

State of Delaware



2020-2024 CHILD AND FAMILY SERVICES PLAN

**DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
1825 FAULKLAND ROAD
WILMINGTON, DE 19805**

June 30, 2019

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Child and Family Services Plan

I. Collaboration and Vision

State Agency Administering Program

The Department of Services for Children, Youth and Their Families (DSCYF) is responsible for administering the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1), Promoting Safe and Stable Families Program (Title IV-B, subpart 2), Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV).

DSCYF, also known as the Children's Department, was created in 1983 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 long term costs of unrecognized and untreated problems.

The Children's Department Authority and Core Services are:

Core Service #1: Child Protective Services (29 Del. C: c. 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 re-maltreatment, timely reunification with family when appropriate or timely achievement of permanency either through adoption, guardianship, or long-term foster care, and child and family well-being. These services are managed by the Division of Family Services.

Core Service #2: Juvenile Justice Services (29 Del. C: c. 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). These services are managed by the Division of Youth Rehabilitative Services.

Core Service #3: Child Mental Health Services (29 Del. C: c. 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 in resolving their presenting issues through treatment and

intervention provided in the least restrictive appropriate environment. These services are managed by the Division of Prevention and Behavioral Health Services.

Core Service #4: Prevention and Early Intervention Services (29 Del. C. c. 90)

Prevention and early intervention services include: training, public education, and contracted community-based services aimed at preventing child abuse, neglect, dependency, juvenile delinquency, mental health disorders, and drug and alcohol abuse among children and youth. These prevention efforts are geared to help strengthen families and prevent their entry or reentry in one or more of the above three core services. These services are managed by the Division of Prevention and Behavioral Health Services.

Core Service #5: Child Care Licensing (31 Del. C. c. 3, 11 Del. C. c. 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. Licensing includes providers of family child care and child care centers, child placing agencies, and providers of day and residential treatment. The Criminal History Unit manages the criminal history and 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 that child care facilities meet Delacare standards and children in child care, residential, health care, or educational facilities are protected from harmful acts of adults with criminal and/or child abuse histories. The Criminal History Unit is transitioning from the Office of Child Care Licensing (OCCL) within the Division of Family Services to a Professional Standards Unit within the Division of Management Support Services (DMSS).

The Child Abuse Prevention Act of 1997 (SB 170) includes this introduction. “It is the intent of the General Assembly that the primary purpose of the child welfare policy of this state shall be to ensure the best interest and safety of the child, including preserving the family unit whenever the safety of the child is not jeopardized. To that end it is the purpose of this chapter to provide for comprehensive protective services for abused and neglected children by mandating that reports of such abuse or neglect be made to the appropriate authorities and by requiring the child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services.”

Organizational charts for the Department of Services for Children, Youth and Their Families and Division of Family Services are attached. (See Attachments: DSCYF Organizational Chart, DFS Organizational Chart)

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

http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml Annual Reports are posted upon Administration for Children and Families’ approval. State contact is Keith Zirkle, Division of Family Services, 1825 Faulkland Road, Wilmington DE 19805; 302.633.2709; james.zirkle@delaware.gov

