programming. Appropriate programs will address the prevention of child abuse and neglect, alcohol, tobacco and other drug abuse, violence, delinquency and recidivism, promote health, wellness, mental health, and strengthen families. Programs may be school-based, in community centers, faith-based institutions, or in other settings which serve at-risk young children, youth and families (at-risk young children, youth and families are groups which present characteristics associated with a greater likelihood of problem behavior). Applicants must demonstrate how funds will be used to expand or enhance an existing prevention program that has a demonstrated record of success at either the state or local level. During the reporting period 20 awards were given totaling \$42,566. This served over 900 youth ages 1-18 years of age. The AAG supported a variety of activities from swimming lessons for urban preschoolers to various prevention programming at local faith based organizations.

Mini-grants continue to be offered by the PSSF program Community Advisory Board (CAB) during the summer months. These are grant opportunities to empower and strengthen the community's ability to become more involved in developing appropriate supports for families. Through this effort, the PSSF CAB becomes a community partner with other organizations. The PSSF CAB members gain skills for conducting a needs assessment to identify the type of support needed, more experience in advertising and reviewing proposals and recommending program selections. This process also provides the CAB with more experience about obtaining additional funding from other sources. The PSSF priority programming services funding by PSSF CABs in 2007 were: Fatherhood/Healthy Adult Relationship, Parent Education, Community Capacity Building, Children/Teen Developmental Characteristics and Substance Abuse Prevention in children and youth. A total of 14 mini grants were awarded throughout Delaware sponsored by PSSF Community Advisory Boards. PSSF collaborated with SODAT, Inc. with its Healthy Adult Relationship initiative titled "Jumping for a Cause." The SODAT-PSSF CAB provided educational information sessions combined with physical health activities engaging the participation of both adult and children in 2007. The educational/informational session of the quarterly event addressed the following topics to name a few:

- Males/fathers in the development of children and in the family,
- The positive impact on child(ren) raised in an environment where the adults are married,
- Strengthening adult relationships,
- Healthy and positive family recreational activities,
- Parenting and resources to support healthy parenting.

SODAT-PSSF CAB was able to partner with "Daddy Universe City" to sponsor five slots to the 2007 Fatherhood Festival Conference. PSSF continues collaboration and partner with "Daddy Universe City" to support gender specific education and informational sessions for fathers and males to allow them the needed support to express their needs for information, skills and support to become better fathers

and mates. Both programs provide strength based support services to fathers, males and families seeking to successfully parent children in healthy safe environments, adults seeking to improve their adult relationships as well as their relationships with their children. The program's educational and informational sessions serve to enhance and support the development and maintenance of healthy adult relationships while raising the community's awareness of the importance of father's/male's positive involvement in child safety, child development and healthy family living. Over 3,700 participants attended the 2007 conference. PSSF will partner with "Daddy Universe City" in the Fatherhood Festival Conference. The 2008 Fatherhood Festival conference focus will be encouraging fathers to connect with their child(ren) and family. The conference focus implements research supporting the importance of the paternal relationships in child development, self-esteem, values and morals. The 2008 Fatherhood Festival Conference will host workshops affecting the foundation of positive parenting, healthy adult relationships and healthy communities in an effort to prevent child maltreatment.

During 2008, PSSF continues its effort to collaborate and partner with Community Based Advisory Boards, and other community agencies and organization that seek to provide male gender specific, parenting, substance abuse, healthy marriage and relationship information and educational sessions.

The Promoting Safe and Stable Families Program continued to work collaboratively with the Division of Child Support Enforcement (DSCE), Head Start, the Fatherhood/Healthy Relationship Coalition and other fatherhood community organizations to produce a final report of the "The Fatherhood/Healthy Marriage Survey 2007". This report is comprised of information obtained through a needs assessment and focus groups held on the subject obtained from fathers throughout the state. PSSF, in collaboration with DSCE, had information analyzed and continues to finalize the report. Five dimensions are reflected in the analysis: identification and satisfaction with role of fathers, barriers to being involved with children, importance of marriage, relationship with child(ren)'s mother/guardian and role of government, churches, and agencies. PSSF and DCSE are preparing to formally present the finding of the "The Fatherhood/Healthy Marriage Survey 2007" in a statewide 2008 Fatherhood/Healthy Marriage informational and educational session.

The second annual Fatherhood Basketball Tournament collaboration between the Division of Child Support Enforcement, Department of Labor, Division of Medicaid and Medical Assistance, Division of Public Health, Division of Social Services, and OPEI was held with the goal of reaching out to fathers in local communities to help them obtain information about being a parent and to connect them to local business and organizations creating an increased opportunity for stability. The 2007 exhibitors and information tables included: banks, credit union, counseling/spiritual groups, educational institutions, exercise/entertainment, housing, employment health care organizations. There were presentations on family nutrition, the importance of male involvement in child development, healthy family living and family physical fitness.

The Promoting Safe and Stable Families Program expanded services to children and families in the Sparrow Run Community and Route 40 corridor in an effort to maintain community and cultural connections to the families within these communities. These communities are areas at high risk of child maltreatment. The implementation of PSSF family support services within these identified communities will seek to impact and support the reduction of possible child maltreatment. The support services will impact approximately 300 children, 170 adults and 130 households.

The Separating and Divorcing Parent Education (SDPE) program continues diligent efforts to increase the number of Hispanic sites

statewide. Historically, the only Hispanic SDPE site was in New Castle County. In 2007, a new site was established in Sussex County. Plans are to expand to Kent County, making this specific service available statewide.

The K-3 Early Intervention Program conducted 17 parenting and children’s groups throughout the state during this reporting period. These groups provided services to families in 51 schools throughout 13 districts and 4 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.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and connections is preserved for children.	3.5 Relative placement (Quality Assurance Case Reviews)	95% case reviews reflect relatives were considered for placement	<ol style="list-style-type: none"> 1. Continue policy and practice of considering relative placement over non-relative foster care, always assessing for child safety. 2. Case reviews will reflect 95% compliance with relatives being considered for placement 2006-2009.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA ‘Placement’ tool addresses efforts made to place children with relatives. For the reporting period 4/1/07 through 3/31/08, 90.91% of the case reviews (140 of 154) reflected efforts were made to achieve this outcome. This result missed the goal by 4.09 percentage points.

Per policy, relatives continue to be contacted prior to or after placement of a child into foster care. They are also discussed at each subsequent court hearing or review, if applicable, until permanency has been established and approved by the court. Where appropriate, DYRS youth unable to return home to parents due to victim in the home, relative placements are always sought and secured/ruled-out, prior to an APPLA goal being requested.

A public information brochure about DCMHS services (mental health and substance abuse treatment for children and their families) is available to caregivers (foster parents and also relatives with whom DFS places a child(ren). CMHS operates a full array of mental health and substance abuse treatment; the Medicaid Managed Care Organizations provide the basic Medicaid child benefit including up to 30 hours of outpatient behavioral healthcare (annually renewable). DMCHS also maintains a 1-800 number for information and referral and provides a child mental health crisis intervention service statewide that may be of help to caregivers if a child experiences a mental health emergency. Adult caregiver involvement in child mental health treatment is critically important and provides support in the home for the child’s treatment plan.

The Creating Lasting Family Connection curriculum provided youth and parent to opportunity to improve relationships as well as to

connect with other youth and parents that want to promote positive behaviors and to abstain or reduce the use of alcohol, tobacco and other drugs. Youth and parents are provided with alternative activities to promote well being and information to access community resources for social, emotional and financial needs.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
The continuity of family relationships and connections is preserved for children.	3.6 Relationship of child in care with parents (Quality Assurance Case Reviews)	95% case reviews reflect efforts to comply with visitation with parents	1. Collaborate with Family Court, private providers and families to maintain quality family connections. 2. Develop measure by March 2008. (Revised to March 2009)

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: No measure has been developed for this goal. Per policy, visitation is specifically addressed in DFS's Plan for Child in Care III. The results of efforts to coordinate visitation between children in foster care and their parents is reflected in 3.3 above.

Preserving family relationships and connections is central to the operational procedures for OCS staff. If children have been removed from the home, OCS sets a visitation schedule for children and their parents. Visits generally occur at least once per week; however, there are many instances when visitation is more frequent.

OCS workers are encouraged to be creative when scheduling visitation between children and their families or between siblings. Visits can occur in the family's home, community-based locations, or the DFS office. If there is a special milestone in the child's life such as birthdays and holidays, the social worker supports the family's celebration with the child.

In addition to regular visitation, it is important for the family to maintain a significant role in the provision of medical and educational needs. To that end, it is important that OCS staff invite parents to any medical or educational appointments, seek their opinions and thoughts about services, and in general, keep them informed about every aspect of their child's care.

The Family Court sponsored multidisciplinary training in 2007 focusing on concurrent permanency planning. More than 200 people attended, including caseworkers, GALs, CASAs, CPRB members, judges, and attorneys representing parents or the agency. The Court has also been an active participant in the CFSR APPLA work group.

The Office of the Child Advocate provides legal representation to more than 650 children in DFS custody. In doing so, OCA, through its attorney guardians *ad litem*, advocates to preserve quality family connections and relationships through collaboration with DFS, Family Court, families, and private providers. Through the attorney representation of children, an important check and balance system

exists along with Family Court oversight. This enables attorneys, as well as other vested parties, to advocate for both parental and sibling visitation, and to utilize the Court system as a means of redress to ensure such critical connections are maintained.

During their reviews, the CPRB continues to stress continuity of placements. In addition, frequency and quality of visitation efforts, as well as a discussion of alternative ways to maintain connections when face-to-face visits aren't viable, are standard topic for all of CPRB reviews.

The Creating Lasting Family Connection curriculum provided youth and parent to opportunity to improve relationships as well as to connect with other youth and parents that want to promote positive behaviors and to abstain or reduce the use of alcohol, tobacco and other drugs. Youth and parents are provided with alternative activities to promote well being and information to access community resources for multiple social, emotional and financial needs.

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 style="list-style-type: none"> 1. Build a system of care that provides a seamless continuum of services to support children, parents and foster parents. 2. Strengthen continuous quality assurance to improve systemic delivery of service. 3. Support foster parent participation in case planning activities. 4. 90% of case reviews will reflect appropriate assessment of needs and service delivery 2006-2009.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>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 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. For the reporting period 4/1/07 to 3/31/08, of the 195 cases reviewed, the aggregate outcome for this measure was 90.54%, exceeding the goal by .54 percentage points.</p> <p>See 2.2 for DSCMH progress and accomplishments. In addition, where a child is active with DCMHS and receiving treatment at a level of care more intensive than outpatient only, a DCMHS care coordinator and clinical services management team work directly with the child and family to determine the clinically appropriate level of care, identify a treatment provider, integrate services the child/family may be receiving across agencies, review on an ongoing basis the child's progress in treatment and facilitate discharge from any behavioral health service or from care.</p> <p>If the child/family are in the City of Wilmington, they may benefit from a program there called the Child Development-Community Policing (CD-CP) Initiative in which DCMHS and the City Police and Fire Departments partner to identify children/youth who may need crisis intervention and linkage to mental health treatment . To date, more than 1,500 children and their families have received services through this nationally recognized program.</p>			

OPEI has had success on the grant writing front, having received three federal grants in the summer of 2007, with two more proposals awaiting word on awards. Recently funded initiatives include: training for professionals on youth sex offender management in the community, additional staff for juvenile re-entry probation officers and the USDOL initiative focusing on foster youth. Outstanding proposals focus on youth suicide prevention and community capacity building for youth sex offenders. Funding is sought to promote family stability and unity, ensure the well-being of children, and offer protection from physical, emotional, and/or social crisis. OPEI also provides grant writing technical assistance to other state agencies as well as community and faith-based organizations to build their capacity to serve Delaware kids and their families. Unique partnerships and collaborations have occurred to create a continuum of care from Departmental services to community level programming and support. OPEI has placed much emphasis on building community capacity for serving our kids and families. By focusing on community-level change, OPEI is developing new and innovative service providers and engaging informal and formal support systems to help meet community needs.

To promote community wellness, OPEI helped form the Interfaith Coalition, a group of twenty non-denominational faith-based leaders that have organized around providing street-level outreach for youth in Wilmington. The Coalition is facilitating community development activities, organizing others around their cause, creating a 'neighborhood-based delivery system' and promoting health and well-being among its community. Parents, community leaders, youth and businesses are being engaged and programming should begin in the Spring of 2008.

The Early Intervention Unit developed a remarkable collaboration with the Department of Education and Nemours Health and Prevention Services. Over the 2007 summer, two Early Intervention Family Crisis Therapists held a five-week pilot Summer Healthy Camp for fifteen children. The *5-2-1 Almost None* curriculum was created by Nemours and DOE provided funding for healthy meals and snacks throughout the day. The Camp focused on supporting at-risk youth and their families and was very successful.

The K-3 Early Intervention Program offers a vital link in the seamless continuum of services by providing intensive early intervention services to Delaware's at risk children and families to prevent child maltreatment. The K-3 Early Intervention Program conducted 17 parenting and children's groups throughout the state during this reporting period. In addition, Early Intervention FCTs have helped provide a continuum of services for families by acting as liaisons for OCS investigation and treatment workers interacting with children in their assigned schools. Early Intervention FCTs help families access assistance with rent, car repair, utilities and basic needs such as food or shelter that serve to prevent the families from experiencing abuse/neglect or dependency issues that would precipitate more serious Departmental involvement. Likewise, they provide referral services and information linkage between the school and outside agencies as necessary. The Early Intervention Program continuously assesses quality assurance by conducting routine reviews. During the year, FCT service plans are reviewed monthly by supervisors. File reviews are also conducted for each FCT twice during the year. During this reporting period, several working committees updated procedures to ensure a quick transmission of client information to the management team to ensure quality programming.

The PSSF Program services are designed to work with families who fall into all prevention strategies. The families who have moved past risk and begun to engage in negative or undesirable behaviors receive the PSSF Intensive Family Consultation and the Positive

Behavior Intervention services. Through the use of family support practices, the program promotes the system of care approach created to address the stressors which have the likelihood of causing child maltreatment. In the delivery of services, families who are at-risk of child maltreatment may receive educational material, resource and service connections, family consultation, support services and intensive consultation/positive behavior intervention services depending on the family's assessed need. With the Family Consultation and Support process, the family is empowered and supported to take the leading role in the planning process and decision-making on how to self-identify and address their needs and/or concerns. The Family Consultant advocates and assists the family in the development of an action plan to identify and mobilize informal and formal supports participants, and how to obtain their goals. Through the Family Consultants' use of a family-focused, child-centered, strength-based approach, the family tools are used to empower participants and families are encouraged to make decisions about the services they need and receive.

