

# Department of Services for Children, Youth and Their Families 2010–2014 Child and Family Services Plan

## Introduction

Program Administration: The Department of Services for Children, Youth and Their Families is responsible for administering the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B-, subpart I), Promoting Safe and Stable Families Program (Title IV-B, subpart II), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV).

The Department of Services for Children, Youth and Their Families (DSCYF) was created 25 years ago to combine within one agency child protective and mental health services that had been located in the Department of Health and Social Services, juvenile probation services that had been located in Family Court, and juvenile detention centers and the Ferris School for Boys that had been located in the Department of Correction.

These services were combined in a single agency to:

- Avoid fragmentation and duplication of services, while increasing accountability for delivery and administration of these services
- 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 environment possible
- Emphasize preventive services to children, youth and their families in order to avoid costs to the State of individual instability

### Mission Statement

Our mission is to provide leadership and advocacy for Delaware's children. The Department's primary responsibility is to provide and manage a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect, or substance abuse. We endorse a holistic approach to enable children to reach their fullest potential.

### Vision Statement

***Think of the Child First!***

Our vision is ***THINK OF THE CHILD FIRST!*** We want every child to be safe and have stability, self-esteem, and a sense of hope. The Delaware Children's Department will lead a system of care (both community-based and residential) that is child centered and assures

effective, timely, and appropriate support for Delaware's children. We will achieve our mission when families, staff, community partners, and other stakeholders think of the child first. Our activities include prevention, early intervention, assessment, treatment, permanency, and aftercare. The Department will offer desirable career opportunities, attracting and retaining proud and talented employees who are motivated to think of the child first in all that they do.

### **DSCYF's Core Services**

The Department's five core services are:

#### **Core Service #1: Child Protective Services (Delaware Code: Title 29, Chapter 90)**

Child protective services include: investigation of alleged abuse, neglect, or dependency; out-of-home placement as necessary; in-home treatment; and adoption. The desired outcomes are a reduction of reabuse, timely reunification with family when appropriate, timely achievement of permanency either through adoption, guardianship, or long-term foster care, and child and family well-being.

#### **Core Service #2: Juvenile Justice Services (Delaware Code: Title 29, Chapter 90)**

Juvenile justice services include: detention, institutional care, probation, and aftercare services consistent with adjudication. The desired outcome is the reduction of subsequent rearrests/offenses (recidivism rates).

#### **Core Service #3: Child Mental Health Services (Delaware Code: Title 29, Chapter 90)**

Child mental health services include: crisis services; outpatient treatment; day treatment; residential mental health and drug and alcohol treatment. The desired outcomes are to assist children, youth, and caregivers address or overcome presenting issues and/or stabilization and maintenance in the least restrictive appropriate environment.

#### **Core Service #4: Prevention and Early Intervention Services (Delaware Code: Title 29, Chapter 90)**

Prevention and early intervention services include: training, public education, and contracted services aimed at preventing child abuse, neglect, dependency, juvenile delinquency, mental health disorders, and drug and alcohol abuse among children and youth. The desired outcomes include prevention of service entry or service reentry in one or more of the above three core services.

**Core Service #5: Child Care Licensing (Delaware Code: Title 31, Chapter 3 and Title 11, Chapter 85)**

Child care licensing services include: licensing of all child care facilities where regular child care services are provided by adults unrelated to the child and for which the adults are compensated and criminal history and/or Child Protection Registry checks for all DSCYF employees, foster care parents, adoptive parents, employees of DSCYF contracted client services, licensed child care providers, licensed child care provider employees, licensed child care provider household members, and health care and public school employees with direct access to children or vulnerable adults. The desired outcomes are quality child care, child care facilities that meet Delaware Standards, and the protection of children in child care, residential, health care, or educational facilities from harmful acts of adults with criminal and/or child abuse histories.

**Environmental Scan**

**Internal Scan (Strengths and Weaknesses)**

- DSCYF's core service strengths include:
  - Committed and caring staff
  - Key stakeholder support and trust in our management of the core services and resources
  - Information technology support of our service operations
  - Participatory management philosophy
  
- DSCYF's core service weaknesses include:
  - Minimal holistic integration across core services
  - Need for continuing staff training in system of care principles and practices
  - Barriers to client accessibility to services across core services
  - Too much categorical funding and lack of more blended funding mechanisms
  - Need to re-engineer/upgrade the current Family and Child Tracking System (FACTS) to support better operations and management of integrated services and improved tracking of individual, programmatic, and Department outcomes

**External Scan (Opportunities and Threats)**

- DSCYF's opportunities to improve core services include:

- Administration focus on children
  - Administration and legislative support for filling core service gaps, particularly the availability of in-state residential treatment for small populations with multiple and complex issues
  - Need to increase community-based resources to support the maintenance of children and youth in the community who are returning from foster care or residential treatment
- DSCYF's threats to core services include:
    - Resource limitations associated with the present economic and revenue environment
    - Negative factors in the economic environment that may increase family dysfunction
    - Unexpected epidemiological trends among children and youth could stress our capacity to provide appropriate services

### **DSCYF Goals**

The primary goals of the Department of Services for Children, Youth and Their Families (DSCYF) are:

- The safety of children and youth
- Positive outcomes for children in our services

### **DSCYF Objectives**

The following are the Department strategic objectives that encompass our core services. The Department-level measures for these objectives can be disaggregated for the child protective, juvenile justice, and child mental health core services.

- Increase the percent of contracted juvenile justice and child mental health community-based service expenditures of total contracted juvenile justice and child mental health community-based and residential service expenditures from 45.2% in FY-08 to 52% by FY-14
- Reduce the percent of children and youth who return to service within 12 months of case closure from 29% in FY-08 to 26% by FY-14
- Reduce the percent of children and youth in out-of-home care from 17.3% in FY-08 to 12% by FY-14
- Reduce the percent of children in community-based services for 6 consecutive months who are in out-of-home care for more than five consecutive days during the following 12 months from 11% in FY-08 to 9% by FY-14

### **Implementing the System of Care Practice Model**

Delaware's System of Care practice model has been active since 2004 and implemented in phases for all levels of personnel within the Department of Services for Children, Youth and Their Families (DSCYF). This practice model is based on seven core principles:

- Practice is individualized
- Services are appropriate in type and duration
- Child centered and family focused intervention
- Community-based care
- Cultural competency
- Seamless care, within and across systems
- Team planning and management

System of Care (SOC) reference guides and competencies were developed to operationalize the principles by putting them in behavioral terms. Both are designed to be incorporated into supervision, coaching opportunities and employee performance planning. These tools were distributed and trained on with both DSCYF staff and our providers. These tools are on both the DSCYF intranet and internet under SOC in ‘Action Reference Guide’. The Office of Case Management is conducting Quality Assurance SOC reviews which provide feedback to the case manager and supervisor regarding areas of strength and areas for improvement. Supervisors build on the strengths identified in the review through employee coaching, mentoring and shadowing.

### *Strategic Initiatives*

The Department’s primary goals, core services, and objectives are supported by five organization-wide strategic sets of activities that are represented by DSCYF’s “Child” acronym:

- C** - Child Focused System
- H** - Holistic Service
- I** - Inspired Workforce
- L** - Leading Edge Management
- D** - Dedicated Partnerships

2010 – 2014 CFSP development methodology: This five year plan was coordinated by an interdivisional steering committee composed of program, operations, training and quality assurance representatives. Stakeholders participated in three working sessions to develop the structure and content of activities and measurements of progress. A draft of the planned activities was shared with stakeholders, including child welfare advocacy groups, the Nanticoke Tribe Council, ACF Region III, the Youth Advisory Council and internal stakeholders in all divisions of the Department. Comments were incorporated into the final product.

The design is formatted to group child welfare activities into outcomes and system factors, aligned with the federal Child and Family Services Review. Broad strategies are presented to capture many federally required and state identified initiatives to improve outcomes for Delaware’s children and families supported by the continuum of child welfare services. This array of services covers prevention of abuse and neglect, reduction and treatment of risk, permanency for foster children and support for young adults aging out of foster care.

The Department has a Planning, Monitoring and Evaluation (PM&E) Unit to provide a focal point for strategic planning, program evaluation, and measurement of progress toward performance goals. This unit has been instrumental in the Department’s receipt of the three

Delaware Quality Awards for Commitment (2001), Merit (2002) and Merit (2002). DSCYF is the first state agency to receive a Quality Award given to organizations that manage key internal processes to produce positive outcomes for children.

Description of the services and expected expenditures funded through Child Welfare Services, CAPTA and CFCIP/ETV federal assistance are detailed in the corresponding spending plans. Delaware will fund adoption activities if Adoption Incentives are received in the future. Delaware demonstrates partnerships with community-based organizations and other state agencies through a broad array of contracted child welfare services awarded through Request for Proposals processes and Memoranda of Understanding. These processes ensure coordination of available services and a shared commitment to quality service delivery statewide.

Kinship care programming is administered by the Department of Health and Social Services, Division of State Service Centers and provides supports to extended family to prevent children from entering the child welfare system.

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

**Outcome: Safety**

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

**Performance Measures and Goals:**

1. Quality Assurance: Measurement for child safety is a composite of questions in investigation and treatment assessing safety in the child's residence. Goal is 100% will be assessed as safe.
2. National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.
3. National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.

**Activities:**

1. Provide and support training and education.
2. Support the ability of Delaware families to stabilize and remain intact.
3. Incorporate external and internal QA case reviews to strengthen child safety.
4. Research, review, improve and implement safety and risk management practices.
5. Assess, plan, monitor, analyze and enhance service array to promote positive outcomes.
6. Support out-of-home care providers to maintain safe and stable placements.

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

**Outcome: Permanency**

**Strategy:** Strengthen and maintain efforts to preserve familial relationships and connections for children while striving to achieve permanency and stability.

**Performance Measures and Goals:**

1. Caseworker foster care contacts. There are two established measures for foster care contacts: percent of foster children visited each and every month; and, percent of those visits occurring in the child's residence. Goals for measure one are 75% by October 1, 2010, and 90% by October 1, 2011. Goal for measure two is 50.5%.
2. National Standard: Permanency Composite #4 with component scores.
  - Scaled state composite score. Goal is 101.5 or higher.
  - Of those children in care less than 12 months - percent with 2 placements or less. Goal is 86% or higher.
  - Of those children in care for 12 but less than 24 months - percent with 2 placements or less. Goal is 65.4% or higher.
  - Of those children in care 24 or more months - percent with 2 placements or less. Goal is 41.8% or higher.
3. National Standard: Reunification within 12 months from the most recent removal from home. Goal is 75.2% or higher.
4. National Standard: Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.
5. Quality Assurance: Measurement is the percent of placement and permanency case reviews agreeing with APPLA (Another Planned Permanent Living Arrangement) goal selection. Goal is 95% or higher.

**Activities:**

1. Assess, support and enhance the ability of Delaware families to stabilize and remain intact.
2. Families will be reunited in a timely and permanent manner, through assessment and support services.
3. Provide services to maintain out-of-home care stability.
4. Collaborate with community partners to facilitate out-of-home care.
5. Strengthen adoption recruitment and support practices to promote positive outcomes for children and families.
6. Continue efforts to identify and support lasting connections for youth aging out of care to enhance stability.
7. Provide and support child welfare education and training.

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

**Outcome: Well-Being**

**Strategy:** Continue efforts to enhance the capacity of families and children to meet their needs.  
**Performance Measures and Goals:**

1. Quality Assurance: Measurement is a composite score of 13 questions from the QA Case Review tools for treatment and placement on identification of needs and services provided. Goal is 90% or higher of case reviews agree needs were identified and appropriate services provided.
2. Quality Assurance: Measurement is composite score of 2 questions from each QA Case Review tool for investigation, treatment and placement for identification of needs and services provided for education, physical and mental health. Goal is 95% or higher of case reviews agree educational and health needs were identified and appropriate services provided.
3. Independent Living Services Report: Measurements for young adults receiving independent living services are percent youth graduating high school or GED program, percent youth employed and percent youth enrolled in post-secondary/vocational programs. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.

**Activity:**

1. Identify and provide services to enhance DE families' capacity to provide safe, stable, healthy, and nurturing environments.
2. Collaboration with community partners to facilitate positive educational, physical, and mental health outcomes for children and youth.
3. Improve Independent Living competency skills for youth exiting out of home care through collaborative support and service provision.

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

**Outcome: Well-Being**

**Strategy:** Maintain and strengthen systems to support the delivery of child welfare services.

**Performance Measures and Goals:** Performance is measured by progress reported by each activity.

**Activities:**

1. Maintain and strengthen the statewide information system.
2. Maintain and strengthen a case review system to ensure timely outcomes and the involvement of caregivers.
3. Maintain and strengthen a quality assurance system that supports positive outcomes for families and children.
4. Provide training and supports to maintain a stable and competent workforce.
5. Maintain and strengthen an array of services to promote safety, permanency, and well-being.
6. Foster and adoptive parent approval, recruitment, and retention.
7. Continue collaboration among child welfare professionals, community partners, families and children.

<b>SAFETY</b>			
<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>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.</li> <li>2. Maintain 2003 average of 95% compliance with agency standard of initial contact with treatment families within 10 days for each year, 2006-2009.</li> </ol>
<p><b><i>PROGRESS &amp; ACCOMPLISHMENTS:</i></b></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 4/1/08 to 3/31/09, Initial Contacts in Investigation was 92.96%. This outcome missed the goal by 2.04 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. Initial contact in Treatment services outcome was 83.31% (729 of 875) for the same time period, missing the goal by 11.69 percentage points.</p> <p>Resulting from findings from the 2007 Child and Family Services Review, a Safety PIP Work Group developed policy and procedures that:</p> <ol style="list-style-type: none"> <li>1. Clarified what constitutes an initial contact;</li> <li>2. Required documentation regarding why an initial contact was not made on time;</li> <li>3. Implemented diligent efforts (reasonable expectations) criteria for initial contact compliance; and</li> <li>4. Developed a matrix to clarify the role of multiple program areas (Investigation, Institutional Abuse, Treatment, Foster Care, Adoption, Licensing, Interstate Compact) concurrently involved in assessing safety of all children.</li> </ol> <p>For the reporting period 2005-2009, Intake and Investigation policies and procedures were extensively revised and updated. The Program Manager for Intake &amp; Investigation conducted training about the revisions and updates in all regional offices during June and July 2006. The Mandatory Reporting Form was updated in August 2007. This form is forwarded by professional reporters within 72</p>			

hours after making an oral report for documentary purposes. This form is available on the Division of Family Services' website. During 2008, the use of NCIC (National Crime Information Center) information was expanded from use by our 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.

DFS continues to monitor the timeliness of both initial and on-going contracts in treatment cases. Once a case is transferred to treatment for on-going service, the worker must make their initial contact within 10 working days. Treatment workers are required to meet with the family a minimum of three times prior to completing the Family Assessment Form (FAF) and developing the Family Service Plan. Once the FAF is completed the contact schedule is changed based on the needs of the family but is never less than monthly. The supervisor reviews and evaluates casework at each decision point in the case (i.e. assessment, monthly case conferences, quarterly case reviews, and case closure). This review focuses on the family's needs and child safety and assists the worker in identifying specific areas requiring additional action. 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. In 2008 DFS implemented a contact template that all treatment workers are required to use when documenting their contact with anyone in the family. By requiring all workers to use this template, it ensures that all workers are documenting the same key items during contacts: who was present for the contact, the safety of the children, progress on the case plan, and any next steps that may need to be taken.

DFS family support contractors are required to meet with the family within 10 working days of receiving the case. Their on-going contact schedule is based on the needs of the family and agreement with the family and the DFS social worker.

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. Policy very clearly outlines what information must be discussed with the youth and that the conversation must occur in private so that the youth feels free to discuss any issues, fears or concerns that they may have. In January, 2009, FACTS was modified to include a specific monthly foster care contact event. This event allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. This FACTS modification also allows the supervisor to track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. In addition to the policy and FACTS changes, DFS also instituted a Monthly Foster Care Contact template that all workers must use when documenting their contacts in the record.

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. If the family misses two consecutive appointments with the provider, they must notify the DFS worker immediately.

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. Last 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 community based service providers, the 102 families were placed on the waiting list during the period of review. All 102 family participants were serviced within 5 business day of being placed on the waiting list. PSSF Intensive Family Consultation services will implement a waiting list protocol to again identify families who cannot be seen within five working days of assignment due to scheduling backlog of the OPEI- Psychiatric Social Worker III's providing direct service. 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 5.68 to 6.00 weeks. This length of service is less compared to the last reporting period's 6.42 to 7.50 weeks.

The Abuse Intervention Committee became a subcommittee of the Child Protection Accountability Commission in 2008. The multidisciplinary group and its subgroup, the Medical Subcommittee, finalized its work on a training curriculum addressing the identification and mandatory reporting of child abuse and neglect for medical professionals in Delaware. The first training took place in Dover on March 24, 2009.

The Joint Commission Subcommittee on the Multidisciplinary Use of History in Decision-Making was established to address one of the core areas identified by the joint commissions. Made up of representatives of numerous system partners, the group forged new paths through the work of its subgroups, the Chronology of History Subgroup and the Information Sharing Subgroup. The Chronology of History Subgroup, addressing the need for a comprehensive summary of previous DFS case activity, child-specific information, parental history, service provision, case outcome information, and placement history, developed a framework for a new Family and Child Tracking System (FACTS) event in which the aforementioned information would be either manually or electronically entered. The subgroup recommended that DSCYF/DFS submit a budget initiative for this FACTS upgrade; however, due to fiscal constraints, the recommendation could not move forward in Fiscal Year 2008. Like the Chronology of History Subgroup, the recommendations of the Information Sharing subgroup addressed the need to share information among entities in order to protect children from abuse and neglect while recognizing the rights of the family and its individual members. The group suggested that DFS provide the appropriate school personnel with defined, pertinent information regarding children they report to the Child Abuse Report Line. Furthermore, the group suggested that DFS share similar information with the Department of Public Health (DPH) when DPH is involved with the child who is subject to an abuse/neglect report. Finally, the need to ensure timely feedback to reporters was reinforced through the subgroup's final recommendations.

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"> <li>1. Reduce risk of abuse and neglect through appropriate assessment, planning and service delivery.</li> <li>2. Develop community and other agency resources to implement a system of care model.</li> <li>3. Maintain NCANDS rating of 98.16% absence of maltreatment for 2007-2009</li> <li>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.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**

Measurement of Performance: The DFS internal NCANDS report for the period 4/1/08 to 3/31/09 resulted in a 97% (1081 of 1115) absence maltreatment recurrence, exceeding the goal by 2.4 percentage points. The result for the Department of Services for Children, Youth and Their Families (DSCYF) 'Return to Service' measure, the last available data is for the quarter ending 9/30/08 was 27.3% (811 of 2966). This measure is based on those children active with DSCYF between 7/1/07 to 9/30/07, 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.

The Safety PIP Work Group developed new procedures for agency response times and documentation expectations for additional reports during an open investigation.

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 July 2008, DFS policy was revised to require foster care candidacy determinations for children in intact family cases effective. Risk of imminent harm is determined in the family service plan for each child with guidelines and criteria. Prior to completion of the

Family Service Plan, workers must review information contained in the Safety Assessment, the Risk Assessment, the Family Assessment Form, and the Service Entry Needs and Strengths Screen. When areas of concern are identified, workers should include those items in the Family Service Plan. Workers must also take those same areas into account when determining the likelihood of a child entering foster care if the parent(s) is not compliant with the Family Service Plan. The DFS supervisor must review the Family Service Plan prior to finalization to ensure that all relevant issues are addressed and that safety is assured. The Foster Care Field Candidacy Guide was developed to assist the DFS supervisor in reviewing the Family Service Plan as well as the worker's foster care candidacy determination prior to finalizing the plan with the parent(s). Supervisors use the Foster Care Field Candidacy Guide during the Directed Case Conferences as well as their routine conferences to determine the likelihood of the child(ren) coming into foster care.

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. Beginning in 2008, DFS expanded the services of the substance abuse liaisons. The liaisons now engage a family during the investigation phase of a case and complete an initial assessment of the client's substance abuse problem. If the liaison feels that the client would benefit from substance abuse treatment, they schedule a full evaluation. Once admitted to a treatment program, the liaison then ensures that the client is complying with treatment, eliminates barriers that might prevent the client from staying in a treatment program, and helps with discharge planning.

The Department instituted a System of Care (SOC) 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. In February 2008, staff had the opportunity to attend additional System of Care training which also focused on family engagement. Also beginning in 2008, workers throughout the Department have the opportunity to participate in the "Knowing Who You Are" e-learning training program. This program is available on-line which allows workers to complete it as they have available time. Lastly, the System of Care principles have been incorporated into the new worker training for all new Department employees.

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 (PSSFCS) is a family preservation and family support combined effort providing universal/targeted/indicated approaches. This program focuses on providing supportive services which are intended to reduce the occurrences of child maltreatment by addressing the four associated risk factors which are: (1) parental characteristics; (2) developmental and behavioral characteristics of children; (3) absence of resources and services; and (4) crisis and stress.

Promoting Safe and Stable Families (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. During the period of review, the PSSF participants developed and prioritize concerns, identified formal and informal supports, determine the support adequacy to address concerns and needs, and created action plans while reviewing their abilities to complete established goals. During FY08, queries were conducted to measure the adequacy level of informal and formal supports. Out of 1129 families served the adequacy level of their supports increased from 3% to 99.6%. As a result of the increased adequacy level of supports through their participation in the consultation and support process, families increased their ability to accomplish their set goals.

85.6% of the PSSFCS families successfully achieved at least two goals, thus indicating the family's participation in the process enhanced their awareness and knowledge of how to reduce stressors were successful. In addition, 3,966 recipients of the PSSFCS served were successfully connected to appropriate community based services. The demographics of the participants serviced by PSSFCS program during the FY08 totaled 1525 adults and 2441 children. 351 of the 1521 adults were males. 65.3% of the adults were African-American, 21.6% were Caucasian, 7.8% were Hispanic and 3% were mixed race. As with the adults the children's highest percentage was African-American 71.8% and the second highest was Caucasian with 11%. Hispanic children accounted for 5.5% of the child participants. Female adults participate almost three times as much as males. Female adult participants accounted for 75% of the population and males accounted for 23% of the population (1.3% did not answer this question). The gender distribution for children was more even. For children the female percentage was 50% and the male was 47.5% (1.7% did not answer this question). Almost 30% of the participants considered themselves married or living with a partner. However, 47% of the participants stated they were single and never married. The age breakdown was more evenly spread. The highest age percentage was 26-30 with 16.6%, second was 19-25 with 16.4%, third was 36-40 with 15.7%, and fourth was 31-35 with 14.1%. The lowest age group was 41-45 with 11%. This is interesting because the 46-50 age group is slightly higher at 11.8%. Additionally, the children have an interesting statistic, PSSF provided services to 30% of children under the age of 5. Noted service linkages of program participants were: 187 identified employment/ training as a need; 371 identified budgeting as a need; and 184 of the program participants identified the need for adequate housing.

The Promoting Safe and Stable Families Program Resource Connection Only site continues at Sparrow Run Community - Route 40 corridor in an effort to maintain community and cultural connections. These communities are areas at high risk of child maltreatment. The implementation of PSSF Resource Connection Only services within these identified communities has made an impact and supported the reduction of possible child maltreatment to the families in this community. The support services provided by the non-profit agency

Child, Inc. in 2008 reached 276 adults and 503 children in 211 households. The highest race/ethnicity for adults at this site is African American with 65.9% of the population. The next highest percentage is Caucasian with 16.7% of the population. Almost 80% were female. The marital status was as follows: 44.6% were single never married; 21.4% were married; 12.3% were divorced; 8.7% were separated; 6.2% were unknown; 4% lived with a partner and 2.9% were widowed. The age breakdown for adults was 19-25 of age 18.3%; 26-30 years of age 15.9%; 31-35 years of age 14%; 36-40 years of age 17%; 41-50 years of age 23%; and over age 50, 10%. The children race/ethnicity breakdown children was 73.2% African American and the second highest race ethnicity breakdown was 12.5% for mixed background. The gender breakdown was similar to the adult data with 54.3% female and 43.7% males. 50% of the children attend public school, 28.8% were under age 5 (not enrolled in school) and 6% attend charter schools. The families serviced by this program site most identified need for services was emergency assistance.

The Community Based Family Consultants are trained in a strength-based and family support approach combining Family Preservation and Family Support principles and practices together to create the Consultation and Support model serving caretakers of children 18 years or under with multiple family needs. The Consultation process of the program entails enhancing family ability to assess and address their concerns, increase their decision making and planning skills. The Support component of the program helps families identify appropriate informal and formal supports and increase the ability of the support systems to meet the family's needs. Adult participants were successfully link to employment/training opportunities, through their participation in the process. The program referred families for job training, employment, and affordable housing. The program's initial face-to-face sessions continue to last at least two hours with weekly phone contacts lasting from 30 minutes to one hour.

Of the noted services the program participants in 2008 identified need for each was: 187 participants identified employment/ training as a need; 371 participants identified budgeting as a need; 184 participants identified the need for adequate housing. 400 program participants' service needs were captured in other service areas. The PSSF program continues to reach out to foster parents and has included independent living youth in their target population. PSSF will continue to explore other methods to expand its advisement effort to this population. The PSSF Consultation and Support program continues to service "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 and in through the PSSF Community Advisory Board providing community mini grants to agencies providing an educational session and workshop to address one of the many components of Healthy Marriages and Fatherhood. PSSF has partnered with the "Father's Matter" Fatherhood Coalition to provided a two day training session to the community on best practices in Fatherhood Programs. The PSSF program's four service providers as well as other community agencies were in attendance. Through the PSSF program individual and family sessions continued to be offered addressing 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 the 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 long standing agency partnerships while establishing new ones by purchasing services or by providing the services directly.

The third tier of services through the PSSFCS program is the Intensive Family Consultation and Support program. This service is targeted to families who are experiencing more complex family issues and or behavioral difficulties with their child(ren)/youth. A referral is made to the PSSF Intensive Family Consultants to provide Family Consultation and Positive Behavior Intervention (PBI). The service continues to be offered by Psychiatric Social Workers with skills to offer Positive Behavior Intervention. The performance expectation for 2008 was to serve 1,750 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 expectations by serving a total of 3,966 individuals which consisted of 1,525 adults, 2,441 children in 1,129 families. During the 2008 service period PSSF serviced 50% more individuals, 45% more adults, 53% more children, and 47% more families than were serviced in 2007. Out of the 1,129 families served, 1,040 completed the Family Consultation and Support Service. In FY 2008, there was an increase of 3.25% (127 individuals) in Parenting Services and 14.25% (55 individuals) more families received Healthy Marriages and Adult Relationships services. Additionally, 35 individuals received mental health services and 4 received PBI services. PSSF partnered with the program contract provider Sources to overcome Drug Abuse Among Teenagers (SODAT) of Delaware during the National Alcohol & Drug Addiction Recovery Month to sponsor an informational session and lecture about family consultation services and priority programs offered by PSSF. The programs participation in the various events during "Recovery" month resulted in the program directly interfacing with 13 individuals regarding the services of PSSF. PSSF sought to increase the number of individuals that received family consultation services and receive substance abuse services during this period of review. As a result of the month long effort PSSF experienced an increase of 42% for substance abuse services and plans strengthening efforts targeting that population in 2009. PSSF will continue to put forth extraordinary efforts in outreaching, engaging and retaining families who are in need for intensive services.