Collaboration

Early contributions to the development of the goals and objectives identified in Section III. 2020-2024 Child and Family Services Plan (CFSP) began with the 2015 Child and Family Services Review (CFSR) and Program Improvement Plan (PIP), 2018 Title IV-E Foster Care Review, annual progress reports of the 2015-2019 CFSP, and state planning team meetings sponsored by the Children’s Bureau. After the initial national state planning team conference in August 2018, the three federal grantees for Community-Based Child Abuse Prevention (CBCAP), Court Improvement Program (CIP) and child welfare grants formed a CFSP Steering Committee in December 2018, meeting monthly through April 2019 to guide self-assessment activities. Participating organizations were Prevent Child Abuse Delaware (PCAD), Delaware Family Court (CIP), Division of Youth Rehabilitative Services (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), Brandywine Counseling and Community Services, Inc., Child & Families First, Inc., and the Division of Family Services (DFS). Workgroups formed to gather system data and stakeholder input on child welfare services and performance. A second national convening of state planning teams in April 2019 furthered the collaborative approach with the three federal grantees focusing on applicable Family First Prevention Services Act provisions to expand legal representation for at-risk families. On March 27, 2019, DFS hosted the annual stakeholder meeting. One hundred nine stakeholders were invited; 66 attended representing community service agencies, advocates, Family Court, Administration for Children and Families Region III, foster parents, caseworkers and Chief of the Nanticoke Indian Association. DPBHS and the DYRS were represented. Family Service regional administrators and state office program managers were in attendance. The DFS Director and Deputy Director also participated. The agenda included a review of agency priorities and updates, the agency’s mission and vision, guiding principles, contextual data, population statistics and performance measures. The group provided input on child welfare strengths and areas of concern. Comments and suggested edits to the 2020-2024 CFSP were accepted until April 23, 2019.

Data gathering for self-assessment was conducted collaboratively by CFSP Steering Committee workgroup members as each workgroup was staffed by state and community representatives. The workgroup for system data gathered DFS reports, national CFSR performance standards, quality assurance case review findings and Child Protection Accountability Commission (CPAC) reports. The survey workgroup collected over 520 surveys from a variety of stakeholder groups and 22 focus groups included internal and community partners statewide.

The Title IV-E foster care review and CFSR PIP were collaboratively organized and conducted. Family Court and child placing agencies collaborated in planning and execution of both reviews.

In preparing the Annual Progress and Services Report (APSR), DFS shares writing and editorial input with over 20 agency and community partners. Internal contributors for the APSR include representatives from DFS, DYRS, DPBHS Division of Management and Support Services (DMMS) Interstate Compact Unit and Center for Professional Development and Office of Child Care Licensing (OCCL). External contributors are CIP, Court Appointed Special Advocate Program (CASA), Office of the Child Advocate (OCA), Children’s Advocacy Center (CAC), Prevent Child Abuse Delaware and Division of Public Health (DPH).

One tangible outcome of the national planning team convenings for Delaware's grantees is the agreement to coordinate strategic planning for prevention, formal child welfare services and Family Court. Each grantee committed to integrating collective strategies into each grant's federal application. For this CFSP, there are objectives reaching beyond the formal responses to reports of abuse and neglect and a commitment to form new partnerships to improve communication of existing services and find opportunities to fill service gaps. A new collaborative team, the Integrated Child Welfare Planning Collaborative, formed as the CFSP Steering Committee's charge ended. That group held an inaugural meeting May 1, 2019, forming common values, goals and objectives for all participating agencies from home visiting through adoption and independent living programs to share. Ten organizations participated the first meeting and 6 additional organizations will be invited to join. The overarching broad goal is to produce healthy children, families and communities that do not need formal child welfare responses.

Strengthening the collaborative approach, prevention and court improvement strategic planning are included in this section historically representing the perspective of the formal child welfare agency. Through the Integrated Child Welfare Planning Collaborative, the role of prevention programming for healthy living will join the formal services for at-risk families, forming a more solid continuum of child welfare services. PCAD, the CBCAP grantee, utilizes the Preventing Child Abuse and Neglect: Technical Package produced by the Center for Disease Control and Prevention as a framework for reviewing Delaware's prevention activities and identifying gaps. The five strategies included in the package are:

1. Strengthening economic supports to families.
2. Changing social norms to support parents and positive parenting.
3. Providing quality care and education early in life.
4. Enhancing parenting skills to promote healthy child development.
5. Intervening to lessen harms and prevent future risk.

Of the five child abuse prevention strategies, identified in the Technical Package, the State of Delaware has been highly focused on strategy three, Providing Quality Care and Education Early in Life. Recent efforts within the state have resulted in more children, particularly those who are at risk, being enrolled in high quality child care as measured by the standards established by the Delaware Stars quality assurance program. Additional efforts have centered on tiered reimbursement and professional development. For several years, PCAD has been providing grant funding, training and technical assistance to child care centers statewide so that child care professionals can develop the skills needed to work with parents to build protective factors that can help to prevent child abuse and neglect. These efforts have been enhanced by the work of grantees who provide programs like, Kindergarten Academies, to create a smooth transition from Pre-Kindergarten to Kindergarten.