OPEI has enhanced "linkage points" with CMH, OCS and YRS in an effort to continue to promote the effectiveness of the Department's core services. These linkages serve as critical conduits of information and communication between the statewide service delivery systems. The PSSF family-focused and child-centered approach supports OCS and YRS in their efforts to prevent families from entering or re-entering Departmental services as a result of neglect, abuse and dependency and assists families with supports in transitioning delinquent youth back into the home as well as to the community. The program provides critical support services to CMH families to prevent the possibility of child maltreatment. Through this coordinated effort to improve prevention and early intervention services based on the needs of CMH, OCS and YRS, all have gained a better understanding of each other's roles and are better able to define the type of services that could best serve Departmental families, as well as those at-risk but not yet currently involved with the Department.

See 1.2 and 1.4 for OPEI activities to enhance community based programming to strengthen family capacity to meet their own needs.

The pending CFSR PIP has plans and activities to enhance case planning and access to community services for families, youth and foster care providers. Activity has begun to distribute current resource guides for medical care in English and Spanish. Older youth will benefit from increased family involvement as they prepare for exiting care at age 18. Foster and adoptive home recruitment and support activities will build the resource capacity for children in care and in permanent homes.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Families have enhanced capacity to provide for their children's needs.	4.2 Child and family involvement in case planning (Quality Assurance Case Reviews)	95% case reviews will reflect family participation in case planning process	<ol style="list-style-type: none"> 1. Monitor and support child and family involvement in case planning. 2. 95% of case reviews will reflect family participation in case planning process 2007-2009.

PROGRESS & ACCOMPLISHMENTS:

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; monitoring questions are part of the DFS QA case review system. During the reporting period 4/1/07 to 3/31/08, for the Family Assessment Plan, reviewers believed parents and caretakers were involved in the development of the plan 81.87% (140 of 171) of the time. For the Plan for Child in Care III, participation was seen 62.05% (121 of 195) 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.

The Department of Services for Children Youth and Their Families recognizes that a holistic integrated approach is essential for the success of children and families. The intent of the Department's policy is to ensure the integration and coordination of all services and resources available within the Department, the family and community. To truly embrace a holistic approach to working with families, the Department has adopted a "System of Care" philosophy. The "System of Care" philosophy is a strengths-based, family-centered, child-focused, culturally competent model. It is based on the belief that the best care and protection for children can be achieved when the strengths of the families are aligned with community and Department supports.

One mechanism the Department utilizes to achieve a true system of care is the development of an Integrated Service Plan (ISP) for families active with more than one division within the Department.

The purpose of the ISP is to achieve the consolidation of services to children, youth and their families within the jurisdiction of a single agency in order to avoid fragmentation and duplication of services and to plan, develop and administer a comprehensive and unified service delivery system to abused, neglected, dependent, delinquent and mentally ill or emotionally disturbed children and youth within a continuum of care which shall include the involvement of their family, within the least restrictive setting possible.

Department policy #201, implemented in November 2004, states that every child and family active with more than one service division of the Department of Services for Children, Youth and Their Families (DSCYF) is required to have in place a comprehensive, coordinated service plan, which designates a primary case manager. Whenever DFS has an open case they are the assigned primary case

manager and facilitate team meetings to develop and review Integrated Service Plans (ISP, formerly the Interdivisional Service Plan) that coordinates both formal and informal services to support the child and family. 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.

In addition to the development of the Integrated Service Plan, all families involved with the Division of Family Services will have a Family Service Plan (FSP). The FSP is the Division's contract with the family specifying exactly what must be done, by whom and by what date so that children can be reunified and/or the case can be closed. The FSP is a direct outgrowth of the Family Assessment and the Service Entry Needs and Strengths Screen. The FSP should be developed collaboratively with the parents.

The Plan for Child in Care series should be developed collaboratively with the DFS worker, foster parent, biological parents and youth. Concerns of all parties should be addressed in the PCIC and a plan of action should be developed.

PSSF uses a family support practice which promotes a system of care approach in the delivery of services for families who are at-risk of child maltreatment. The family is encouraged 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 OCS, 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 focus on isolation issues, coping skills, relationship with their children, the child's behavior, the resource needs of the family and the barriers in seeking and acquiring assistance around substance abuse, parenting, and marriage/relationship issues. The FSRA helps the family prioritize these concerns and identify additional concerns that may turn into a crisis. The family lists their concerns on the Family Needs and Social Support Scale, (FNSSS) which turns 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. Upon completion of the FNSSS, the Family Assessment and Intervention Plan (FA&IP) is completed detailing the steps needed to accomplish the goals using supports and resources. As a result, families are empowered to take the lead in the planning process to reach identified goals and reduce certain life stressors. PSSF continues to make concerted efforts to engage more fathers in services. The staff received booster training on the importance of engagement and retention of fathers, approaches for engaging fathers and creating a father –friendly environment. Within the PSSF program, traditionally more mothers request the Resource Connection Only or the Family Consultation and Support Services; however, during the 2007 service year there was an increase of father's as the primary adult serviced in the program. The program data reports that there were 68 males serviced as the primary adult. The PSSF Family Consultation and Support process continues its practice of identifying the father or male partner in the household as support participants in the family plan. By involving fathers in services, the programs hope to reverse the rise in father role model absence, improve child well being, improve healthy adult relations and increase supports to fathers.

PSSF and FACET staff continue to enhance their knowledge of engaging and retaining fathers/males into service through ongoing

booster trainings provided by the OPEI PSSF Family Consultants. To obtain additional knowledge, the PSSF and FACET staff participated in monthly fatherhood teleconferences sponsored by ACF Region III Head Start Fatherhood. Representatives from the two programs will attend the 2008 “Daddy Universe City” Fatherhood Festival Conference in Philadelphia which was designed to educate the attendees on the importance of involving fathers, how to increase father involvement and the type of supports all fathers need to parent their children. The FACET Early Care Centers are currently working on plans to establish an active fatherhood group in each of the Early Care Centers. Fathers participate in the Parent Council and other activities. Participation has increased as fathers get more familiar with the program and see other fathers attending activities. The PSSF program contracts with community-based agencies that have staff knowledgeable about the community and populations they serve. PSSF continues to employ a Spanish-speaking Family Consultant. Program tools, brochures, and pamphlets for Spanish translation were revised during this reporting period. The PSSF family-support and family-focused approach adapts to the needs of the family in working through the family consultation and support process; therefore, the family is the creator of their plan and the decision maker on the types of services and resources that best meet their needs. This approach continues to ensure the process is culturally competent.

Outcomes	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 style="list-style-type: none"> 1. 95% of placement case reviews reflect compliance with contact schedule 2006-2009. 2. Conduct quality contacts with children focused on safety, service delivery and achievement of goals.

PROGRESS & ACCOMPLISHMENTS:
 Measurement of Performance: Regular contacts between staff and children, consistent with policy expectations, are assessed in the QA case review system; as is the quality of those contacts. For the reporting period 4/1/07 to 3/31/08, QA reviewers believed staff contacts with children in foster care were occurring 91% of the time. In addition, for the same period, QA reviewers believed staff contacts with children in intact families, focusing on the pertinent issues for each child, was occurring 98% of the time. The quality of contacts between staff and children in foster care had a slightly lower achievement rate at 97%.

Regardless of where the case happens to be in the continuum of OCS services, it is the expectation that OCS social workers have regular, meaningful contact with the family. The only exception to this is when Family Court has approved the goal of TPR and reunification efforts are no longer necessary. Supervisors determine the frequency of contact based on the issues with the family, the result of the assessments, and risk in the home. Contact for intact families is generally once per month unless the supervisor or worker feels that it should be more frequent. When determining the frequency of the contact schedule, supervisors review the hotline report, the results of the investigation, any past history the family may have had with the Department, and the current situation of the family. If the

supervisor identifies multiple areas of concern, they may assign a more frequent contact schedule. If the children have been placed in out-of-home care, OCS is required to have monthly contact with each child. The majority of the contacts must take place in the foster home. As of January 2008, OCS implemented standardized formatting for documenting foster child contacts for these factors: type of contact, time, location, participants, purpose, issues discussed, worker observations, child safety and next steps.

Reports from October 2006 to September 2007 show Early Intervention FCTs conducted 73,940 visits with children on their case loads. The visits were conducted through home visits, 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 style="list-style-type: none"> 1. 95% of case reviews reflect compliance with contact schedule and efforts to engage parents in treatment needs 2006-2009. 2. Explore strengthening policy on parental contact.

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 4/1/07 to 3/31/08, the consistent documentation of efforts to engage the clients in the helping process was seen 90% of the time. Engaging parents in the process of addressing domestic violence remains a low performing area as represented with an 85 % rating. Efforts to engage parents in addressing substance abuse issues were seen 89% of the time. DFS has substance abuse and domestic violence liaisons located in several regional offices. These liaisons address these issues with the family directly and provide documentation in the FACTS case record. There is a continuing effort to ensure all documentation is reviewed and intervention activities are identified by these specialists.

OCS Policy requires workers to have contact with families at a minimum of once per month. However, the contact is often more frequent based on the needs of the family. This is particularly true for cases with youth in care. In those cases it is not uncommon for workers to see the parents several times per week. Policy was revised in March 2008 to include efforts to engage both parents in the planning process for children that have been removed from the home. This includes obtaining information regarding both parents,

completing an assessment, and developing a Family Service Plan with both parents if appropriate.

Data from October 2006 through September 2007 show Early Intervention FCTs had parental contact on 40,605 occasions. This number reflects 10,338 family counseling sessions and 7,148 home visits, 7,134 office visits, 14,273 phone contacts, and 1,712 transports. These contacts were conducted statewide in 13 school districts and 4 charter schools. Policy requires workers to have contact with families at a minimum of once per month. However, the contact is often more frequent based on the needs of the family. This is especially true with the K-3 Early Intervention Program, where 2 monthly contacts with parents, plus 10 Parent Education sessions per year are standard. For cases with youth in care, it is not uncommon for workers to see the parents several times each week.

The pending CFSR PIP contains actions to strengthen parental involvement in case management activities such as case planning and visitation.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children receive appropriate services to meet their educational needs.	4.5 Educational needs of the child (Quality Assurance Case Reviews, Internal Management Report)	95% case reviews reflect appropriate educational assessment for risk	<ol style="list-style-type: none"> 1. Advocate for children and families in educational settings. 2. Incorporate Service Entry Needs and Strengths Screen (SENSS) educational information into 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 4/1/07 to 3/31/08, the assessment of educational well-being of all children in a family treatment case was identified 91% of the time. The assessment of Educational well-being of children in foster care was seen 97% of the time. In both program areas there is a follow-up question, “when necessary were educational needs addressed with parents or caretakers?” In Treatment cases, addressing needs performance scored 93%. For foster children, the performance score was 94%. The challenge for reviewers and staff is the assessment of all children in a household and the availability of all related 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 reviewers 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 potential training implications as to the frequency and need for ongoing assessment.

The Family Court is sponsoring multidisciplinary training in Fall 2008 focusing on education needs and rights for children in care.

The Office of the Child Advocate (OCA) and the Educational Surrogate Parent Program (ESPP) continue to collaborate by exchanging information to better ensure timely, seamless educational representation for children in the legal custody of DFS. On a monthly basis, data is exchanged advising ESPP of the legal representative for each child in the program as well as enabling OCA to track the number of children in DFS legal custody receiving ESPP services. When others are unavailable to serve as an ESP for a child, the attorney for the child may be appointed in that capacity. At the end of calendar year 2007, 177 children in DFS custody had an ESP.

OPEI directs services and programming to support children and families in educational settings. FACET offers educational programming in child care centers that is pertinent to parents involved in those centers. These include skill building workshops on different topics, GED classes, parenting classes and defensive driving.

PSSF continues to offer Positive Behavior Intervention to families with children who are experiencing behavioral problems at home or in a school setting. Through PSSF, 35 families received Positive Behavior Intervention services.

Children and Families First implemented the Families and Schools Together (FAST), a 14 week science-based family skills training program designed to increase resilience and reduce risk factors for youth who are vulnerable to school failure, alcohol and other drug abuse and/or juvenile delinquency. The target population include youth ages 11 to 14 from 5 middle schools statewide. Youth were identified to participate in the FAST program by school officials based on the following risk factors: youth who show signs of school failure; involved in substance abuse by child and family, and stress due to daily life situations. Sessions included teaching youth positive problem solving, communication and coping skills, alcohol, tobacco and other drugs refusal skills and the awareness of the dangers of alcohol, tobacco and other drug use. Parents of the youth formed a Parent Advisory Group through FASTWORKS, a program enhancement component that empowers parents to develop committees to plan alternative activities and guide future program development. The program also included referrals to needed community services/resources by a multi-disciplinary professional team. A total of 335 individuals were served via recruitment, outreach efforts, home visits, and referrals by school teachers, parent partners and social workers. During this reporting period, the FAST program experienced challenges with recruiting and retaining the target population mainly because children did not attend school in the neighborhood they reside. As of July 1, 2007, OPEI did not continue the FAST program because of limited funds available from the federal United States Department of Education, Safe and Drug Free School and Communities. Data from October 2006 through September 2007 show Early Intervention FCTs provided 19,551 consultations in the educational setting. These consultations were conducted statewide in 13 school districts and 4 charter schools. One of the Early Intervention FCTs' performance expectations is to serve as an advocate for children and families within the school. This includes attending and providing transportation for the parents to attend school functions such as open houses, back to school night, IEP meetings, discipline meetings and educational placement meetings. The FCT follows up to review with the family and obtain paperwork

signatures when needed. They also participate in school-wide planning meetings on a variety of topics, including: discipline, school climate, building leadership and increasing parent/ school involvement. Each Early Intervention FCT performs educational assessments at the beginning and end of involvement with a family. Updates are performed every three months using CAFAS, and this information is captured in case planning and during monthly reviews.

The SENSS (Service Entry Needs and Service Survey), an initial assessment and 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 completes 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.