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 (SFP) was provided statewide to the Department's Office of Children Services target population through a contract with Children and Families First. Strengthening Families program is a 15 week family and skills training program proven to significantly reduce problem behaviors, delinquency, alcohol and drug abuse, improve social competencies and school performance in children, and decrease child maltreatment. Strengthening Families is available in all three counties of Delaware. The program's target population was children/youth ages 3-17 identified by the Office of Children Services, as being substantiated for child abuse and neglect, and dependent children with an open/active case. Parents and children participated in the 14 week sessions both separately and together. Participants were placed in groups that included families with custody of a child between the ages of 3-5, 6-12, 12-16 years, and families without custody of children between the ages of 3-12 years. Skill-building exercises were provided on parent, children and family social skills, behaviors and targeted interventions, drug and alcohol awareness, and problem solving. A family meal, transportation and information dissemination of available community resources were provided as program incentives. The program seeks 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 FY2008, Strengthening Families had a retreat from 2/29/08-3/1/08 to train teachers and providers from the First Step Day Care at

Hanover Presbyterian Church in their 3-5 program series. The program 2009 service enhancements were to:

- Hire a new case manager to help SFP families with community resources, referrals and family support. They will also act as the liaison between the Division of Family Services worker and the parent.
- Implement an updated Intake and Referral Process to add target groups that include families involved with the Department and need supportive services or may be linked by programs such as Promoting Safe & Stable Families.
- Change the successful completion process definition for the monthly demographic data sheets. If not a successful completion, the recommendation is to give 5 additional classes, which will show up in the next class. It may also be necessary to do the class completely over.
- Recommend in contract year 2009, to do 14 weeks with 10 full sessions instead of 15 weeks. The level of service and fidelity remained the same.
- Show a significant increase in OCS referrals for Kent County.

As of year-end 2008, the SFP program conducted two SFP 3-5 series that included families referred by the state of Delaware. A total of 327 individuals were served (parents and children; 240 parents and children were families referred by state workers). A retrospect evaluation tool designed by developer Karol Kumphier was conducted by a contracted evaluator from the University Delaware. Only 13 out of 40 questions showed significant improvement. Comments were that an analysis of this type suffers from multiple problems, some of which are beyond the scope of the program, other which could be changed to make a more manageable assessment. First, there is no control group, so it is not possible to truly imply that the change is resulting from the program. Second, it is not clear that all of the measures should really be affected by the program.

Also the Strengthening Families Program was assessed for outcomes for 24 months after program completion (28 cohorts, with start dates spanning 3/20/06 to 3/13/08) from FACTS checks. Findings revealed 7 individuals were investigated for child maltreatment from those completing the program and 7 individuals were investigated for child maltreatment from those who did not complete the program. This showed identical recidivism rates. In reviewing case notes, some referrals were inappropriate due to mental illness or drug use. Other barriers include program participants arriving to sessions heavily intoxicated and drugged, and mental and emotional health symptoms which impair participation. Transportation in the rural areas for program participants still presents a challenge due to distance and reliable transportation providers. A new concern that has really been an issue is escalating gas prices.

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. The program averages 131 active families per month which reflects an increase of 8% for this year. The FACET program served 387 unduplicated families and 191 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.

The FACET longitudinal surveys are completed by FACET parents twice a year. For FY08, 155 parents from four sites completed the surveys. The data reflects that over half of the participants were African-American, while 20% were Hispanic. Together those two ethnic groups made up over three-quarters of the surveys. Eighty-eight percent of the participants were female, with the majority of parents having been part of the program a little over a year.

The FACET program creates an environment where parent and teachers have access to educational, parenting, resource connections and family supports. This survey reflects a high percentage of parents who share information, have increased their level of parent competency, have low stress and good satisfaction level with family relationships and family identity. The successful indicators are as follows:

- 90% of FACET parents are generally or almost always sharing information for the success of their families.
- 64% of FACET parents have increased their level of parenting competence. They reported an understanding about parenting effectively and believe they have the skills necessary to communicate with their children and make strong positive decisions for them.
- Most FACET parents did not report experiencing extreme distress. Additionally, 66% say they can handle stressful issues with very little or no distress.
- Over 80% of the FACET participants reported having a good satisfaction level when dealing with issues such as family relationships and family identity. 84% of participants feel that they are completely or moderately satisfied with their family identity.

As of July 1, 2007, The Office of Prevention and Early Intervention implemented the evidence-based All Stars Program through a contract with the 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 provides a community-based format, delivered in an after-school setting. Parents are indoctrinated 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-test and post-test survey instruments 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. Year to date, 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 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 2 components: Basic (6 hrs.) and a Domestic Violence component (2 hrs.). Effective January 1, 2008 Family Court no longer mandates the completion of the Children's components of the Separating and Divorcing Parent Education Seminar. A committee composed of members of the Delaware Bar Association, a child psychologist, representatives from the Department of Services for Children, Youth and Their Families, educators, counseling providers and a Delaware Family Court judge, reviewed the course curriculum and best practices on the subject and concluded that the present one time session being offered could be harmful to a child by opening up complex issues with no opportunity for follow up. 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. Between January 2006 and December 2007, a total of 1,143 individuals registered to attend basic course sessions with 990 individuals fully completing the course and 120 individuals registered to attend domestic violence course sessions with 106 fully completing the course. Information from SDPE program participants was collected between January 2006 and December 2007 and evaluated to assess the extent to which the program meets its established objectives. Analysis of the surveys completed by SDPE program participants yielded very positive results overall. Individuals who participated in both the Basic and Domestic Violence courses showed significant increases in their knowledge, skills and abilities related to separation and divorce and its impact on their children. Furthermore, the evaluation revealed little difference among males and females and racial/ethnic groups thereby inferring that the SDPE courses are being implemented in a culturally sensitive manor which promotes positive outcomes for all participants regardless of background. Analysis also revealed those individuals who report higher levels of tension with their former partners/spouses making more positive gains in their knowledge than those who report low or no tension. Additionally, despite being mandated to complete the educational courses, participants overwhelmingly report satisfaction with their participation and truly see the benefit of their experience.

OPEI revived the I Can Problem Solve (ICPS) program, a nationally recognized science and research based violence prevention program for preschoolers, primary grades and intermediate grades. ICPS is being used in FACET early childhood education programs and other preschools throughout Delaware. The program has been incorporated into various parent training settings and will be incorporated into the FACET program and other preschool programs throughout the state. This is a parent involvement initiative that will help parents to help children to think for themselves, gives parent practical ways to teach their children social and emotional

competencies, gives parents many hands-on things to help them become more empathetic, better able to cope with frustration and disappointment and to become better problem solvers. The program also helps parents keep track of their own problem-solving progress. An Early Intervention Family Crisis Therapist has been assigned to the Office of Prevention and Early Intervention to learn and implement the curriculum for parents and teachers; the FCT is being trained in the program by a National ICPS Trainer and has already received over 20 hours of training in the school curriculum, the parent component and how to provide effective technical assistance to educational staff in the classroom. The FCT provides a 6-8 week individual training in ICPS to families to improve communication and decrease risk factors among family members, increase pro-social skills in their young children and decrease social withdrawal and impulsivity. The Family Training will focus on how to use the interpersonal cognitive problem solving approach with their young children at home. Families will be trained individually and additional resource assistance will be provided, if this is a need. Parents use the Raising a Thinking Child Workbook with their children; the workbook is part of the ICPS parent component that provides activities for parents and children to help children and parents further learn how to solve problems in the family environment. Problem-solving has been researched as one of the major techniques that prevent family and community violence, including child abuse and neglect. As this program moves forward, another program for parents and adolescents will be developed using the same model. In addition, the program will give parents new skills in listening, ability to cope with their own frustration, increase sensitivity to their children, build self-confidence in their parenting skills and provide skills to handle new problems through alternative solution thinking. This past year an early childhood Educational Consultant was also trained to provide consultation and technical assistance to FACET preschools in the program. The goal of the ICPS program is to teach children thinking skills that can be used to help resolve or prevent “people” problems. The focus is to guide children to think for themselves, teach children to evaluate their own ideas, and encourage children to come up with many solutions on their own. Also, taught through lessons and interaction in the classroom is the development of an empathic response to others and the critical skill of listening and paying attention. Preschool teachers will benefit from this program in the following ways: development of a more positive classroom atmosphere; and a decrease in time spent handling conflicts and an enhancement of their own problem-solving skills. ICPS is known to increase pro-social skills, such as sharing, caring and helping. Benefits for students include increased social interaction among peers, skills to handle new problems, decreased social withdrawal and impulsivity and increased ability to wait and cope with frustration.

The K-5 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 50 public and charter 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.

The K-5 Early Intervention’s Family Crisis Therapists (FCTs) are co-located in 50 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 2007 to September 2008 Early Intervention FCTs opened 1,393 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 9,180 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.

This summary identifies progress and accomplishments by the Office of Prevention and Early Intervention (OPEI) programs services for the Administration for Children and Families broad goals of safety, permanency and well-being. Over the past five years OPEI developed, implemented and provided a continuum of services focusing on preventing families from entering deeper end services of the Department through the support of programming, and other various educational venues. In addition, the Office of Prevention and Early Intervention has moved from its administrative home within the Division of Family Services to a new home within the Division of Management Support Services which has allowed greater collaboration with all three direct service divisions, breaking down historical barriers to services.

OPEI begins with low intensity services for large groups of people at low cost per-person and runs through programs with progressively increasing intensity for fewer persons at progressively higher cost. OPEI implemented community-based programs designed to support safety of children, improve the functioning of families to increase stability, improve both youth and parental self esteem and provide an environment that fosters a sense of hope among participating children and families. OPEI has been committed to programming that is child-centered and family focused and assures effective, timely and appropriate support for Delaware's children. Through a variety of programs, OPEI provides both direct service and manages contracts for services with community partners. OPEI

sought and continues to seek to implement a range of prevention and early intervention services targeted to the general public, sub-groups, individual and families. Programs continued to be holistic in their approach and employ a variety of strategies in numerous settings all designed to help children and families reach their potential. OPEI services are throughout the state servicing children (0 – 18) and their caretakers.

OPEI implemented strategies to reduce the risk of future development of poor outcomes related to substance abuse, child maltreatment, behavioral problems, inadequate parenting, lack of father involvement, family relationships, as an approach to increase the protective factors of children and their families. OPEI continues to implement programming established along the continuum of care to include: **universal interventions** (those that are targeted to the general public/group that has been identified on the bases of individual risk); **selective or targeted interventions** (those that are geared towards high-risk individuals or families who are high-risk by virtue of their membership in groups or subgroups with established risk factors); **indicated interventions** (those that are targeted to individuals and families who themselves have established personal risk factors); and **early intervention** (those that are targeted to persons and families who have moved past risk and have begun to engage in negative or undesirable behaviors).

**Universal intervention** services are provided through the OPEI Resource Center, pamphlets and booklets continue to be available free of charge to individuals and organizations across the state. The Resource center continues to house up-to-date information on child development; stress management; parenting tips; fatherhood, budgeting, marriage, separation and divorce, drug and alcohol prevention, budgeting, other resources and a host of other topics, including prevention child maltreatment. Videos, books, prevention curriculums and software may be borrowed also without charge. The Child Abuse and Neglect Campaign (CAND) is another **universal intervention** approach designed to reach the masses through “booster shots” of information geared to educate the public about child maltreatment. The CANS 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 makes 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.

As a way to reach the community, OPEI sponsored the Annual Delaware Prevention Forum every year until FY06. This annual two day conference was designed to provide a dynamic learning experience for participants. The goal was to increase the knowledge of participants about the prevention of child abuse, substance abuse, delinquency and mental health problems in youth. Approximately 275 professionals throughout the State attended each year. Beginning in FY07, OPEI partnered with Division of Substance Abuse and Mental Health (DSAMH) to provide training sessions throughout the year in Substance Abuse substance abuse prevention, strategic prevention framework to staff and community providers.

A more intense **universal** approach taken over the last two years has been through the following programs: Life Skills and All Stars programs. Life Skills is an evidence-based program implemented by the University of Delaware Cooperative Extension. The goal continues to prevent the early stages of substance use, occasional or experimental use. The program target population is youth ages 11-15 in middle schools statewide. During FY07–08, 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. Other findings were: Life Skills Knowledge increased significantly from the pretest condition to the posttest condition. Significant decreases were observed with: Pro-Smoking Attitudes, Pro-Drinking Attitudes, Pro-Marijuana Attitudes, and Pro-Hard Drug Use Attitudes from the pretest condition to the posttest condition; and 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 considered in FY08 explored the need for a two year evaluation instrument and a means of assessing any cumulative effects on the youth being served. Collaboration occurred to better enable the implementation of the program without duplication of efforts.

OPEI partnered with Delaware Prevention Network Alliance (DPNA, formerly Delaware Prevention Network) in providing the Creating Lasting Family Connection substance abuse, violence prevention, family strengthen curriculum primarily in community centers ended these services in 2007. DPNA selected the ALL Stars program to better align its mission, goals, and objectives with a proven evidenced-based prevention program. The goal of DPNA is to provide youth prevention services that promote alcohol resistance and conflict resolution skills. As an evidenced-based **universal** program, it has been provided in school and community settings. The program has successfully reached its targeted population serving a total of 360 youth each year since June 2007 – July 2008.

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 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). During the past five year up to 20 grants per year were awarded. A technology component was added in FY07 to the alternative activities grant application to increase community programming infrastructures.

The following **selective or targeted prevention** strategies have been implemented with success. FACET was recognized as a Reported Effective Program in the Emerging Practices for Child Abuse and Neglect project. The primary goal of FACET is to build and enhance protective factors of families enrolled in child care centers in high risk communities, thereby reducing risk. Throughout the last five years FACET continues to increase the quality of services by incorporating several new initiatives. A core curriculum and competencies accompanied with a training manual have been developed for the FACET program. Through the use of this curriculum and training the FACET Coordinators will be able to improve their job performance and their performance can be evaluated more efficiently. In addition, the FACET program has incorporated preschool "I Can Problem Solve" ICPS (an interpersonal cognitive problem-solving primary prevention program that uses a curriculum to teach children how to think) in the FACET Early Care and Education Centers. Other FACET initiatives included working towards establishing formal father participation in program activities and have organized fatherhood (significant other) groups. Another OPEI **selective intervention** prevention program is Separating and Divorcing Parent Education (SDPE), which 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 program is available in all three counties in the state and has served 691 parents during this summary. 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.

As of FY08, The Office of Prevention and Early Intervention discontinued the implementation of the evidenced-based program, Families and Schools Together (F.A.S.T.) as a result of Safe and Drug-Free Schools and Communities budget cuts. This program had a selective/targeted population identified by school officials as families of middle school youth who showed signs of school failure; involved in substance abuse by child and family, and stress due to daily life situations. A total of 441 individuals were served via recruitment, outreach efforts, home visits, and referrals by school teachers, parent partners and social workers. A realignment of funding and services occurred to address the needs of this population, which resulted in the implementation of Too Good for Drugs and Violence and Project Towards No Drugs.

Strengthening Families Program, an **indicated intervention**, operating since FY03 is a nationally recognized evidence-based parent skills training Strengthening Families Program primary goal is providing the support to reduce the incidence of child maltreatment. The primary targeted population is families with children active with the Department's Divisions including YRS, CMH and DFS. Families not involved in departmental services may also participate. As a result of program review within the last two years, enhancements to the program services included an update of the intake and referral process, link families to other services such as Promoting Safe & Stable Families, and changed the definition of the successful completion process. A total of 327 individuals were served (parents and children; 240 parents and children were families referred by state workers).

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As OPEI continues to implement the **indicated prevention** program targeting youth who are a part of the juvenile justice system. Project Towards No Drugs (TND) is a hands-on media workshop in which youth translate the content and attitudes into public service videos for presentation to a wider audience. This program is an interactive program designed to help youth (ages 14-19) resist substance use. The program served 148 youth from July 1, 2007 to June 20, 2008.

The K-3 Early Intervention Program is a partnership with OPEI, the Department of Education and local school districts. During the last 5 years, many Delaware schools transitioned from a K-3 population to a K-5 population. In 2008 the K-3 School Base Early Intervention Program was officially changed, via legislation, to the K-5 School Base Early Intervention Program (SBEI). The Early Intervention Program enlisted support from the Department of Services for Children, Youth and Their Families, the Department of

Education, school districts and legislators (including a 10 year celebration at the state capital) to promote the need to expand to work with the 4<sup>th</sup> and 5<sup>th</sup> grade students at participating schools. The program is highly successful and has become a model for other states. Services through the K-5 Program are available to foster children and their families. The maximum caseload at each school was raised 33% from 15 cases to 20 cases per Family Crisis Therapist due to the increasing need for services. The Early Intervention Program became more integrated into the community over the past 5 years. Collaborations have been created and nurtured with community agencies that offer significant assistance to at risk families. The EI program partners with Adopt-A-Family, Operation Warm, 5-2-1 Almost None Nutrition program and grants for psycho educational summer programming.

The K-5 School Base Early Intervention Program has provided intensive training for its staff through an annual 10 day training program held during the summers to avoid interference with school based job performance while children are enrolled in school. These trainings increase front line FCTs base of knowledge, skills, and abilities and enhance delivery of services to Delaware's at risk families. More than 50 trainings have been provided through this program from 2003 through 2008. Additional trainings during the year are provided during unit meetings and often include sister agencies or other state and community programs. These additional trainings increase relationships with the community and state agencies providing the many and varied services that our caseload families need in order to prevent the need for future intervention regarding abuse, neglect and dependency. Additionally, the Early Intervention Program has utilized extensive staff input in the revision of practices and procedures to streamline and improve the delivery of services during this time.

SBEI demonstrated significant student and family improvement, and overwhelming – often 98% and 99% - parent and teacher satisfaction rates. SBEI collaborated with the Department of Education on a longitudinal study of the program's effectiveness. Each Family Crisis Therapist and each school district now receives a personalized multi-page report on their own results and how their results compare to the program as a whole. From 2003 to 2008 the School Base Early Intervention Program staff received recognition for their dedication and commitment to Delaware's children and families. Recognition came in many forms, including: numerous departmental, state and community awards. In addition, the program was invited to make several local and national presentations including television and radio, as well as local and national conferences on child welfare.

The Promoting Safe and Stable Family Support and Family Preservation have been combined to create another early intervention strategy within OPEI. The Promoting Safe and Stable Family Consultation and Support (PSSFCS) program continues to employ community-based family consultants, program intensive family consultants and a family consultation and support process to provide services to families. The PSSF Consultation and Support model is successful in its use of the family support practices and in promoting the system of care approach in its service delivery. The program targets caretakers of children 18 years or under with multiple family needs and are at risk of child maltreatment. PSSFCS continues to employ a strength base family support intervention strategy to address the contributing risk factors and encourages families to become the lead decision makers behind a planning process with the assistance of a PSSF Family Consultant. Through a strength-base approach, family tools are used to empower families who are active or not active with the Department. The PSSFCS 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 PSSFCS Intensive Family

Consultation (IFC) and the Positive Behavior Intervention (PBI) services. Within the last five years, the PSSFCS program has focused more attention on referrals made by the Child Protective Hotline, Child Mental Health and Youth Rehabilitation Services and providing specific services directed for these disciplines. The growing numbers of families referred from the Department and community is a direct result of the success families have experienced from participating in the program. Over the past five years the program has serviced a total of 13,771 participants and 3,946 families, surpassing the program service expectation. PSSFCS provided family preservation and support services to at-risk families and youth participating in Independent Living (IL) programming. This partnership with DFS Independent Living program was sought to increase services to youth in Kent and Sussex Counties. Programming was successful in providing IL 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. This partnership served 21 IL youth.

Over the past three years, PSSFCS made concerted efforts to engage more fathers. The PSSF contract provider's family consultants received ongoing training on the importance of engagement and retention of fathers, approaches for engaging fathers and creating a father-friendly environment. The PSSFCS Family Consultation and Support process initiated in its practice the identification of fathers 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.

The Promoting Safe and Stable Families (PSSF) 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 experience on going crisis where resource connection are often needed to stabilize families.

The PSSF Community Advisory Board (CAB) is one venue used to disseminate information; the Board awards mini-grants throughout the year to empower and strengthen the community's skills to develop appropriate supports for families. Through this effort, the PSSF CAB becomes a community partner with other organizations. The PSSF five priority programming services implemented and supported through the CAB are: Healthy Marriages/Fatherhood Initiative, Parent Education, Children/Teen Developmental Characteristics and Substance Abuse Prevention and early intervention.

Throughout the last five years, PSSF programs continue to collaborate with other organizations with the same mission and vision of family stability and child well being. PSSF collaborated 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. This partnership supported the program's efforts to increase community awareness of the services of the PSSF program through the distribution of the PSSF program brochures and fact sheets. PSSFCS partnered with several Catholic Churches to provide family consultation and support services through the PSSFCS program. This charitable organization, St. Vincent DePaul Society, provides financial assistance to families. By partnering with PSSFCS families were able to resolve financial crisis as well as receive consultation and support case management services. In a collaborative effort, PSSFCS partnered with Parents As Teachers (PAT) of Delaware to provide family support services to first time parents. PSSFCS was able to provide consultation and support services without duplicating

services, as well as helping them to infuse the importance of involving fathers in the lives of their children.

PSSF began efforts 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 Conferences and has organized the Delaware Fatherhood and Family Coalition.

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.

The other activities which occurred within the last five years include partnering with Jewish Family Services’ Media Matters Program to produce a video of the program to be used by all program providers during community presentations. The program video provides program history, makeup, services, the current providers, sites and family testimonials regarding their experience in the program. Through a partnership between the Division of Child Support Enforcement, Department of Labor, Division of Medicaid and Medical Assistance, Division of Public Health, and Division of Social Services, efforts were made to reach out to fathers in local communities informing them of child development and parenting techniques. This partnership also resulted in hosting a variety of fatherhood and family activities to increase the opportunity for stability and improve family relationships.

OPEI initiated a Grant Writing Unit in 2005, which seeks funding for the Department to promote family stability and unity, ensure the well-being of children, and offer protection from physical, emotional, and/or social crisis. Although the unit no longer exists, efforts to apply for grants continue. OPEI has been successful in obtaining funding for materials for Art Programming for youth at the Ferris School for Boys where over 50 pieces of art were created and framed by students at Ferris School. An expansion of Media Matters services for young males was secured for the boys at The Ferris School and the New Castle County Detention Center. This program has served over 75 youth in the past year. In addition, funding to supplement a vocational training program serving at-risk youth ages 16–21 was also secured. Although several applications for funding were not awarded, the information submitted in the applications has been used by outside agency/partners in seeking other awards to implement peer-to-peer mentoring for males transitioning from juvenile justice system to schools and has assisted in developing a strategic framework which will address substance abuse and prevention issues throughout Delaware.

From 2003 to 2008 the Office of Prevention and Early Intervention has continued to make great improvements in its data collection, management, reporting systems and management reports. This has improved the opportunities for programs within the office to manage data, provide data which validate the programs positive outcomes, and measure performance outcomes. OPEI has gone from relying largely on outside evaluations, able to perform in-house analysis with some outside support.

The Abuse Intervention Committee became a subcommittee of the Child Protection Accountability Commission in 2008. The multidisciplinary group and its subgroup, the Medical Subcommittee, finalized its work on a training curriculum addressing the identification and mandatory reporting of child abuse and neglect for medical professionals in Delaware. The first training took place in Dover, March 24, 2009.

The Joint Commission Subcommittee on the Multidisciplinary Use of History in Decision-Making was established to address one of the core areas identified by the joint commissions. Made up of representatives of numerous system partners, the group forged new paths through the work of its subgroups, the Chronology of History Subgroup and the Information Sharing Subgroup. The Chronology of History Subgroup, addressing the need for a comprehensive summary of previous DFS case activity, child-specific information, parental history, service provision, case outcome information, and placement history, developed a framework for a new Family and Child Tracking System (FACTS) event in which the aforementioned information would be either manually or electronically entered. The subgroup recommended that DSCYF/DFS submit a budget initiative for this FACTS upgrade; however, due to fiscal constraints, the recommendation could not move forward in FY008. Like the Chronology of History Subgroup, the recommendations of the Information Sharing subgroup addressed the need to share information among entities in order to protect children from abuse and neglect while recognizing the rights of the family and its individual members. The group suggested that DFS provide the appropriate school personnel with defined, pertinent information regarding children they report to the Child Abuse Report Line. Furthermore, the group suggested that DFS share similar information with the Department of Public Health (DPH) when DPH is involved with the child who is subject to abuse/neglect report. Finally, the need to ensure timely feedback to reporters was reinforced through the subgroup's final recommendations. In May 2008, CPAC partnered with the Child Death, Near Death and Stillbirth Commission (CDNDSC) to sponsor a two-day conference geared toward the multidisciplinary team professional involved in law enforcement, investigation, child fatality review, prosecution, treatment, and prevention of child abuse. More than 400 child welfare professionals attended the conference to learn from the 25 local and national presenters.

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"> <li>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.</li> <li>2. Provide specialized training for foster care providers; collaborate with CMH to provide specialized training.</li> <li>3. Continue departmental practice of utilizing quality assurance case review methods to analyze critical incidents and implement corrective actions.</li> <li>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.</li> <li>5. Maintain more than 99.68% absence of abuse/neglect in foster care for every year 2007-2009.</li> </ol>
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b></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. The performance for this measure for the period 4/1/08 to 3/31/09 was 99.59% absence of abuse/ neglect in foster care.</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 or Federal foster care contact expectations), consistent with the Division’s policy expectations. During the reporting period 4/1/08 to 3/31/09, reviewers found safety had been properly assessed 95.62% (175 of 183) 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. From April 1, 2008 to March 31, 2009, 68.30% of foster parents annual review where completed on time; another 21.5% where completed within 30 days of due date for a total of 89.80% completed within 30 days of the due date. Monitoring of the annual review improved in January 2009 as DFS foster care coordinators and all contracted providers report annual review compliance monthly. Since January, 91% were competed on time.</p> <p>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 and to assess for child safety during every contact, regardless of where the child resides or where the contact occurs.. In July 2007 policy was updated to</p>			

include the federal requirement that children in foster care be seen on a monthly basis and that the majority of the contacts occur in the child's placement. Policy very clearly outlines what information must be discussed with the youth and that the conversation must occur in private so that the youth feels free to discuss any issues, fears or concerns that they may have. In January, 2009, FACTS was modified to include a specific monthly foster care contact event. This event allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. This FACTS modification also allows the supervisor to track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. In addition to the policy and FACTS changes, DFS also instituted a Monthly Foster Care Contact template that all workers must use when documenting their contacts in the record. During Directed Case Conferences between workers and their supervisors, safety is always discussed.

DFS continues to expand their training opportunities for foster parents including online training. DFS has collaborated with Child Mental Health and the Delaware Girls Initiative to expand specialized training topics including: depression and suicide in adolescent girls, suicide prevention, helping foster children develop social skills, sexual abuse, grief and loss, attachment-related trauma, understanding girls and the teen brain, the brain and trauma, and psychotropic medication. We have purchased the Foster Parent College DVD series that includes topics such as eating disorders, fire setting, lying, wetting and soiling and anger outburst. These videos are presented through dramatic vignettes, interviews with parents, and instruction from nationally-known child welfare experts. After each DVD a brief questionnaire is administered.

There were 509 foster parents involved in 58 training classes offered through the efforts of the training contractor and its partners during the 2008 contract year. Foster parent training needs continues to be evaluated.

Over the past five years, policy for annual reviews was strengthened to include effective dates as well as yearly issuance of certificates of approvals. This was a 2006 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. In 2009, a monthly reporting requirement of annual review compliance was implemented.

The Division of Youth Rehabilitative Services submitted a grant proposal in March 2009 to the Criminal Justice Council seeking CASOM (Comprehensive Approaches to Sex Offender Management) funding to continue the Delaware Children's Department's endeavors to train staff and partners around youth with inappropriate sexual behaviors (see comments in 2.5). This grant request includes an option for Train the Trainers in order to support DFS foster parents who provide homes to youth who may display inappropriate sexual behaviors.