Efforts around Enhancing Parenting Skills to Promote Healthy Child Development, strategy four, have also benefited from the provision of CBCAP funding to child care centers involved in the program and to Delaware Readiness Teams, whose activities have included parent conferences, family cafes and community-based baby showers. Funding to support the abusive head trauma prevention program based in all of Delaware's maternity hospitals has also continued with positive results. By far the largest effort in this area has been the continued collaborative work that has

resulted in Delaware's continuum of evidence-based home visiting programs. This continuum includes three evidence-based home visiting models, Healthy Families Delaware (HFD), Nurse Family Partnership (NFP) and Parents as Teachers (PAT), as well as Early Head Start. PCAD has utilized grant funding from the Division of Public Health (DPH) to provide training and technical assistance for all home visitors from the various evidence-based HV models and their supervisors. During this past year training has also been provided to Community Outreach Workers/Health Ambassadors (HA) who work in high risk communities, parent educators and the information and referral staff of Delaware's Help Me Grow (HMG) program. Training on reflective supervision and peer networking opportunities have also been provided to a cadre of supervisors from all the services represented within the continuum. This peer learning opportunity provides supervisors the chance to discuss challenges and possible solutions and to establish ways to reinforce the learning that has taken place during the training sessions attended by their staff. During this past year the training has included a multi-session course on motivational interviewing, and sessions on school readiness, dual language learners, language and literacy and a two-generation approach to children's school readiness and adult well-being.

Work on strategy two, Changing Social Norms to Support Parents and Positive Parenting, includes encouraging people to make use of the materials and resources available through the DE Thrives website, including QT 30, which is provided by the Division of Public Health. Public awareness campaigns have been utilized to support the message that new parents receive at the time of birth.

During the past year PCAD and its partners were able to support the passage of HB 3 which provides all state employees with paid family leave upon the birth or adoption of a baby. This is an important component of strategy one, Economic Support for Families. Work on strategy five, Intervening to Lessen Harm and Prevent Future Risk has been advanced by the adoption of a statewide policy support by the governor that requires all services provided by the state to be trauma-informed.

Delaware's Court Improvement Program 2017-2021 Strategic Plan re-envisioned the leadership impact the Court can have on dependency and neglect cases by emphasizing the importance of addressing well-being factors of children and families. All of the families who enter the foster care system in Delaware will come through the doors of Family Court. As such, judicial officers and those professionals who practice in our child welfare cases must be knowledgeable about the array of issues that confront children and families. Child welfare professionals must know how best to intervene and support them; know how to respond to the trauma that our families have experienced and how to work collaboratively across disciplines to achieve better outcomes for those we serve. To that end, the outcomes identified in this five-year plan focus on initiatives requiring multi-disciplinary collaboration in order to achieve success. Delaware's efforts to improve will be evaluated and analyzed to keep us focused on specific goals. There will also be ongoing mechanisms in place tracking timeliness of our permanency efforts and compliance with federal expectations. This five-year plan will evolve on an annual basis, and updated to reflect changes. The current plan reflects the use of the Basic, Training and Data CIP grants.

The CIP Steering Committee, comprised of membership from Family Court, DSCYF, OCA and the Department of Justice (DOJ) provides oversight, accountability and leadership to this plan. The Court Improvement Coordinator plays a critical role ensuring coordination and action around

identified outcome areas. Collectively, this team will work together to ensure there is regular communication and opportunities for discussion around the plan.