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 Management Report)	95% case reviews reflect appropriate health assessment for risk	<ol style="list-style-type: none"> 1. Incorporate SENSS health information into assessment and planning activities. 2. Medical and dental needs are identified and met for all children. 3. 95% of case reviews reflect appropriate health assessment for risk 2006-2009.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA case review system incorporates questions addressing children's physical health needs. During the reporting period 4/1/07 to 3/31/08, the assessment of physical health of all children in a family in a treatment case was identified 94% of the time and addressing those needs when identified was seen 94% of the time. The assessment of physical health of foster children was identified 98% of the time and, when needs were identified, they were addressed 97% of the time.

For each of the 996 cases opened during the year, Early Intervention FCTs inquired about serious medical conditions or developmental

delays. This was done for each new case and was recorded on the Initial Assessment form. FCTs routinely assist families with making medical and mental health appointments, provide transportation to the appointments as appropriate, liaison with the family during the appointment, and debrief families after appointments to help the family understand and apply suggested treatment. FCTs also help the family access methods of payment through community sources and help them obtain private insurance, Medicaid or CHIPS when appropriate.

OCS has clear and detailed policy for assessing physical health needs and seeking services. Child Development Watch, Child Advocacy Centers and A.I. du Pont programs provide community based services. QA results indicate OCS does a good job identifying and addressing physical health needs of foster children. 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 completes 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 physical health 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.

The Division has an assigned liaison who works with all hospitals, state and private agencies, and division caseworkers to resolve any issues that may prevent children in care from receiving adequate physical and mental health needs.

The pending CFSR PIP includes activities under the service array strategy to strengthen access to medical services, emphasizing Hispanic services.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
Children receive adequate services to meet their physical and mental health needs.	4.7 Mental health of the child (Quality Assurance Case Reviews, Internal Management Report)	95% case reviews reflect appropriate mental health assessment for risk	<ol style="list-style-type: none"> 1. Incorporate SENSS mental health information into assessment and planning activities. 2. Collaborate with Children’s Mental Health to develop and implement mental health services for children in 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 2009 to be lead by the Office of the Child Advocate (OCA).

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: The DFS QA case review system incorporates questions addressing children’s mental health needs. During the reporting period 4/1/07 to 3/31/08, the assessment of mental health of all children in a family in a treatment case was identified 90% and needs were addressed 88% of the time. Mental health of children in foster care was assessed 98% of the time and needs were addressed 97 % of the time.

Family Court is sponsoring a June 2008 multidisciplinary conference focusing on the mental health needs of very young children in care.

In April 2007, CPAC established the Mental and Behavioral Health Services to Children in Foster Care and Adoption Subcommittee, which is comprised of numerous child welfare system partners, including the Department of Justice, the Office of the Child Advocate, the Division of Child Mental Health Services, the Department of Education, and Family Court. The group was charged with examining how mental and behavioral health services are delivered to children in foster care and those adopted out of foster care and making recommendations as necessary for change. During the reporting period, the Subcommittee was educated on the continuum of child mental health and behavioral health services offered in Delaware, as well as the experiences of those working in and with Delaware’s child mental health system. In fiscal year 2008, the Subcommittee plans to issue its final report, complete with recommendations for

change. OCA also continues to promote its draft of the Children's Bill of Rights, modeled after several states, including New Jersey and Rhode Island. A subgroup of CPAC's Legislative Subcommittee is in the process of drafting several statutes which will move procedures for foster care cases from rules to statute. Upon completion of that task, the subgroup will consider the draft Children's Bill of Rights.

Early Intervention FCTs identify mental health needs through the use of the Initial Assessment and CAFAS. These assessments were conducted for all 996 new cases opened during the reporting year. The needs are then addressed in the service plan, which may include making appropriate referrals, teaching families to set up initial medical and mental health consultations, teaching families to schedule follow up visits and how to manage a schedule of appointments.

The Children's Advocacy Center (CAC) provides statewide comprehensive forensic assessments of children that have allegedly been sexually, severely physically abused or witnessed felony level domestic violence; services include mental health assessments and referrals. Their mission is to reduce the devastating long-term effects that child abuse has on children, their families and society. The CAC provides a child-friendly setting to coordinate services that expedite the investigation and prosecution of child abuse cases while ensuring the victims receive effective, immediate and sensitive support. The centers have licensed clinical social workers that assess the mental health needs of the children and make referrals for services. DFS continues to serve as an Advisor to the Board of Directors of the Children's Advocacy Center of Delaware. DCMHS collaborates with Children's Advocacy Center around identification, screening and assessment of children for child traumatic stress (PTSD) and referral to trauma-specific child mental health treatment through its Child Well-Being Project.

Across all programs, DMCHS served 2,705 children (unduplicated count) in FY07, an increase of 11% over FY06 and a 26% increase from FY00.

Child Mental Health is a current recipient of SAMHSA's Center for Mental Health Services Child Traumatic Stress Treatment Center grant, which is now in its third of four funding years. The grant's goal is to increase access for children in child welfare, juvenile justice, mental health and substance abuse services to evidence-based, trauma-specific mental health outpatient treatment; the statewide pilot is serving 120 children each year. Therapists have been trained in the use of Trauma-Focused Behavior Therapy and more immediate access to appropriate care has been a result. As part of this grant, CMH is a member of the National Child Traumatic Stress Network and serves on its national steering committee.

Child Mental Health's Child Development Community Policing (CDCP) Program represents a unique collaboration between mental health professionals and law enforcement to intervene early when a traumatic situation arises. The purpose is to quickly identify youth who have been exposed to violence and have numerous risk factors strengthen their families and communities by identifying resources to help address challenges. Early intervention results in better outcomes for youth by preventing long-lasting problems. CDCP helps youth and families who witness or experience violence by providing immediate and follow-up counseling services through Child Mental

Health 24 hours a day. CDCP is in its second year of implementation and is modeled after the Yale University Project, which serves as a national model for police-mental health partnerships across the country. The program has served 77 youth between the ages of 10-24 during this reporting period. In total, over 1,400 persons have been served in the CDCP program since its inception with three clinicians providing the services. About 38% of those referrals were related to domestic violence and approximately 40% of the total referrals involved DFS. DSCMH, DFS and DYRS staff attends weekly conferences. The weekly case conferences have been a significant means for explaining policy and procedures, as well as providing linkages between the criminal and civil investigators and mental health clinicians involved in the cases. In partnership with Yale, a longitudinal study began at the onset of the program to look at how CDCP prevents youth from needing deeper-level services. Early results of the study indicate that it has prevented the majority of youth served from needing services beyond the outpatient level.

DCMHS provides initial behavioral health assessment for every child entering foster care (age 4 – 17 yrs.) In FY07, 240 youth were served (including children screened in FY06 and being linked to a treatment provider in FY07), a 25% increase in the total number of children entering foster care screened in FY06 (year one of the service). 213 children received initial behavioral health screening in FY07, with 128 children screening positive for a behavioral health disorder and referred to a behavioral healthcare treatment provider in FY07. 81% of those children (104) were referred to outpatient services and 7 (5.5%) were referred for trauma-specific treatment to the Child Well-Being Initiative. More than 80 children have been provided trauma-specific, evidence-based treatment through the Child Well-Being Initiative, with just over 50% of those referred by DFS.

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 FCTs identify mental health needs through the use of the Initial Assessment and CAFAS. These assessments were conducted for all 474 new cases opened during the reporting year. The needs are then addressed in the service plan, which may include making appropriate referrals, teaching families to set up initial medical and mental health consultations, teaching families to schedule follow up visits and how to manage a schedule of appointments.

DSCYF uses a collaborative approach for securing placements for difficult to place youth. The Placement Resource Team represents the three operating Divisions and is able to bring all the Department's resources into consideration to secure appropriate placements for youth with challenging behaviors.

The pending CFSR PIP has activities to strengthen access to children's mental health services. A collaborative effort with service providers and DCMH will increase knowledge of and access to mental health services. The PIP also includes CPAC's Subcommittee on mental health services for foster children as an avenue to review and recommend systemic improvements.

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 style="list-style-type: none"> 1. Maintain high staff retention rates. 2. Develop and implement a competency-based training program for all levels of staff. 3. Collaborate with community partners to improve training opportunities for all child welfare professionals. 4. Continue Departmental employee satisfaction surveys and incorporate findings into human resource planning.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: This element assesses the turnover rate based on the total allotted DFS caseworker ‘FTE’s’ (Full Time Employees) and those staff who leave DFS and all State of Delaware employment. The final turnover rate for the period ending 6/30/07 (SFY07) was 6.8%, exceeding the goal by 8.2 percentage points. The turnover rate through 3rd quarter SFY08 was 4.0%. The DSCYF employee satisfaction survey was conducted in 2007; however, the results have not been released, at this time.

OCCL Licensing Specialist and Supervisors are required to participate in 18 hours of annual training. The document “Early Success” which is the Delaware Statewide Plan for Early Care and Education, calls for a strategy to “increase the specialized training of the licensing staff and the participation in the professional certification system as it becomes available”. This credential is now available through a partnership of NARA and the University of Southern Maine, Muskie School. Eighty percent (80%) of the Licensing Staff are being enrolled in this program, which is available in an on-line distance learning format and expected to begin in Spring 2008. The program is 18 months in length. Funding was provided through the Division of Social Services and arranged through the Department of Education.

DFS staff participated in Family Court and DSCYF sponsored August 2007 multidisciplinary training focused on permanency planning and concurrent planning. Another conference is scheduled for June 2008 on mental health needs of very young children in care.

The CPAC Training Subcommittee provided “Child Abuse and Neglect 101” training for child welfare professionals during this reporting period. The training, which included panel members from Law Enforcement, Family Court, the Office of the Child Advocate, the Court Appointed Special Advocate Program, the Office of the Attorney General, the Division of Family Services, and the Children’s

Advocacy Center, was offered in all three counties ensuring access for all system partners, and will be offered again throughout the state in calendar year 2008. Additionally, CPAC and the Child Death, Near Death, & Stillbirth Commission (CDNDSC) sponsored a multidisciplinary conference April 30-May 2, 2008 focusing on the civil and criminal investigation, prosecution, and treatment of child abuse and neglect cases.

The CPAC Caseloads/Workload Subcommittee, an outgrowth of two Senate bills affecting DFS caseworker retention, is a multidisciplinary team seeking to maintain the child welfare staffing complement in Delaware through the recognition and alleviation of caseload/workload. Senate Bill 142 was passed in July 1998 and codified caseload standards for DFS caseworkers, child care licensing specialists and DFS supervisors. In 2003, when it was discovered that caseloads were still an issue, Senate Bill 265 was enacted, which further assisted DFS with caseloads and moved the agency's career ladder from epilogue language to statute. Both these bills carried broad child welfare system partner support. CPAC's Caseload/Workload Subcommittee focused on evaluating the caseloads and workload of DFS investigation and treatment staff while giving consideration to the workloads of the Court, the Office of the Attorney General, the Office of the Child Advocate, and others. During the reporting period, the Subcommittee researched national child welfare reform efforts, including the expansion of public/private community partnerships, in order to bring forth recommendations for the further reduction of DFS caseloads. Legislation was introduced and passed in Spring 2007 in the form of Senate Bill 113 (SB113). SB113 was passed, lowering the investigation caseload standard from fourteen to twelve. The treatment caseload standard was addressed via Senate Bill 180 (SB180), which was introduced in July 2007 and proposes to reduce the caseload standard from eighteen to twelve. SB180 will be considered prior to the end of Fiscal Year 2008. Concurrent with SB180, the Caseloads/Workloads Subcommittee submitted its final recommendations in April 2007 and will work with system partners in the future regarding their implementation.

The CPRB reports that DFS workers continue to provide high level of quality performance and level of professionalism in the face of tremendous workloads and extensive oversight by the courts and advocates. The CPRB continues to recognize a deliberate and sustained effort by DFS workers to work in collaboration when multiple agencies are involved with a child.

ALL DCMHS Trainings and Conferences are open to Department staff. In the past year, multidisciplinary conferences on inappropriate sexual behavior and child traumatic stress were offered to agency and community professionals.

OPEI promotes Department and community workforce development at all levels. Encouraging workforce development through community capacity building has allowed Departmental partners to provide higher-quality services and to create a continuum of care while promoting a culture of learning. OPEI routinely supports training through sponsorships of conferences, providing funding and resources towards community service learning events and encouraging staff and providers to promote their own learning through multiple venues.

In April and May of 2007, OPEI coordinated a four-part series on prevention training for professional staff and community providers. Approximately 12 participants attended this training conducted by the Center for Substance Abuse Prevention (CSAP), Northeast Center for the Application of Prevention Technologies (NECAPT). A Northeast CAPT associate began training on the Substance Abuse and Mental Health Services Administration (SAMHSA)'s five-step Strategic Prevention Framework. Topics covered were: Needs Assessment, Building Capacity and Environmental Strategies, Program Planning, Implementation and Evaluation. This process is designed to guide the planning, implementation and evaluation of substance abuse prevention, treatment and mental health services at both the state and community level.

On July 24, 2007, OPEI also collaborated with the Division of Substance Abuse and Mental Health Institute to provide a one-day training session entitled "Hip-Hop Development 101" at the 36th Annual Summer Institute. This workshop covered concrete strategies for utilizing Hip-Hop as a tool for motivating youth. Participants learned methods for utilizing the Hip Hop culture to enhance messages targeting youth and how activities can be integrated into prevention and educational programs and practices for youth. A total of 30 participants attended this workshop.

In SFY07, OPEI contractors received onsite training from the program developers of the following evidence-based programs: All Stars, Project Towards No Drug Abuse, and Too Good for Drugs and Violence. Follow up training will be conducted as needed in order maintain fidelity standards.

The Families and Centers Empowered Together (FACET) program continues to help program sites incorporate the Early Success (long term plan for a quality early care and education system to serve all of Delaware's children) recommendations to improve the quality of educational services to children. FACET sites continue to meet five pertinent domains: Quality Programs, Professional Development, Family Engagement, Financing and Results. Strides have been particularly evident in the Professional Development domain. FACET is in the process of developing core competencies for the Coordinators that work with parents and their families in the Early Care Centers, as family support professionals. These core competencies target important areas such as child development, health, safety, nutrition, working with families and professionalism. FACET is currently in the planning stages to incorporate preschool "I Can Problem Solve" (an interpersonal cognitive problem-solving program) in the Early Care and Education centers. Training continues to be an integral part of the FACET Model.