The Delaware Children's Department recognizes the importance of being a self-correcting agency with a constant focus on safety and quality of services. The Department Safety Council was established in 1999 with the purpose of providing departmental, qualitative reviews of Department Critical Incidents. The Safety Council applies a systemic approach to determine potential system issues and makes appropriate, meaningful recommendations that improve the quality of services. There were 68 critical incidents reviewed by the Department Safety Council during 4/08 – 3/09. As a result of these reviews, 40 recommendations were made. System issues identified

included communication, team based planning, service planning, safety related to suicide prevention, staff performance and complacency issues and case recording. Additional recommendations addressing ancillary issues, including clarification of policy, improved communication or staff refresher training were communicated to division leadership. Recommendations and improvement plans are monitored by the Safety Council.

In addition to the internal reviews completed by the Department Safety Council, child deaths and near deaths are also reviewed by the Child Death, Near Death, and Stillbirth Commission. This is a multidisciplinary review process in which the Department is represented. The three review panels (New Castle County Child Death Review Panel, Kent/Sussex Child Death Review Panel and the Child Death/Near Death due to abuse/neglect Panel) have reviewed a combined total of 41 cases that had some Department involvement during this review period (4/08–3/09). As with the Department Safety Council, the purpose of the review is to identify system issues that if corrected could prevent future similar incidents from occurring.

In 2006, the OCM Quality Improvement Unit identified the need to develop a comprehensive departmental review tool to measure our progress in incorporating System of Care (SOC) philosophy and framework in our service delivery system. The review tool consists of 31 questions designed to measure Delaware's seven SOC principles (Practice is individualized, Services are appropriate in type and duration, Care is child-centered and family focused; Care is community-based; Care is culturally competent; Care is seamless, within and across systems and; Teams develop and manage care). A pilot review was conducted in fall 2007. Since that time 599 reviews have been completed. The review findings include areas of strength that should be recognized and built upon as well as areas that are in need of improvement. As a result of the SOC reviews, training has been developed and implemented for DSCYF staff and partners to enhance skills in the areas of family engagement and cultural competency.

The Division of Child Mental Health Services (DCMH) sponsored full-day trainings open to foster parents including a full day conference (annual) on Child Traumatic Stress and Assessment and Treatment of Adolescents With Sexually Inappropriate Behaviors (specifically including a workshop on how to screen youth for child traumatic stress and how to make an informed referral for trauma-specific treatment). DCMHS has more than 30 therapists in outpatient mental health treatment providers who use evidence-based intervention, Trauma-Focused Cognitive Behavioral Therapy, for children with symptoms of post traumatic stress resulting from physical and/or sexual abuse, neglect or from witnessing violence. It also runs a statewide Trauma Focused Cognitive Behavioral Therapy Pilot (called the Child Well-Being Initiative) that targets youth in foster care. DCMHS has conducted numerous trainings for DFS staff on how to make a referral of a child for trauma-specific treatment.

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"> <li>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.</li> <li>2. Continue the safety model in investigation and treatment cases.</li> <li>3. 100% compliance for children assessed safe 2007-2009.</li> <li>4. Continue administrative review of all children assessed as not safe.</li> <li>5. Decrease the percentage of Departmental children in out-of-home care to 12% by FY08, 3<sup>rd</sup> quarter. Maintain 12% through 2009.</li> <li>6. Strengthen community based prevention services for the Department through 2009.</li> </ol>

***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 4/1/08 to 3/31/09, Investigation reviewers agreed that the children were safe in the home 95.4% (311 of 326) of the cases reviewed. Treatment reviewers agreed that the children were safe in 94.76% (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. There were no children suspected of being in ‘immanent danger’ at the conclusion of a QA review during this period.

The Department measure for ‘Percent of Children in Out-of Home Care’ as of December 31, 2008 was 17.0% (1,290 of 7,500). The Department missed the goal by 5 percentage points.

It is the policy of DFS that Safety Assessments must be completed on all children in the family at various points throughout the life of a case. Those points in time include the initial face-to-face contact, any time there is a significant change in the family's circumstances, prior to reunification, and prior to case closure. In addition to this formalized process, DFS staff is directed to assess for safety during every contact with the family. In the event that a safety concern should arise, DFS staff will complete a safety plan if safety in the home can be assured, 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 of concern 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. As a result of this workgroup, a directory was developed to highlight services available to Latino families. This directory was then forwarded to all DFS treatment workers. This is a Child and Family Services Review Program Improvement Plan (CFSR-PIP) activity.

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 FY08, 59% of the cases referred for either Intensive Home-Based Services or Home-Based Support qualified for the incentive.

DFS has maintained a continuum of services to families over the past five years. In 2006, the parent aide service was modified to enhance service to families. The enhanced parent aide service is available to families whose children have been removed from their care. The parent aide assumes responsibility for the coordination, transportation and supervision of visits between children in foster care and their parents. During the actual visitation time the parent aide will use that opportunity to address issues that may have resulted in the removal of the children from the home. Aside from the parent aide services that are available, DFS workers also have access to Home Based Family Support and Intensive Home Based Family Support.

DFS staff 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 FY08, DFS changed the scope of services provided by the substance abuse liaisons. The liaisons are now linked to a client during the investigation phase of the case if the DFS worker suspects that substance abuse is a

problem. The liaison completes an initial assessment of the client, reviews DFS case history and talks with the DFS caseworker about the current allegation. If the liaison feels that the client needs services, they make arrangements for a formal evaluation. They then help the client to complete the necessary steps to be admitted to an appropriate program. All substance abuse liaisons are required to complete the DFS New Worker Training offered by the Professional Development Unit. By doing so, the liaisons are also able to assess the safety of the children during every contact they have with the family.

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.

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 cases, in an effort to address mental health issues and help the family keep the child in the home and prevent removal to foster placement. The Division of Child Mental Health Services, through a Substance Abuse and Mental Health Services Administration (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), Child Mental Health Services (CMHS) and Youth Rehabilitative Services (YRS) 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, YRS and CMH.

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 concerns of neglect, abuse, and dependency and to provide support services to families in transitioning youth back into the home as well as the community. Through coordinated efforts to improve prevention and early intervention services based on the needs of Departmental families, a system of care has been developed that offers services along the continuum. This collaboration resulted in 200 referrals from Departmental and other State agencies for FY08. These numbers are not inclusive of all the DFS families serviced in PSSF because the program depends on self reporting of OCS involvement.

The University of Delaware Cooperative Extension continues to implement the evidence-based Life Skills program statewide to youth ages 11-15 in middle schools located in the New Castle, Kent and Sussex Counties. Life Skills targets individuals who have not yet initiated substance use. It is designed to prevent the early stages of substance use by influencing factors associated with substance abuse, particularly occasional or experimental use. Program goals specific to middle school students in Delaware are to reduce the number of youth in middle schools who initiate tobacco use, increase the number of students who attempt to stop smoking, and to increase the number of Delawareans who disapprove of cigarette use. Life Skills consists of three major components that address critical domains on the individual, peer and school level found to promote substance abuse. These components include: drug resistance skills, personal self-management skills and social skills. Research has shown that students who develop skills in these three domains are far less likely to engage in wide-range of high risk behaviors. In 2008, the National Health Promotion Associates, Inc. conducted an evaluation of the University of Delaware Cooperative Extension Life Skills program. The Evaluation Summary report included a sample size of 271 Delaware middle school students who completed surveys at the pretest and posttest assessments. The sample consisted of 59% girls and 41% boys with the average median age of 13.1 years old. The race and ethnicity of the 271 students were 37.5% African American, 35.7% Caucasian, 9.3% Hispanic, 1.9% Native American, 2.2% Asian, and 13.4% Mixed race. In terms of family structure, 51.7% of participants lived in two parent families, 21.2% lived in single mother homes, 3.7% lived in single father homes, and 23.5% lived in other family environments. Findings from the entire sample size of 271 Delaware middle school students showed Overall Knowledge, Drug-Related Knowledge, and Life Skills Knowledge all increased significantly from the pretest condition to the posttest condition. Significant decreases were observed for Pro-Drug Attitudes, Pro-Smoking Attitudes, Pro-Drinking Attitudes, Pro-Marijuana Attitudes, and Pro-Hard Drug Use Attitudes from the pretest condition to the posttest condition. There were significant increases in Drug Refusal Skills, Saying "No," and Using a Variety of Refusal Skills from the pretest condition to the posttest condition. Life Skills, Assertiveness, Anxiety Reduction, and Self-Control all improved significantly from the pretest condition to the posttest condition. However, the National Health Promotion Associates evaluation team stated caution should be used in interpreting findings in a research design without a control group because drug use and the related risk factors typically get worse during the years of early adolescence, even among students getting a prevention program. The best way to examine program effects is to compare the changes over time in those who received a program versus a control group that did not. Often findings indicate that the increase in drug use and

related risk factors increased less in the intervention group compared to the control group and that is how effective programs typically work. The Office of Prevention and Early Intervention will work with the University of Delaware Center for Drug and Alcohol Studies around the research design. The Life Skills program has faced challenges with retaining program participants over a course of three years. Life Skills is designed to be administered in three consecutive years with the same participants. Year One consists of 15 sessions followed by a booster intervention of 10 sessions in Year Two and 5 sessions in Year Three. Also, the National Health Promotion Associate does not offer a year two or year three evaluation tool. 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 FY2010.

Jewish Family Services in collaboration with the YMCA Resource Center continues to implement Media Matters and the evidence-based program Project Toward No Drug Abuse (TND). Both programs were implemented to 148 youth residing on the Department's campus for adjudicated youth (Ferris School, Mowlds, Grace and Snowden cottages) and youth in residential treatment centers (Silver Lake and Brenford). TND engaged youth ages 14-19 in 12 interactive sessions designed to increase coping and self-control skills that allow participants to: grasp the cognitive misperceptions that may lead to substance use and express a desire not to abuse substances; understand the sequence of substance abuse and the consequences of using substances; correct myths concerning substance use; demonstrate effective communication, coping, and self-control skills and state a commitment to discuss substance abuse with others. TND is enhanced by the Media Matters program which is a hands-on media workshop in which youth translate the content and attitudes of TND into public service videos for presentation to a universal audience. The program goals for TND and Media Matters are to: reduce the use of cigarettes, alcohol, marijuana, and hard drugs, reduce weapons carrying, provide accurate information about environmental, social, physiological, and emotional consequences of drug use and abuse, demonstrate behavior and cognitive skills, and make a personal commitment to avoid drug use. The Office of Prevention and Early Intervention has contracted with the University of Delaware Center for Drug and Alcohol Studies to evaluate the TND and Media Matters program using data from participants who completed the surveys at the pretest and posttest assessments. The 2008 preliminary findings of the pretest and posttest assessments of the TND showed no effect. As a result of these findings, the University of Delaware, OPEI and Jewish Family Services will meet to discuss and review program design and implementation, intended target audience and survey instruments. During this reporting period, Jewish Family Services' Media Matters program participated in the Service to Science initiative offered through the Center for Substance Abuse Prevention's Northeast Center for the Application of Prevention Technologies (NECAPT). Service to Science (STS) is a national initiative to enhance the evaluation capacity of innovative programs and practices that address critical substance abuse prevention or mental health needs. STS consists of a combination of training events and customized technical assistance aimed at providing participants with the education, tools and follow-up technical assistance needed to evaluate their efforts with increasing levels of methodological rigor. The STS initiative concluded that most of Media Matters' efforts are with adjudicated youth in the Department's Ferris School. In addition to Ferris School youth, Media Matters has worked with high school students in several schools. However, Media Matters is interested in working with adolescents in various settings (adjudicated youth, high school students, middle school students, etc.), but with a focus on at-risk youth. Media Matters has learned from years of implementation about the appropriate audience. For example, at community centers it has historically been hard to get a captive audience. Whether this is due to the nature of community centers or a reflection on a mismatch between the program and the context remains untested empirically. Because Media

Matters is implemented in various settings and with different populations, STS suggested that it is important for Jewish Family Services (JFS) to first decide which implementation (i.e., which setting/population) to evaluate. The most practical possibility seems to be to evaluate the effectiveness of the program as it is implemented at the Ferris School with adjudicated youth. In this setting, the focus of the program is on transmitting positive messages regarding the use/abuse of drugs, as well as developing job-placement skills for youth to use once they leave Ferris School (thus preventing recidivism). However, one concern with evaluating the program at the Ferris School, and then promoting Media Matters' overall effectiveness using these evaluation results, is that it might limit Media Matters' reputation to a program for adjudicated youth. STS suggested JFS to pursue the evaluation of Media Matters at the Ferris School, while simultaneously pursuing opportunities to implement Media Matters in other settings. Therefore, the evaluation of Media Matters at Ferris can be the first of several evaluations studies; once other settings/applications are secured, a similar evaluation plan can be used to evaluate Media Matters in other settings. When JFS discusses the evaluation of Media Matters at the Ferris School, JFS will be able to explain that this is one part of an overall evaluation plan. Alternatively, once outcomes are obtained through the evaluation of Media Matters at Ferris, JFS can promote Media Matters as a program that has shown to be effective for adjudicated youth that, at least in theory, is adaptable for other settings as well. The STS also concluded that before Media Matters can be evaluated effectively, it is important to clearly articulate the theory of change guiding Media Matters' approach to working with adjudicated youth. While there are core components to the theory of change, it is also likely that this articulation will vary depending on the target population and setting.

The Latin American Community Center and West End Neighborhood House continue to collaborate in the implementation of the evidence-based Too Good for Drugs and Violence program (TGDV). TGDV was delivered to 120 youth ages 15-18 enrolled in English as a Second Language classes at Latin American Community Center and a day treatment program for youth on probation (Project Stay Free) located at West End Neighborhood House. TGDV is designed to enhance pro-social behaviors and skills and improve protective factors related to conflict and violence. The program goals are to: reduce intentions to use alcohol, tobacco, and illegal drugs, improve decision making, goal setting, and peer resistance, and increase friendships with peers less likely to use alcohol, tobacco and illegal drugs and engage in violent activity. The Office of Prevention and Early Intervention (OPEI) has contracted with the University of Delaware Center for Drug and Alcohol Studies to evaluate TGFVDV program using data from participants who completed the surveys at the pretest and posttest assessments. The 2008 preliminary findings of the pretest and posttest assessments of TGFVDV showed little effect. As a result of these findings, the University of Delaware, OPEI, Latin American Community Center and West End Neighborhood House will meet to discuss and review program design and implementation, intended target audience and survey instruments.

The *FACET* Program sites partner with schools in their school feeder pattern to establish relationships with school staff to ease the children's transition from Pre-school to Kindergarten through information sharing and parent meetings. Parents are more knowledgeable about school processes and as a result get more involved in their children's school.

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.

The OPEI Resource Clearinghouse (OPRC) disseminated during this reporting period 151,000 (increased by 50,000 from last year) 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 5000 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. In FY2008, the Cyber Café has been used by schools, law enforcement and non-profit agencies throughout Delaware to view DVDs and videos available for loan to their programs. In addition, though the Cyber Café, interest in violence prevention, child abuse and neglect and social skills development curriculums has increased, leading to the checkout of more of these curriculums in schools and youth programs. The OPRC continues to work in a partnership developed last year with the YMCA Resource Center to serve as a satellite location for the distribution and dissemination of prevention materials. The OPRC reached out to more than 80 agencies in Delaware to assist them in building 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 did 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, stress and transitional planning for youth aging out of foster care into the workforce. Topic areas available for foster care youth aging out include housing, financial planning, career and job development, health and social services in Delaware and other tools available for access through the Casey Foundation.

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, representing a happy 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.” With the distribution of pinwheels, a parent card is provided that give information about resources and ideas for preventing child abuse and neglect in the home and community. These cards were distributed at events in April and also in May, Mental Health Month, with the assistance of the Division of Child Mental Health Services. The parent cards

were reproduced and handed out with pinwheels to over 4,000 parents.

Since July, 2008, along with partners from the Division of Family Services and Prevent Child Abuse Delaware, the Pinwheels for Prevention Child Abuse and Neglect Campaign provides any young children, parents and community members with a child abuse prevention family and community resource toolkit. The toolkit will be distributed to all 450 licensed day care centers, and 1,050 licensed day care homes and early elementary schools. In the toolkit, families, teachers and children will benefit from lessons, activities and resource information about the definition of child maltreatment, warning signs and symptoms, ways to provide support to community members who experience stress, mental health issues, poverty and other issues that may contribute to the maltreatment of a child. Coupled with a media campaign containing a message for all Delawareans that not only provides them with resources but makes them aware of the problem, this social marketing strategy will have a strong impact on Delawareans and bring many families to the forefront for services to prevent the maltreatment of a child. The Pinwheels for Prevention Campaign will reach a total of 25,000 children/families with the distribution of a pinwheel for each child and a parent information card about how to prevent child abuse and neglect in the home and how to assist a neighbor who is at risk for child abuse and neglect. The CAN Campaign Committee has also partnered with the Blue Rocks in Wilmington for an April baseball games where we will hold an outreach event distributing information child abuse and neglect and resources to receive help.

From the campaign this year we expect to receive evaluations from nearly 1,000 individuals which will assist us in stronger data collection and behavioral changes among Delawareans who may be at risk for child maltreatment and who have had experience with individuals at risk for child maltreatment. Outcomes derived include data from existing evaluations and research completed by Dart Bus, Dart Bus Cards (resource information and messages about how to prevent child maltreatment), Clear Channel and various radio stations include:

- Increased knowledge about child maltreatment resources in the State of Delaware;
- Increased skills in how to assist a family at risk for child maltreatment;
- Increased awareness of child maltreatment in Delaware as a problem that can affect children well into adulthood; and
- Increased skills in how to make a report to prevent child maltreatment in Delaware.

The K-5 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 50 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 11 parenting groups with 6 concurrent 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.

CPAC partnered with the Child Death, Near Death & Stillbirth Commission to sponsor a two-day conference geared toward the multidisciplinary team professional involved in law enforcement, investigation, child fatality review, prosecution, treatment, and prevention of child abuse. More than 400 child welfare professionals attended the May 2008 conference to learn from the 25 local and national presenters.

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.

***PROGRESS & ACCOMPLISHMENTS:***

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 64% completion rate in March 2008, decreasing to a low of 58% in August 2008 and then ending March 2009 at 62%. The Department continues to evaluate ways to assist staff with improving the outcome of this activity. Included are proposed changes to the existing policy, adjusting the universe of children required to have an ISP completed, placing emphasis on children at greater risk. Final approval of the new policy is still under review pending an evaluation for changes to the FACTS information system.

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.

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. In order to facilitate the adoption of this philosophy, the Department 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. In February 2008, staff had the opportunity to attend additional System of Care training which also focused on family engagement. The most recent phase of the system of care training began in 2008. Workers throughout the Department now have the opportunity to participate in the “Knowing Who You Are” e-learning training program. This program is available on-line which allows workers to complete it as they have available time. Lastly, the System of Care principles have been incorporated into the new worker training for all new Department employees.

OCS workers have an 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. 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. DFS workers referred 58 families for either IHBS or HBFS services from July 1<sup>st</sup>, 2007 thru June 30, 2008. In SFY08, an incentive was awarded for 60% of the cases that were referred for those services.

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. From July 1<sup>st</sup>, 2007 thru June 30, 2008, 350 families were referred for parent aide services.

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.

<b>PERMANENCY</b>			
<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Provide an array of services designed to reduce the risk of re-entry.</li> <li>2. Implement AFCARS Improvement Plan by March 2008. Achieve 9.9% re-entry rate 2007-2009.</li> <li>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.</li> </ol>
<p><b><i>PROGRESS &amp; ACCOMPLISHMENTS:</i></b></p> <p>Measurement of Performance: For the period 4/1/08 to 3/31/09 the re-entry rate was 15.6% (93 of 596), missing the goal by 5.7 percentage points.</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>The Division of Family Services continues to utilize an enhanced 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 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.</p> <p>In 2008 and 2009, DFS staff was provided with a comprehensive list of emergency housing resources and subsidized housing resources. In 2008 DFS staff also received a comprehensive list of medical providers throughout the state. The list was broken down by medical specialty and county. Finally, a Spanish Service Array workgroup was developed to bring together all of the community-based Latino providers in the state. The purpose of the workgroup was to develop a matrix of Latino services. This list was disseminated to DFS staff in March 2009. These were CFSR-PIP activities.</p>			

The K-5 Early Intervention Program is a collaborative partnership between DSCYF and the Department of Education. The K-5 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-5 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.

CPAC partnered with the Child Death, Near Death & Stillbirth Commission CDNDSC) to sponsor a two-day conference geared toward the multidisciplinary team professional involved in law enforcement, investigation, child fatality review, prosecution, treatment, and prevention of child abuse. More than 400 child welfare professionals attended the May 2008 conference to learn from the 25 local and national presenters.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Maintain a diverse and culturally competent recruitment and retention program for foster care providers.</li> <li>2. Provide specialized training and support to foster parents. Collaborate with CMH to provide specialized training.</li> <li>3. Develop a child-centered system of care that meets the needs of all children in out of home placements.</li> <li>4. Match children's needs and foster parents' strengths.</li> </ol>

***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 4/1/08 through 3/31/09 was 81.0% (440 of 543) DFS missed the goal by 5 percentage points.

For several years, DFS foster parent recruitment has focused on the faith based community. Faith based organizations in zip codes associated with foster care entries were requested to identify families to foster and adopt. Results of these activities prove to be difficult to track. However a number of relationships with faith based organization continue today. Two faith based organizations hold PRIDE pre service training within their facilities. Others have contributed by opening a clothes closet with new items for children entering care or assisted youth exiting care with goods and money. The faith based recruitment and marketing team completed over 400 faith based organization visits over the last several years. Approximately 60% of faith based organizations promoted support for foster care

programming. About 10 faith based organizations have distributed information, sponsored a presentation at their faith based organization, or held orientation and training events.

PRIDE curriculum is available in Spanish and Spanish PRIDE is available. Retention efforts are built around foster parent clusters based on geographic location. This model allows grassroots support for respite, social events and support. Caseworkers and foster care coordinators also support foster parents.

DFS continues to expand their training opportunities for foster parents including online training. See 1.3 for foster parent training topics.

CMH contracted with Child Guidance Resource Center to screen children who enter foster care for the first time between the ages of 4 and 17 to ensure they are connected to mental health services as early as possible, During FY2008, they screened 109 children. In addition foster parents are able to access Upper Bay Counseling Center to receive in-home consultations when challenging behavioral issues arise in their home to maintain placement stability.

DFS levels foster parents by skills, training and the characteristics of children they foster. This strengthens matching children to foster homes that can meet their needs. DFS is challenged to maintain skilled foster homes to match the needs of our most challenging children and youth. Currently there are about 40 families skilled to manage challenging children and youth. Contracted providers manage 120 difficult youth. There are about 250 children that need skilled and experienced providers. The marketing and recruitment team is focused on recruiting higher level foster homes. DFS is in the final stages of developing a teen foster parent curriculum to support this effort. The Division has been successful in recruiting and maintaining a culturally diverse foster parent program where racial/ ethnic groups are proportionate to the foster children requiring out-of-home placement. As of 6/1/09 58.2% (463) of the children in foster care were African American and 55.95% (155) of the available foster homes were African American. 41.2% (328) of the foster children were Caucasian, compared to 37.5% (104) of the foster homes. 9.5.0% of children in foster care are identified as having Hispanic or Latino background, compared to 5% of the foster parents. In summary of the past five years, the foster care recruitment and retention plan includes a continuation of the faith based recruitment activities which encompasses all cultures. Recruitment continues its focus on families to foster sibling groups, minorities, children 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 to manage challenging behaviors of foster children continues to be a priority. The Division of Child Mental Health supported DFS in providing a diverse training curriculum to support foster parents management of difficult children and youth includes; mental health issues in children and youth, caring for sexually abused child, prenatal substance abuse and the foster child, understanding the effects of trauma, helping children deal with grief and loss, teen substance abuse and caring for children with Attention Deficit Hyperactivity Disorder, understanding sexual abuse, developing social skills, teens and anger management, psychotropic medications, child grief and loss, crisis intervention, and depression and suicide in adolescent girls. DFS has purchased foster parent college DVDs which include lying, anger outburst and fire setting. Other trainings include “meeting the Developmental Needs of Children”, independent living, helping children succeed academically, obesity and intellectual disabilities. As indicated in the CFSR, the challenge is to increase the number of skilled foster homes to match the number of children entering care. OCS foster care and adoption contracts include requirements for recruiting and retaining a diverse pool of foster homes to meet the

contracted number of slots. Most contracts exceed the number of contracted slots due to the volume of foster children. DFS developed partnership with YMCA of Delaware that allows foster families to receive a reduced cost family membership. To date over 50 families take advantage of this opportunity. In addition, youth aging out of care qualify for a free one year membership at YMCA facilities statewide.

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 that 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 more than 30 outpatient therapists across the state who are certified by DCMHS as competent to provide TF CBT and another 13 therapists in training that is scheduled to complete by June, 2009. The dissemination of TF CBT across the state at the outpatient and intensive outpatient service and residential treatment 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 provides initial behavioral health assessment for every child entering foster care (age 4 – 17 yrs.)

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.

CPAC's Mental and Behavioral Health Services to Children in Foster Care Subcommittee, an outgrowth of both the CPAC Foster Care Subcommittee and the Mental Health Assessments Subcommittee, worked diligently throughout Fiscal Year 2008 to research, evaluate, and develop recommendations regarding how mental and behavioral health services are delivered to children in and adopted out of foster care in Delaware. The Subcommittee was charged with examining how mental health and behavioral health services are delivered to children in and adopted out of foster care, assessing the continuum of providers, services, and resources for same, and making recommendations as necessary for change. The Subcommittee, through a variety of presentations, gathered information about Delaware's mental and behavioral health system. Representatives from the Division of Medicaid and Medicaid Assistance, service providers, the Division of Child Mental Health Services, and the Child Welfare League of America provided valuable information and suggestions for a child mental and behavioral health provision blueprint in Delaware. Additionally, testimony was taken from those who interact with the system about their experiences navigating, accessing, and receiving services from Delaware's mental and behavioral health system. Barriers identified include, but are not limited to, an insufficient provider pool, low (7%) DFS referrals to CMH, and the

reality that children in and adopted out of foster care have much greater and more complex needs than the rest of the population. The Subcommittee also learned that not only is the population about whom they are researching and advocating the smallest group of children receiving mental health services, but the one that uses the greatest amount of resources as well. The Subcommittee's final report contained numerous recommendations centered on the following themes: Access to the Division of Child Mental Health Services, Crisis Services, Insurance, Coordination and Communication, Training, Education, and Dissemination of Information, Providers, Prevention and Early Intervention, Family Involvement and Support, Resources, and the Current Environment.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Emphasizing safety first, provide timely reunification services through agency and community based services.</li> <li>2. Study the feasibility of adding family case conferencing for children in care.</li> <li>3. Maintain 85.2% compliance for each year 2006-2009.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: The length of time children achieved reunification within 12 months for the period 4/1/08 though 3/31/09 was 70.3% (199 of 283). This result missed the stated goal by 4.9 percentage points.

The Court Improvement Project continues to be instrumental in helping families achieve timely reunification. DFS workers are required to present Family Service Plans to the court so that the steps necessary to achieve reunification become part of the court order. Since the case is reviewed by the court at frequent intervals, the court is able to determine the family's progress on their case plan. This process also puts families on notice at regular intervals regarding the impending timeframe by which reunification must be achieved. By the time the 12<sup>th</sup> month has arrived, the parents are well aware of the consequences, the court is aware of progress that has or has not been made, DFS has been continuously presenting their case to the court, and the attorneys for the parents are aware of the status of the case.