CIP activities are aligned with DFS permanency activities, measures and outcomes. The CIP Coordinator was a co-leader of the CFSR PIP permanency workgroup. Currently the coordinator is an active member of CQI workgroup on periodic reviews. One of the goals that came from last year's collaborative Social Service Project was to focus on improving upon visitation practices for children and their families as the child welfare research demonstrates that frequent visitation can positively impact reunification. Last year, Delaware created Visit Host Guidelines for the state through partnership with the state agency, OCA, DOJ, parent attorneys and provider agencies. These guidelines were issued and a visit host pilot project was implemented. Over the past year, the visit host workgroup has continued to monitor the visit host pilot project and encourage more visitation that can be hosted by individuals who are identified by family members. Increasing options for visitation is a tool for workers to increase parent engagement and support reunification. A training will be held this year to provide additional information to DFS, Family Court, OCA, CASA, DOJ, parent attorneys, and provider agencies regarding the value of visitation as Delaware continues to focus on achieving permanency outcomes for youth and families. Family Court joins DFS and partners in Permanency Round Table training.

Vision, Mission and Guiding Principles

Underlying DSCYF's mandated services are core values:

Safety

1. All children deserve to be free from abuse and neglect.
2. Evidence-based tools and evidence-informed practices are used to aid decision making and planning for child safety, but we recognize safety cannot always be ensured by rigid compliance; a decision that is contrary to an evidence-based tool or practice is appropriate when it is necessary to ensure a child's safety.
3. We are committed to creating emotionally and physically safe environments for youth, families and staff.
4. We are committed to the rehabilitation of youth and will seek the least restrictive, but most effective, methods to accomplish rehabilitation while still maintaining public safety.

Compassion

1. Always seek to mitigate trauma and avoid re-traumatization by utilizing trauma informed practices.
2. Ask "what happened to you" instead of "what's wrong with you".
3. Recognize that all children want to be with their own families and we must empower parents to take responsibility for the care and safety of their children by making sure they have the support and resources they need.
4. Recognize that every contact with a family is an opportunity to make them stronger, healthier and more stable.
5. Acknowledge and appreciate those things that make every family unique.

Respect

1. Dignity and respect is shown to children and families in every interaction.
2. Make sure all people we serve can access what they need and are treated fairly.
3. Make families our partners in all decision making.
4. All children and families deserve prompt attention by skilled staff.

5. Serve our families where they are – in their homes, schools and communities.
6. Recognize that every contact with a family is an opportunity to make them stronger, healthier and more stable.

Collaboration

1. Plan for transitions and prepare children and families for each transition, including case transfers to new workers.
2. Minimize the number of placements and transitions.
3. Ensure communication between divisions for all multi-divisional youth.
4. Determine what would make a family more stable and connect with other divisions, agencies and providers to meet their needs.

DSCYF's Mission is to assist children, youth and families in making positive changes through services that support child and public safety, behavioral health and individual, family and community well-being. The Vision is: Our Children. Our Future. Our Responsibility.

DFS's Mission is to promote the safety and well-being of children through prevention, protection and permanency.

The Child and Family Service Plan is grounded in the following guiding principles:

- The focus on child safety is paramount at all stages of a case from prevention to permanency.
- Effective engagement promotes more comprehensive sharing of information and perspectives, which increases the effectiveness of best practice tools, strategies, and models.
- Every child deserves to grow up in a stable, nurturing family.
- Families involved in the child welfare system have experienced various traumas both from the circumstances that led to the maltreatment and the separation of removal to foster care. Unresolved, these traumas can continue to impact their reactions, behaviors and development.
- Family interventions should be proportionate based on risk and protective factors.
- Children and families are more likely to actively engage in a plan in which they had a key role in designing. Key decisions include family and youth voices.
- When plans recognize and build upon families' strengths and achievements, they are more likely to accept the interventions and internalize the positive changes.
- Decisions about specific interventions for children and families are more relevant, responsive and effective, when the team involved with the family helps make them.
- Plans that are individualized and needs-based, instead of service-driven, are more likely to promote positive outcomes in safety, permanency, stability and well-being.
- Older youth transitioning from foster care into adulthood are more successful in achieving independence when they have established relationships with caring adults who will reliably support them.
- Child welfare systems are strongest when partners share common goals and resources.
- A skilled and experienced workforce is supported by competency based training, facilitative supervision, community-based services and technology.