As part of PSSF's quality assurance process, program participants completed 377 satisfaction surveys this year. Out of the 377 surveyed more than 314 program participants responded they strongly agreed or agreed with the following:

- The PSSF program focused on building family and community strengths;
- The PSSF program was located in an environment that is respectful and welcoming;
- The PSSF program helped participants define short and long term goals;
- The PSSF program helped families to connect to resources and supports to achieve the identified goals and evaluates progress towards reaching goals;

- The Family Consultants helped families to identify individual and family strengths, family concerns and needs, define short and long term goals, develop goal statements and create action steps based on family needs;
- PSSF participants were able to access services to meet their needs;
- PSSF services are accessible hours that meet the community needs;

Overall, the individuals who participated in the PSSF Family Consultation and Support process were very satisfied with program services and the Satisfaction Survey has proven to be one reliable indicator that the program is meeting its outcomes.

PSSF provided skill building training in fatherhood/healthy adult relationships. Training sessions provided information on: engaging fathers, creating a male friendly service environment, fathers as partners, gender differences and community bias. The PSSF Family Consultants participated in the ACF Region III Head Start/Fatherhood monthly teleconferences during this reporting period to obtain information on the benefits of father's involvement with child development and obtain information regarding engagement and retention of fathers/males in child focused services. The program providers attended trainings on Coalition Building, instructing families to assess and develop action plans to address the need, engagement and retention, critical assessment skill building, community capacity building, conducting a community assessment, process for the distribution of mini-grants and community service provider presentations. PSSF continued to work collaboratively with the Division of Child Support Enforcement, Head Start and other Fatherhood community organizations and the Fatherhood/Healthy Relationship Coalition to produce a final report of the "The Fatherhood/Healthy Marriage Survey 2007", which is comprised of information obtained through a statewide needs assessment and focus groups held on the subject. PSSF and the Division of Child Support Enforcement had the data analyzed and continues to work on the completion of the final report. The five dimensions that were reflected in the content of the survey analysis were: identification and satisfaction with the role of fathers, barriers to being involved with children, importance of marriage, relationship with child(ren)'s mother/guardian and role of government, churches and agencies. PSSF and DCSE are preparing to formally present the finding of the "The Fatherhood/Healthy Marriage Survey 2007" in a statewide Fatherhood/Healthy Marriage informational and educational session in 2008.

PSSF continues to energize interested organizations and Department staff to continue their involvement in engaging fathers in existing services and to sustain the efforts of the Delaware Fatherhood/Adult Relationship Coalition to develop new strategies to increase supports that will stabilize families. PSSF continues its partnership with "Daddy Universe City" in the Fatherhood Festival Conference. The 2008 Fatherhood Festival conference focus will be encouraging fathers to connect with their child(ren), mothers and family. The conference focus supports research relative to the importance of the paternal relationship in the development of children and correlation of a child having increased self-esteem, values and morals when the father is involved in the life of the child and family. The 2008 Fatherhood Festival Conference will host workshops affecting the foundation of positive parenting, healthy adult relationships and healthy communities in an effort to prevent child maltreatment.

During the 2008 service year, PSSF will continue its effort to collaborate and partner with Community-Based Advisory Boards and other community agencies and organization that seek to provide gender specific information and education in the area of Fatherhood/Healthy Adult Relationships supporting the prevention of child maltreatment, helping to build healthier relationships within

the family and encouraging fathers to become active members in the upbringing of their children.

The publication *Training and Consultation in the Community - Best Practice Research: Along the Continuum: What Works and What Does Not Work*, has an addendum with recent research containing developments in the child welfare system and juvenile justice system that focuses on best practices for these systems in preventing violence in family homes, communities and schools. The Office of Prevention Resource Center provided consultation to the “Stop the Violence” Coalition. For example, the Coalition reviewed the “Along the Continuum” document and wanted to use the best practice plans outlined by OPEI as a template for the community. The Coalition was provided with information on SAMHSA’s Strategic Prevention Framework, best practices for preventing domestic violence and violence in the communities, the criteria for developing a model program as well as model programming being used throughout the U. S. In addition, consultation was provided to the Delaware Association for Children of Alcoholic in much the same way. This consultation focused on parenting programs, alcohol and substance abuse prevention and stress management. Documented research of modeled programs and benchmarks in other states assists agencies, communities and coalitions in using a planned method to address problems within their own target populations if individuals at risk for child abuse and neglect.

From October 2006 through the end of September 2007, the K-3 Early Intervention Program maintained a retention rate of 93%. Each year the Early Intervention Program plans, schedules and administers a two-week competency based training program. The training is managed annually by a training committee and the competency manual is monitored by a member of the management team.

The Program Manager for Intake & Investigation is frequently requested to speak publicly about child abuse reporting and investigation policy and procedures. She reviewed and commented on proposed policies and procedures of the First Presbyterian Church of Newark then conducted training on June 7, 2007. She also commented extensively on the policies and procedures of the Wilmington Police Department (WPD) and the subsequent revisions. Training on the revised policies and procedures has not yet taken place, but the Program Manager participated in training for the WPD new recruit training academy in February 2008. Other training provided by the Program Manager for Intake & Investigation included: Children and Families First Resource Mothers (August 2007), Family Court staff (October 2007), Youth Rehabilitative Services Probation staff ((October 2007), Sexual Assault Nurse Examiners at Christiana Hospital (October 2007), Widener Law School (November 2007), Division of Visually Impaired (January 2008), and Child Abuse and Neglect 101 for the general child welfare community (February 2008).

The pending CFSR PIP has many activities that will require policy and practice changes for front line staff and supervisors. By clarifying and strengthening policy supported by training and supervision, staff knowledge, skill and experience will improve. All primary strategies, safety, permanency planning, preserving connections, service array, and quality documentation have policy, training and supervision activities.

CFSP SYSTEMIC FACTORS, GOALS AND OBJECTIVES AND STRATEGIES FOR ACHIEVEMENT

Systemic Factors	Performance Goals and Objectives	Strategy
Statewide Information System Capacity	6.1 Statewide system determines status, demographics, location, goals for all foster children in state	1. Complete the AFCARS Improvement Plan by March 2009 .
<p><i>PROGRESS & ACCOMPLISHMENTS:</i> Measurement of Performance: DSCYF continues to work toward completing the AFCARS Improvement Plan. During this reporting period the FACTS Information System went through two significant “version” upgrades. The first, in May 2007, included the removal from foster care reason of ‘Trial Home Visit’ (Delaware uses the terms ‘Trial Reunification’ and ‘Temporary Home Visit’). In addition was the inclusion of all DSCYF children in out-of-home care in the AFCARS reporting population, specifically those in the Division of Child Mental Health and the Division of Youth Rehabilitative. In a separate but concurrent initiative, in order to meet SACWIS requirements, DSCYF Division of Management Support Services has been working with State of Delaware sister Departments to improve interfaces regarding Child Support, TANF and Medicaid resulting in improved data report in their respective AFCARS elements. In March 2008 the FACTS version involved two key areas for AFCARS reporting; first, was the inclusion of private foster homes administered by a parent organization in the automated payment and reporting system. This change ensures that payments made to these providers are properly mapped to the AFCARS batch report. Second, enhancements to the IV-E Determination/Re-determination events ensure IV-E funds applied to a child’s foster care placement are properly reported to AFCARS. The remaining elements will be reviewed with the Federal AFCARS Administrator prior to implementing changes. Full completion of the AFCARS Improvement Plan is anticipated by the end of 2008.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
Statewide Information System Capacity	6.2 Information is accessible to state and local staff	1. Improve the analysis and dissemination of information to improve quality of services for children and families.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i> 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</p>		

Services and provide highlights and details in the three primary program areas: Intake/Investigation, Treatment and Placement. In July 2007 the 'Rejected Hotline' QA case review instrument was added in order to assess decisions to not accept a referral. Individual case reviews are also returned to the regions for review. Investigation case reviewers listen to actual audio recordings of the initial report to rate professionalism of report line operations. DSCYF uses a computerized case management system, which provides staff with case information, as security profiles permit. This information is available statewide. Many of the non-QA data elements reported in the APSR are gleaned from standardized reports with data drawn from the FACTS information System, which are distributed to Regional Administrators for review and distribution. These reports include: weekly reports identifying caseloads, investigation cases due for completion and, treatment cases without contact schedules. Monthly reports with case level details include: initial investigation and treatment contact performance, on-going treatment contact performance, case with no or significantly delayed contacts, cases with upcoming Inter-Divisional Service Plans (ISP) requirements and a variety of foster care detailed reports.

OPEI holds monthly and quarterly staff meetings, depending on the program area. All information pertaining to services for children and their families is shared with staff at these meetings. Data regarding caseload size, contacts, and performance measures (CAFAS, Parent and Teacher Surveys, Satisfaction) are shared at these meetings. The K-3 Early Intervention Program FCTs also have quarterly cluster meetings with their individual supervisors. Twice a year meetings are held with the Early Intervention FCT, their supervisor and the school principal. Each Family Crisis Therapist's monthly contacts, caseload size, interventions and other information are reviewed monthly by the supervisor and by the management team. In addition, District-specific pamphlets were created and disseminated to inform families as well as school personnel and community partners of the services offered by the Early Intervention Program.

The Program Manager for Intake & Investigation created a program folder on the Division of Family Services shared internal computer drive. The folder contains the agendas and meeting minutes for the Investigation Workgroup dating to the Workgroup's inception in 1997. The new folder also has an alphabetical index of the meeting topics with the month and year noted. The Investigation Workgroup membership includes all statewide regional administrators and investigation supervisors and it meets every other month.

Systemic Factors	Performance Goals and Objectives	Strategy
Statewide Information System Capacity	6.3 Information is useful in carrying out agency's responsibilities	1. Support the agency's mission, vision and strategic plan through quality information management.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>Measurement of Performance: 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. See 6.2 for additional information.</p> <p>The Department's Family and Child Tracking System (FACTS) is a client/case workflow management information system used by all core Divisions. Department staff continues to be involved in the development of its sequel FACTS II, which will provide for Integrated Service Planning based on a System of Care philosophy. 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, and maximize data quality.</p> <p>Although OPEI is not currently in the FACTS system, the Office maintains Access databases to store data and information to remain in compliance with federal and state mandates. Routine maintenance is conducted on the Access databases, and complex automated queries have been created to produce timely and valid reports. Currently, OPEI has a database administrative contract that provides ongoing technical assistance with automated report writing. The assistance is invaluable to be successful and efficient in retrieving data from the Access databases. OPEI continues to be challenged in conducting comprehensive analysis of the stored data, but continued efforts are being made to increase internal staff knowledge and to explore the use of external expertise.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
Case Review System	7.1 Each child has a written case plan with all required elements	1. Continue to monitor compliance with agency and federal requirements.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>Measurement of Performance: DFS policy requires the completion of the Plan for Child in Care (PCIC) series for every child placed in foster care. The PCIC II must be completed within 5 days of a child being placed in a new home. The PCIC III outlines the Division's plan to address the child's needs in the current placement throughout the year. The PCIC IV is completed every six months and reviews the needs of the youth. For the period 4/1/07 to 3/31/08, QA Case Reviewers found that 85% of the children had a current permanency plan (PCIC III); documentation of participation of all appropriate parties in the PCIC III occurred 62% (121 of 195) of the time.</p>		

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

Systemic Factors	Performance Goals and Objectives	Strategy
Case Review System	7.2 Parents of foster children participate in developing case plans, identifying strengths and needs, determining goals, requesting specific services, evaluating progress related to their children	<ol style="list-style-type: none"> 1. Strengthen engagement of families with children in out of home placements. 2. Monitor compliance with agency and federal requirements. 3. Practice system of care philosophy of parental involvement.

PROGRESS & ACCOMPLISHMENTS:

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 addressed the DFS QA case review system. During the reporting period 4/1/07 to 3/31/08, for the Family Assessment Plan, reviewers believed parents and caretakers were involved in the development of the plan 82% (140 of 171) of the time. For the Plan for Child in Care III, participation was seen 62% (121 of 195) 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.

Delacare Rule 126 (CPA Requirements) and Rules 3.49-3.51 (Residential Facilities and Day Care Program Requirements) address the specific requirements for service planning for private providers. These requirements include who must participate in the planning process, required signatures and the timeline for the initial and ongoing plans. Adherence to these Requirements is reviewed on an at least yearly basis as part of the licensing comprehensive compliance review.

The pending CFSR PIP contains strategies and actions to engage all caregivers in the case planning, review and service delivery process. The APPLA work group has identified case management activities for parent and caregiver involvement even for child only cases.