In 2008, the Division of Family Services contacted the American Bar Association to obtain technical assistance related to concurrent planning. A key piece to this training will be in helping workers identify relatives early on in the process that the child might be able to be reunified with another parent or relatives. This is a CFSR-PIP approved activity.

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.

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:

- 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. If the relative is not interested in becoming a placement resource for the child, DFS will continue to maintain contact with the relative to determine if they are willing to provide any type of support or resources for the child/family. This could include phone calls, letters, weekend visits, or holiday visits.

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. The Division of Family Services offers families with children in care 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. This is now the most popular service requested by DFS workers.

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.

These activities are CFSR-PIP actions to strengthen reunification and stability. In FY08, DFS changed the scope of services provided by the substance abuse liaisons. The liaisons are now linked to a client during the investigation phase of the case if the DFS worker suspects that substance abuse is a problem. By linking the client and the substance abuse liaison earlier in the process, it is anticipated that the liaisons will have more success in engaging the client in the treatment process. The liaison completes an initial assessment of the client, reviews DFS case history and talks with the DFS caseworker about the current allegation. If the liaison feels that the client needs services, they make arrangements for a formal evaluation. They then help the client to complete the necessary steps to be admitted to an appropriate program. In 2008 and 2009, DFS staff was provided with a comprehensive list of emergency housing resources and subsidized housing resources. In 2008 DFS staff also received a comprehensive list of medical providers throughout the state. The list was broken down by medical specialty and county. A Spanish Service Array workgroup was developed to bring together all of the community-based Latino providers in the state. The purpose of the workgroup was to develop a matrix of Latino services. This list was disseminated to DFS staff in March 2009.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Collaborate with Family Court and community partners to identify and correct obstacles to timely adoption.</li> <li>2. Recruit and retain a resource pool of adoptive families both in state and across jurisdictional boundaries to secure permanent placements.</li> <li>3. Maintain 36.6% compliance 2007-2009.</li> <li>4. Maintain 30 participants in the foster/adopt training for each year 2008-2009.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: The percent of children achieving adoption within 24 months from last entry into care, for the period 4/1/08 through 3/31/09 was 42.1% (45 of 107). This outcome exceeded the goal by 5.5 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. With the decrease in international adoptions, the private adoption agencies in Delaware have seen an increase in inquiries about families looking to adopt a child from foster care. The Office of Children's Services 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 radio 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. In November 2008, the Interagency Committee On Adoption and OCS sponsored the First Annual conference on National Adoption Day to celebrate the adoptions from the past year and to recruit for adoptive families for the waiting children. During this period, DFS continues to display the Heart Gallery promoting waiting children who need a permanent family. Displays were at Legislative Hall, Wilmington Drama League, Family Court conferences, private adoption agency functions, One Church One Child activities, Office of the Child Advocate function, and the DSCYF web site. OCS continues to identify adoptive families across the country and placed 34 children in other states for adoption. Within Delaware, adoption home studies are completed by private child placing agencies and through OCS' foster/adopt program. This year, 48 foster families received the foster/adopt training statewide. One hundred and twenty children were adopted from foster care during FY08. Of those adopted, 63% 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 are no known disruptions or dissolutions of inter-country adoptions during this past year. International adoptive families are eligible for all pre- and post-adoption support services statewide.

During the past 5 years, DFS trained some 30 foster parents per year as they made a commitment to adopting the foster child placed in their home. Of the total number of adoptions in Delaware, 63% are by foster parents. This is a little higher than the national average. DFS continues to place children out of state in adoptive placements and placed children in 33 different states for adoption. This number has increased slightly in the past two years from 25 to 34 children. During this period, there has been some new legislation related to the guardianship and the TPR/adoption statutes. These new laws help to support the safety and well being of children and allow the child to achieve permanency timely. Legislated changes included these items:

1. The new law allows the caretaker suffering from a chronic or terminal illness to make plans for the minor child when the caretaker can no longer provide for that child.
2. Makes child abandonment a felony charge.
3. Expands abandonment from 6 months to 6 years of age for the child.
4. Allows a person to file a TPR on the grounds of a death or near death of a child.
5. Allows a guardian or permanent guardian to petition for TPR and adoption of a child.
6. Makes an order final 6 months after the adoption or final court order.

Activities noted by Delaware's Family Court during the past five years include:

- Family Court hearings and reviews are held in a sequence consistent with Resource Guidelines to facilitate quicker movement through the system to reunification or permanency.
- Court findings are more consistent with ASFA requirements (best interests; reasonable efforts).
- More children and parents have representation in Family Court.
- Family Court submitted a letter of support for the Office of the Child Advocate budget proposal to hire a downstate deputy to address need for GALs (successful).
- Request to the Supreme Court to improve pay for downstate contract attorneys to address need for counsel for parents (successful).
- Directive to address a lack of representation for children in dependency and neglect cases by curtailing appointment of GALs/CASAs, in private custody matters (issued June 2007).
- Addition of two more attorneys to represent parents.
- Successful CASA recruitment.
- June 2007 engaged T/TA: Judge Rideout met with Family Court Judges re: CFSR issues of permanency planning, use of APPLA and concurrent planning.
- August 2007 Court sponsored training with ABA presenters on Concurrent Planning, Permanency Planning and Information Sharing (DFS using this as a spring board for further training on concurrent planning).

Delaware's Child Placement Review Board remains a member state of the National Foster Care Review Coalition (NFCRC), which continues to work to collect and distribute data with national partners, including the Children's Bureau and Casey Family Programs, to improve outcomes for children. 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 quality outcomes. During the past five years, the foster care review programs that exist in 42 states realized they are in a unique position to compile useful and compelling information regarding the nations foster care services. Delaware will continue to work with the other active members of the National Foster Care Review Coalition (NFCRC) to build a distinctive database of information that can be used by states and national organizations to improve outcomes for the children in foster care throughout the nation.

The Child Protection Accountability Commission (CPAC) Subcommittee on ASFA Timelines was created to assess whether or not 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 has completed its review of all DFS legal custody petitions from 2002 through 2006, statewide. Throughout the reporting period, the Subcommittee met to focus on the data gathered as it relates to the achievement of permanency best practices nationwide and to collaborate with Family Court as it implemented its own tracking system starting with cases opened in October 2007. The process and data are undergoing constant review and updating, but it is anticipated that in 2009 the Court will,

through a Court Improvement Data Grant, have the ability to build a new tracking system better equipped to manage the quantity of data being collected. The Subcommittee will collaborate with Family Court to review throughout this process and develop recommendations as necessary.

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 Division of Family Services, 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 Subcommittee was charged with examining how mental and behavioral health services are delivered to children in foster care and those adopted out of foster care, assessing the continuum of providers, services, and resources for same, 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. The Subcommittee’s final report contained numerous recommendations centered on the following themes: Access to the Division of Child Mental Health Services, Crisis Services, Insurance, Coordination and Communication, Training, Education, and Dissemination of Information, Providers, Prevention and Early Intervention, Family Involvement and Support, Resources, and the Current Environment.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Provide timely and effective services to effect reunification or other permanency goals.</li> <li>2. Limit the number of children in foster care more than 24 months to 220 or less by timely achievement of permanency goals.</li> <li>3. Continue review of permanency goals in conjunction with Family Court and Child Placement Review Board.</li> <li>4. Achieve 100% compliance for timely completion of the PCIC III 2006-2009.</li> </ol>

**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 4/1/08 to 3/31/09 the achievement rate was 87.18% (170 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

2008, there were 267 in foster care for 24 months or longer. This exceeds the goal by 47 children.

See 2.3 for description of activities to achieve reunification and other permanency goals. 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 children in foster care and recommend permanency options to the court. 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 10<sup>th</sup> 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. The Committees recommend returning the case to the committee for updates if necessary. After the CFSR case review findings indicated that compelling reasons were not always documented, permanency planning 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. The APPLA work group with community partners continues to meet and review the one and two year work plan developed by the group to look at ways to provide family connections to youth before exiting foster care. In March 2009, DFS formed a permanency work group of supervisors and administrators to look at specific case work activities, develop policy and procedure and to identify other services the child/youth may need 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.

DYRS continues to refer youth meeting ASFA timelines to the Permanency Committees in each of the 3 counties in Delaware, and goals are approved and recommended at the 11 to 12 month permanency hearing, and subsequent hearings if applicable. The Committees recommend returning the case to the committee for updates/concurrent planning if necessary. Youth generally meeting this timeline are those in out-of-state L4 placements for Inappropriate Sexual Behavior Treatment. Members of the Delaware Children's Department, in conjunction with community partners, have been participating in extensive training for dealing with youth with inappropriate sexual behaviors. Through a CASOM grant, we have been able to train a unit of DYRS case managers, a supervisor, and a regional manager to work closely with our L4 programs and our partners in Child Mental Health, and return the youth back to Delaware with ongoing treatment and monitoring in the community as appropriate. This has helped to cut down on the length of the time they need to remain away from their families, as well as the number of youth who are in need of a permanency hearing due to shorter out of home stays. Also through this CASOM grant, a number of therapists, state employees as well as contractors through the Divisions of Youth Rehabilitative Services and Child Mental Health Services, have been trained to treat this population and expanded the capacity to treat

these residents in-state. This training has been developed and is being provided by Dr. David Burton, Smith College, and a renowned expert in this field.

Children in foster care who have completed treatment in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) have remained in one single placement for more than one year (vs. previous history of frequent placement disruptions). This is anecdotal data on four specific children. Unfortunately data is unavailable on placement history for balance of foster children who have entered TF CBT. It is likely that a) foster parents who are better informed about child traumatic stress are more understanding of the behaviors of the child in treatment and are more committed to working through the treatment with the child rather than call for placement disruption due to 'bad child behaviors,' and b) the child's trauma symptoms are reduced through treatment and positive child behaviors increase through treatment, making it less likely for the foster parent to call for removal of the child from the home. Foster parents who have participated with a foster child in TF-CBT do report a high level of satisfaction with the treatment.

The Early Intervention K-5 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.

See 2.4 for a description of Family Court activities supporting timely achievement of permanency goals.

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. An evaluation of the appropriateness of the services being provided to a child and family to achieve permanency 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.

During the past five years, the CPRB finds that DFS is very consistent in their efforts to ensure that there is a clearly identified permanency goal for every child in care. During this five year period it was rare that the CPRB reviewed a case where the individuals involved in the case were not knowledgeable regarding the identified goal. However, the Board has observed an increase in the number of court-ordered concurrent goals, where one of the goals is APPLA and the decision to work concurrently on two goals is established after the child has been in care longer than 12 months. The Board feels this is a miss-use of the option to plan concurrently and that it sets up the goal of APPLA as the "fall back position" should the other permanency goal not be achieved. Moving forward, this is an issue that will be monitored and addressed by the Board.

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. As such, the Office of the Child Advocate implemented a quality assurance process to ensure that its attorney guardians *ad litem* both understand and are advocating for the most appropriate permanency goal(s) for their child clients. 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.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Develop and strengthen partnerships with providers and other state agencies to deliver an array of IL services.</li> <li>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.</li> <li>3. Improve IL competency skills for youth exiting the foster care system at age 18 through a competency based curriculum, education, and vocational training.</li> <li>4. Support youth seeking employment through community partnerships and shared resources.</li> <li>5. Collaborate with youth and community leadership to support educational goal achievement.</li> <li>6. Incorporate Youth Council's recommendations into IL programming (IL Advisory Board has been incorporated into DFS Advisory and Advocacy Council.)</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**  
 Measurement of Performance: For this report, 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. The data collection period is July 1, 2008 through December 31, 2008. 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 thirty five (135) former foster youth received IL services over a six-month reporting

period. For performance measures: 50.4% were employed; 24% have a high school/GED education; 21% were enrolled in vocational training or GED classes; 35% were enrolled in post-secondary education and training programs and 12% completed post-secondary education and training programs. Forty eight (48) young adults received ETV funds during school year 2008-2009 and there were eighteen (18) new applicants. Six (6) young adults entered Job Corps.

The Division of Family Services (DFS) contracted with MAXIMUS to develop a system to support the Independent Living Program (ILP) in FACTS with a web-based component for ILP providers. This initiative will support the National Youth in Transition Database (NYTD) requirement to collect and report data to the Administration for Children and Families on youth who are receiving independent living services and outcomes on youth in foster care and those who age out of care. DFS caseworkers make automated referrals to IL providers. Providers are able to record assessment scores, case plans, contacts and outcome summaries via the WEB.

IL providers developed partnerships with several non-profit and for profit organizations to delivery an array of IL services. Food Bank of Delaware accepted eleven (11) youth in the State Summer Youth Employment Program (SSYEP). The Opportunity Center Inc. another not for profit organization offered employment and training for nine (9) young adults with disabilities. IL coordinators assisted twenty three (23) young adults in securing safe and affordable housing. One coordinator negotiated with landlords to provide month-to-month leases for former foster youth which prevented them from being homeless. Private agencies and individuals assisted youth with first month's rent, security deposits and household items.

The Youth Advisory Council (YAC) took an active part in IL programming. YAC members reviewed and provided comments on the Child and Family Services Plan; met with judges from across the state to discuss Delaware's foster care system and services for youth; visited with DFS administrators and caseworkers about ways to improve service delivery for youth aging out of care. and spoke with the Sussex County Foster Parents Association to gain support with YAC activities and IL Programming. YAC members participated in volunteer opportunities, such as, Adopt-A-Highway, Habitat for Humanity ReStore Warehouse and Rita's Mental Health Awareness Day. YAC hosted the 6<sup>th</sup> Annual Youth Conference. Approximately 125 youth attended the August 2008 conference. Youth participated in workshops on money management, presentation and interviewing skills. A panel consisting of DFS administrators, Family Court Judges, and GALs fielded questions from the youth about the foster care system, independent living and family court. Six YAC members attended the National Youth Leadership Development Conference in Chevy Chase, MD. Thirteen YAC members attended Career Day at Six Flags Great Adventure in Jackson, NJ. Thirty youth also participated in the Annual R.O.P.E.S. Course and were engaged in team-building activities.

In September 2006, the Division of Family Services developed and implemented the Independent Living Program (ILP) Strategic Plan. The ILP established goals were:

- Provide youth and young adults (former foster youth) the opportunity to achieve self-sufficiency, reach and maintain their maximum potential, and live in a safe and healthy environment
- Provide young adults access to affordable and decent housing in a safe and stable neighborhood
- Provide a built-in safety network and support system that would allow youth to grow emotionally, financially and socially

- Assist youth with obtaining the education, training, and services necessary to secure employment
- Assist youth, who age-out of the foster care system, in developing supportive relationships with positive adults in the community

Also in September 2006, as part of strategic planning, Independent Living (IL) benchmarks were established and shared with Division staff, community partners and contracted providers in an effort to enhance IL services for youth. The IL benchmarks were developed for youth, age specific, which helped achieve identified goals for individual youth. In October 2007, the Delaware Shared Youth Vision State Team was organized. The team's main goal was to coordinate and integrate services for youth aging of care. In November 2008, the Division developed policy regarding conferencing with youth who age out of foster care. In addition to other mandatory conferences and meetings, youth must have a Stairways To Encourage Personal Success (STEPS) meeting. These meetings are youth driven and provide improved transition for youth out of foster care by sharing responsibility for planning among the participants.

Other policy revisions included requirements to provide youth aging out of care information regarding their medical and educational needs. Board extension policies were strengthened to support educational progress. The Division implemented procedures to find family members of youth, especially those who are aging out of care in hopes are connecting them with a relative. Case workers are able to use US Search to locate missing parents and relatives. The IL policy chapter is under revision. The revised policy will include more concise independent living requirements for youth, workers, and caregivers.

Delaware lawmakers passed legislation which was favorable for youth exiting care:

- Senate Bill No. 262 (7/2005)-Allows a DFS case worker to sign for a youth in foster care to obtain a driver's license. The bill exempts a DFS worker from liability should the youth cause damages resulting from the youth's negligence.

The following Senate Bills are being reviewed for by the Delaware Legislature at this time:

- Senate Bill No. 41 -Allows youth leaving foster care to have access to the (Student Excellence Equals Degree) SEED scholarship, without the condition that they begin their higher education immediately after high school. The act allows youth to attend school part-time.

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 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 that gain a post-secondary educational credential and enter the workforce pipeline with the right skills to work in high technology, high growth and high wage occupations. Replication is occurring 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. Even though funding has since discontinued, the Share Youth Vision initiative remains strong and viable.

OPEI continues partnering with several other state agencies and community-based organizations to promote the holistic approach to adolescent health and well-being and to incorporate the community aspect of adolescent health into the entire process. 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. An OPEI representative has been participating in the Division of Public Health's Maternal and Child Health Block Grant Needs Assessment process for continued federal funding. The Needs Assessment will determine the state's priorities and performance measures with regard to maternal and child health services over the next several years. The group is currently prioritizing specific health needs as they relate to women, infants, children, adolescents and families. There are approximately 35 health issues to be prioritized, with the next step being to assess potential strategies to address targeted areas.

As a result of the established partnership with the DFS Independent Living (IL) program the Promoting Safe and Stable Families Intensive Family Consultation (IFC) and Support Service (PSSF) continues offer family support services to DFS IL youth throughout the State. The IFC serves as a building block to support the development of skills that support their efforts to: Identify concerns, how to utilize informal and formal network support, design and implement a intervention plan, develop self advocacy skills to address their need for services, empower the IL youth to make the connection to appropriate services and resources and increase the IL youth's awareness of how to reduce stress in the future through this planning approach.

DFS and the CPRB continued their partnership to ensure the distribution of the federal funds the state receives for the Education and Training Vouchers (ETV) are coordinated with the distribution of the state established 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. During school year 2007-2008, 38 students received a total of \$123,570 through these programs and used these funds at four-year colleges (15), community colleges (16) and trade schools (7).

Delaware has had the Davis Scholarship since 1989, but over the past five years, the infusion of the ETV funds has enabled the scholarship funds to triple; as has the number of students served by the Davis Scholarship and ETV program. Because of Delaware's size, award decisions can be, and often are, tailor made to address the unique needs and living situations of the students. Efforts have been made to remove as many barriers as possible to ensure everyone who is eligible for these funds have access to them. These efforts include streamlining the application forms, making all of the forms available on-line, accepting applications throughout the year and working with all applicants (even the struggling student) to achieve at least a certificate of training so that they at least have a level of training that will allow them to earn a living wage.

This past spring, CPRB staff made presentations on the scholarship program at all of the regional DFS offices throughout the spring. The CPRB will continue efforts such as this to ensure that information about and access to the scholarship program is available and

accessible to all eligible students.

According to the CPRB statistics, for the past three years, slightly over one-third of the children reviewed by the Board had a permanency goal of APPLA and will probably age-out of foster care when they turn 18 years of age. Delaware’s high percentage of APPLA youth strains capacity to provide an adequate level of independent living services to these young adults. Independent Living contract providers supplement their programs with funding from alternate sources to address budgetary constraints. Availability of community resources, such as affordable housing and accessible transportation are known barriers. The overwhelming challenges faced by these young people often de-rail their efforts to stay enrolled and successful in their post-high school job training or educational programs. Abundant efforts to improve Delaware’s Independent Living services are on-going by passionate individuals throughout the state and should be commended. However, the CPRB believes that the available financial resources to serve this population will never be adequate until the number of children aging out of foster care is reduced, and therefore will continue to focus their efforts on this outcome as well working with system partners to improve services.

OCA’s participation on the APPLA Workgroup supports employment, housing and education/training as the most critical areas impacting youth transitioning out of foster care. Housing was then identified to be a priority so a Housing Workgroup within the APPLA Workgroup was formed. OCA, along with DFS, IL providers from each of the three counties, DFS workers, members of the real estate community, an expert on landlord/tenant issues, and other interested parties, has created a curriculum for youth age 17 and older to educate them on how to find, obtain, and maintain housing. Issues covered in the training also include landlord expectations and how to be a good tenant. The group is working to include real estate professionals and landlords in the curriculum and is exploring the possibility of tax breaks for landlords who will rent to these youth. The Housing Workgroup is also discussing modifications to the landlord tenant code to create carve outs for transitional housing which may provide an additional incentive to rent to former foster care youth.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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 for services to older youth and young adults.

See 2.4 for Family Court activities supporting permanency goal reviews.

An evaluation of the appropriateness of this goal is completed in every review conducted by the CPRB for children with this goal. The effort by DFS to achieve an alternate, more permanent goal is always a part of this evaluation. The Board’s determination regarding the appropriateness of the goal and the appropriateness of the services being provided to achieve the goal is included in the “Recommendations” portion of the report.

In recent years the Board has emphasized their concerns about the use of APPLA as a goal when the child is not in an identified, permanent placement and/or when the goal is one of two court-ordered concurrent goals. Following their second CFSR, DFS has made diligent efforts to implement strategies to address the criteria and review of APPLA goal selection and the Board has confidence in DFS’s expressed commitment to improve in this area. However, the CPRB believes that many challenges remain that must be addressed to ensure all children who enter Delaware’s foster children exit care to live permanently with a safe and appropriate family. For the past several years, the Board has raised concerns that as many as 30% of the children in Delaware’s foster care system will not achieve true permanency because of the imbedded belief that majority of older children with behavior issues are “un-adoptable” and that long-term foster care is generally the only viable option for most teenagers. The Board finds DFS’s efforts to eradicate this way of thinking with their workers refreshing, but the level to which these views are embraced by the courts and even some advocates remains worrisome.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
The continuity of family relationships and connections is preserved for children.	3.1 Proximity of foster care placement	Study and implement measurement by March 2009.	<ol style="list-style-type: none"> <li>1. Build the capacity for neighborhood foster care resources.</li> <li>2. Maintain children within their school district, if possible.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: No data available for this outcome.

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. This legislation was passed in 2005 and extends McKinney-Vento protections to all foster children regardless of time in care. This legislation was sponsored by the Child Protection and Accountability Commission and the Office of the Child Advocate.

See 2.2 for foster care activities to promote neighborhood placement capacity and stability.

CPAC’s Educational Subcommittee, along with its two workgroups, the Educational Success Workgroup and the Curriculum Workgroup, has embarked upon a multidisciplinary exploration of ways by which the educational outcomes of children in foster care can be improved upon. Through input from representatives of DFS, the Department of Education, Child Mental Health, private foster care agencies, school districts, Family Court, and the Office of the Child Advocate, preliminary data sharing has been initiated, and two

training modules have been developed – Education 101, detailing the enrollment process, what supports are available, and special education programming; and DFS 101, outlining how the child welfare system in Delaware works and what educators can expect when working with a child who resides in foster care.

Additionally, OCA participated, along with other system partners, in the formulation of the DSCYF/DOE MOU which was signed in the winter of 2009.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Continue the priority of sibling placements.</li> <li>2. Recruit foster care homes for sibling groups.</li> <li>3. 95% of case reviews will reflect reasonable efforts to initially place siblings together for each year 2006-2009.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: The DFS QA ‘Placement’ instrument incorporates questions regarding the existence of documentation reflecting efforts to place siblings together during the initial foster care episode. For the reporting 4/1/08 to 3/31/09 the achievement rate was 84.51% (60 of 71) when applicable, missing the goal by 10.49 percentage points.

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 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. Sibling visitation is above and beyond any visitation that occurs between parents and children. Marketing and recruitment efforts continue to focus on resources for sibling groups and other targeted groups.

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.

The CPRB finds that as with post-adoption support services, the services available to support foster families who agree to accept sibling groups is not adequate to meet the needs of these families and results in fewer foster families willing to undertake this challenge. This is an issue that will need to be addressed moving forward in order for DFS to increase the frequency when they are able to successfully place sibling groups in the same foster home.

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"> <li>1. Continue contractual services to support visitation (transportation, supervision, case management).</li> <li>2. Monitor visitation through the directed case conferencing.</li> <li>3. Support foster parent involvement with families.</li> <li>4. 95% of case reviews will reflect efforts to comply with planned visitation schedules, 2006-2009.</li> </ol>

***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 88.97% (113 of 127). Efforts to coordinate visitation between children in foster care and their parents was seen 75.84% (135 of 178) of the time. In November 2008 DFS changed the QA case review instrument to better identify visitation with each identified parent. Lack of effort to involve “Fathers” in contacts with children significantly impacted the outcome for this measure, as they were seen only 47.5% of the time.

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. Currently, the Strengthening Families program does not have the capacity to report the number of children reunified with their families. Children and Families First continues to provide reunification classes based on the number of referrals received from the Department. The classes are 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 (40<sup>th</sup> day). Visitation is always included in the Service Plan. Once presented to the Court, it becomes court-ordered. Prior to the visitation being court-ordered, the frequency of visitation is left up to the discretion of the worker. However, policy does contain research-based guidelines for workers to

follow indicating the amount of time a child can be away from their parent before they begin to form new psychological bonds.

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

DFS policy requires that visitation details be captured in both the Plan for Child in Care 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. The enhanced Parent Aide service has become the most requested service by DFS caseworkers.

Foster care pre-service training has highlights the importance of foster parents working with birth families and how that relationship benefits the child. Many foster families share stories regarding their relationship with birth parents. Some foster parents maintain support to birth families after the child's return. This is a continuation of child centered and family focused practice.

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.
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b></p> <p>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 53.71% (123 of 229) compliant with completing ISPs as of March 31, 2008. For all cases active with DSCYF the outcome rate was 62% (243 of 389) as of March 31, 2008. See additional comments regarding this measure under 1.5.</p> <p>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 (40<sup>th</sup> day). Visitation is always included in the Service Plan. Once presented to the Court, it becomes court-ordered. Prior to the visitation being court-ordered, the frequency of visitation is left up to the discretion of the worker. However, policy does contain research-based guidelines for workers to follow indicating the amount of time a child can be away from their parent before they begin to form new psychological bonds.</p> <p>DFS policy requires that if a child is removed from their home, DFS has a responsibility to maintain any meaningful connections that the child may have had in their home. This may include relationships with relatives, friends, or neighbors as well as involvement in extra-curricular activities, provided that it is in the child’s best interest to maintain those connections. One way DFS has done that is</p>			

thru the completion of Integrated Service Plans (ISP) for those youth involved with more than one division. If an ISP is required for a youth, the caseworker has the responsibility of asking the family who they would like in attendance at the ISP meeting. The family is free to invite any informal or formal supports that they would like. Often this might include extended family as well as community-based supports.

It is the policy of the Division to try to locate other possible relatives for placement in order to maintain connections with family. 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. If the relative is not interested in becoming a placement resource for the child, DFS will continue to maintain contact with the relative to determine if they are willing to provide any type of support or resources for the child/family. This could include phone calls, letters, weekend or holiday visits.

Finally, in January 2009, DFS initiated Stairways To Encourage Personal Success (STEPS) meetings for all youth in foster care once they turn 17. The purpose of the STEPS meeting is to help the youth establish (or re-establish) relationships with individuals who will be able to offer assistance to the youth and to develop a plan to address the youth's housing, educational, vocational, medical and transportation needs once they exit the foster care system. The youth determines who they want to invite to attend the STEPS meeting. The meeting is then facilitated by a neutral DFS caseworker. The STEPS plan is reviewed by the youth and their caseworker 90 days before the youth exits foster care.

This item is addressed as a primary strategy in Delaware's 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 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. In March 2009, DFS formed an APPLA work group of supervisors and administrators to look at specific case work activities, develop policy and procedure and to identify other services the child/youth may need before exiting foster care. Activities include reviewing the current population of children with a goal of APPLA, documenting decisions by identifying compelling reasons for an APPLA goal and developing strategies to reduce the number of children and youth with a goal of APPLA.

Behavioral health treatment provided through the state of Delaware's public-private child behavioral health partnership for all Medicaid enrolled children (including CHIP enrollees) and children without insurance strives to involve families in the treatment of children wherever appropriate. In addition, DCMHS provides extended services for children who require more intensive behavioral health treatment and their families, ranging from home-based intensive outpatient treatment to psychiatric hospital treatment. 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 K-5 Early Intervention Program conducted 11 parenting groups with 6 concurrent children's groups throughout the state during this reporting period. These groups provided services to families in 50 schools throughout 13 districts and 3 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.

The Families and Centers Empowered Together (FACET) program is in its 16 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. Through participation in the program, parents are expected to achieve goals related to: increasing skills to care for oneself and children, motivating, nurturing, and guiding healthy, well-developed children, developing new skills in communication, decision-making, conflict management, stress management, and leadership. Additional goals are: developing program partnerships with schools in the center's feeder pattern and other community organizations, recognizing and using community resources, learning how to plan, spend, save, and invest resources to meet their family's changing needs, and to participate in decisions about public issues. Parents in the four Early Care Centers have been participating in trainings to develop their leadership skills to a level where they will be able to participate in statewide parent leadership training, conferences and meetings. The FACET Program seeks to affirm and strengthen the program's families cultural, racial and linguistic identities while enhancing their ability to function in a multicultural environment through the Family Support Guiding Principles, training, planning, activities and staff composition.

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. The AAG had some additions during this

reporting period. OPEI add a technology component and increased the funding limit from \$2,500 to \$5,000 per grant. This technology opportunity includes items such as computers, lap tops, printers, scanners, projectors, hard/software, monitors, and modems. During the reporting period 13 awards were given totaling \$53,189. The regular AAG grants totaled \$22,676 and the technology grants totaled \$30,511. This is an increase in funding by 25%. This served over 943 youth ages 1-18 years of age. The grant served 56% boys and 44% girls ages 1-18. The AAG supported a variety of activities that included; choral, vocal and piano lessons to urban youth, supported a Hispanic girls scout troop, and a literacy summer camp.

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 the PSSF CAB's in 2008 were: Fatherhood/Healthy Adult Relationship (7); Parent Education (0); Community Capacity Building; Children / teen developmental characteristics (7); and Substance Abuse Prevention in children and youth (2). A total of 16 mini grants providing services in the one of the five PSSF priority services were awarded throughout Delaware sponsored by the PSSF Community Advisory Boards. The Promoting Safe and Stable Family Program services seek to support and provide a safe environment that supports a child's well being. The PSSF Community Advisory Boards awarded 7 mini grants to educational programs addressing the needs for child well being in the areas of substance abuse, parent child relationship, and child-youth behavior. PSSF provider CAB's highlighted the following educational programs in these areas that were noted for their non-traditional service approach:

- "The Effects of Domestic Violence on Children" was a train-the-trainer program designed to address the needs of a community that sought to be educated about domestic violence, to understand the effects domestic violence has on the children and youth in the community and to become familiar with the State resource to address domestic violence. Fifteen stakeholders from a Wilmington community were empowered to reach out to their neighborhood giving the community a more active voice in bringing about a positive and lasting change in their neighborhood around the issues of violence in the homes of children. The training curriculum was: 1) defining domestic violence; 2) identification of the three primary stages of the cycle of abuse; 3) examining domestic violence myths vs. reality; 4) recognizing domestic violence – possible warning signs; 5) power and control the perpetrator in domestic violence, 6) exploring the impact domestic violence has on the development of a child, 7) why victims stay; 8) Delaware legal remedies for domestic violence; and 9) domestic violence resources throughout the State of Delaware.
- Another non-traditional program addressing parent-child relationships and substance abuse education with non-traditional outreach strategies funded was project "PACT" (Peers Achieving Change Together) a peer education program that utilizes creative expression to spread awareness about prevention of substance and tobacco use, HIV and AIDS awareness among middle and high school aged students. This peer to peer approach is an educational yet fun program that allows the youth to exhibit and develop positive ways of expressing themselves while serving as peer role models within the communities in which they live.

The youth participants of PACT are provided an opportunity to develop their writing, performance and production skills through the creation of drama and productions workshops, jam sessions with local musicians, poets, actors and dancers and professional educators from the University of Delaware. At the conclusion of the sessions the PACT participants provide community base presentation of the original works of drama, music, poetry and dance to educate their peers on the prevention of substance use, tobacco use, and the facts on contracting HIV. The PACT participants present at local schools, churches, community centers and other venues performing their works to spread the message of personal safety, good decision-making and healthy living. The PACT participant's annual membership and active members total 32 youth.

- Of the 7 PSSF CAB mini grants awarded addressing child, youth and teen negative behaviors, there were two programs with outcomes that were notable. They were: "Managing Anger" and "Building a Bully Proof kid" operated by the YMCA of Delaware. The "Managing Anger" project was an eight session curriculum that provided information about anger as a natural emotion, what causes anger, how to recognize triggers to anger/ aggression and learn techniques to control/manage anger. The participants kept an anger journal and document warning signs of anger, anger ratings, responses and feelings they experienced when angered. The participants learn to find healthy ways to express anger and were tough "I" statements for taking responsibility of their feelings. In the closing session the participants design posters and key chains to reflect positive ways to deal with anger they had learned during the program. The posters were displayed throughout the Seaford Boys and Girls Club. There was a total of nineteen youth age 7 to 11 completed all eight sessions. The participants in a pre and post-survey assessing their knowledge on the subject. The pre-survey exhibited an average score of 73% knowledge base. And the post-survey showed an average score of 89% increased knowledge base an increase knowledge-skill base of 16%. The "Building Bully Proof Kids" project was also an 8 session curriculum that provided specific youth and parent information about bully proofing schools and students. The goal accomplished by the project was to increase participants understanding of bullying and enhance their ability handle bullies effectively. The participants learned what bullying is and four strategies to handle bullies effectively. The program curriculum was taught using peer interaction groups, worksheets on the subject, situational role play, videos and novel games reinforcing the strategies learned. There were eighteen youth age 9 – 14 years that completed this project. A pre and post-survey was given assessing the participant's knowledge pre and post of their participation in the project. The pre-survey score was 62% level of knowledge and skills posed by the participants. At post-survey the score of the level of knowledge of the participants was 73% resulting in an 11% increase in the participants' level of knowledge and skills development.

PSSF Contract providers Community Advisory Boards continued their efforts to provide mini grant opportunities to community based organizations Healthy Adult Relationships and Fatherhood initiatives. PSSF summer mini grants highlights of 2008 in this priority service area were:

- "From a Father to His Son!" A therapeutic interactive workshop for fathers, male caregivers and their sons, this nine week skill building workshops for father and son was educational and taught healthy relational skills. The life relationship skills addressed during the nine week sessions were: Identification and acknowledgement of one's emotions; Healthy communications skills, addressed the foundation of effective communication and listening skills; Recognizing your Inter-Strength; the Basics of

Finance; and “The Mind, Man’s most valuable assets”. The workshops provided fathers and sons opportunity to discuss difficult issues in a non-threatening environment. Participants were 23 Adults males and 29 youth males age 8 – 16.

- Another non-traditional community based Fatherhood Initiatives funded program was “Every Man Can Raise Healthy Kids.” This program was a four week health and nutrition session for fathers, male caregivers and their child(ren). The program promoted responsible fatherhood via educational activities in health, wellness and nutrition topics. The program involved the male caregivers and the child(ren) in the process of healthy decision making in the area of healthy eating and physical activities through family-oriented bonding activities. The program activities encouraged the development and the sustainability of healthy eating and physical habits. The program highlighted the benefit of a child’s development by recognizing and validating the importance of men play taking an active role in teaching children healthy habits. The program also identified community libraries as a resource for families to consult at no cost. The community benefited from the program by increased use and awareness of support services available through the community to families. The program served 37 adult males and 42 children age 5–11.
  - Children and Family First, PSSF’s contract provider, was successful in partnering with Way Home, Inc of Sussex in offering mini grant support to a prison based Fatherhood Initiative project titled “Daddy’s Bedtime Story-A Fatherhood Initiative for Imprisoned Fathers.” The project established, strengthen and maintain cohesive connection between the father and child. The project also helps fathers and children maintain active positive relationships with one another during the father’s period of incarceration. Father participants select books and records themselves reading the book. Upon completion of the recording a copy of the book read and a tape are mailed to the inmates’ child(ren) to support the inmates’ efforts to remain involved with their child(ren) to maintain a sense of connection . A total of 20 inmates and 47 children ages 4 – 10 participated in the project.
- 4) PSSF- First State Community Action Agency Community Advisory Board (CAB) provided a mini grant opportunity to the Male Involvement Initiative (MII) of Sussex County, also referred to as the “Male Factor”, which host educational discussion and lectures on innovative approaches empowering young men and teen boys to make healthy lifestyle choices to support their efforts to be productive citizens in the community by enhancing their self-worth and understanding the concept of manhood. MII also seeks to advocate the needs of young men, bridge the gap between adult males and younger males in the community, provide positive male role models and mentors that will assist and guide young men into adulthood, provide an avenue for young men to learn how to appropriately voice their opinions, concerns, and ideas; promote and build healthy relationships skills, decision making and health related topics that will assist in decreasing sexually transmitted diseases and teen pregnancy rate in Sussex County. The Town Hall Meeting funded through the PSSF mini grant award topic of discussion was “What your Father did not tell you about Manhood!” The discussion was aimed to educate and bringing community awareness about the responsibilities of men in their community, the important role fathers play in the lives of their children, the importance of men building healthy, respectful relationships, and the difference between manhood and boyhood. Approximately 48 people attended this Town Hall Meeting.

OPEI-PSSF continued its collaborative efforts with SODAT, Inc. with its Healthy Adult Relationship–Fatherhood initiative in 2008. PSSF was able to successfully collaborate with SODAT, Inc in the delivery of a one day parenting mini conference titled “Fathers and

Sons”, a Fatherhood Parenting mini-conference that offered four educational sessions addressing: effective parenting, step-parenting, fatherhood 101, and improving relationships with your children. The mini-conference was combined with physical health activities that engaged the male caregivers and their sons in a basketball tournament. These very interactive mini-conferences addressed both mother and father parenting issues and adult relationship building needs.

Another Fatherhood Initiative partnered with Jewish Family Services (JFS). Staff worked together to sponsor two buses for Delaware fathers to attend The Annual Fatherhood Festival sponsored by “Daddy Universe City” held in Philadelphia. The 2008 Fatherhood Festival conference focused on encouraging fathers to connect with their child(ren), their child(ren)s mothers and family. This event provided fathers with an opportunity to attend a conference focusing on gender specific parenting and co-parenting, relationship building, appropriate discipline, finance, and what it means to be a participative father. There were over 2,500 participants at the conference. Delaware fathers returned feeling their needs were recognized, and they were embraced as men with strengths and contributions. They gained knowledge and were motivated to encourage other men to become involved in a Fatherhood/Healthy Adult movement. OPEI plans to engage these fathers in the PSSF State and Community Fatherhood/Healthy Adult Relationship Coalition kick off event in summer 2009. The JFS-PSSF CAB has committed to focus its partnerships around community programming emphasizing health adult relationships and fatherhood. 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 programs educational and informational sessions serve to enhance and support the development and maintenance of healthy adult relationships while heighten the community’s awareness of the importance of positive fathers/males’ involvement in the development and well-being of children.

During the 2008 service year, PSSF continued its effort to collaborate with the Division of Child Support Enforcement (DCSE) and other community organizations strengthening Fatherhood and Healthy Adult relationship initiatives into existing services and encouraging service sites to become more father friendly, increase their engagement of fathers in to their services and provide information specifically directed for fathers as parents, spouses, and adult partners. The PSSF 2007-08 collaborative efforts include a collaborative partnership with Sussex County community based Coalition “Fathers Matter” in conjunction with the National Fatherhood Initiative in providing a two day training on “Best Practices in Fatherhood Programming.” This two day training was attended by over 60 participants representing community based organization providing services to fathers and those seeking to infuse the services to fathers/male caregivers into their current services. The two day training course highlighted the best practices in the fatherhood field.

The training highlights were:

- How your community-based setting affects the delivery of services;
- The key dimensions on which to assess fathers at intake and as they progress in a program;
- How to match services and programs to meet the needs and wants of male participants;
- The most critical issues addressed by successful fatherhood programs;
- Key strategies for recruiting and retaining dads, and for creating a positive image for your program in the community;
- Program Father Friendly Check-up:
  - Leadership & organizational philosophy

- Policies & Procedures
- Physical environment
- Staff orientations and training
- Program service product content
- Social marketing strategies
- Community service

The Promoting Safe and Stable Families Program worked collaboratively with the Division of Child Support Enforcement (DCSE), 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”. The 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 DCSE, had the content analyzed and continued to work on the completion of the final report. The five dimensions reflected in the content of the survey analysis are: 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 attempted to formally present the finding of the “The Fatherhood/Healthy Marriage Survey 2007” in a statewide Fatherhood/Healthy Marriage informational and educational session; however the findings were distributed to community agencies and by posting the findings on the website of DSCYF. The results of the “2007 Responsible Fatherhood Survey” were conducted by the Delaware Fatherhood/Family Coalition (DFFC) and evaluated by the non-profit Development Institute. The results are that fathers want to be more involved in the lives of their children and have healthy adult relationships but identify the lack of knowledge, resources and or supports as barriers. Fathers express the need to be more knowledgeable on effective parenting practices, adult relationships, and navigating through systems. Fathers want to have more positive and long-lasting relationships, and participate in child-rearing while creating a positive environment for the well-being of their child(ren).

PSSF also partnered with Duffy’s Hope to hold the First Annual Father’s Day/Healthy Relationship Breakfast where fathers from the Wilmington community were recognized for their community service efforts in working with children in their neighborhood. Duffy’s Hope, Inc. seeks to advance community hope by fostering academic achievement, social enrichment for youth and strengthening family relationship within the community. PSSF collaborated with Duffy’s Hope in introducing the Fatherhood and Healthy Adult Relationship initiatives into its annual Celebrity Softball Game event by enhancing the service to begin to engage fathers as well as mothers and their children into this event and by collaborating efforts with the Delaware Prevention Network Alliance 2008 Youth Summit.

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. These communities are areas at high risk of child maltreatment. The implementation of PSSF Resource Connection Only services within these identified communities has made an impact and supported the reduction of possible child maltreatment to the families in this community. The support services provided by Child, Inc PSSF Sparrow Run site in 2008 served 276 Adults and 503 Children and 211 Households. The service needs identified and number of participants were: Emergency Crisis Assistance-173; Budgeting –Financial Wellness-144; Advocacy-158; Family Basic Needs-94; Education & Employment-12; Health & Wellness-11; Counseling Service-11; Recreation-7; and Legal-6.

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 this specialized service to Kent County, making this service available statewide. Between January 2006 and December 2007, basic course sessions were held at 18 program sites throughout the state of Delaware. Five of these program sites also ran domestic violence course sessions. A total of 1,143 individuals registered to attend basic course sessions with 990 individuals fully completing the course. In addition, 120 individuals registered to attend domestic violence course sessions with 106 fully completing the course. Seven percent of those served were Hispanic.

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 community partner APPLA work group where establishing and maintaining family and community connections is valued and emphasized.

The Office of the Child Advocate is an invested partner on the APPLA Workgroup, 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.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Continue policy and practice of considering relative placement over non-relative foster care, always assessing for child safety.</li> <li>2. Case reviews will reflect 95% compliance with relatives being considered for placement 2006-2009.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**  
 Measurement of Performance: The DFS QA ‘Placement’ tool addresses efforts made to place children with relatives. For the reporting period 4/1/08 through 3/31/09, 91.66% of the case reviews (143 of 156) reflected efforts were made to achieve this outcome. This result missed the goal by 3.34 percentage points.

It is the policy of the Division to try to locate other possible relatives for placement in order to maintain connections with family. 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. If the relative is not interested in becoming a placement resource

for the child, DFS will continue to maintain contact with the relative to determine if they are willing to provide any type of support or resources for the child/family. This could include phone calls, letters, weekend or holiday visits.

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). 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.

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.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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	<ol style="list-style-type: none"> <li>1. Collaborate with Family Court, private providers and families to maintain quality family connections.</li> <li>2. Develop measure by March 2009.</li> </ol>

***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.

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.

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. The enhanced Parent Aide service has become the most requested service by DFS caseworkers.

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 Office of the Child Advocate provides legal representation to more than 560 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. Also as an active APPLA Workgroup participant, OCA continues to advocate for all appropriate manners by which youth in foster care can cultivate and/or maintain quality familial connections which can assist them as they transition to adulthood.

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.

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 CPRB recognizes the significant efforts initiated by DFS's APPLA Workgroup (established following their 2<sup>nd</sup> round of the CFSR), to strive to ensure children retain connections to the people who are important to them when they enter foster care. However, work remains to be done before this approach is embedded in practice.

<b>CHILD AND FAMILY WELL-BEING</b>			
<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
<b><u>Families have enhanced capacity to provide for their children's needs.</u></b>	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"> <li>1. Build a system of care that provides a seamless continuum of services to support children, parents and foster parents.</li> <li>2. Strengthen continuous quality assurance to improve systemic delivery of service.</li> <li>3. Support foster parent participation in case planning activities.</li> <li>4. 90% of case reviews will reflect appropriate assessment of needs and service delivery 2006-2009.</li> </ol>
<p><b><i>PROGRESS &amp; ACCOMPLISHMENTS:</i></b></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 4/1/08 to 3/31/09 the aggregate outcome for this measure was 89.12%, missing the goal by .88 percentage points.</p> <p>The Department continues to provide a seamless continuum of services to support children, parents and foster parents. When a case is transferred to treatment for on-going services, the caseworker has a variety of services they can provide to the family to help address areas of concern/risk. 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 of concern that might place their children at risk.</p> <p>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</p>			

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. As a result of this workgroup, a directory was developed to highlight services available to Latino families. This directory was then forwarded to all DFS treatment workers.

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 FY08, 59% of the cases referred for either Intensive Home-Based Services or Home-Based Support qualified for the incentive.

DFS staff 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 FY08, DFS changed the scope of services provided by the substance abuse liaisons as part of the CFSR-PIP. The liaisons are now linked to a client during the investigation phase of the case if the DFS worker suspects that substance abuse is a problem. The liaison completes an initial assessment of the client, reviews DFS case history and talks with the DFS caseworker about the current allegation. If the liaison feels that the client needs services, they make arrangements for a formal evaluation. They then help the client to complete the necessary steps to be admitted to an appropriate program. All substance abuse liaisons are required to complete the DFS New Worker Training offered by the Professional Development Unit. By doing so, the liaisons are also able to assess the safety of the children during every contact they have with the family.

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.

It is the policy and practice of the Division to include parents in the development of their Family Service Plan. In 2008, the Division modified their policy, practice and FACTS events to include an assessment of the likelihood of a child entering foster care in the event that the parent(s) fails to comply the service plan. If the family is active with more than one Division, they are also included in the development of the Integrated Service Plan.

In January 2009, DFS initiated Stairways To Encourage Personal Success (STEPS) meetings for all youth in foster care once they turn 17. The purpose of the STEPS meeting is to help the youth establish (or re-establish) relationships with individuals who will be able to offer assistance to the youth and to develop a plan to address the youth's housing, educational, vocational, medical and transportation needs once they exit the foster care system. The youth determines who they want to invite to attend the STEPS meeting. The meeting is then facilitated by a neutral DFS caseworker. The STEPS plan is reviewed by the youth and their caseworker 90 days before the youth exits foster care.

Foster parents are provided notice for all hearings for youth placed in their home.

Division of Child Mental Health Services provides foster parents with an interactive book *Maybe Days* to help children understand foster care. In addition DFS has developed handbooks for children and teens entering foster care. Handbooks are written in easy to understand language and formatting. The handbook defines the role of new adults in their life and provides other information about foster care.

DCMHS provides a wide array of public children's behavioral health services for children in need of mental health and/or substance abuse treatment and their families. In addition, where a child is active with DCMHS and receiving treatment at a level of care more intensive than outpatient only, a DC MHS 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.

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 2,000 children and their families have received services through this nationally recognized model program.

OPEI continues to be successful in securing grants, and is awaiting word on funding from three federal solicitations. Funding is always sought to promote family stability and unity, ensure the well-being of children, and offer protection from physical, emotional, and/or social crisis. OPEI recently received a three-year youth suicide prevention grant which offers comprehensive, statewide suicide prevention services targeting youth ages 10–24. The project takes a public health and community-based approach to suicide prevention by identifying the broader patterns of suicidal behavior through groups and populations. The goals are to prevent suicidal behaviors by enhancing resiliency, reduce the impact of suicide and suicidal behaviors on individuals, families and communities, and improve access to and availability of prevention services for vulnerable, high-risk individuals through evidence-based practices.

The Early Intervention Unit developed a remarkable collaboration with the Department of Education and Nemours Health and Prevention Services. During the past year, DOE provided healthy dinners for all parents and children attending the weekly Parenting Education groups.

The K-5 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-5 Early Intervention Program conducted 11 groups parenting with 6 concurrent 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 to 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. The PSSF program staff has begun to offer annual program in-service training to OCS, YRS, CMH staff to ensure all parties maintain a marginal understanding of the role and services available to the Department families through the PSSF intensive family consultation and support services. Within FY08 a combination of referral types were made from OCS, YRS, CMH and other state agencies to the PSSF program a total of 202 families. In fact this number is probably higher due to the method in which families self report their referral type. Of the 202 referrals, 97.3% reported appropriate services were accessed to meet individual needs. Additionally on the satisfaction survey, 97.7% felt that they could identify goals based on their needs for themselves and their families after being in the program. And lastly, they felt they were more comfortable with approaching resources and supports for themselves and their families after being in the program.

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.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
<b><u>Families have enhanced capacity to provide for their children's needs.</u></b>	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"> <li>1. Monitor and support child and family involvement in case planning.</li> <li>2. 95% of case reviews will reflect family participation in case planning process 2007-2009.</li> </ol>
<p><b><i>PROGRESS &amp; ACCOMPLISHMENTS:</i></b></p> <p>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 foster care through the PCIC III; monitoring questions are part of the DFS QA case review system. During the reporting period 4/1/08 to 10/31/08, for the Family Assessment Plan, reviewers believed parents and caretakers were involved in the development of the plan 80.95% (85 of 105) of the time. When evaluating the Plan for Child in Care III for the same period, participation was seen 61.4% (70 of 114) of the time. In November 2008 DFS incorporated changes to the QA Case Review instruments to better identify the participation of specific family members-“Mothers”, “Fathers” and “Children”. For the period November 2008 to March 2009 the outcome for the measure addressing treatment planning was 62.96% (119 of 189). The participation of children and fathers in case planning significantly impacted this outcome for this measure with results of 47.17 % and 60% respectively. For the PCIC III plan the outcome was 57.14% (92 of 161). Both the mother and fathers impacted this outcome reflected as 49% and 32% respectively. 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.</p> <p>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.</p> <p>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</p>			

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.

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.

In January 2009, DFS initiated Stairways To Encourage Personal Success (STEPS) meetings for all youth in foster care once they turn 17. The purpose of the STEPS meeting is to help the youth establish (or re-establish) relationships with individuals who will be able to offer assistance to the youth and to develop a plan to address the youth's housing, educational, vocational, medical and transportation needs once they exit the foster care system. The youth determines who they want to invite to attend the STEPS meeting. The meeting is then facilitated by a neutral DFS caseworker. The STEPS plan is reviewed by the youth and their caseworker 90 days before the youth exits foster care.

PSSF continues its use of 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, they begin to take the lead in the decision making. Families assess and identify their concerns, address their needs, increase their informal and formal support systems, and develop a plan on how they want to meet their needs. The Family Stressor and Resource Assessment (FSRA) tool which consists of 92 questions which helps the family member and the Family Consultant focus on the following: 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 also helps the family prioritize these concerns and identify additional concerns that may turn into a crisis. The family lists their concerns on the Family Needs and Social Support Scale, (FNSSS) which 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. The most identified needs documented by the family participants of the PSSF program on the FNSSS in FY08 was: emergency crisis assistance with 25.3% (346 individuals), followed by employment with 15.1% (207 individuals),

third was financial wellness with 10.7% (147 individuals), and the fourth highest was education with 8.5% (116 individuals). These concerns account for almost 60% of the concerns. The PSSF Program Priority service identified by family participants in order of need were: Positive Behavior Intervention for the child, second was Healthy Adult Relationships, third was mental health concerns, and fourth was Substance Abuse usage. The pre-adequacy level of the informal and formal supports identified by the PSSF participant helping them meet their needs was 1% adequate, 3% mostly adequate; 57% somewhat adequate; and 40% not at all adequate. The post-adequacy level of formal and informal supports identified in helping the PSSF participant meet their needs was 82% adequate, 14% mostly adequate, 3% somewhat adequate, and 1% not at all adequate. This demonstrates that after participant mobilized their supports, their network systems became more effective in helping them to reach their goals. This is evident again in the number of participants who were successful in completing two or more goals (85%), per the FA&IP data.

PSSF continues to make concerted efforts to engage more programs into the Healthy Marriages/Fatherhood Initiatives. The FACET Early Care Centers continue to work on their plans to establish an active fatherhood group in each of the Early Care Centers. Fathers participate in the Parent Council and other activities. Participation continues to increase as fathers get more familiar with the program and see other fathers attending activities. The PSSF and FACET staff continues to enhance their knowledge of engaging and retaining fathers / males into services. The staff attended two key conference /trainings that addressed working with “Bridging Healthy Marriages-Adult Relationships, Responsible Fatherhood and Domestic Violence” and “Best Practices in Healthy Marriage/Adult Relationship and Fatherhood Initiative Program”. The trainings addressed the importance of engagement and retention of fathers and mothers in the service process, approaches for engaging fathers and mothers that are no longer partners and creating a father friendly environment. Representatives from the two programs attended the “Daddy Universe City” Fatherhood Festival Conference in Philadelphia in 2008 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 in the upbringing of their children. The PSSF Family Consultation and Support process continues its practice of identifying the father and/or male partner in the household as support participants in the family plan. By continuing to involve fathers in services, the program support the reduction of absence father role model, improve child well being, improve healthy adult relations and increase supports to fathers. During the FY 08, the PSSF program experienced an increase of fathers as the primary caretaker. The program data reports that there were 130 males serviced as the primary caretaker in FY08 verses in FY07 the program experienced 68 males as the primary caretaker. The PSSF program continues to 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 remain current to date. The program provided services to 70 Hispanic families in FY 08, which includes 118 adults and 142 children. 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. The FACET Program has focused its efforts on encouraging the participation of more fathers in their activities and also in the initiation of Fatherhood groups within each of the FACET Parents Councils. The program has already had activities such as a Male Appreciation Dinner to kick off the organizing of a male fatherhood group. At this event, certificates of

appreciation were presented to males who have had a positive influence and made a difference in their family's life. These males were nominated by the community center, family, friends or community organization. A soccer game is being planned by father in another center for the spring/summer of 2009 as a kickoff event for their center. The program is very cognoscente of the need for continuous fatherhood oriented programming and is making an effort through the centers offering frequent programming such as Donuts for Dads where children have breakfast with their father or significant father figure and parenting classes exclusively for father/males.

Outcomes	Performance Indicator (Method of Measurement)	Goal	Strategy
<b><u>Families have enhanced capacity to provide for their children's needs.</u></b>	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"> <li>1. 95% of placement case reviews reflect compliance with contact schedule 2006-2009.</li> <li>2. Conduct quality contacts with children focused on safety, service delivery and achievement of goals.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: Regular contacts between staff and children foster care, consistent with policy expectations, are assessed in the QA case review system; as is the quality of those contacts. For the reporting period 4/1/08 to 3/31/09, QA reviewers believed staff contacts with children in foster care were occurring 91% (173 of 190) of the time. For the same period, QA reviewers believed staff contacts with children in foster care focusing on the pertinent issues for each child was occurring 97% (177 of 182) of the time.