Systemic Factors	Performance Goals and Objectives	Strategy
Case Review System	7.3 Court or CPRB review of each child's status every 6 months	1. Collaborate with the Child Placement Review Board and Family Court to ensure a quality case review system.
<p>PROGRESS & ACCOMPLISHMENTS:</p> <p>All youth in Level 4 placements in the Division of Youth Rehabilitative Services, who meet the 6 month criteria are reviewed by the Child Placement Review Board. Any youth in placement at the 11th to 12th month mark are reviewed in Family Court and those beyond this time frame are reviewed again at 18 months by the Child Placement Review Board, and so forth if necessary.</p> <p>See Item 2.4 for a description of Family Court activities.</p> <p>The CPRB completes a comprehensive periodic review no less than annually for all children in care for both DFS and YRS. The reviews are conducted by a panel of Delaware citizens, with expertise in the area of child welfare, such as people with professional experience in the fields of nursing, social work, clinical therapy and education, as well as people who have worked with children in other community-based activities. The review format ensures all aspects of a case review are addressed and fully explored during each review.</p> <p>During the course of Fiscal Year 2007, the Office of the Child Advocate, through its attorney guardians <i>ad litem</i>, provided legal representation to 1,082 children. OCA and the Court Appointed Special Advocate Program (CASA) continue to collaborate to ensure that foster children are represented in Court. The continued cooperation and collaboration between OCA, DFS, and CASA has resulted in a comprehensive database that indicates the number and ages of children entering DFS legal custody each month, the number and ages of children aging out of DFS legal custody, the total number of children in DFS legal custody along with the age breakdown of such, the counties in which they reside, the representation status, and the Deputy Attorneys General and Judges assigned to their cases. The monthly statistics generated by the database enables all partners to more fully understand their workloads and facilitates the formulation of strategies by DFS, OCA and CASA for ensuring all children receive legal representation.</p>		

Systemic Factors	Performance Goals and Objectives	Strategy
Case Review System	7.4 Permanency hearings occur within 12 months of entering care	1. Partner with Family Court to insure timely permanency hearings.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i> The Division of Youth Rehabilitative Services queries FACTS for youth in placement at the 9 month mark, refers to the Permanency Committee within the county of jurisdiction for a goal, and motions the Family Court for a permanency hearing to be held in the 11th or 12th month of entering L4 placement.</p> <p>All children who are in foster care are reviewed by the Office of Children’s Services Permanency Planning Committee in their tenth month of placement. The committee makes a recommendation to the social worker to present the child’s goal at the subsequent court review. All children who are placed in foster care are continually reviewed in conjunction with the Family Court and Child Placement Review Board. The Office of Children’s Services (OCS) is required to file a motion for the permanency goal 30 days before the permanency hearing is scheduled. If the circumstances of a case change and OCS believes that the permanency goal should be changed, a new permanency petition must be filed. The 30-day period allows other parties to file responses to the motion.</p> <p>See Item 2.4 for a description of Family Court activities.</p> <p>The Memorandum of Agreement and regular meetings between DFS leadership and Family Court judges and administration have strengthened the collaborative partnership between agencies. Coordinated efforts through the CFSR PIP, primary strategy permanency planning, and Court Improvement Program are addressing timely permanency hearings.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
Case Review System	7.5 Permanency hearings promote timely and appropriate achievement of permanency goals	1. Partner with Family Court and community stakeholders to achieve timely and appropriate achievement of permanency goals.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i> See Item 2.4 for a description of activities.</p> <p>The Findings and Recommendation report from each child’s CPRB review is forwarded to Family Court and, by statute, becomes part of the child’s court file to be used by the Family Court judge to supplement the information available during the court’s permanency reviews. The Board’s determination regarding the appropriateness of the child’s permanency goal, as well as any recommendations regarding the achievement of the goal are addressed in the “Recommendations” portion of every child’s report. The independence of</p>		

the citizen review board allows for monitoring both the agency's and the courts efforts to promote timely and appropriate achievement of permanency goals.

The pending CFSR PIP addresses this factor through primary strategy B, permanency planning. A collaborative approach is underway to strengthen timeliness and ensure the appropriateness of APPLA permanency goal selection.

DFS policy and user manuals are under revision to align IV-E State Plan requirements; while Family Court is reviewing Court Rules for possible adjustments to strengthen permanency hearing compliance with federal requirements.

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

PROGRESS & ACCOMPLISHMENTS:

Office of Children's Services policy states that foster parents are invited to judicial hearings. This aligns with the system of care principle to engage caregivers in planning activities. Federal IV-E State Plan requirements necessitated revision of policy and procedure to include relative caregivers and to clarify caregivers' right to be heard in proceedings. The agency is working with Family Court to ensure parties have a chance to be heard at the hearing or review as appropriate.

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

PROGRESS & ACCOMPLISHMENTS:

Efforts to continue the implementation of the Governors task force recommendations was highlighted with the addition of another family foster care provider. The new provider adds 18 treatment beds with aftercare services starting July 2007. In addition, the behavioral consultations through Upper Bay Counseling Services to support stability of placement exceeded expectations for this reporting period.

Licensing standards are promulgated by the Office of Child Care Licensing under the authority of the Delaware Code. These standards are developed with considerable input from stakeholders including providers, parents, consumers, subject experts and representatives from the Division of Social Services (State Administrator of CCDF), Division of Public Health and the Department of Education. A timeline for review of these standards, which includes a review to be completed every 5 years, has been developed. The priority of the

review period schedule is to ensure that the requirements meet nationally accepted health and safety standards and promote quality care and “readiness” activities in order to enable children to succeed in school and in life.

A comprehensive compliance review on each licensed Child Placing Agency and Residential Facility and Day Treatment Program is conducted on a no less than yearly basis. The review examines adherence to all Delacare Requirements. If non-compliances are found, a corrective action plan is developed and monitored. Any degree of non-compliance, which demonstrates systemic shortcomings, a pattern of non-compliance or includes health and safety issues, will be brought to the attention of OCS foster care and adoption managers. A joint strategy will be agreed upon to provide clear and consistent messages concerning the need to comply at the earliest possible time to remain in compliance with Delacare Requirements.

Children’s Services and Child Care Licensing are working close to enforce contractors being fully licensed and in compliance. IV-E Review corrective actions will strengthen approval and annual review timeliness for state and privately supervised foster homes.

Systemic Factors	Performance Goals and Objectives	Strategy
Quality Assurance System	8.2 Quality assurance system helps ensure safety, permanency and well-being for children and families served statewide	1. Strengthen child welfare practice using data from the case review system.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: During the period 4/1/07 to 3/31/08 the total QA reviews completed by program area were: Intake/ Investigation- 355, Treatment- 195 and Placement- 197. The existing QA system is the primary method of evaluating safety, permanency and well-being in the Office of Children’s Services. Reports are reviewed by state office managers, regional managers and supervisors. Individual QA review forms are also distributed to regional offices for dissemination to supervisors and staff. As part of the round 2 CFSR PIP negotiations, DFS has been in the process of evaluating whether existing QA questions and response options are sufficient to adequately assess outcomes for certain items. As a result, several questions have been re-tooled and some added in order to better assess and document performance outcomes. Of note is the addition of questions or response options which require reviewers to evaluate performance based on specific case participants. For example, in order to better assess the participation of parents in the case planning process, questions have been designed to address the “mothers” participation and the “fathers” participation. Distinguishing the parents in the questions or response options will allow for a more detailed analysis of performance strengths and weaknesses depending on these roles, and, advise staff of recommended enhancements to practice. In addition, several questions have been developed to address the agencies performance in addressing independent living assessments and service delivery for those age groups requiring these services. It is hoped that all changes and training of reviewers will be finalized by the end of June 2008 and put into production July 2008. In July 2007 OCS implemented the Rejected Hotline QA Instrument. Approximately 15 randomly selected cases are assigned each month, drawn from the Hotline reports received and rejected during the previous month. 130 of 135 reviews were completed between July 2007 and March 2008. Reviewers are asked to consider the quality of documentation and the decision-making process which contributed to the decision to reject a referral and; whether they agree with the decision or not. Feedback is provided consistent with the existing process for other QA program review areas.

The pending CFSR PIP relies heavily on the DFS QA case reviews for measurements of progress. Several items will be added or edited to accurately gauge improvements expected from implementing actions plans within five primary strategies.

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 PSSF. FACET is in the development stage of creating program protocols as well as a database to identify program participants who are involved with OCS. Internally, there is an effort to develop a more efficient way to report out on the relationship between OPEI program participants and OCS recidivism rates. A major goal of OPEI is to reduce the incidence of child maltreatment through effective programming. All participants who receive services through Strengthening Families and PSSF are checked in the Department's FACTS system. Strengthening Families has been successful in retrieving data reporting on OCS involvement. PSSF continues to work on the challenges and barriers of retrieving data that accurately reflects program participant's involvement with OCS within specific timeframes. 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.

A very important program outcome of the Strengthening Families is to assess from 3 to 24 months after program completion if participants return to Department services due to a substantiated case of child maltreatment. In SYF2007, 341 individuals successfully completed the Strengthening Families program in all three counties statewide. OPEI continues to track program participants to assess if participants return to the Department for a new substantiated case of child maltreatment within 24 months of successfully completing the Strengthening Families program. In SFY2007, the 24 months post program FACTS checks indicated that there were 5 participants investigated and substantiated for child maltreatment out of 238 participants completing the Strengthening Families in 2005.

OPEI is also re-vamping the manner in which data is collected, analyzed and reported to ensure validity and efficiency. Evaluation of prevention and early intervention programs is paramount to ensuring quality services are being provided. OPEI has made a concerted effort over the past year to enhance its evaluation process through contracts with experts in the field, and is developing the internal capacity to evaluate programs through training and technical assistance.

During the reporting period, the PSSF Family Consultants received a total of 363 Community Questionnaires completed by community members during their attendance at different outreach events throughout the state. The purpose of the survey was to capture a snapshot view of one's knowledge of resources and services in the areas of drug/alcohol, healthy marriages/adult relationships, child's behavior and parenting. The outcome of the survey helped the PSSF program determine the level of community awareness about these services and assisted in developing strategies for increasing community members' knowledge of services within their community. The results indicated that 87% were aware of the PSSF Program, 74% were aware of where to direct someone for drug and alcohol concerns, 84% know where to obtain assistance in parenting, 76% knew where to direct someone for healthy marriages/adult relationship concerns and 86% would know how to obtain help for children with behavioral issues. The FY2007 questionnaire results indicate an increase in awareness from last year's report of where to refer someone in need of community services. Monitoring the

effectiveness of the PSSF program data will guide the types of and the frequency of supports most requested from families participating in the program during the 2008 service year. The PSSF Community Advisory Board is one venue used to disseminate information. The program plans to partner with Jewish Family Services' Media Matters Program to produce a video of the program which will be used by all program providers during community presentations. The program video will provide program history, makeup, services, the current providers, sites and family testimonials regarding their experience in the program. PSSF is also in the process of collaborating with Nehemiah Gateway Community Development Corporation Delaware Earned Income Tax Credit (EITC) Campaign which provides support to families in their efforts to become self-sufficient. EITC is part of a broad public private partnership lead by the State Treasurer. This partnership will support the program's efforts to increase the community awareness of the services of the PSSF program through the distribution of the PSSF program brochures and fact sheets.

In order to enhance fatherhood programming throughout the state, the PSSF program, in partnership with the Center for Reconciliation and Social Change, Inc., Fathers Day Gala, Quiñones & Associates, Fathers Day Gala, Inc., Division of Child Support Enforcement and Head Start conducted surveys to obtain information on belief systems and to assess the needs of fathers in Delaware. Currently, plans are in place for the evaluation and analysis of the information obtained from the survey and focus groups held to validate the survey results. Fathers reported needing information regarding fatherhood and healthy adult relationships. PSSF plans to collaborate with other community based fatherhood and healthy marriage organizations to plan fatherhood/healthy marriages informational and educational workshops during the 2008 service year. The fatherhood/healthy marriage collaboration plans to formally present the findings of the 2007 Fatherhood/Healthy Marriage survey through this service venue. The analysis of the 2007 Fatherhood/Healthy Marriage survey has noted several very strong patterns that emerged from the men surveyed. These fathers have high commitment to and focus on fatherhood. The survey found that men have a significant dissatisfaction with their knowledge of what is going on in their children's lives. The men surveyed presented high hopes and expectations for the role of marriage in their children's lives. If the men of this survey are exemplary of the majority of men in the State, Delaware men want to be good fathers and husbands. PSSF in collaboration with the Center for Reconciliation and Social Change, Inc., Quiñones & Associates, Division of Child Support Enforcement and Head Start and other community organizations will plan to develop another phase of the Fatherhood/Healthy Marriage Survey in an effort to remain abreast of the needs and support community venues addressing the identified needs.

PSSF is planning to participate in a statewide fatherhood planning meeting scheduled to occur in 2008. The fatherhood planning meeting will include updates from the national fatherhood initiative, highlight both fatherhood and healthy marriage initiatives occurring in the state, resume efforts to re-establish a statewide Fatherhood/Healthy Marriage Coalition and plan for a statewide fatherhood/healthy relationship workshop. PSSF continues to provide booster training on: engagement and retention of fathers in family consultations, fathers as partners and father friendly environments. The PSSF service providers also participated in the ACF Region III Head Start/Fatherhood monthly teleconference sessions obtaining information on the importance of a father's involvement in the development of a child and engagement of fathers into services. PSSF plans to continue its partnership with Division of Child Support Enforcement and the "Daddy Universe City" by supporting the planning of the 2008 "Fatherhood Festival Conference in Philadelphia. The 2008 conference workshop areas of focus are: parenting education/child development,

bringing parents together, parenting life skills, co-parenting and healthy marriages/adult relationships.

The K-3 Early Intervention Program continuously provides quality assurance by conducting routine reviews. During the reporting year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. Throughout the year, several working committees updated 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 current practices.

Systemic Factors	Performance Goals and Objectives	Strategy
Quality Assurance System	8.3 System has the capacity to evaluate the adequacy and quality of the State's child and family services system	<ol style="list-style-type: none"> 1. Continue 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.

PROGRESS & ACCOMPLISHMENTS:

Measurement of Performance: 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. Enhancements are planned for later in 2008 to include replacing the old National Standards with the new composite outcome measures. 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. Investigation case reviewers listen to actual audio recordings of the initial report to rate professionalism of our report line operations.

During this reporting period the Office of Prevention served 3,798 individuals in its prevention programs. Out of families served, 22.6% were male adult participants, 72.2% female adult participants, 48.6% male youth participants and 48.8% female youth participants. African Americans ranked the largest racial group with 63.6% of the participating population. Caucasians ranked second

at 18.5%, and Hispanics third at 12.6%. The distribution of participant age is available by range. The highest range percentage was 26-35 with 34.18%, 36-44 as second with 25.97% and 21-25 with 13.10%. Additionally, 7% were over the age of 55. 42.3% of the adults reported themselves single, never married, while 28.2% identified themselves as married or living with a partner and 4% are divorced or widowed. 25.5% did not respond to the question.

FACET operates in four Early Care and Education Centers. Every family in the Early Care and Education 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.

In collaboration with the University of Delaware and Delaware State University, a second evaluation of the Domestic Violence Liaison (Advocate) Project was initiated in the fall of 2007. This project involves the collocation of non-contracted domestic violence liaisons from two private agencies in four regional offices statewide. The liaisons work directly with the adult victims of domestic violence in DFS cases. A student intern from Delaware State University is assisting with a portion of the evaluation. The evaluation consists of four parts: (1) interviews with the liaisons and liaison supervisors, (2) telephone interviews with clients that have used the services of the liaisons, (3) anonymous internet survey of DFS investigation and treatment workers and supervisors, and (4) analysis of the liaison database. It is expected that a final report will be completed during the summer of 2008.