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.

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. Policy very clearly outlines what information must be discussed with the youth and that the conversation must occur in private so that the youth feels free to discuss any issues, fears or concerns that they may have. In January, 2009, FACTS was modified to include a specific monthly foster care contact event. This event allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. This FACTS modification also allows the supervisor to track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. In addition to the policy and FACTS changes, DFS also instituted a Monthly Foster Care Contact

template that all workers must use when documenting their contacts in the record. This template strengthens the quality of contacts by directing reporting of safety, child concerns, case plan progress and goal achievement status.

Reports from October 2007 to September 2008 show Early Intervention FCTs conducted 71,674 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.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
<b><u>Families have enhanced capacity to provide for their children's needs.</u></b>	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"> <li>1. 95% of case reviews reflect compliance with contact schedule and efforts to engage parents in treatment needs 2006-2009.</li> <li>2. Explore strengthening policy on parental contact.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: Several questions exist in the DFS QA case review tool which addresses 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 4/1/08 to 3/31/09, the consistent documentation of efforts to engage the clients in the helping process was seen 76% of the time, missing the goal by 19 percentage points. DFS has substance abuse and domestic violence liaisons located in several regional offices. These liaisons address some of 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. Supervisors discuss the worker's contact with the family during every directed case conference. This policy requirement is reviewed in the monthly QA reviews.

Data from October 2007 through September 2008 show Early Intervention FCTs had parental contact on 42,080 occasions. This number

reflects 10,310 family counseling sessions and 7,154 home visits, 8,122 office visits, 14,852 phone contacts, and 1,642 transports. These contacts were conducted statewide in 13 school districts and 3 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-5 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.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Advocate for children and families in educational settings.</li> <li>2. Incorporate Service Entry Needs and Strengths Screen (SENSS) educational information into assessment and planning activities.</li> <li>3. 95% of care reviews reflect appropriate educational assessment for risk 2007-2009.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: The DFS QA case review system incorporates questions addressing children’s educational needs. During the reporting period 4/1/08 to 3/31/09, the assessment of educational well-being of all children in a family treatment case was identified 86% of the time. The assessment of Educational well-being of children in foster care was seen 96% 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 89%. For foster children, the performance score was 96%. 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.

A Safety PIP Work Group developed procedures for assessing and documenting educational needs during an investigation.

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, the Plan for Child in Care, and if appropriate, the Integrated Service Plan. In addition to the

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

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

The Child Protection and Accountability Commission established an Educational Subgroup to look at educational issues that youth in foster care may be experiencing. On a monthly basis, the Division of Family Services will exchange a database with the Department of Education identifying all school-aged children in foster care. The Department of Education will then be able to compare performance results, drop-out rates, etc with youth residing in their own home. If this process reveals that youth in foster care have performance issues, a higher drop-out rate, etc, the subgroup will then begin the process of identifying ways in which both systems can work to eliminate those shortcomings. The work of this subgroup has just begun.

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 such as parenting classes, family bonding activities and family relationships.

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, 44 families received Positive Behavior Intervention services. The program has received an increased number of parent/adolescent conflict referrals from the DFS Hotline in FY08. Many of these PBI referrals receive PSSF Intensive Family Consultation Services (IFC) to address multiple family concerns and redirect child/adolescent behaviors which are causing conflict in the family. PSSF-IFC has been implemented with parents only when adolescent are unwilling to engage in the PBI services with their parents. The parents and other family supports participate in the IFC services to enhance their understanding of the core concern causing the family conflict and to develop strategies to help the family strengthen their ability to maintain a safe and stable environment for the family. PSSF-IFC supports the family's efforts to advocate for the educational needs of the child/adolescent to receive the appropriate services to complete their educational goals. The IFC staff has been very successful in guiding families to explore and utilize non-traditional educational settings to support the child/adolescent efforts to complete the current school year. The IFC staff accompanies families to school meeting, school placement meetings; school re-entry meeting, to school Individual Educational Plan and other specialized educational meetings.

Data from October 2007 through September 2008 show Early Intervention FCTs provided 22,865 consultations in the educational setting. These consultations were conducted statewide in 13 school districts and 3 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 Office of the Child Advocate 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 2008, 148 children in DFS custody had an ESP.

CPAC's Educational Subcommittee, along with its two workgroups, the Educational Success Workgroup and the Curriculum Workgroup, has embarked upon a multidisciplinary exploration of ways by which the educational outcomes of children in foster care can be improved upon. Through input from representatives of DFS, the Department of Education, Child Mental Health, private foster care agencies, school districts, Family Court, and the Office of the Child Advocate, preliminary data sharing has been initiated, and two training modules have been developed—Education 101, detailing the enrollment process, what supports are available, and special education programming; and DFS 101, outlining how the child welfare system in Delaware works and what educators can expect when working with a child who resides in foster care.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Incorporate SENSS health information into assessment and planning activities.</li> <li>2. Medical and dental needs are identified and met for all children.</li> <li>3. 95% of case reviews reflect appropriate health assessment for risk 2006-2009.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**  
 Measurement of Performance: The DFS QA case review system incorporates questions addressing children's physical health needs. During the reporting period 4/1/08 to 3/31/09, the assessment of physical health of all children in a family in a treatment case was identified 86% of the time and, addressing those needs when identified was seen 91% 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 95% of the time.

A Safety PIP Work Group developed procedures for assessing and documenting physical and mental health needs during an investigation.

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 complete a SENSS on every child residing in their own home in all open treatment cases within 30 days of the case being opened. The SENSS has specific questions that look at physical health needs of each youth. If an area has been identified as being concerning, it is then incorporated into the Family Service Plan, the Plan for Child in Care, and if appropriate, the Integrated Service Plan.

For each of the 1,393 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, liaise 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.

The Division of Public Health's Child Development Watch (CDW) Birth to Age Three early intervention section reported there were 156 children (unduplicated) referred statewide for the reporting period April 2008 through March 2009. Of the 156 referrals, 104 were foster children. For the 12 month period, 64 foster children received services from CDW. As of March 2008 CDW had 66 children active statewide. Of these point-in-time active cases, 37 were foster children.

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"> <li>1. Incorporate SENSS mental health information into assessment and planning activities.</li> <li>2. Collaborate with Children’s Mental Health to develop and implement mental health services for children in foster care.</li> <li>3. Mental health needs are identified and met for all children.</li> <li>4. Maintain the therapist/child relationship, if possible; ensure a structured transition if a change is necessary.</li> <li>5. 95% of case reviews reflect appropriate mental health assessment for risk 2006-2009.</li> <li>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).</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: The DFS QA case review system incorporates questions addressing children’s mental health needs. During the reporting period 4/1/08 to 3/31/09, the assessment of mental health of all children in a family in a treatment case was identified 87% and needs were addressed 88% of the time. Mental health of children in foster care was assessed 97% of the time and needs were addressed 97 % of the time.

OCS has clear and detailed policy for assessing mental 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 complete a SENSS on every child residing in their own home in all open treatment cases within 30 days of the case being opened. The SENSS has specific questions that look at mental health needs of each youth. If an area has been identified as being concerning, it is then incorporated into the Family Service Plan, the Plan for Child in Care, and if appropriate, the Integrated Service Plan.

The Division of Child Mental Health Services (DCMHS) provides all the "extended benefits" services for children who are Medicaid enrollees in Delaware, including all children in foster care. A wide array of children's behavioral healthcare services are available including

outpatient mental health and substance abuse treatment (through the Medicaid Managed Care Organizations or DCMHS- for outpatient, the DCMHS providers also are providers for the MCOs for the Medicaid child behavioral health benefit of up to 30 hours of treatment, annually renewable). Extended services that are available include home-based intensive outpatient treatment, day treatment, respite care, residential treatment and psychiatric hospital treatment along with care management for all extended service levels of care.

Effective February 2006, mental health screenings for new foster children ages 4-17 was implemented in collaboration with the Division of Child Mental Health Services. In FY08, a total of 241 children were served by CGRC with 207 as new referrals (34 were admitted in FY07 but remained active beyond July 1st). The average number of monthly referrals to the foster child screening project was 17.3, compared to average monthly referrals of 20.0 in FY07. This represents a 13.5% decrease over the previous year. Of 241 cases, 221 had final dispositions in FY08 (23 remained open after July 1, 2008 and will be counted in FY 09 data). This number represented 164 families/sibling groups. Of the 221 clients in the FY 08 outcome study, 23 (10.4%) were not screened because they were already in treatment. Of the remaining 198 children, 136 (68.7%) were referred to some level of behavioral health services. While a large majority of these children (81.6%) were referred to outpatient services under a Medicaid managed care organization (MCO), 3 (2.2%) were referred to DCMH for more intensive services and 18 (13.2%) were referred for specialized treatment: trauma focused cognitive behavioral therapy provided by DCMH under the child-wellness initiative.

Since 2006 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, many with mental health problems.

The Children's Advocacy Center (CAC) has Family Resource Advocates (social work clinicians) to assess children's mental health needs and refer for appropriate services. These assessments are not income based and are available to children in intact families, as well as children in out-of-home care.

Early Intervention FCTs identify mental health needs through the use of the Initial Assessment and CAFAS. These assessments were conducted for all 580 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.

Early Intervention FCTs identify mental health needs through the use of the Initial Assessment and CAFAS. These assessments were conducted for all 5803 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 Garrett Lee Smith Youth Suicide Prevention Grant has allowed the Office of Prevention to contract with three major non-profit agencies to further the goals and objectives of the grant. Contact Lifeline, a 24-7 emergency crisis program has been provided with additional staffing through the grant to develop a teen only crisis line. In addition, Contact Lifeline has also been tasked with the development of a youth prevention website that focuses on prevention, treatment and resources for parents, teens and professionals.

The structure of the website includes three sections:

- Youth: This section of the website includes information about suicide, mental health, stressors, relationships, and issues of sexuality and identity, links to resources, an interactive chat board for teens who need help, link to training resources for teens, teen avatars, school avatars (school message about resources and direct link to wellness center/school resources), and a special populations section (bi-sexual, gay, lesbian, aspergers, mental illness, cultural differences)
- Adults Supporting Youth: This section of the website includes adult information about suicide, mental health, stressors, relationships, sexuality relating to youth, links to resources (school and community resources) and a “Getting Involved” Section (link to training resources in Delaware for adults working with teens and parents who are looking for ways to prevent depression and suicide).
- Project LIFE Activities: This section of the website includes master calendar events, master training schedules for Applied Suicide Intervention Training (ASIST) and Question, Persuade and Refer (QPR) community trainings, master resource database (submission abilities, desktop icon download) , Suicide Prevention DVD Download, Forms to request training, presentation, toolkits, DVDs, Living Is For Everyone Youth Suicide Prevention Campaign (toolkits, brochures, materials) , Youth Suicide Prevention Network (YSPN) in Delaware (trainings, activities, progress in schools, prevention activities, coalition members are linked with sponsored YSPN awareness events in each school), Delaware Suicide Prevention Coalition (DSPC) links to agency websites, DSPC mission, goals, and members, Garrett Lee Smith (link to federal government and other states), annual federal reports, Suicide incident statistics, Website evaluation, evaluation of Project LIFE activities.

The University of Delaware, our second contractor has arranged training from Dr. Cory Wallack, Campus Connect Developer. Campus Connect is a training program for faculty, student resident assistants and other staff at universities in Delaware who can provide intervention in suicide methods to college and university students. The maximum number for training is 25. However, a post doctoral student and a Counseling Agency clinical staff person will be providing additional training in future years to university staff and students.

The Mental Health Association in Delaware along with OPEI, members of the coalition are currently developing a toolkit for youth, parents and community individuals. The following materials will be included: Depression: the Facts, Famous People with Depression; How to Tell if You Might Be Depressed (Quiz); A Word About Depression; Calendar (12 Survival Tips: Get Some Exercise, Ways to Chill, Have Some Fun, Eat Good Food, Talk About It, Stick With It, Be a Good Friend to Yourself, Stay Strong, Moving Forward, Deal with School, Help Others Help You, Put It All Together); Types of Depression (Major, Bipolar, Dysthymia, SAD); Stories from Teens, Self-Care; How Depression Affects the Brain; and other articles about Dying, Suicide and Depression.

In addition the Project LIFE Newsletter has been laid out and articles are currently being received from professionals in the community. The newsletter will be an insert in all of the News Journal newspapers by September, 2009. Articles and layout will include a teen page, kid’s corner, parent page and articles relating to resources, emergency services, support groups, gatekeeper suicide prevention and

intervention training and special topics related to age 18-21 veterans, sexuality and suicide, and the how depression affects the brain.

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 Division of Family Services, 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 Subcommittee was charged with examining how mental and behavioral health services are delivered to children in foster care and those adopted out of foster care, assessing the continuum of providers, services, and resources for same, 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. The Subcommittee’s final report contained numerous recommendations centered on the following themes: Access to the Division of Child Mental Health Services; Crisis Services; Insurance; Coordination and Communication; Training, Education, and Dissemination of Information; Providers; Prevention and Early Intervention; Family Involvement and Support; Resources; and the Current Environment.

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 has finalized, after four years, legislation which will move procedures for foster care cases from rules to statute. The Children’s Bill of Rights was originally part of the legislation, but has since been removed due to the complexity of the issue. The subgroup will consider the draft Children’s Bill of Rights in Fiscal Year 2010.

<b>Outcomes</b>	<b>Performance Indicator (Method of Measurement)</b>	<b>Goal</b>	<b>Strategy</b>
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"> <li>1. Maintain high staff retention rates.</li> <li>2. Develop and implement a competency-based training program for all levels of staff.</li> <li>3. Collaborate with community partners to improve training opportunities for all child welfare professionals.</li> <li>4. Continue Departmental employee satisfaction surveys and incorporate findings into human resource planning.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: This element assesses the turnover rate based on the total allotted DFS caseworker ‘FTE’s’ (Full Time Employees) and those staff who leave DFS and all State of Delaware employment. The final turnover rate for the period ending 6/30/08 (SFY07) was 6.2%, exceeding the goal by 8.8 percentage points. The turnover rate through 3<sup>rd</sup> quarter SFY09 was 6.7%. The DSCYF employee satisfaction survey was conducted in 2007; however, the results have not been released to date.

DCMHS offers trainings that are statewide and available to staff of the department, including staff from DFS. Among these trainings is an

annual Delaware Conference on Child Traumatic Stress (May, 2008) which includes a nationally recognized expert who speaks on child traumatic stress and also a series of workshops that always include how to screen a child for child traumatic stress and how to make an informed referral for trauma-specific treatment.

DFS core and refresher training schedules continued in 2008-2009 29 new DFS workers were trained January through December, 2008. All training developed and deployed by the DFS Professional Development Unit was competency-based. 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. The Professional Development Unit updated the entire training system including trainee evaluations. Presentation of the new system was made to the Division's All Management Team on 10/23/08. The new training structural system is user friendly and easily accessed online by staff statewide. System of Care training was integrated into DFS New Worker Training. Quality assurance data, derived from quality assurance reviews, continued to be used in training to strengthen worker competencies. DFS Leadership Team received refresher training on the Intake/Report Line in with multiple sessions for staff statewide planned for early 2009. A study was performed to determine new worker and supervisor perceptions of skill acquisition in the fall of 2008. Specifically, the relationship between perceived transfer of training, retention and educational supervision of new caseworkers were studied. Likert Scale responses revealed clear evidence that the training design and opportunities to use the training were positive indicators of training transfer among new caseworkers. Also, supervision was measured as a positive indicator of training transfer. Finally, proportionately, the number of new caseworkers retained by the Division who were assigned to coaching units was not significantly different from the number of new caseworkers assigned to functional units. Thirteen New Worker Training Certificates were issued from January, 2008 through December, 2008. DFS continued to participate in the CPAC training sub-committee which is a wide variety of community partners: police, courts, community organizations, Office of the Attorney General, Child Death Commission, Office of the Child Advocate as well as others. In May, 2008 the committee sponsored a Child Welfare Conference in Dover Delaware attended by over 400 agency and community members. Additionally, all system partners are invited to attend DFS trainings, space permitting and upon determination that a particular training will meet the need of the person/agency asking to participate.

During the past year, the Program Manager for Intake & Investigation expanded information maintained in the Intake & Investigation program folder on the Division of Family Services shared internal drive. The folder now includes information about the Safety PIP and other relevant information (e.g., immigration).

In summary of the past five years, the Program Manager for Intake & Investigation created an Intake & Investigation program folder on the Division of Family Services shared internal drive. The folder contains the agendas and meeting minutes for the Investigation Workgroup dating to the Workgroup's inception in 1997. The 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.

All training reported to DFS' Professional Development Unit – new caseworker, refresher, and conferences – is retained in Compliance Suite, a departmental computerized training tracking system. Statewide training from 2006 through 2009 is recorded. All new caseworker

training descriptions, calendars, materials, transfer of learning manual are available on the Division's computer system and are accessible by all in the Division. DFS Training Descriptions have been provided for the community based web site being developed by the CPAC training sub-committee.

OPEI promotes 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 FY08 OPEI coordinated two of 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.

Also in FY08, the Office of Prevention and Early Intervention collaborated with the Division of Substance Abuse and Mental Health to provide prevention training for our contractors at their 36<sup>th</sup> Summer Institute on Substance Abuse and Mental Health. Thirty participants attended this one-day training entitled "Hip-Hop Development 101." 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.

In addition, Delaware Prevention Network Association (DPNA) invited Dave Dove from Tanglewood Institute to conduct training with members of DPNA. Approximately 15 facilitators and executive directors were trained in the model for implementation of the program. Follow up training will be conducted as needed in order keep 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 has completed the core competencies for the Coordinators that work with parents and their families in the Early Care Centers, as family support professionals. Currently a training manual is being developed to be used with the Core competencies. These core competencies target important areas such as child development, health, safety, nutrition, working with families and professionalism. FACET continues their efforts to incorporate preschool "I Can Problem Solve" (an interpersonal cognitive problem-solving program) in the Early Care and Education centers. OPEI staff involved with the FACET Program, the program Coordinators and Early Care Center staff have been trained in this program. Training continues to be an integral part of the FACET Model.

As part of PSSF's quality assurance process, program participants completed 469 satisfaction surveys during FY08. Out of the 469 surveyed an average of 97% of participants agreed with the statements below:

- 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. Additionally on the satisfaction survey, 97.7% felt that they could identify goals based on their needs for themselves and their families after being in the program. And lastly, they felt they were more comfortable with approaching resources and supports for themselves and their families after being in the program.

PSSF continues to provide skill building training in healthy marriages/fatherhood initiative. Training sessions provided during this review period were focused on: retaining families in services, refresher engagement of fathers as partners in the PSSF consultation process, and community service bias. The program providers attended refresher trainings on: Prevention Community Capacity Building, implementation of PSSF–Family Needs & Social Support Scale (FNSS), critical assessment skill building, and retention of a community advisory board, process for the distribution of community mini grants and establishing and maintaining community service partnerships. PSSF began to formalize the areas of core knowledge and competencies required to successfully implement the family consultation process. The PSSF Core-Competencies for the family consultants are made up of three components. The components are: program knowledge and attainment; model ambassador; model implementation. The revision of the core competencies will be completed in FY09 and will be utilized to document program knowledge, competencies of service implementation and areas of needed knowledge and/or skill building. The PSSF Family Consultant Service Training Manual was revised during this report period. The PSSF internal staff and community based Family Consultants received training in Domestic Violence, in “Bridging Healthy Marriage and Responsible Fatherhood services”, in the “Scope of Family Support Services”.

See 3.4 for a description of PSSF’s collaborative training and staff development activities.

From October 2007 through the end of September 2008, the K-5 Early Intervention Program maintained a retention rate of 95%. 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 CPRB reports that DFS workers continue to provide high level of quality performance and level of professionalism in the face of large

workloads and extensive oversight by the courts and advocates. The CPRB continues to recognize a deliberate effort by DFS workers to work collaboratively when multiple agencies are involved with a child, despite workloads that make this difficult to sustain.

The CPRB finds that DFS's efforts to sustain a well trained and dedicated workforce has been consistently maintained over the past five years despite depleting financial resources. DFS senior administrators have worked diligently to address issues, such as caseload standards, that have a negative impact on the direct line worker's ability to do their job. Despite their efforts, many challenges remain that will need to be addressed moving forward.

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 enrolled in this program, which is available in an on-line distance learning format. They have completed the first course and are now enrolling in the second of four courses required for the credential. The program is 18 months in length. Funding was provided through the Division of Social Services and arranged through the Department of Education.

The CPAC Training Subcommittee, in collaboration with Prevent Child Abuse Delaware, 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 statewide 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. More than 400 child welfare professionals attended the conference to learn from the 25 local and national presenters. In March 2009, the CPAC Training Subcommittee launched a child welfare training listserve with the goal of facilitating the exchange of child welfare related training information between and among Delaware's child welfare system partners. Additionally, the Training Subcommittee reconfigured an outdated training website which lists and provides information about and links to the child welfare training opportunities offered statewide by both the public and private sectors.

The Abuse Intervention Committee became a subcommittee of the Child Protection Accountability Commission in 2008. The multidisciplinary group and its subgroup, the Medical Subcommittee, finalized its work on a training curriculum addressing the identification and mandatory reporting of child abuse and neglect for medical professionals in Delaware. The first training took place in Dover, Delaware on March 24, 2009. The subcommittee plans to offer the training to four to six medical facilities in 2009.

## 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 &amp; ACCOMPLISHMENTS:</i>                      Measurement of Performance: DSCYF continues to work toward completing the AFCARS Improvement Plan. During this reporting period, the only significant area that has been incorporated into the information system was the logic used in capturing all children in which a IV-E payment has been made. DSCYF/ DFS continue to negotiate with and validate data exchanges with DHSS regarding the automated interface of data for Child Support, TANF and Medicaid. Once these interfaces are validated and put into production, DFS will submit to the Federal AFCARS Administrator the extraction codes used for the AFCARS extract.</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 &amp; 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. During this period, the DFS Data Unit collected and organized over 76 standardized reports in a ‘Reports Inventory’ and made this report available to all key Administrators throughout the state. This inventory allows administrators and leadership to be aware of, be included in or, request [ad hoc] any report they want run from the inventory. Also during this period, DFS staff has worked closely with the National Resource Center for Child Welfare Data and Technology (NRCCWDT) in order for Delaware to use the syntax developed to run its own National Standards Composites. As a result DFS has been able to generate these outcomes for statewide and county level outcomes and, disseminate these results statewide. The next step to be accomplished during 2009, is the development of “drill down” data by child and composite measures, in order to allow for better case specific analysis. The quarterly QA case review results are distributed throughout the Office of Children’s Services and provide highlights and details in the four primary program areas: Rejected Hotline, Intake/Investigation, Treatment and Placement. 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 Leadership and Regional Administrators for review and distribution to all staff. 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</p>		

and treatment contact performance; on-going treatment contact performance; cases with no or significantly delayed contacts; cases with upcoming Inter-Divisional Service Plans (ISP) requirements; and a variety of foster care detailed reports.

During the past two years, Delaware has planned, designed and implemented modifications to the automated case management system to support independent living programming. Innovative use of web-based applications allows community-based independent living service contractors to enter data for intake, assessment, case planning and case activity. Components for assessment, planning and contacts are automatically entered into the Department's FACTS system and available for OCS staff review. Elements of the National Youth In Transition for demographics, service and outcome requirements are included in the design.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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.

***PROGRESS & ACCOMPLISHMENTS:***

Measurement of Performance: Department for Services to Children, Youth and Their Families utilizes a Report Card method to measure four key perspectives: Financial; Customer; Process Management; and Employee. In addition, DSCYF monitors these activities in support of the agency's mission and core functions:

- Percent of contracted juvenile justice and child mental health community-based service expenditures of total contracted juvenile justice and child mental health community-based and residential service expenditures
- Percent of children and youth who return to service within 12 months of case closure
- Percent of children and youth in out-of-home care
- Percent of children in community-based services for 6 consecutive months who are in out-of-home care for more than five consecutive days during the following 12 months

This data is shared openly with all levels of management and staff in an effort to track and improve services. Baselines, annual results and performance goals are reviewed each year. See 6.2 for additional information.

The Department's Family and Child Tracking System (FACTS) is a client/case workflow management information system used by all core Divisions. OPEI 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.

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. During this reporting period OPEI has been able to get much more information out of the ACCESS databases than ever before. It is a direct result of the database contractor. OPEI looks forward to working with the contractor in the future to continue to evolve the database.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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.

*PROGRESS & ACCOMPLISHMENTS:*  
 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, as well as, the permanency goal for each child. The PCIC IV is completed every six months and reviews the needs of the youth. For the period 4/1/08 to 3/31/09, QA Case Reviewers found that 87% of the children had a current permanency plan (PCIC III); documentation of participation of all appropriate parties in the PCIC III was seen 61% of the time.

Policy was revised in 2008 to include the provision that the youth must be included in the development and review of the Plan for Child in Care if age appropriate. During the monthly contacts with the youth, the DFS worker is required to discuss any areas of concern the youth may have.

Throughout the reporting year, each child that had an open case with the K-5 Early Intervention Program had a written service plan identifying goals and strengths in conjunction with the Child and Adolescent Functional Assessment Scale (CAFAS). Monthly service plans indicating this information were submitted to the supervisors each month for 100% of the open cases within the program.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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"> <li>1. Strengthen engagement of families with children in out of home placements.</li> <li>2. Monitor compliance with agency and federal requirements.</li> <li>3. Practice system of care philosophy of parental involvement.</li> </ol>

*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 4/1/08 to 10/31/08, for the Family Assessment Plan, reviewers believed parents and caretakers were involved in the development of the plan 81% (85 of 105) of the time. For the Plan for Child in Care III, participation was seen 61% (70 of 114) of the time. In November

2008 DFS changed the QA Case Review instruments to better detail the participation of Children, Mothers and Fathers. As a result, for the period November 2008 to March 2009 the overall participation rate in Treatment case plans was 63%, significantly impacted by the low participation of children at 47%. For the same period, participation in Plan for Child in Care III was 57%. This outcome was impacted by low participation of Mothers (49%) and Fathers (32%). 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.

Policy was revised in 2008 to include a requirement that workers must plan with both parents for a child. This item was an area needing improvement in the CFSR and addressed in Delaware’s PIP. This engagement expectation includes the development of a service plan as well as the completion of the Plan for Child in Care series. The new policy also requires the worker to include the youth in the development of the case plan if age appropriate. If the parent does not want to be included in the planning, the DFS worker must clearly document their efforts to locate and engage the parent as well as the responses they received.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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.

**PROGRESS & ACCOMPLISHMENTS:**  
 See Item 2.4 for a description of Family Court activities.

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.

All youth in L4 placements in the Division of Youth Rehabilitative Services (DYRS), who meet the 6 month criteria are reviewed by the Child Placement Review Board. Any youth in placement at the 11<sup>th</sup> to 12<sup>th</sup> 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. As stated earlier, most of the youth who qualify for a permanency hearing are youth in L4 ISB treatment. With the training that Department staff and therapists under contract with Child Mental Health, the ability to keep youth in their home with Intensive Outpatient treatment will increase and fewer DYRS youth will require Court and/or Child Placement Review Board reviews of their status.

During the past five years, the Division of Youth Rehabilitative Services conducted a strategic overhaul of how youth in L4 placements are monitored regarding reviews. DYRS were already in compliance with these reviews, both through the Child Placement Review Board and the Family Court judicial review process; however, we lacked a formal mechanism for departmentally approved

permanency goals for our youth. Since 2004, DYRS entered into a memorandum of agreement with our sister agency, the Division of Family Services to participate on Permanency committees in each county and a mechanism for referring cases to the committee for our permanency goals for youth in L4 placement at 9/10 months. DYRS worked closely with the Office of the Child Advocate and Department of Justice personnel to design training to prepare staff managing these cases. DYRS has a participant on one permanency committee meeting a month in each of the 3 counties. Permanency goals are entered into the department's SACWIS system, along with Plans for Child in Care and documentation regarding the hearings. Our Department's Division of Management Support Services (DMSS) developed a query that is sent to the DYRS Chief of Community Services for dissemination to county point people within Community Services to ensure timely reviews are scheduled and applicable information is obtained and sent to the review bodies. The majority of Division of Youth Rehabilitative Services' out of home/out of state placements are subjected to this review process.

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 in the 10<sup>th</sup> month after a child enters care, then the 18<sup>th</sup> month and annually thereafter. 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.

The CPRB has made and will continue to make refinements to their review process to ensure their review produces information that improves outcomes and benefits families and children. The Board has developed a written questionnaire that is distributed to foster parents and care providers with their invitation letters so that the care giver's input can be considered by the Board even if they can't attend the review. During the past five years, numerous Board trainings have focused issues related to the use of the goal of APPLA, and to enhance the reviewer's ability to make a better assessment as to when it is in the child's best interest and when it is being used as a pseudonym for long-term foster care. The Board has placed a greater emphasis on having Board members attend conferences and training opportunities throughout Delaware to ensure the volunteer workforce remains informed and knowledgeable regarding best practice and evolving availability of new services and programs. The CPRB has made and will continue to make modifications to the data collection effort to enable it to collect and evaluate certain issues as they arise. Moving forward, the Board will continue to look for innovative ways to ensure comprehensive input by everyone involved with the child.

During the course of Fiscal Year 2008, the Office of the Child Advocate, through its attorney guardians *ad litem*, provided legal representation to 1,126 children. OCA and the Court Appointed Special Advocate Program (CASA) continue to collaborate to ensure that foster children are represented in Court. OCA, DFS, and CASA continue to collaborate utilizing the 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 enable 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.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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><b>PROGRESS &amp; ACCOMPLISHMENTS:</b>  The Division of Youth Rehabilitative Services queries FACTS for youth in placement at the 9 month mark and refers to the Permanency Committee within the county of jurisdiction for a goal, and our Deputy Attorney General motions the Family Court for a permanency hearing to be held in the 11<sup>th</sup> or 12<sup>th</sup> month of entering L4 placement. Once the youth has the first court permanency hearing, the next one is scheduled during the hearing, giving all parties ample notice.</p> <p>See 2.4 and 2.5 for additional activities addressing agency and Family Court review of permanency goals.</p>		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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><b>PROGRESS &amp; ACCOMPLISHMENTS:</b>  See Item 2.4 for a description of activities addressing permanency planning.</p> <p>The Office of the Child Advocate, through task force and committee participation and the work of its attorney guardians <i>ad litem</i>, 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. As such, the Office of the Child Advocate implemented a quality assurance process to ensure that its attorney guardians <i>ad litem</i> both understand and are advocating for the most appropriate permanency goal(s) for their child clients.</p> <p>The Findings and Recommendation report from each child’s CPRB review is forwarded to DFS, Parents and Family Court. By statute, it 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 and hearings. 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 the citizen review board allows for monitoring both the DFS and Family Court’s efforts to promote timely and appropriate achievement of permanency goals. Delaware utilizes both court review and citizen review to fulfill foster care review requirements. Moving forward the CPRB will continue their efforts to strive for a more integrated review system.</p>		

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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.
<p><i>PROGRESS &amp; ACCOMPLISHMENTS:</i>  DFS policy was updated July 2008 to comply with federal IV-E requirement for notice to caregivers, including relatives, foster parents and pre-adoptive parents of their right to be heard in judicial hearings regarding children in their care. DFS has the responsibility for providing notice to these caregivers.</p>		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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.
<p><i>PROGRESS &amp; ACCOMPLISHMENTS:</i>  In summary, the 2001 Governor’s Foster Care Task Force recommendations continue to be supported by the General Assembly, Governor’s Office and the Department. This support has provided funding for mental health screenings for children entering care, the 2006 addition of 19 additional slots of treatment family foster care and a new group home for eight male teens. DFS is building the capacity for Level V foster parents through a new foster care training track for parenting teens.</p> <p>The Office of Children’s Services and Child Care Licensing continue to work together to monitor standards compliance.</p> <p>The 2006 and 2009 IV-E Reviews strengthen standards monitoring and compliance for DFS and child placing agencies.</p>		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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.
<p><i>PROGRESS &amp; ACCOMPLISHMENTS:</i>  Measurement of Performance: During the period 4/1/08 to 3/31/09 the total QA reviews completed by program area were: Intake/Rejected Hotline- 169, Investigation- 338, Treatment- 196 and Placement- 195. 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</p>		

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 the 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. Also, better assessment of the achievement of Alternative Planned Permanent Living Arrangements (APPLA) and efforts to achieving permanency for children in out-of-home care 15 of the last 22 months. The changes to the QA instruments were put into production in November 2008. In July 2007 OCS implemented the Rejected Hotline QA Instrument. Delaware began the CFSR Pip reporting period on October 1, 2008 and used the new data in its first quarterly report submitted to Region III in January 2009. With the new details now be assessed in the QA instruments, it is anticipated that new quarterly QA case review results to include more in-depth analysis of performance to be developed and distributed by July 2009.

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.

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. In 2008 OPEI initiated several program evaluations for: All Star Program, Separating and Divorcing Parent Program, Promoting Safe and Stable Family Program, Life Skills, and Strengthening Families. The FACET program submitted an application and was accepted to participate in the Service to Science (STS) national initiative supported by SAMHSA and CSAP to enhance the evaluation capacity of innovative programs and practices that address critical substance abuse prevention or mental health needs in communities around the country. While the evaluation plan for each of these programs is different, OPEI will prepare a summary of evaluative reports in future years.

During the reporting period, the PSSF Family Consultants received a total of 624 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 83.3% were aware of the PSSF Program, 77.8% were aware of where to direct someone for drug and alcohol concerns, 80.9% would know where to obtain assistance in parenting, 77% 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 support most frequently requested from families participating in the program during the FY 08 service year was emergency crisis assistance.

The PSSF Satisfaction Survey assesses the delivery of services, the helpfulness of the Family Consultant and the type and level of competencies gained by participating in the program. The outcome of the FY 08 Satisfaction survey reflected the following per assessed question: 98.1% believed that the PSSF program focused on building family and community strengths. The PSSF program was located in an environment that is respectful and welcoming according to 98%. 97% of participants believed that the PSSF program helped participants define short and long term goals. Families felt connected to resources and support to achieve the identified goals and evaluates progress toward reaching goals according to 96% of participants. 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 according to 97% of participants. PSSF participants were able to access services to meet their needs according to 98% of participants. PSSF services are accessible hours that meet the community needs according to 97% of participants. Overall, participants were more that satisfied with the PSSF program.

The PSSF Community Advisory Board is one venue used to disseminate information. The program partnered with Jewish Family Services' Media Matters Program to produce a video presentation of the program which will be used by all the program providers when providing community presentations. The program video provides a snapshot of the program history, makeup, its services, the current providers and their service sites and family testimonials regarding their experience in the program. In 2008, PSSF collaborated with Nehemiah Gateway Community Development Corporation through the Delaware Earned Income Tax Credit (EITC) Campaign to provide support to families in their efforts to become self-sufficient. EITC is part of a broad public private partnership lead by State Treasurer. This partnership supports 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 Facts sheet. Through this collaborated effort, PSSF was able to provide program specific information to 13,000 Delaware taxpayers.

In order to enhance fatherhood programming throughout the state, in 2007 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. The evaluation and analysis of the information obtained from the survey and focus groups was completed. The Fatherhood / Healthy Marriage collaboration distributed the results of the 2007 survey to agencies throughout the State and posted the survey results on the web site of Department of Services for Children, Youth and their Families. The analysis of the 2007 Healthy Marriage/Fatherhood survey has noted several very strong patterns that emerged from the men which will be analyzed in FY09.

PSSF participate in a Statewide “Fatherhood” planning meeting in FY 08. The Fatherhood planning meeting participants were provided updates from the National Fatherhood Initiative, highlighted both Fatherhood and Healthy Marriage Initiatives occurring in the state of Delaware, resumed efforts to re-establish a statewide Fatherhood / Healthy Marriage Coalition and plan for a statewide Fatherhood / Healthy Relationship workshops. PSSF DFFC collaborated with the National Fatherhood Initiative and Delaware Fathers Matter Coalition, other community agencies and organization seeking to provide gender specific information and education in the area of Fatherhood / Healthy Marriages, supporting the prevention of child maltreatment, helping to build healthier relationships within families and encouraging fathers to become active members in the rearing of their children. As result of this partnership, PSSF DFFC provided a two day workshop addressing best practices in Fatherhood Programming and Organization- “Father Friendly Check-Up”. The workshops were offered to state and community programs seeking to gain and or enhance knowledge of fatherhood programming. There were 62 people in attendance both days of the workshop.

The K-5 Early Intervention Program continuously provides quality assurance by conducting routine reviews. During the reporting year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. 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.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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"> <li>1. Continue divisional report cards as a management tool.</li> <li>2. Continue the case review system to evaluate the adequacy and quality of child and family services.</li> <li>3. Ongoing Citizen Review Panel recommendations are incorporated into systemic improvement planning.</li> <li>4. Continue to assess all programs and contracted services to ensure a culturally competent system.</li> <li>5. Continue to review all programs and services offered by agency and service providers to ensure a culturally competent system.</li> <li>6. Continue processing constituency complaints and review for quality assurance improvements.</li> </ol>

**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 2009 to include replacing the 'old' National Standards with the new composite outcome measures, now that Delaware is able to compile its own data. 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. Rejected Hotline and 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 4,358 individuals in its prevention programs. Demonstrating efforts to reach many populations and cultures, the served population demographics are: 22.6% male adult participants, 73.8% female adult participants, 47.5% male youth participants and 50.7% female youth participation. African Americans ranked the largest with 64.5% of the participating program population. Caucasians ranked second at 19.4 and Hispanics third at 7%. Additionally, the mixed race group overall percentage was 2.5% however this is an increase of 16%. The most evenly distributed of participants was in the age range. The highest range percentage was 26-35 with 30.6%, 36-44 as second with 25.7% and third was 45-54 with 15.7%. This was a change from last year; 21-25 was the third largest age range. Additionally, only 4.2% were between the ages of 18-20. 47.3% of the adults considered themselves single, never married, while 25.1% identified themselves as married, 2.8% said they were living with a partner and 12.1% are divorced or widowed. This group had a 66% increase from last year. A large portion of individuals served was from the Promoting Safe and Stable Family Program (3966 out of 4358).

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.

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. CPAC and the Child Death Near Death Stillbirth Commission continue their collaborative venture and met in April and December 2008. There, the two commissions continued to monitor 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 2008, The Office of the Child Advocate spent 213 hours in meetings and an additional 119 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.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
Quality Assurance System	8.4 System has capacity to produce information leading to program improvements	<ol style="list-style-type: none"> <li>1. Produce internal management reports to guide programming decisions.</li> <li>2. Use the case review system to evaluate the adequacy and quality of child and family services.</li> <li>3. Ongoing Citizen Review Panel recommendations are incorporated into systemic improvement planning.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**  
 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. During 2008 DFS was able to begin reporting National Standard Composite Outcomes using the syntax provided by ACF. As a result DFS has been able to report, in a more timely manner, the individual and composite outcomes with both statewide and county outcomes.  
 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.  
  
 See 8.2 for K-5 Early Intervention Program updates.  
  
 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.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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"> <li>1. Continue core and refresher training schedules.</li> <li>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.</li> <li>3. Continue review of trainee evaluations.</li> <li>4. Incorporate quality assurance data to strengthen worker competencies.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**  
 “Report Line Refresher” training was developed and provided by the Program Manager for Intake & Investigation, and the Statewide

Services Administrator, for 271 statewide Division of Family Services staff and community partners. The training was mandatory for regional staff at all levels and was conducted during November and December 2008 and February 2009. An evaluation of the training is in process and a report is expected to be issued during the summer of 2009. (See Section IX. Attachments for PowerPoint presentation).

Mandatory statewide training about new or revised Safety PIP policies and procedures was conducted by the Program Manager for Intake & Investigation, for caseworkers, supervisors, and regional administrators on the following dates at the locations listed:

- March 15, 2009 – Kent County, Barratt Bldg.
- March 16, 2009 – New Castle County, Beech Street
- March 19, 2009 - Kent County, Barratt Bldg.
- March 23, 2009 – New Castle County, University Plaza
- March 23, 2009 – Sussex County, Milford Annex
- March 26, 2009 – New Castle County, Beech Street
- March 27, 2009 – Sussex County, Milford Annex

The Medical Subcommittee of the CPAC Abuse Intervention Subcommittee finalized a PowerPoint presentation to educate family practitioners, pediatricians, and hospital emergency department professionals on the identification and reporting of child abuse and neglect. The Delaware Child Death Near Death Stillbirth Commission (CDNDSC) agreed to schedule and to provide oversight for the training sessions and a contract with CDNDSC was signed in April 2009. A pilot of the medical training was conducted for the Bayhealth Child Advocacy Committee at Kent General Hospital in Kent County on March 24, 2009. The pilot training was well received and it is hoped that three trainings will be completed at statewide medical sites before the end of FFY08. The pilot was given by and future training sessions will be conducted jointly by local Division of Family Services management staff and physicians.

*Finding Words Delaware* forensic interviewing training sessions were held during the weeks of May 19-23, 2008 and November 17–21, 2008. (See table below for summary statistics). The creators of the *Finding Words Delaware* curriculum moved to the National Child Protection Training Center, a program of the National Association to Prevent the Sexual Abuse of Children (NAPSAC). The forensic interview protocol known as RATAAC is actually owned by CornerHouse. The National Child Protection Center developed a new curriculum similar to *Finding Words* called *Child First*. Delaware's first *Child First* training was held April 27 – May 1, 2009. Due to funding issues, a decision has been made to offer *Child First Delaware* training once a year beginning in 2009.

FINDING WORDS 2008	DFS	DOJ	POLICE	CAC	CASA/CHILD ADVOCATE	OTHER	Total 2008 Course Attendance
May	5	4	13	2	2	12	38
November	15	1	4	1	0	3	24
Total Agency Attendance	20	5	17	3	2	15	62

Code: DFS - Division of Family Services DOJ - Department of Justice  
CAC - Children's Advocacy Center CASA - Court Appointed Special Advocate  
Other – E.G., Medical provider, counseling agency, Probation and Parole

The following external training sessions were conducted by the Program Manager for Intake & Investigation since the last APSR report:

Medical Community

- By request of the Division of Public Health, a two hour PowerPoint presentation called “Accidental Injury or Child Abuse? The DFS Perspective” was given at the “Preventing Injury in the 21<sup>st</sup> Century – Childhood Prevention Conference” on June 24, 2008. That Conference was sponsored by the Safe Kids Delaware Coalition;
- On July 24, 2008 the same two hour “Accidental Injury or Child Abuse? The DFS Perspective” training was presented to Wilmington Hospital Emergency Room nurses;
- On February 25, 2009 training was conducted for 50 Planned Parenthood staff that discussed the identification and reporting of child abuse in Delaware with a focus on the adolescent population; and
- Information about the Report Line and Investigation process was presented at a meeting with the school-based Wellness Centers (contracted by the Division of Public Health) on April 6, 2009. The meeting was held for 12 people at Christiana Care’s Preventive Medicine and Rehabilitative Institute on Kennett Pike. The Division of Child Mental Health and Rockford Center also presented.

Other Child Welfare Partners

- An overview of *Finding Words Delaware* was presented at the “Protecting Delaware’s Children Conference” that was jointly sponsored by The Child Death Near Death Stillbirth Commission and the Child Protection Accountability Commission CPAC). The conference was held April 30-May 2, 2008.
- A discussion about the Division of Family Services was given as part of a multi-disciplinary panel providing “Child Abuse and Neglect 101” training on June 18, 2008.
- On December 12, 2008, training about reporting child abuse and the Division of Family Services’ investigation process was

provided for the Domestic Violence Advocate Program at Child, Inc. It was attended by about 25 people.

- On April 16, 2009, Cultural Competency training was given at the request of Ruth Fleury-Steiner, Ph.D. who teaches at the University of Delaware in the Department of Human Development & Family Studies. The class had about 80 students.

The following is a summary of training activities supporting child protective services. During the first *Finding Words Delaware* sessions 224 front-line professionals were trained. The graduates included Division of Family Services (75), Department of Justice (25), Children's Advocacy Center (7), statewide Law Enforcement (81), Office of the Child Advocate and Court Appointed Special Advocate (7), and other disciplines such as child mental health, sexual assault nurses, Probation and Parole, etc. (29).

Program Managers for Intake & Investigation and Treatment, and private agency representatives from the Domestic Violence Liaison program presented a workshop about the program at the 15<sup>th</sup> National Conference on Child Abuse and Neglect in Boston, Massachusetts in April 2005.

Program Manager for Intake & Investigation and a Family Court Commissioner conducted a joint presentation about the Child Protection Registry at the 16<sup>th</sup> National Conference on Child Abuse and Neglect in Portland, Oregon in April 2007.

Between January 2005 and April 2009, the Program Manager for Intake & Investigation, has conducted training or presentations at a total of 28 venues about a variety of topics and to a wide audience including Family Court staff, Widener Law School, the Wilmington Police Training Academy, and Delaware Division of Visually Impaired among others.

DFS core and refresher training schedules continued in 2008-2009. Twenty-nine new DFS workers were trained January through December, 2008. 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. The Professional Development Unit updated the entire training system including trainee evaluations. Presentation of the new system was made to the Division's All Management Team on 10/23/08. The new training system is user friendly and easily accessed online by staff statewide. System of Care training was integrated into DFS New Worker Training. Quality assurance data, derived from quality assurance reviews, continued to be used in training to strengthen worker competencies. DFS Leadership Team received refresher introduction on the Intake/Report Line (12/08) with multiple sessions for staff statewide planned for early 2009. Thirteen New Worker Training Certificates were issued from January, 2008 through December, 2008. The Professional Development Unit performed a study on the relationship between perceived transfer of training, retention, and educational supervision of new caseworkers. The investigation revealed perceptions of facilitation of transfer of training as high, positive supervisory transfer rating and proportionate similarity of retention among coaching and functional units.

During the summer of 2008, Delaware was one of three states who contacted AdoptUsKids to work on a pilot project with older youth who had a goal of TPR/adoption. The target population is for 12 children who are older and/or living at a group home. The plan is for the youth to be involved in the adoption process and to help select the permanent family. On March 18 and 19, AdoptUsKids staff trained 24 caseworkers and/or administrators for the initial part of this matching process. Additional training will be developed to help

prepare the child, to prepare the family and finally the matching process via use of the internet. Core 104 is offered for new DFS workers on the even numbered months. During this period, 5 classes were held and 38 new workers received this training. The Infant Adoption Institute provided training on March 13, 2009 for DSCYF staff. DFS is planning training for the adoption and foster care staff in the summer of 2009. The topics will include preparing the child and family, matching, recruitment, post placement supports and cultural issues in adoption.

During the past five years, DFS foster care, adoption and some contracted agency staff has received T/TA from AdoptUsKids in May 2007 titled Finding a Fit That Will Last a Lifetime. The National Child Welfare Resource Center for Adoption provided training for DFS adoption and contract agency staff in March 2009 as a part of the AdoptUsKids Youth Project. This is the first step in working with youth to help identify and select their adoptive resource. Core 104 is offered to all new staff hired within DFS. This training is scheduled for every other month. The adoption program manager participates in the training to address issues related to permanency planning and identifying the permanency goal for children in foster care. DFS is currently evaluating the need for additional training for DFS staff that will be scheduled for the summer and fall of 2009.

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.

Each year the K-5 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.

The Promoting Safe and Stable Family Program continued to provide quarterly refresher trainings on the Program Core Competencies to contract providers. During the current report period, PSSF provided training on the assessment and identification of family concerns, engagement of fathers into services, best practices for working with fathers/male caregivers, building and sustaining membership of a Community Based Advisory Board, and the process to implement of community base grant activities. Each newly hired family consultant received training in the PSSF family consultation process, the implementation of the PSSF family consultation tools and ambassadorship. Program technical assistance is provided to the new hire PSSF family consultant for up to 12 months and or longer based on their mastering the four level of competency for each service area of the program service delivery.

During the reporting period, the Office of the Child Advocate partnered with the Division of Family Services' Professional Development Unit to present a portion of Core 104, Legal Training seven times.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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"> <li>1. Use pre- and post-tests to evaluate effectiveness of foster parent competency building.</li> <li>2. Continue basic and specialized training for all foster parents and specialized group home staff.</li> </ol>
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b>            During the 2006 CFSR , this item was rated an area of strength. All DFS foster parents are required to have from 5 to 20 hours of annual training. The number of hours depends on a foster parent's level (1 to 5) with level 5 requiring 20 hours annually. Basic and specialized trainings for foster families include: mental health issues in children and youth, caring for sexually abused children, prenatal substance abuse, understanding the effects of trauma, helping children deal with grief and loss, teen substance abuse and caring for children with Attention Deficit Hyperactivity Disorder.</p> <p>Prevent Child Abuse Delaware (PCAD) manages foster parent competency training for DFS. Training effectiveness is currently measured using participant evaluations. Pre- and post testing has been instituted since SFY07 to measure actual skills learned. PCAD's specialized training sessions are offered during the year to enhance foster parent competencies per the 2001 Governor's Foster Care Task Force model. DFS continues to collaborate with the Division of Child Mental Health Services to strengthen training curriculum for providers caring for specialized and treatment level children; these sessions are open to private agencies as well. Provider agencies open at least one training each year for all foster parents. Child placing agencies and DFS meet twice a year to develop trainings to support the needs of care givers. In addition to the Pride training, any DFS foster parent who wants to adopt must attend the additional 12 hours of fost/adopt training offered by DFS. This training began statewide January 2004. This additional training track was a 2001 CFSR-PIP activity.</p> <p>Training for residential group care facilities is monitored by the Office of Child Care Licensing annually and governed by Delacare Regulations for Residential Group Care.</p>		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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"> <li>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.</li> </ol>
<p><b>PROGRESS &amp; ACCOMPLISHMENTS:</b>            See Item 1.4 for description of DFS family support and preservation activities. 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. As a CFSR-PIP activity to build service capacity, DFS has developed a Spanish Service Array workgroup comprised of a variety of Latino service providers from throughout the state. 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</p>		

objective was to develop of comprehensive list of available services available to Spanish-speaking clients that are active with DFS. The matrix of services was developed and distributed to DFS staff in May, 2009. 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.

DYRS continues to contract with Psychotherapeutic Children's Services (PCS) to provide family therapy for youth placed in L4 programs for Inappropriate Sexual Behaviors, both during their placement and for 6 months post placement. PCS implements/coordinates 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. PCS has been a participant in the training with Dr. Burton, via a CASOM grant.

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; and VisionQuest Family-Centered Intensive Case Management (FCICM) statewide.

During the past five years, DYRS has enhanced services for youth adjudicated for inappropriate sexual behaviors (ISB). These youth are in need of lengthy residential treatment and frequently in need of permanency planning, including court and CPRB proceedings. In the fall of 2006, the Division, assisted by a grant writer in the department's DMSS, wrote a grant request for CASOM monies to train our staff, departmental partners, and community partners. This grant was awarded in 2008 and a contract was secured with Dr. David Burton and training commenced in the fall of 2008. This training will continue through May of 2009. DFS, CMH, and YRS staff are participating in this comprehensive training. CMH and their contractors, along with DYRS contracted therapists, are learning techniques to work therapeutically with this population. DFS has participants from their APPLA units involved in this training as well, as many of the youth who are in treatment via DYRS are not allowed to return to their homes once treatment is completed. They end up in foster care via DFS and DFS has needed training in this area as well. The Department is working diligently to build capacity in-state for ISB youth, to keep them closer to or in their own homes, with the services they need based on risk to themselves and others. In turn, we will not have as many DYRS youth in need of permanency planning, as they will be safely maintained in their homes if at all possible.

In March 2009, the Department submitted a grant application requesting additional funds via CASOM to provide SORNA compliant training to Department staff, contractors and community partners. While we have made progress with the current grant, additional training needs have been identified to continually improve knowledge base, coordination and communication between Department and community members of each youth's multi-disciplinary sex offender management team. Through the current CASOM grant funded training, we have identified a need for additional, more focused and specialized training for individuals in six targeted areas based on the specific role and responsibility each team member provides as part of a "multi-disciplinary sex offender treatment team". We hope to receive the funds via this grant in order to obtain this specialized training. Our continued goal is to increase and improve upon the existing in-state ISB service delivery continuum to enable our Department to decrease reliance on sending ISB youth to residential

facilities outside of our state.

PSSF continues to provide 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 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 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 establish goals to resolve their needs/concerns with the support of formal and informal networks. During the 2008 service period 92% of participants successfully resolved two or more of their identified needs and concerns. As a result of these accomplishments, a family's sense of empowerment is strengthened to maintain the lead in the planning process to reach other identified goals. During the current report period the individual participants top ten identified service needs and frequency of the service needs were: emergency assistance 346 participants (25.3%), employment 207 participants (15.1%), financial wellness 147 participants (10.7%), education 116 participants (8.5%), housing 110 participants (8%), counseling 65 participants (4.7%), physical or dental 44 participants (3.2%), parenting services 42 participants (3.1%), transportation 27 participants (2%), household items 27 participants (2%), and emotional wellness 25 participants (1.8%). The top ten identified services account for 84.4% of the total services. Their continued participation in the process supports the family in their effort to continue to reduce certain life stressors and facilitating a successful transition of the youth back to the home and community. PSSF assess families to maintain supportive, safe and nurturing environments for the child(ren). PSSF continues to partner with Catholic Churches through Vincent DePaul Society Charity organization, Parents as Teachers, Duffy's Hope and Aide Delaware to provide family consultation and support services. These community organizations provide community support, youth mentorship and financial assistance to families. Community and Departmental 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 referred for services. The St. Vincent DePaul and Parents as Teacher case managers, Duffy's Hope mentors and AIDS Delaware 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 trainings 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 National Fatherhood Initiative–Best Practices in Fatherhood Programs and the Father Friendly Checkup training 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. Other training/workshops and conference attended were: the Office of Child Development Family Support Conference-learning how families and communities work together; and the Core Essentials of an Effective and

Sustainable Coalition and Community Capacity Building Workshop provided by SAMSH. PSSF provided its annual training for the Family Consultants on Engagement and Retention of male and female caregivers in the consultation process, Assessment of Family Needs and Social Supports, and Strength Based Approach.

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 16 mini-grants. The PSSF priority programming services funding by the PSSF CAB mini grants in 2008 were: Fatherhood/Healthy Adult Relationships; Parent Education; Community Capacity Building; Children / teen developmental characteristics; and Substance Abuse Prevention in children and youth. A total of 16 activities and events were sponsored by the PSSF-CAB 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 educational resources regarding substance abuse, provide family physical/nutritional education, provide prevention education to youth and their parents regarding substance abuse , increase health awareness, provide skill building and tools to children and youth addressing crisis of bullying in the community, and promote father and child interaction. The Advisory Board also sponsored a town hall educational session for male caregivers, young males and fathers on issues of fatherhood and manhood.