The Office of the Child Advocate maintains a compilation of all the recommendations stemming from child abuse and neglect death and near death case reviews and disseminates the document to all the system partners for review and response. In addition, The CPAC Near Death Subcommittee was authorized by CPAC to review three near death cases and, during the reporting period, completed its third and final near death report, together with recommendations for many aspects of the child welfare system. CPAC and the Child Death Near Death Stillbirth Commission continue their collaborative venture and met in May and October 2007. There, the two commissions monitored the progress being made regarding the four core areas identified as needing system improvement in May 2006. At that time, DFS Caseloads/Workloads, Standardized Definitions of Neglect throughout the Delaware Code, Safe Sleeping Practices/Sudden Infant Death Syndrome, and Multidisciplinary Use of History in Decision Making were identified as most critical to child safety. Members from both CPAC and CDNDSC, drawn from the various child welfare agencies, pooled their resources, time and personnel, to ensure that the issues raised in these pivotal meetings were addressed timely, thoroughly, and with children at the center of each discussion. The Caseloads/Workloads Subcommittee, the Definitions Subcommittee, and the Multidisciplinary Use of History in Decision Making Subcommittee have since completed their initial charges. Despite a statutory requirement for only annual meetings, the joint commissions have agreed to meet semi-annually for the foreseeable future. In Fiscal Year 2007, The Office of the Child Advocate spent 261 hours in meetings and an additional 175 hours working on policy issues with various child welfare partners to assess the adequacy and quality of child and family services. CAPTA requirements for Citizen Review Panels are met through CPAC activities.

Systemic Factors	Performance Goals and Objectives	Strategy
Quality Assurance System	8.4 System has capacity to produce information leading to program improvements	<ol style="list-style-type: none"> 1. Produce internal management reports to guide programming decisions. 2. Use 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.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>Measurement of Performance: DFS continues to update and distribute the Division Report Card- see Item 8.3 for details. See 8.2 for DFS quality assurance case review system updates. See standardized reports and distribution described in 6.2.</p> <p>See 8.2 for K-3 Early Intervention Program updates.</p> <p>The Office of the Child Advocate maintains a compilation of all the recommendations stemming from child abuse and neglect death and near death case reviews and disseminates the document to all the system partners for review and response. See 8.3 for additional information.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
Staff and Provider Training	9.1 State's initial and ongoing training for all child welfare staff is effective and includes the basic skills and knowledge required for their positions	<ol style="list-style-type: none"> 1. Continue core and refresher training schedules. 2. Continue use of experiential practice and exercises 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. Integrate SOC principles in orientation and on-going training by September 2004. Action completed. 5. Incorporate quality assurance data to strengthen worker competencies. 6. Study the feasibility of a training certification

program by June 2007. **Action completed.**

PROGRESS & ACCOMPLISHMENTS:

DFS core and refresher training schedules continued 2007-2008. Forty seven new DFS workers were trained January through December, 2007. Experiential practice and exercises drawn from actual DFS cases continued to be incorporated into new worker training. Interaction continued between professional development staff and supervisors when further skill building was necessary. Trainee evaluations were reviewed. System of Care training content continued in its development and execution. SOC principles continued to be included in new worker training. DFS trainers co-lead System of Care a new worker training session -“Leading the Team”. On June 1 and November 27, 2007, 14 DFS workers completed “Leading the Team”. DFS Refresher Training for 2007 was the SOC Family Engagement training, developed and executed by DFS and DSCYF trainers. 187 DFS staff members participated in Family Engagement Training between July 2007 and December 2007. Quality assurance data, derived from quality assurance reviews, continued to be used in training to strengthen worker competencies. In December 2007, new worker training completion certifications began to be issued. As of March, 2007, nine certificates have been awarded.

Each year the K-3 Early Intervention Program plans, schedules, and administers a two-week competency-based training program. The training program is managed annually by a training committee and the competency manual is monitored by a member of the management team. In addition, each new hire is trained to facilitate the parenting education and children’s groups. Refresher training for the groups is provided to all FCTs and management at the start of each school year.

OPEI also provides ongoing training in the areas of prevention best practices, how to build coalitions and community capacity, how to conduct needs assessments and evaluation protocols, environmental strategies to effective prevention programming and grant writing to staff as well as community partners.

Statewide Finding Words forensic interviewing training has continued since our last progress report. Twenty-nine individuals were trained during the week of May 7-11, 2007 and thirty-one were trained during the week of October 22-26, 2007. The attendees for both training sessions included twenty-two DFS caseworkers, six Deputy Attorneys General, and eighteen law enforcement personnel. Roughly, one-third of the DFS Investigation and Treatment staff has now completed this training since it began in 2006. A total of sixty multidisciplinary staffs were trained in 2007. The first Finding Words training for 2008 is planned for the week of May 19-23. The class of forty students is filled and there is a waiting list.

DCMHS sponsored conferences during this reporting period on child trauma and inappropriate sexual behavior attended by Department staff and community-based providers. These events were open to the community and free to Department staff.

Systemic Factors	Performance Goals and Objectives	Strategy
Staff and Provider Training	9.2 State's foster/pre-adoptive family and child care institution training addresses the skills and knowledge base needed to carry out their duties	<ol style="list-style-type: none"> 1. Use pre- and post-tests to evaluate effectiveness of foster parent competency building. 2. Continue basic and specialized training for all foster parents and specialized group home staff.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i> From April 2007 to March 2008, 136 perspective foster families attended Pride training resulting in 45 new approved foster homes. Prevent Child Abuse Delaware, under DFS contract, provides training sessions through the year in New Castle, Kent and Sussex Counties. During the reporting period, topics included: first aid, depression/suicide, working with birth families, female adolescent development, crisis intervention, brain development, sexual abuse, love and logic, infant care, foster parent loss/grief, emergency planning and working as part of a professional team. PCAD will conduct pre and post training testing on foster parents for each training session. First year results will be available summer of 2008. DCMH sponsored conferences are open to foster parents; the past year featured events on inappropriate sexual behavior and child trauma.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
Service Array and Resource Development	10.1 Services are provided to help children safely and appropriately return to families from which they were removed	<ol style="list-style-type: none"> 1. Provide an array of services through the Department and contractors for strengthening families with the goal of reunification; facilitate informal community supports via dedicated partnerships.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i> DYRS continues to contract with Psychotherapeutic Children's Services (PCS) to provide family therapy for youth placed in Level 4 programs for inappropriate sexual behaviors, both during their placement and for 6 months post placement. PCS implements the family therapy component of the youth's treatment plan while in placement for inappropriate sexual behavior. PCS also implements/coordinates a comprehensive relapse prevention plan when youth returns to the family. DYRS also provides intensive home based services for youth returning from other L4 programs as applicable to assist in the reunification of the youth with his/her family. These services currently include Multi-Systemic Therapy (MST) also provided by Psychotherapeutic Children's Services statewide, Project Stay Free for New Castle County, Cornell Abraxas for Kent/Sussex counties, VisionQuest Family-Centered Intensive Case Management (FCICM) statewide, and until 3/08 with Providence Home Services in New Castle County.</p> <p>PSSF provides supportive services to families active and not currently active with Departmental core services. The family consultation process uses family support practices and promotes a system of care approach in the delivery of services for families who are at-risk of</p>		

child maltreatment. The family is supported to participate and takes a lead role in the process. Using a strength-based approach to empower families, they are encouraged to determine their own needs and services. Families develop informal and formal support systems to assist in resolving the family's needs and concerns. The outcomes expected from participation in the program are that families connect to appropriate services and they gain and/or enhance their ability to be proactive in identifying and addressing their needs before they become a crisis. By defining the needs, the participants can establish goals to resolve their needs/concerns with the support of formal and informal networks. Supports include neighbors, family members, organizations, churches, friends, employer and social agencies. As a result, families are empowered to take the lead in the planning process to reach identified goals and therefore reduce 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 continues to partner with several Catholic Churches to provide family consultation and support services under the St. Vincent DePaul Society Charity organization which provides community support and financial assistance. Families with children under eighteen presenting to be at risk of child maltreatment, families who are isolated, families experiencing parent child conflict and families in need of assistance and willing to participate in the PSSF family consultation process are referred for services. The St. Vincent DePaul case manager and the PSSF family consultant work together to empower the family in taking the lead to assess and resolve their needs and concerns.

PSSF continues its collaborative effort, to raise awareness about opportunities to support the field as well as how to create and sustain a father-friendly environment in child care programs and family support services both formal and informal. PSSF provided skill building training in fatherhood / healthy adult relationships. Trainings sessions included: engaging fathers, creating a male friendly service environment, fathers as partners, gender differences and community bias. The PSSF Family Consultants participated in the ACF Region III Head Start/fatherhood monthly teleconferences during this reporting period to obtain information on the benefits of fathers' involvement with child development and obtain information regarding engagement and retention of fathers/males in child focused services.

The PSSF program is consistent in its practice and belief that strong communities promote strong families. The PSSF family consultant helps to develop a Community Advisory Board (CAB) where one does not exist and provides technical assistance. Where CABS do exist, the PSSF Family Consultant is expected to participate as a member and provide technical assistance. The CABS' makeup varies depending on the community. Parents, community resource providers, business professionals, faith-based organizations, education representatives, police and others depending on the needs of the community may be a member of the CAB. As part of the PSSF CAB charter, the Advisory Board shall increase community linkages through partnerships, increase community awareness of services/resources, assess community needs through surveys and/or focus groups, identify community needs using priority service guidelines and strategically plan for the purpose of making recommendations for the selection of community mini-grants. During this reporting period, CABs offered 14 mini-grants. The PSSF priority programming services funding by the PSSF CAB mini grants in 2007 were: fatherhood/healthy adult relationships, parent education, community capacity building, children/teen developmental characteristics and substance abuse prevention in children and youth. Various activities and events were sponsored by the mini grants

which provided many creative family activities to engage adults, youth and their communities to promote bonding and teambuilding, increase awareness about the PSSF program, promote healthy relationships, offer resources for substance abuse services, child mental health disorders, family physical/nutritional education, instruct families how to navigate through the education system, provide prevention education to youth and their parents regarding substance abuse and increase health awareness.

The K-3 Early Intervention Program conducted 17 parenting and children's groups throughout the state during the reporting period. These groups provided services to families in 51 schools throughout 13 districts and 4 Charter Schools. The parenting and children's groups increase the chances of children remaining in their homes. Additionally, Early Intervention FCTs continue to refer clients to community and state based agencies with the goal of strengthening the family unit.

See Item 1.4 for description of DFS family support and preservation activities. The pending CFSR PIP's primary strategy, service array, contains action plans to improve knowledge of and access to medical, mental and behavioral health providers in Delaware. DFS has developed a Spanish Service Array workgroup comprised of a variety of Hispanic service providers from throughout the state. The workgroup meets on a regular basis and fulfills several objectives. Often there is a misconception regarding how DFS operates. Therefore, the first objective is that the meetings allow the various providers to understand the roles and responsibilities of the Division of Family Services. The second objective is to develop of comprehensive list of available services available to Spanish-speaking clients that are active with DFS. A matrix of services will be developed and distributed so that staff. Since the information is likely to change over time, the workgroup will update the matrix as necessary. The final objective is to identify gaps in service and if possible, to identify ways to resolve those gaps.

Systemic Factors	Performance Goals and Objectives	Strategy
Service Array and Resource Development	10.2 Pre-placement preventive services are provided to help children at risk of foster care placement remain safely with their families	<ol style="list-style-type: none"> 1. Provide an array of services through the Department and contractors for strengthening 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. Revised to: Continue professional training in SOC team facilitation skills. 4. Strengthen resources with community partners for developmentally challenged children.
<p>PROGRESS & ACCOMPLISHMENTS:</p> <p>DYRS provides intensive home based services or day treatment for youth as an alternative to Level 4-to help avoid placement. These services currently include Multi-Systemic Therapy (MST) currently contracted with Psychotherapeutic Children’s Services statewide, Project Stay Free ICCP and Day Treatment services for New Castle County, Cornell Abraxas for Kent/Sussex counties, VisionQuest Family-Centered Intensive Case Management (FCICM) statewide, and until 3/08 Providence Service Corporation for New Castle County.</p> <p>OPEI strives to establish prominence in the service continuum by educating others about the value of prevention and early intervention while proactively managing a range of programming that delays the onset of negative behaviors, measuring the impact of services by ensuring data integrity and helping build community capacity to support families. New funding streams have been found to enhance services, data collection and reporting capabilities have been refined and renewed focus on front end services has educated others about its importance. Statewide, culturally competent prevention and early intervention initiatives have been better integrated within the Department’s core service Divisions and enhanced partnerships have allowed for continuity along the service continuum. The Office of Child Care Licensing has newly-revised day care center regulations as well and investment in foster care initiatives has prevented children from entering more intensive levels of care in the Department. Community capacity building efforts have attracted new providers for both Departmental and other state agency services, with renewed focus on the faith-based community. Grassroots and lay organizations have increased their ability to provide much-needed community-based services through technical assistance initiatives. New and innovative partnerships have been created to leverage existing state resources and promote the importance of front end services. Social marketing efforts have increased awareness of and allegiance to prevention of negative behaviors, as well as promotion</p>		

of health and wellness. Providing effective and timely services to those in needs is critical to ensuring the safety, health and well-being of Delaware's children and families. Current Departmental preventative initiatives offer solid evidence of their effectiveness and are integrated in sound business processes. Services are more culturally competent, canvas the entire state, and produce sustainable results. All of the Department's prevention initiatives are researched or evidence-based and have been re-engineered to maximize limited resources. The FACT initiative is touted as a best practice in family-centered wraparound services and the Child Development Community Policing program offers families early support and guidance to prevent long-lasting problems. Replication of the Boys and Girls Town model in our juvenile justice facilities has enabled countless youth and staff to contribute to a system-wide approach that fosters respectful and caring interactions. Much-needed mental health and substance abuse screenings to detained youth and children in foster care have allowed for more appropriate and timely service delivery. Trauma-focused Cognitive Behavior Therapy increases access to trauma-specific treatment that so many of our children and families need. Making data-informed decisions allows for the judicious use of funds and evaluating Departmental performance regularly has enabled new and innovative services to be developed. By mobilizing communities, promoting engagement of both traditional and non-traditional partners and providing technical assistance to community-based organizations, more comprehensive and coordinated services will be available for Delaware's families. Community capacity building creates a continuum of care for families, while helping to sustain initiatives and programs more long-term. The System of Care philosophy brings together everyone involved in supporting and serving families and values services that are community-based, holistic and culturally competent.