The K-5 Early Intervention Program conducted 11 parenting groups and 6 concurrent children's groups throughout the state during the reporting period. These groups provided services to families in 50 schools throughout 13 districts and 3 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.

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"> <li>1. Provide an array of services through the Department and contractors for strengthening families with the goal of successful case closure.</li> <li>2. Provide comprehensive assessment, planning and service delivery for families with serious risk of foster care placement.</li> <li>3. Continue professional training in SOC team facilitation skills.</li> <li>4. Strengthen resources with community partners for developmentally challenged children.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**

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 Latino 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 was to develop of comprehensive list of available services available to Spanish-speaking clients that are active with DFS. The matrix of services was developed and distributed to DFS staff in May, 2009. 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.

In July 2008, DFS policy was revised to require IV-E candidacy determinations for children in intact family cases effective. Risk of imminent harm is determined in the family service plan for each child with guidelines and criteria. Prior to completion of the Family Service Plan, workers must review information contained in the Safety Assessment, the Risk Assessment, the Family Assessment Form, and the Service Entry Needs and Strengths Screen. When areas of concern are identified, workers should include those items in the Family Service Plan. Workers must also take those same areas into account when determining the likelihood of a child entering foster care if the parent(s) is not compliant with the Family Service Plan. The DFS supervisor must review the Family Service Plan prior to finalization to ensure that all relevant issues are addressed and that safety is assured. The Foster Care Field Candidacy Guide was developed to assist the DFS supervisor in reviewing the Family Service Plan as well as the worker's foster care candidacy determination prior to finalizing the plan with the parent(s). Supervisors use the Foster Care Field Candidacy Guide during the Directed Case Conferences as well as their routine conferences to determine the likelihood of the child(ren) coming into 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 meetings occur to review implementation of the MOU

and to discuss specific cases.

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. In February 2008, staff had the opportunity to attend additional System of Care training which also focused on family engagement. Also beginning in 2008, workers throughout the Department have the opportunity to participate in the “Knowing Who You Are” e-learning training program. This program is available on-line which allows workers to complete it as they have available time. Lastly, the System of Care principles have been incorporated into the new worker training for all new Department employees.

For DFS, SOC training is now integrated into New Worker Training. Family engagement training continues to be a key component of New Worker Training. Importantly, DFS augmented the SOC experience by developing a required facilitated meeting for all teens during their last two years in care. Stairways to Encourage Personal Success (STEPS) is a meeting driven by the teen where the teen invites all the persons who support the teen. STEPS was embraced and named by the YAC Teen Council. The transition topics of housing, education, employment, transportation, medical care, counseling, and others named by the youth are discussed with options developed through youth and team interaction and various team members assuming responsibility to assist the youth in specific preparation for independent living. The Division’s Professional Development Unit designed, developed and executed training for facilitators and scheduling coordinators of STEPS in November, 2008. Debriefing and additional training sessions were held during the first four months of 2009.

DYRS provides intensive home based services or day treatment for youth as an alternative to L4-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, and VisionQuest Family-Centered Intensive Case Management (FCICM) statewide.

As noted earlier (See 2.5), DYRS is building capacity in the area of out-patient/intensive out-patient inappropriate sexual behavior services in Delaware through training with Dr. David Burton via a CASOM grant. This will assist in keeping children with inappropriate sexual behaviors safely in their home if appropriate and avoid separating them from their families and having to do long-distance family therapy.

Delaware’s adoptive family support group, Adoptive Families with Information and Support (AFIS), DFS Permanency Supervisors and

other members of the Interagency Committee on Adoption (IACO) worked together to continue to display and maintain Delaware's Heart Gallery. The Heart Gallery consists of professionally photographed portraits of Delaware's waiting children. During this reporting period, displays were at Legislative Hall (monthly), Wilmington Drama League (April 08), Family Court conferences and on the DSCYF web site (monthly), adoption agency meetings/training sessions and the displayed in the New Castle Woman's Journal newspaper (September–October and November–December issues). Promotion of the Heart Gallery display is coordinated by IACO and OCS.

There was a photo shoot February 12-13, 2009 for 25 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 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 Month activities. Staff had informational booths at community events statewide, participated in television appearances at local stations in November 2008 in Sussex County and again in March 2009 in New Castle County promoting 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 maintains 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 33 different states for adoption and in one country. Adoption home studies are completed by private licensed adoption agencies throughout Delaware. During this period, two college interns serving with DFS completed five child profiles on the children needing a permanent family.

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. This request for T/TA has been approved by the regional office. Planning to train all DFS staff continues with a target of fall 2009. The PIP also strengthens planning and services to older youth with APPLA goals under permanency planning and service array strategies.

The CFSR Program Improvement Plan (PIP) includes activities and goals to address foster youth with APPLA goals. For the past two years, DFS and community partners have met to address issues and identify resources for older youth age 16 and older who will be exiting foster care. DFS initiated an internal permanency work group of program managers, regional administrators and supervisors to discuss casework related issues and to develop policy and procedures for this population.

OPEI undertook a strategic planning initiative this past year and has created a new Logic Model in collaboration with community partners as well as developed new Vision and Mission Statements. OPEI continues to provide services and programming that promote safe and healthy children, nurturing families and strong communities. OPEI strategies focus on decreasing risky behaviors in youth and families, promoting health and well-being, building community capacity to support families, using evidence and/or research-based programs and leveraging new and existing dollars to support statewide prevention efforts.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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"> <li>1. Strengthen fost/adopt training.</li> <li>2. Continue to reduce the number of legally free children needing adoptive family with aggressive recruitment techniques.</li> <li>3. Partner with AdoptUsKids and other resources to place children in adoptive families.</li> <li>4. Continue review of permanency goals in conjunction with Family Court and Child Placement Review Board.</li> <li>5. Provide an array of supportive services to long term caregivers and to children with permanency goals other than return home.</li> </ol>

***PROGRESS & ACCOMPLISHMENTS:***

Delaware’s adoptive family support group, Adoptive Families with Information and Support (AFIS), DFS Permanency Supervisors and other members of the Interagency Committee on Adoption (IACOA) worked together to continue to display and maintain Delaware’s Heart Gallery. The Heart Gallery consists of professionally photographed portraits of Delaware’s waiting children. During this reporting period, displays were at Legislative Hall (monthly), Wilmington Drama League (April 08), Family Court conferences and on the DSCYF web site (monthly), adoption agency meetings/training sessions and the displayed in the New Castle Woman’s Journal newspaper (September–October and November–December issues). Promotion of the Heart Gallery display is coordinated by IACOA and OCS.

See 10.2 for adoption and permanency activities.

Finalized adoptions have increased slightly in the past 2 years while the number of adoption cases has remained stable. Also, during

this time, DFS and some of the private foster care and adoption agencies have seen an increase in inquiries from people interested in becoming a foster and/or adoptive parent. This may be as a result of the decrease in international adoptions. Through collaboration with the courts, adoption agencies and other community partners, DFS continues to meet the national standard for number of finalized adoptions within the 24 months. Recruitment efforts have been expanded to include the Delaware Heart Gallery for children in foster care who need a permanent family. The first portraits for the Heart Gallery were on display. Starting with the first display in October 2006 at the Child Placement Review Board annual conference 2006, the Heart Galley photos have been on display throughout the state at Family Court conferences, Legislative Hall in Dover, Wilmington Drama League, Bethany Christian Services, One Church One Child programs, National Adoption Day conference, adoption related activities in November and AFIS events. Children can be seen monthly on the DSCYF web site. This program has been successful promoting the need for foster and adoptive resource families.

During this period, there has been some new legislation related to the guardianship and the TPR/adoption statues. These new laws support the safety and well being of children and promote timely permanency. (See 2.4 for a description of Code changes.)

The DFS Professional Development Unit was asked to provide training for new foster parents of teens by the Foster Care Program Manager. During the first four months of 2009, curriculum research and development took place. Twenty seven hours (3 hours x 9 sessions) are planned. Topics include: Orientation & History of Foster Care, Child Welfare System and Foster Parents Part of the System, How a Child Enters the System and Family Violence, Child Development & Trauma Part 1, Child Development & Trauma, Part 2, Attachment & Loss, Culture and Keeping Connections, Planning for Change, Informed Decision Making.

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 and adequately resourced and that they are family centered and culturally competent.

The OPEI Resource Clearinghouse (OPRC) has information available for foster youth aging out of care: housing, financial planning, career and job development, health and social services in Delaware and other tools available for access through the Casey Foundation.

The K-5 Early Intervention's Family Crisis Therapists (FCTs) are co-located in 50 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. This programming is available to foster families, adoptive families and other caregivers for children that cannot return home.

See 2.4 for CPAC sponsored activities to promote timely permanency for foster children.

See 7.5 for OCA activities to promote timely permanency.

The Office of the Child Advocate also partnered with the Division of Family Services to complete child profiles for various children with the goal of Termination of Parental Rights and Adoption statewide. Subsequently, OCA assisted with recruitment efforts for the identified children.

With significant support from the DFS Adoption program staff, members of the Inner-Agency Committee on Adoption and Delaware's adoptive family support group (Adoptive Families with Information and Support), continue to work together to maintain, expand and effectively utilize Delaware's Heart Gallery. The Heart Gallery consists of professionally photographed portraits of Delaware's waiting children. Coordination of the utilization of the Heart Gallery in appropriate venues is an on-going activity of Delaware's Inner Agency Committee on Adoption (IACOA).

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, has obtained 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 languishing in foster care and to reduce the number of children aging out of care in Delaware.

Both the Interagency Committee on Adoption (IACOA) and the Child Placement Review Board (CPRB) continue to focus their efforts on addressing the overuse of the goal of APPLA and to seek more permanent placements and outcomes for children. The effort to achieve improved outcomes fell into three areas during the past five years:

- Better preparation of children for adoption. Delaware has obtained funding to conduct a pilot training program in Kent County that prepares children for adoption. It is anticipated that if pre-teen and teenage children participate in a program where they explore adoption and examine how this permanency option would impact them. Through this examination, it is expected that the youth may feel more empowered to have a role in the process and in family selection. This would hopefully lead to fewer children with a goal of APPLA and even fewer aging out of care.
- Changing perceptions and addressing barriers that hinder efforts to achieve real permanency for children. Upper Bay Adoption and Counseling has a contract with Prevent Child Abuse Delaware to support foster parents who are struggling with behaviorally and emotionally difficult children placed in their home. This very economical contract has a major impact on maintaining and strengthening placements that previously would have disrupted, thereby reducing the number of moves and trauma experienced by a child while in foster care.
- Support the families post finalization to ensure stability of placement. Delaware's Adoptive Families with Information and Support (AFIS) continues to provide a continuation of support groups and adoptive socialization events to sustain and empower families joined together through adoption. AFIS is funded by a small state contract and donations. The purpose of the adoption support groups provided by AFIS is to provide parents with the informational and emotional support they need to effectively

parent adopted children who are challenged by adoption-related issues. To help sustain this continuum of support services for adoptive families, representatives from the member agencies of the Interagency Committee on Adoption (IACOA) have committed to assuming responsibility for one AFIS event a year. AFIS support groups and events provide adoptive parents a confidential venue where they can share their concerns about their children, gain information that will strengthen their parenting skills, and develop relationships with other adoptive parents who face similar challenges.

These collaborative activities promote successful adoption and permanency in Delaware:

- **Delaware's National Adoption Day Celebration**  
This past year Delaware held their first state-wide conference to celebrate National Adoption Day. This collaborative event was sponsored by the member agencies of the Interagency Committee on Adoption (IACOA), Adoptive Families with Information and Support (AFIS) and the Division of Family Services (DFS). It was a fun-filled day with engaging seminars geared towards current and potential adoptive and foster families. Mid-day there was a ceremony that recognized the children (and their families) for whom their adoptions had been finalized during the year. At least one Family Court judges from all three counties attended so that they could be recognized with the families they have helped to legally create. In addition to the training and information workshops held throughout the day, there was a panel of adoptees and entertainment. Agencies and organizations were able to reserve a table where they could display information and answer questions about their program and services. Throughout the day families who adopted international were also able to celebrate their adoption experiences as entertainment and activities geared to towards various cultures. It was a very special day where families and professionals came together to relax, engage with each other and to participate in seminars geared specifically to the unique needs of adoption.
- **Support Group for Parents of Older and Emotionally Challenging Children (POCK)**  
Initiated in 1985, POCK provides information, parenting skills, and emotional resources to parents whose older adopted children or children with special-needs who are presenting difficult parenting challenges such as, school problems, drug and alcohol abuse, destructive or abusive behavior and other mental health problems. Meetings combine parent to parent support with parent training that includes guest speakers, program videos, or modules from parent training programs. The group meets monthly and is facilitated by an adoption competent social worker/therapist/adoptive parent.
- **Support Group for Older Adopted Children (Teens and Tweens)**  
Established in 1991, this group brings together adopted children ages 11-16 to explore their feelings about being adopted, and form relationships with other adopted children. Facilitated by an adoption competent social worker/therapist and adult adoptee, this group meets in conjunction with POCK.
- **Support Group for Adoptive Families of Color (AFOCIS)**  
Since 1987, 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. Meetings combine family style potluck

dinner with sharing, parent training, and culturally relevant activities. This group meets quarterly and is co-facilitated by an adoption competent social worker and a parent, both of who have adopted children of color.

- **Support Group for Adoptive Families in Southern Delaware (SPOCK)**  
Established in 2000, SPOCK provides parents in rural areas of the state (Kent and Sussex Counties) with a local community of adoptive families to whom they can turn for support and opportunities to connect their children with other adoptees, while giving them access to adoption resources throughout Delaware. Their events include an ice cream social, a pool party and a chili/game night.
- **AFIS Annual Picnic**  
An annual event since the mid-1980's, the picnic is a day of celebrating families united through adoption with food, laughter and entertainment. The event provides adoptive families and children the opportunity to meet and build relationships in a comfortable setting of support and affirmation.

Another valuable post-legal support services that fills a significant service void, is a weekend respite program provided by Upper Bay Adoption and Counseling Services for adoptive families with serious to severely emotionally and behaviorally challenging children. Planned, day-long respite two weekends a month during the school year has provided adoptive parents with the valuable opportunity to have personal time independent from the demands of these very challenging children. In addition, it has provided the children, who generally have very few if any friends, with an opportunity to build a social network and to develop friendships with children whose lives mirror their own. The program has resulted in building strong, confident families, who no longer struggle alone close to despair and disruption. The twice a month respite program is being publicized in a respite manual being developed by the North American Council on Adoptable Children. The respite program was one of seven programs showcased in a recent NACAC publication.

The CPRB believes that in order to reduce Delaware's reliance on the goal of APPLA, a more comprehensive continuum of post-legal services must be created to adequately support the people who step forward to accept these challenging children into their homes and families. The CPRB is committed to working with organizations such as the Interagency Committee on Adoption (IACOA), Adoptive Families with Information and Support (AFIS) and other system partners who are dedicated in their efforts to establish the programs and services that are necessary to achieve and sustain permanency for children who are unable to be reunited with their family or origin.

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. All contracted services offered thru DFS are available to families and children statewide regardless of economic status, race or religious affiliation.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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 2009 APSR will be posted on the Division’s website. APSR documents have been on the website for 4 years.

The new CFSP for 2010-2014 was developed collaboratively with key internal and external stakeholders in meetings hosted by Family Services. All three operating divisions, Family Court, Office of the Child Advocate and Child Placement Review Board participated in the design and content. Three working sessions were held to build the strategies, measurements and activities section. Administration for Children and Families Region III representatives attended the final working session. Both the Youth Advisory Council and the Nanticoke Tribe reviewed the strategy and activities draft document.

Implementation of the CFSR-PIP this past year has strengthened collaboration among community partners to enhance service array, permanency planning, family and youth engagement, and independent living services for youth aging out of foster care.

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’ 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 and court order content. Family Services and Family Court hold quarterly meetings, locally and at the state level to review items of mutual concern. These forums provide opportunity to address strengths and barriers to timely permanency for foster children.

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 is recognized for their efforts to address and resolve concerns related to the provision of services to older youth in foster care with the goal of APPLA. It is a dynamic and authentic initiative that genuinely involves system partners in the effort to achieve the agencies goals. The CPRB commends DFS for their change in management style over the past seven years that now promotes collaboration with a wide range of system partners. This inclusive approach has resulted in the a number cooperative ventures that have resolved or eliminated several cross-system barriers As this management style has taken root throughout the Department of Services to Children, Youth and their Families, the Board embraces the opportunity to continue to work constructively with the entire Department to improve outcomes for children.

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"> <li>1. Develop, evaluate and revise Memoranda of Agreements with other agencies.</li> <li>2. Support interdisciplinary grant initiatives.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**  
 Revisions 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) were completed and the MOU was signed by the Cabinet Secretaries of both Departments in December 2008. (See Attachments Section for MOU)  
 The Memorandum of Understanding (MOU) 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 has been finalized and is pending signature. It is anticipated that training and distribution of the MOU will be completed before the end of FFY08.  
 The Program Manager for Intake & Investigation also attended the “Joint Federal/State Meeting on Providing Human Services in

Disasters” sponsored the Department of Health and Human Services, Administration for Children and Families, Regions II and III on May 30, 2008. Then, on October 23, 2008, the Division of Family Services, in conjunction with the entire Department of Services to Children, Youth and Their Families, participated in a functional disaster exercise with the Delaware Department of Emergency Management (DEMA) and REMA Region III.

The Division of Family Services administration continues to participate in weekly case reviews at the City of Wilmington Child Development–Community Policing (CD-CP) Project. The Division of Child Mental Health provides oversight for this project that that pairs police officers and child mental health clinicians when responding to violent scenes 24/7. This project is modeled after the Yale Project in New Haven, Connecticut. The Division of Youth Rehabilitative Services administration also attends the weekly meetings. CD-CP has received 808 referrals for Calendar Year 2008. Thirty-eight per cent of those referrals were related to domestic violence. Five hundred children (62%) were under age 12 and 308 (38%) were over age 12. (See Attachments Section for CD-CP Data for the Calendar Year 2008/7/6)

The Division of Family Services has Domestic Violence Liaisons from private non-profit agencies collocated in all four regional offices. The liaisons work directly with the adult victims of domestic violence in DFS cases. 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. A student intern from Delaware State University conducted interviews with the Liaisons and Liaison Supervisors and also conducted telephone interviews with clients that have used the services of the Liaisons. A professor from the University of Delaware conducted an analysis of the program’s statistical database and also analyzed the results of an anonymous internet survey of DFS Investigation and Treatment workers and supervisors. The evaluation has not been finalized. The first evaluation covered the inception of the program in January 2002 through March 2004. The second evaluation covers Calendar Years 2005–June 2007. During that period the Liaisons served 808 clients: 320 in 2005, 342 in 2008, and 146 in 2007.

The Statewide Services Administrator still serves as an Advisor to the Board of Directors of the Children’s Advocacy Center of Delaware. The three statewide centers conduct forensic interviews of children that have allegedly been sexually or severely physically abused or witnessed felony level domestic violence.

Children and Families First, a private non-profit agency, has received a Federal grant to implement the evidenced-based program Nurse Family Partnership (NFP) within Delaware. This model is known for a significant reduction of infant mortality and a decrease in child abuse/neglect. Implementation is expected for pilot phase during Fall 2009. This program is a collaborative effort involving the Department of Services for Children, Youth and Their Families, DPH, CDNDSC, OCA, University of Delaware, and other key partners.

During the past five years these activities are highlighted. 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 of definitions within the various chapters of the Delaware Code and the definitions needed to be clarified for improved usage. The Subcommittee met for more than one year and the revised definitions were passed into law by the legislature in 2007.

As a result of some findings of the Child Death, Near Death, Stillbirth Commission, the Department of Justice created an

interdisciplinary subcommittee of the Abuse Intervention Committee (Children's Justice Act Task Force) known as the Mandatory Reporting Committee in January 2007. There were findings by some child death review panels indicating mandatory reporters had not made a report to the Division's Child Abuse Report Line. The Committee examined penalties of other states for not reporting or falsely reporting child abuse. The subcommittee has decided to increase the penalties in Delaware and to identify a process for informing the Department of Justice when a report has not been made so they can investigate. Legislation has been drafted but not yet entered. (The Abuse Intervention Committee is now known as the Child Protection Accountability Commission's Abuse Intervention Subcommittee).

For the past four years the Program Manager for Intake & Investigation has sat on the University of Delaware's Department of Human Development & Family Studies (known as the Department of Individual and Family Studies until 2008) Advisory Committee. The Advisory Committee meets in the fall and spring to provide input, for example, about curricula or to makes recommendations about internships.

The Division of Family Services participated in emergency preparedness on several levels - Divisional, Departmental, and State:

- DFS Emergency Preparedness Procedures were developed that included planning for foster parents, staff, and contracted providers. Training was also provided for foster parents and licensed child care providers.
- 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 involved 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 were developed in their entirety by the members of the committee.

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 a 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 that is chaired by former DFS Director, Carlyse Giddins, it became apparent that issues involving the sharing of information also needed to be addressed. A multi-disciplinary Information-Sharing Subgroup was chaired by the Division of Family Services and it met seven times between November 2006 and June 2007. 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. The Subgroup issued a final report in October 2007. 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.

An additional subgroup was developed to operationalize the use of history in decision-making. The subgroup was chaired by the Division of Family Services Treatment Program Manager and was comprised of various community partners. The final product of that subgroup was the recommendation for the development of a FACTS event that would capture a client's significant historical events, including elements such as mental health history, criminal history, DSCYF history, birth history, and other significant events in a client's life. The Department adopted the subgroup's recommendations and preliminary work began on the development of the FACTS event. FACTS will be modified as funding becomes available.

The Child Protection Accountability Commission (CPAC) also established a subcommittee to address educational issues related to youth in foster care. The CPAC subcommittee developed several subgroups to further look at these issues. The responsibility of one subgroup is to develop curriculum for the Division of Family Services and the Department of Education staff to facilitate understanding and collaboration of the systems. This subgroup is chaired by representatives from the Department of Education and the Office of the Child Advocate and includes the Division of Family Services Foster Care Program Manager as well as frontline supervisors and the Division's professional development unit. A second subgroup was developed to create an information exchange system. That second subgroup is co-chaired by the Division of Family Services Treatment Program Manager and a representative from the Department of Education. DFS will send the Department of Education monthly data showing all school-aged children in foster care. This data exchange will allow both systems to then analyze strengths and challenges that children in the foster care system face as it relates to their education. By identifying strengths and challenges, the systems can then develop ways to help children in foster care overcome barriers they may be experiencing.

Child Development Watch/Birth to Three Interagency Agreement was updated in November, 2006. The agreement delineates agency responsibilities for the Departments of Health and Social Services, Education, Service for Children, Youth and Their Families, and the Interagency Resource Management Committee. It also sets out services provided by each participating agency.

The Interagency 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), DFS 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 partners with DFS as the lead organization that maintains and coordinates Delaware's Heart Gallery.

The Early Intervention Program currently has Memorandums of Agreements with each district and charter school for which services are provided. Staff from the K-5 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-5 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 for weekly parent education groups from the 5-2-1 Almost None nutrition program, and other similar partnerships.

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. Multiple examples of cooperation and coordination have been discussed by the CPRB throughout this report. As the state's financial resources diminish, there is an even greater need to ensure existing services and programs are used to their fullest. A portion of the DFS Advisory and Advocacy Council meeting has been dedicated to allow for presentations by member agencies to ensure all providers are aware of each agency's service array. The Board anticipates a continuation of policy and practices that will ensure comprehensive awareness and utilization of all available resources across the state.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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)

**PROGRESS & ACCOMPLISHMENTS:**

Delaware has no agreements with other agencies to perform IV-E or IV-B functions.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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"> <li>1. Strengthen the identification of tribal affiliation of children and families served.</li> <li>2. Continue to provide culturally diverse services to all populations statewide.</li> </ol>

**PROGRESS & ACCOMPLISHMENTS:**

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. The Nanticoke Tribe was invited to review and participate in Delaware's 2010-2014 CFSP. The agency requested the Tribe to inform the agency of cultural considerations when interacting with Tribal members.

Providing culturally competent services is part of the Department's System of Care initiative and included in trainings.		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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.
<i>PROGRESS &amp; ACCOMPLISHMENTS:</i> Delacare Requirements for Child Placing Agencies are scheduled to continue the review process commencing in Fall 2009. These Requirements have not been revised since 1986. It is anticipated that revised regulations will be implemented by the beginning of 2011.		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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.
<i>PROGRESS &amp; ACCOMPLISHMENTS:</i> Type of Care specific uniform compliance review reports are utilized in determining compliance with Delacare Requirements for Child Placing Agencies and Delacare Requirements for Residential Child Care Facilities and Day Treatment Programs. The Office of Child Care Licensing conducts investigations regarding violations of Delacare Requirements. Adherence to these standards is reviewed to determine if the complaint is substantiated or not enough evidence to substantiate. This item was rated an area of strength during the 2006 CFSR.		
<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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.

**PROGRESS & ACCOMPLISHMENTS:**

DFS supervised foster homes are required to have criminal background checks including fingerprint checks by the FBI. Additionally, state criminal background checks are conducted on non-custody out of home placements including teens age 13 and older. This item as an area of strength during the 2006 CFSR.

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 were revised to clarify IV-E State Plan and Adam Walsh Act requirements.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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"><li>1. Recruit and retain a diverse pool of foster and adoptive families to match the needs of children needing placement.</li><li>2. Use internal management reports to evaluate and guide foster and adoptive family recruitment and retention efforts.</li></ol>

**PROGRESS & ACCOMPLISHMENTS:**

The Office of Children's Services' pool of foster homes matches the diversity of the foster care population. The Division has been successful in recruiting and maintaining a culturally diverse foster parent program where racial/ ethnic groups are proportionate to the foster children requiring out-of-home placement. As of 6/1/09 58.2% (463) of the children in foster care were African American and 55.95% (155) of the available foster homes were African American. 41.2% (328) of the foster children were Caucasian, compared to 37.5% (104) of the foster homes. 9.5% of children in foster care are identified as having Hispanic or Latino background, compared to 5% of the foster parents. The agency is challenged to recruit the volume of homes desired to match the foster care population. See 2.2 for foster parent recruitment activities.

One hundred and twenty children were adopted during FY2008. Foster care needs families for teens, sibling groups and children with challenging behaviors. About 75% 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 CFSR PIP. 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, Wilmington Drama League events, New Castle Woman's Journal newspaper, and the adoption agency activities/trainings. Staff attends various recruitment events throughout the state including National Adoption and Foster Care Months. The Division maintains 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.

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. This support group is experiencing a resurgence of interest and involvement by its members. It is anticipated that this resource will remain a strong and valuable resources to families of color. Quarterly meetings combine family style potluck dinners with information sharing, parent training, and culturally relevant activities.

In 2006 Delaware the Delaware Code to eliminate barriers for state employees to provide foster and respite care services. Policy and procedures were developed and implemented for governing state employee foster parent applicants.

<b>Systemic Factors</b>	<b>Performance Goals and Objectives</b>	<b>Strategy</b>
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"> <li>1. Continue to use regional and national adoption placement resources for Delaware’s foster children needing adoptive homes.</li> <li>2. Continue to contract with out of state child placing agencies to finalize adoptions for Delaware’s foster children needing adoptive homes.</li> </ol>

***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. The Department advertises in the Wilmington Blue Rocks year book, Wilmington Drama League Events, New Castle Woman’s Journal newspaper, and the adoption agency activities /trainings. During this period, 43 children TPR’d with a goal of adoption were listed on the DSCYF website. The Division continues to identify adoptive families across the country and cumulatively has placed children for adoption in 33 different states and one country. Currently there are 34 children placed in other states, supervised by private agencies and awaiting finalization.

See 10.3 for Heart Gallery activities.