Division of Family Services staff will have a variety of opportunities to continue their System of Care training. Leading the System of Care Team training will now be offered on an on-going basis to new employees. This training occurs over a two day period. The training includes conflict resolution, intervention skills, and ISP completions. Although this training is targeted to new staff, seasoned staff is always welcome to attend.

Family engagement training will also be offered on an on-going basis to all DFS staff.

Finally, in 2008 all DSCYF staff members will be able to complete an on-line cultural competence training developed by Casey Family Programs. The training is titled "Knowing Who You Are". This training was developed for social workers and other professionals working in the child welfare field.

The Division of Family Services has over 80 contracts for an array of direct services and operational support; with over 25 contracts for family support and preservation. See Item 1.4 for description of DFS family support and preservation activities. DFS has developed a Spanish Service Array workgroup comprised of a variety of Hispanic service providers from throughout the state. The workgroup meets on a regular basis and fulfills several objectives. Often there is a misconception regarding how DFS operates. Therefore, the first objective is that the meetings allow the various providers to understand the roles and responsibilities of the Division of Family Services. The second objective is to develop of comprehensive list of available services available to Spanish-speaking clients that are active with DFS. A matrix of services will be developed and distributed so that staff. Since the information is likely to change over time, the workgroup will update the matrix as necessary. The final objective is to identify gaps in service and if possible, to identify

ways to resolve those gaps.

With the implementation of foster care candidacy decision making through FACTS modifications, safety and risk planning has been enhanced by identifying children at high risk of entering foster care.

During this reporting period, the Division of Family Services and the Division of Developmental Disabilities Services implemented a Memorandum of Understanding clarifying roles and responsibilities for each agency to coordinate services for disabled foster children and improve transition planning for youth exiting foster care at age 18. Regular meeting occur to review implementation of the MOU and to discuss specific cases.

Systemic Factors	Performance Goals and Objectives	Strategy
Service Array and Resource Development	10.3 Services are provided to help children be placed for adoption, with a legal guardian, or in some other, planned, permanent living arrangement	<ol style="list-style-type: none"> 1. Strengthen fost/adopt training. 2. Continue to reduce the number of legally free 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.

PROGRESS & ACCOMPLISHMENTS:

Delaware continues to provide an additional 12 hours of training for DFS foster parents who want to adopt. Within the past year 40 OCS foster families received this training. Delaware's continues to use the dual application for foster parents wanting to adopt the child in their foster home.

Delaware's adoptive family support group, Adoptive Families with Information and Support (AFIS), DFS Permanency Supervisors and other members of the Inter-Agency Committee on Adoption (ICOA) worked together to create and maintain Delaware's Heart Gallery, whose premier exhibit was at the CPRB's fall training event in 2006. The Heart Gallery consists of professionally photographed portraits of Delaware's waiting children. During this reporting period, displays were at Legislative Hall, Wilmington Drama League, Family Court conferences and on the DSCYF web site. Promotion of the Heart Gallery display is coordinated by ICOA and OCS.

There was a photo shoot March 26, 2008 for foster children with a goal of adoption who needed a photograph. The Office of Children's Services continues to partner with AdoptUsKids and the National Adoption Center by photo listing children needing a permanent family.

OCS partnered with the DE RRT (Rapid Response Team) and has a Spanish speaking person who is the point of contact for all Spanish speaking referrals. OCS developed a partnership with one of the local agencies to provide Pride curriculum and foster/adopt training for all Spanish speaking families.

OCS continues to use media whenever possible to recruit resources. Some of Delaware's children are shown on Wednesday's Child on Philadelphia's NBC10, sponsored by the Freddie Mac Foundation. The Department advertises in the Wilmington Blue Rocks Year Book.

DFS staff attends various recruitment events throughout the state including National Adoption and Foster Care Months, had informational booths at community events statewide, participated in television appearances at local stations in November in Sussex county and again in March in New Castle county discussing the need for additional foster and adoptive homes. OCS has a statewide marketing team and manages an initiative to promote faith-based resources.

The Division develops a monthly Deladopt list for all children with a goal of adoption who need a permanent family. This listing is sent out to adoption agencies in and out of Delaware with the hope of expanding the pool of resources for children who need a forever family.

The Division continues to identify adoptive families across the country and has placed children in 29 different states for adoption and in one country. Adoption home studies are completed by private licensed adoption agencies throughout Delaware.

The Office of Children's Services Permanency Planning Committee continues to review all children in foster care at 10 months in order for the worker to present a permanency plan to the court at the 12 month permanency hearing. If the child cannot return home and adoption has been ruled out, the committee continues to explore other permanency options and will provide compelling reasons as to why Family Services did not file a TPR petition or why the child's goal will be changed to APPLA. When there is a subsequent change in goal or change in circumstances, the permanency committee will review these children and provide a recommendation to the worker to present to court at the next scheduled hearing. For children exiting foster care via adoption and/or guardianship, the Division provides a list of community resources for the family such as therapists and community support agencies.

The pending CFSR PIP's primary strategy, permanency planning, contains plans to strengthen concurrent planning by seeking technical assistance from the American Bar Association, form a multi-disciplinary work group and implement activities to improve timely achievement of adoption. The PIP also strengthens planning and services to older youth with APPLA goals under permanency planning and service array strategies.

In addition to participating in the CPAC Subcommittee on ASFA Timelines, the Family Court initiated an internal data collection effort. Starting with cases opened in October 2007, the data collection tracks – among other elements of a case- the timeliness of hearings and causes for delays. The process and data are undergoing review and correction, but it is anticipated that in 2009 the Court will have solid data and analysis from which it can determine any opportunity for improvements.

The Family Court sponsored multidisciplinary training in 2007 focusing of concurrent planning and permanency planning. More than 200 people attended, including caseworkers, GALs, CASAs, CPRB members, judges, and attorneys representing parents or the

agency.

An evaluation of the appropriateness of the services being provided to a child and family is addressed in every review conducted by the CPRB. The CPRB's determination regarding the appropriateness of the services to support the achievement of the stated goal is always included in the Recommendations portion of the report, as well as recommendations regarding the need for any additional services. The CFSR Program Improvement Plan (PIP) includes activities and goals to address foster youth with APPLA goals. Beginning December 2006, a multi-disciplinary work group has been meeting to identify needs, barriers and methods to bolster services to older foster youth. PIP actions to review APPLA youth and the appropriateness of the goal are underway. In conjunction with DFS's effort to reduce the number of children in foster care with a goal of APPLA, a private sector adoption agency, Upper Bay Adoption and Counseling Services, is seeking funding to provide a training program for children to prepare them for adoption. The curriculum is based on the assumption that if pre-teen and teenage kids participate in a program where they learn what adoption means and how it will impact them over their life time, they may feel more empowered to have a role in the process and actually find a family. The desired outcomes of this initiative are to reduce the number of children in long term foster care and to reduce the number of children aging out of care in Delaware.

The Child Protection Accountability Commission (CPAC) Subcommittee on ASFA Timelines was created to assess whether Delaware was meeting timelines as provided by Family Court Rules and ASFA. The Subcommittee is comprised of system partners from Family Court, the Office of the Child Advocate (OCA), Child Placement Review Board, Division of Family Services, and private adoption agencies. The Subcommittee reviewed all DFS legal custody petitions from 2002 through 2006, statewide, with the exception of 2006 files from New Castle County. The subcommittee is endeavoring to complete the review of those files by August 2008. Throughout the reporting period, the Subcommittee met regularly to focus on the gathered data as it relates to the achievement of permanency and the associated processes, and, based on best practices nationwide, piloted a simple spreadsheet to track the data. The work of the CPAC ASFA Timelines Subcommittee led to Family Court's implementation of its own tracking system on October 1, 2007. The Subcommittee will collaborate with Family Court to review the data generated by the new tracking system and develop recommendations as necessary.

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

PROGRESS & ACCOMPLISHMENTS:

The Children's Department core services are available statewide. OPEI offers a multitude of services statewide in locations that are accessible and appropriate for programming. OPEI also participates on the Family Support Coordinating Council which is a multi-disciplinary, collaborative, public-private council that includes family members and professionals who are committed to assuring that

quality family education and support programs, including home visiting, respite care, community-based family resource centers and early care and education are available statewide. The group provides leadership in advocating for system change that assures that services are available, adequately resourced, are family centered and culturally competent.

Delaware is fortunate to have an innovative and recognized early intervention program. The K-3 Early Intervention’s Family Crisis Therapists (FCTs) are co-located in 51 public and charter elementary schools throughout the state. The program creates 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. DSCYF partners with the Department of Education and local school districts in this endeavor.

The CFSR PIP has actions and goals to enhance knowledge of and access to a variety of services available in Delaware. Distributing information on Hispanic speaking services is specifically addressed.

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

PROGRESS & ACCOMPLISHMENTS:

Delaware’s Child and Family Services Plan is structured to align with Child and Family Services Review outcomes and systemic factors. Internal and external stakeholders report good collaboration between the Department and community partners in pursuit of these outcomes. Through a variety of forums, objectives and strategies to achieve safety, permanency and well-being goals are aligned with stakeholder interests. This year’s Annual Progress and Services Report planning, drafting and review includes representatives from all the Department’s operating Divisions, Family Court, Child Placement Review Board and Office of the Child Advocate. Sections of the CFSP are agenda items in a variety of settings such as the Child Protection Accountability Commission and joint meetings between Family Court and DFS. The 2008 APSR will be posted on the Division’s website. APSR documents have been on the website for 3 years.

The Executive Director of the CPRB serves as the Chair of the DFS Advisory and Advocacy Council, which serves as a vehicle through which service coordination occurs.

The CPRB commends the current DFS administration for their sustained and determined efforts to include their system’s partners in both their planning and evaluation efforts. Specifically, DFS’s APPLA Workgroup to address and resolve concerns related to the provision of services to older youth in foster care with the goal of APPLA, is a dynamic and authentic initiative that genuinely involved system partners in the effort to achieve the agencies goals.

The Office of the Child Advocate and the Division of Family Services engage in quarterly meetings where multidisciplinary discussions focus on topics such as caseloads, coordination, case concerns, training needs, system successes and challenges. Additionally, the Office of the Child Advocate is a member of the Division of Family Services' Child and Family Services Review Steering Committee as well as the DFS Advisory and Advocacy Committee.

Family Court continues their partnership with DSCYF in addressing areas needing improvement in the IV-E Review Program Improvement Plan. These areas include court hearing timeliness, court order content, eligibility processes, foster home approvals, and payment processes. Delaware continues to work on some areas and has submitted quarterly reports for the past year on accomplishments and progress.

During the past year, many community partners have participated in building the CFSR Program Improvement Plan. Considering the CFSP and CFSR are alike in format and content, building the PIP has incorporated CFSP items. One cannot distinguish between the two in terms of overall goals and objectives. Delaware is fortunate to have a close and dedicated child welfare community. Process and policy across systems are continually under review with recognition of the challenges faced by front line staff and policy makers.

In the coming year, a new five year Child and Family Services Plan will be drafted using a collaborative approach with internal and external stakeholders. The new plan will cover the period FFY2010 – 2014 and continue to move Delaware's child welfare system towards better outcomes for families and children served by the agency and community.

Systemic Factors	Performance Goals and Objectives	
Agency Responsiveness to Community	11.2 Agency services are coordinated with services and benefits of other public and private agencies serving the same general populations of children and families	<ol style="list-style-type: none"> 1. Develop, evaluate and revise Memoranda of Agreements with other agencies. 2. Support interdisciplinary grant initiatives.

PROGRESS & ACCOMPLISHMENTS:
 The Memorandum of Understanding between the Department of Justice (DOJ), the Children's Advocacy Center (CAC), the Department of Services for Children, Youth and Their Families (DSCYF) and the Law Enforcement community is pending. A number of changes within DOJ, the CAC, and the Law Enforcement community have delayed signature. It is hoped the MOU will be signed in the coming year. The revisions committee is Chaired by the Department of Justice.
 Revision to the Memorandum of Understanding between the Department of Education (DOE) – Local Education Agencies and Charter Schools and the Department of Services for Children, Youth and Their Families – Division of Family Services (DFS), Division of Child Mental Health (DCMH) and Division of Youth Rehabilitative Services (DYRS) are still under negotiation. Implementing procedures for Delaware's McKinney-Vento protections for foster children is the major negotiation item.
 For the past several years, the Program Manager for Intake & Investigation has served on the University of Delaware's Department

of Individual and Family Studies Advisory Committee. The Advisory Committee meets in the fall and spring to provide input, for example, about curricula or to make recommendations about internships.

As stated in last year's report, disaster planning efforts are multifaceted and are taking place at the DFS, Departmental, and State levels.

- The DFS Emergency Preparedness Procedures - June 2008 (attached) were updated to include communication with personnel and records preservation. Language was added to DFS contracts for the SFY08 contract year to require contractors to develop emergency plans as outlined in the DFS Emergency Preparedness Procedures. Emergency planning training was provided to thirty-seven foster parents during the 2006-2007 training year by the Coordinator of Emergency Planning in the New Castle County Department of Public Safety, Office of Emergency Management. Since then, all DFS foster parents have had the emergency planning information reviewed by the DFS Foster Home Coordinators during their annual review. The emergency information will continue to be reviewed on a yearly basis during the annual review.
- The Department instituted a Safety Committee with representatives from all Divisions and building locations charged with developing and implementing building safety procedures for all Divisions in all building locations. The procedures were implemented in September 2007.
- The most intensive planning efforts that have occurred during the past year involve a large Departmental committee with subcommittees working with the Delaware Emergency Management Agency (DEMA) to develop policies and standard operating procedures for Unattended Children's Centers (UCC). These centers will be collocated within general population American Red Cross (ARC) shelters that will also house special medical needs (non-acute care) and animals. The Department of Services for Children, Youth and Their Families will be responsible for managing the UCC in the event that children become separated from their parents or caretakers with the goal of reunification. Schools throughout the state have been designated to become ARC shelters and areas within the schools have been identified to meet a specific population's needs. The policies, procedures, and forms for the UCC have been developed in their entirety by the members of the committee. The most current version of the UCC plan is enclosed. The goal is to have a workable plan by June 1, 2008 when hurricane season begins. The plan will undergo exercises to test its efficacy during the remainder of 2008.
- In conjunction with this plan, Departmental staffs were recruited to staff the UCC in the event it is needed. Additional recruitment efforts are now in the planning stages. Current UCC volunteers are in the process of receiving training regarding the Federal Emergency Management Agency's (FEMA) Incident Command System (ICS). Five staff from DFS, DYRS, and DCMH attended ICS 100-400 training September 24-28, 2007 at the Center for Domestic Preparedness in Anniston, Alabama. Other ICS training such as ICS 700 and 800A has been provided online or directly delivered by DEMA. In addition, volunteers are currently being trained in CPR, first aid, and defibrillator techniques. ARC shelter management training is being planned for volunteers in leadership roles, as well as suicide awareness training. Other UCC planning underway involves the procurement and the storage of equipment and supplies. Finally, methods for retrieving essential data electronically from various State of

Delaware databases during a disaster and securing UCC specific data are being explored and negotiated.

The Multi-Disciplinary Use of History in Decision-Making Workgroup of the Child Protection Accountability Commission (CPAC) and the Child Death, Near Death, and Stillbirth Commission (CDNDSC) was created to address recommendations made in an Office of the Child Advocate report known as the Compilation of Delaware's Child Protection Issues and Recommendations from Child Abuse/Neglect and Near Death Case Reviews. There were reoccurring recommendations during the reviews to improve the use of historical information. During discussions by the Use of History Workgroup, chaired by DFS Director, Carlyse Giddins, it became apparent that issues involving the sharing of information also needed to be addressed. The Information-Sharing Subgroup was chaired by Linda M. Shannon of the Division of Family Services and it met seven times between November 2006 and June 2007. Membership included: Family Court, the Department of Education – Local Education Agencies (DOE-LEA), the Division of Child Mental Health, the Division of Public Health (DPH), the Child Death, Near Death, Stillbirth Commission, the Office of the Child Advocate, Children's Advocacy Center, Community Legal Aid Society, Inc., a Community Child Advocate, and the Office of Child Care Licensing - Criminal History Unit in the Division of Family Services. The Subgroup's goal was to develop policy recommendations related to information sharing among entities in order to protect children from abuse or neglect while recognizing the rights of the family and its individual members. There were five strategies used by the subgroup: (1) conduct a self assessment of agencies to determine what information is needed by each agency to keep children safe, (2) review applicable statutes for each agency regarding confidentiality, (3) review current processes in place to share information, (4) discuss what is working well and what is not working well, and (5) develop recommendations. The results of the self assessment of agencies conducted via interagency survey, as well as discussions about statutes and memoranda of understanding indicated that most agencies at the table are able to obtain the necessary records needed to do their jobs. There are not as many information sharing issues as originally thought. However, verbal sharing of information is problematic between some agencies. Statutes, memoranda of understanding, and policies are in place to share information and there was consensus by the committee that the agencies represented need to reinforce what is already in place. One complex information sharing issue that the Subgroup was unable to resolve involved the exchange of information with physicians. The Subgroup issued a final report October 2007.

The Inter-Agency Committee on Adoption (IACOA) serves as a statewide coalition of public and private adoption service providers, which meets monthly to coordinate the provision of education and support services to families in a cooperative effort to facilitate the adoption of Delaware's special needs and older children. Specifically,

- Delaware's annual November Celebrate Adoption events are a collaborative effort between Adoptive Families with Information and Support (AFIS) and IACOA.
- AFIS support group and events are supported by members of the IACOA who serve as event and activity coordinators and/or facilitators as necessary.

- IACOA is the lead organization that maintains and coordinates Delaware's Heart Gallery.

The Department has strong collaborations with a multitude of community and faith-based organizations to better serve our kids and families. OPEI and DFS are represented on the Domestic Violence Coordinating Council's sub-committee on children whereby issues are raised and resolved that pertain to child safety and well-being across every discipline from law enforcement, the legal system and community-level therapeutic interventions. Numerous connections with local businesses have been developed and maintained to support a workforce development system for our youth. OPEI is a member of the state's Epidemiological Workgroup funded by the U.S. Department of Health and Human Services whereby statewide data assessments are occurring and epidemiological profiles are being created to address the magnitude of substance use in Delaware's families. OPEI and Child Mental Health are active members of the state's Suicide Prevention Coalition where a plan has been developed across the lifespan and with the support of thirty other organizations to promote emotional health and well-being while decreasing the rates of suicide. OPEI is an active member of the Family Support Coordinating Council providing leadership in assuring that high quality research-based, outcome-measured family education, support and early care and education programs are available statewide. There is also Departmental representation on the Delaware Workforce Investment Board's Youth Council to help ensure that its mandate of serving the neediest youth, specifically those in the foster care and juvenile justice system, is being met with collaboration and support. They fund annual community programming that promote soft and hard skills training for youth as well as educational supports to increase their likelihood of success in high school and post-secondary schooling. Another new strategy undertaken by OPEI in 2007 is the building of the infrastructure of grass roots faith-and community-based organizations to better serve our children and families. Technical assistance and training around personnel management, organizational development, fiscal management, grant writing, data collection and evaluation has allowed several small organizations to apply for and be awarded grants to provide much-needed services. OPEI has created trainings to assist the community to compete for grants and for the upcoming fiscal year a free interactive grant workshop for non-profit organizations that work with children and families will be provided.

The Early Intervention Program currently has Memorandums of Agreements with each district and charter school for which services are provided. Staff from the K-3 Early Intervention Program participates in the state's Interagency Council which includes members of schools, counseling agencies, and Departmental personnel. These groups meet by county to address current issues and trends, build collaborative partnerships and encourage interagency cooperation. The K-3 Early Intervention Program partners with many public and private agencies to access necessary services for families, notably: Christmas food baskets and presents, Thanksgiving food baskets, Back to School back packs and school supplies from Adopt-A-Family, winter coats from Operation Warm, food and summer activity planning from the 5-2-1 Almost None nutrition program, and other similar partnerships.

Systemic Factors	Performance Goals and Objectives	Strategy
Agency Responsiveness to Community	11.3 Agreements with other agencies to perform IV-E or IV-B functions are monitored for compliance and accuracy	(DE has none)
<i>PROGRESS & ACCOMPLISHMENTS:</i> Delaware has no agreements with other agencies to perform IV-E or IV-B functions.		
Systemic Factors	Performance Goals and Objectives	Strategy
Agency Responsiveness to Community	11.4 Status of American Indian children is appropriately determined; state is in compliance with ICWA	<ol style="list-style-type: none"> 1. Strengthen the identification of tribal affiliation of children and families served. 2. Continue to provide culturally diverse services to all populations statewide.
<i>PROGRESS & ACCOMPLISHMENTS:</i> In the event that an Indian child needs placement, DFS will notify the Nanticoke representative and a member of the tribe will initiate and complete the process to become a licensed foster parent. Until that process is complete, OCS will follow the protocol for assessing the home of a non-relative caregiver so that placement can be made immediately. Providing culturally competent services is part of the Department's System of Care initiative and included in trainings.		

Systemic Factors	Performance Goals and Objectives	Strategy
Foster and Adoptive Home Licensing, Approval, and Recruitment	12.1 State has established and maintained standards for foster family homes, adoptive homes and child care institutions	1. Review and revise standards for foster and adoptive homes and child care institutions through policy and Delacare regulations as appropriate.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i></p> <p>An internal work group has also focused on aligning the standards for DFS foster/adoptive homes and Delacare CPA foster/adoptive home requirements. The internal communication system has been strengthened in order to align forms, database items, and concerns, standard violations and decisions shared between OCCL and foster/adoptive units,. The Department has a strategy of providing clear and consistent messages to all contractors and foster and adoptive parents concerning the importance of adherence to those standards in ensuring the health and safety of children in care.</p> <p>Delacare Child Placing Agency (CPA) Regulations remain under revision. Delacare Requirements for Residential Facilities and Day Treatment Programs were last revised in 1999 and are tentatively scheduled for review in 2008.</p> <p>DFS policy and procedures are under revision to align IV-E State Plan requirements.</p>		

Systemic Factors	Performance Goals and Objectives	Strategy
Foster and Adoptive Home Licensing, Approval, and Recruitment	12.2 State's licensing standards are applied equally to all foster and adoptive homes and institutions	1. Continue application of uniform standards for all foster and adoptive homes and institutions per statutes, policy and Delacare regulations.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i> The Office of Child Care Licensing has established rules for licensed child care centers that require an emergency plan covering a wide variety of emergency situations. All centers were required to have this plan in place by 2007. Currently, Rules for Family and Large Family Child Care Homes are being revised. These revisions will include enhanced requirements for an emergency plan which will be effective in 2009. Training on emergency preparedness has been offered to all child care providers over the past few years and resources are available on the Office of Child Care Licensing website. Emergency plans for DFS foster homes are reviewed during annual reviews.</p> <p>IV-E Program Improvement Plan actions aligned licensing and approval procedures for child placing agencies and DFS foster homes. These activities include issuance of certificates with effective dates.</p>		
Systemic Factors	Performance Goals and Objectives	Strategy
Foster and Adoptive Home Licensing, Approval, and Recruitment	12.3 Criminal background clearances are conducted for state and privately approved foster and adoptive parents and institutions	1. Continue application of criminal background clearances for all foster and adoptive homes and institutions per policy and Delacare regulations.
<p><i>PROGRESS & ACCOMPLISHMENTS:</i> Requirements for Child Placing Agencies (CPAs) set forth rules for criminal history checks for foster and/or adoptive applicants. During yearly compliance reviews, a representative of the Office of Child Care Licensing reviews 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, Delacare licensing requirements and State law. The Criminal History Unit has incorporated five year child abuse registry checks for all foster and adoptive applicants as required by the Adam Walsh Act of 2006. DFS policy and procedures are under revision to clarify IV-E State Plan and Adam Walsh Act requirements.</p>		

Systemic Factors	Performance Goals and Objectives	Strategy
Foster and Adoptive Home Licensing, Approval, and Recruitment	12.4 Recruitment and retention efforts for foster and adoptive families represent the ethnic and racial diversity of children needing placement; state's effectiveness in meeting official recruitment plan	<ol style="list-style-type: none"> 1. Recruit and retain a diverse pool of foster and adoptive families to match the needs of children needing placement. 2. Use internal management reports to evaluate and guide foster and adoptive family recruitment and retention efforts.
<p>PROGRESS & ACCOMPLISHMENTS:</p> <p>Delacare Rule 92 requires that the 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 the children, racial identities of children, sibling relationships and special needs”. Rule 186 mirrors the same clauses for adoptive parent recruitment. In revising Delacare CPA requirements, it has been recommended that these provisions be retained.</p> <p>The Office of Children’s Services has a pool of foster homes that matches the diversity of the foster care population. The agency has not been able to recruit the volume of homes needed to match the increase in the foster care population. One hundred and twenty children were adopted during FY2007. Foster care needs families for teens, sibling groups and children with challenging behaviors. About 70% of the children needing an adoptive home are 8 and older, African American and males. Recruitment efforts are focused on this population; activities are outlined in the pending CFSR PIP.</p> <p>From April 2007 to March 2008, 136 prospective foster families attended Pride training resulting in 45 new approved foster homes. Prevent Child Abuse Delaware, under DFS contract, provides training sessions through the year in New Castle, Kent and Sussex Counties.</p> <p>The Office of Children’s Services continues to partner with AdoptUsKids, National Adoption Center, and NBC’s Wednesday’s Child for child specific recruitment. The Department advertises in the Wilmington Blue Rocks Year Book. Staff attends various recruitment events throughout the state including National Adoption and Foster Care Months. The Division develops a monthly Deladopt list for all children with a goal of adoption who need a permanent family. This listing is sent out to adoption agencies in and out of Delaware with the hope of expanding the pool of resources for children who need a forever family.</p> <p>The pending CFSR PIP contains action planning to increase the pool of foster and adoptive resources under the service array primary strategy. Actions include continuing the faith based initiative and targeting recruitment to Hispanic communities.</p> <p>Since 1987, AFIS sponsored support group, Adoptive Families of Color with Information and Support (AFOCIS), has provided information, support and resources to parents who adopt children of color, including children from races and cultures different from those of the adoptive parents. Quarterly meetings combine family style potluck dinners with information sharing, parent training, and</p>		

culturally relevant activities.

OPEI supports the recruitment of foster parents through community outreach events and contact with an Early Intervention FCT to encourage culturally diverse foster care providers. During this reporting period, OPEI spoke numerous times of the need for more foster parents at school open houses, annual child abuse and neglect trainings, district health and safety fairs and other school based and community events.

Foster care recruitment and retention plans include a continuation of faith based recruitment activities which encompasses all cultures. To date, the faith-based recruitment and marketing team completed over 400 faith based organization visits. Recruitment continues to focus on families to foster sibling groups, minorities, youth who are medically fragile and teen populations. Other activities include the distribution of flyers, posters, give-a-ways, appearances on local TV, and presentations upon request to civic and community groups. A tracking system identifies how approved foster families became interested. This information guides recruitment activities. These activities are aligned with the pending CFSR PIP.

Systemic Factors	Performance Goals and Objectives	Strategy
Foster and Adoptive Home Licensing, Approval, and Recruitment	12.5 Recruitment and use of adoptive families across state or other jurisdictional boundaries	<ol style="list-style-type: none"> 1. Continue to use regional and national adoption placement resources for Delaware’s foster children needing adoptive homes. 2. Continue to contract with out of state child placing agencies to finalize adoptions for Delaware’s foster children needing adoptive homes.

PROGRESS & ACCOMPLISHMENTS:

The Office of Children’s services continues to partner with AdoptUsKids and the National Adoption Center in photo listing children who are TPR’d and in recruiting foster and adoptive families for children needing a permanent family. The Division continues to use media whenever possible to recruit resources. Some of Delaware’s children are shown on Wednesday’s Child on Philadelphia’s NBC10. During this period, DFS started listing children on the DSCYF website. The Division continues to identify adoptive families across the country and cumulatively has placed children for adoption in 29 different states and one country. Currently there are about 20 children placed in other states, supervised by private agencies and awaiting finalization.

DFS policy and procedures are under revision to clarify IV-E State Plan compliance with inter-jurisdictional adoptive placements.