Family engagement is a central unifying theme that supports DFS' practice model, Safety Organized Practice (SOP). Through SOP family engagement is elevated as an overarching philosophy and practice, based on the belief that such engagement is fundamental in achieving improved outcomes for all children in safety, permanency, and well-being.

II. Assessment of Current Performance in Improving Outcomes

This section provides information on the current assessment of the state's performance to support the selection and development of goals and objectives, measures, and outcomes for the next five years listed in Section III, Plan for Enacting the State's Vision. The assessment is structured by these categories: context statistics, national standards, CFSR findings, case review results and stakeholder input. Outcomes and systems are included in each evaluation type rather than listing each separately for ease of reading.

Context Statistics

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

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

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

National Standards

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

Safety

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

Permanency

<i>National Standards</i>						
	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Reunification within 12 months from the most recent removal from home. Goal is 75.2% or higher.	68.2%	58.9%	64.4%	62.0%	69.2%	60.4%
Re-entries to foster care in less than 12 months. Goal is 9.9% or lower.	6.8%	6.5%	12.1%	15.7%	17.5%	19.7%
Of those children in care less than 12 months - % with 2 placements or less. Goal is 86% or higher.	83.3%	85.9%	85.1%	83.1%	79.5%	85.1%
Of those children in care for 12 but less than 24 months - % with 2 placements or less. Goal is 65.4% or higher.	61.3%	65.9%	61.8%	64.7%	61.4%	51.2%
Of those children in care 24 or more months - % with 2 placements or less. Goal is 41.8% or higher.	33.6%	32.4%	31.3%	33.8%	31.3%	32.6%
Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.	43.2%	33.3%	38.0%	40.9%	54.1%	39.7%

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

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

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

Child and Family Services Review

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

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

Delaware identified these areas needing improvement:

Case related:

- Priority 3 investigation timeliness

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

System related:

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

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

Quality Assurance Case Reviews

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

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

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

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

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

These performance measures present a varied picture of the agency's efforts to address the seven Safety, Permanency and Well-being Outcomes. Delaware's national data profile measures continue to comply with established standards for safety. Delaware's reunification rate has slowed compared to FFY2015-17. There is a marked increase in the companion measure, re-entry to foster care, for FFY2018, exceeding the national standard by nearly 10%. Foster child placement stability has increased from FFY2017 by 5.6% for those children in care less than 12 months with 2 placements or less and decreased by 10.2% for children in care for 12 but less than 24 months with 2 placements or less. An increase of 1.3% is seen for those children in care 24 or more months with 2 placements or less. All of these measures are below the national standards but improvement is noted in the stability of children in care less than a year and more than 2 years. Children exiting to adoption within 24 months of entering care exceeds the national standard for the fifth year, but has seen a decline from 54.1% in FFY2017 to 39.7% in FFY2018. The measure for foster youth aging out after 3 or more years in foster care decreased by 16.3% since FFY2017 and exceeds standard. As of 4/7/19, 662 children are in DFS custody, with 636 children being in DFS foster care. The average monthly placement (DFS out-of-home care) population in FY2018 was 759, a decrease of 2% from the FY2017 average of 775. Three hundred eighty (380) children entered initial DFS placements and 416 children exited placement in FY2018. There were 1144 children who spent at least one day in foster care during FY2018. This was a 3% decrease from the 1176 children in who spent at least one day in foster care during FY2017. As of 4/15/19, the two highest populations of foster children are the age 0-1 population with 15.4% and age 16 and above with 22.3%.

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

The results of the first round CFSR PIP quality assurance case reviews (April-September 2018, N=90) show that Delaware has reached its improvement goal for two items, Child and Family Involvement in Case Planning and Caseworker Visits with Parents. For Item 5 and Item 6, Delaware did not meet the improvement goal but did improve compared to our original baseline. Review results indicate that Delaware needs to continue to make improvements on Timeliness of Initiating Investigations, Risk and Safety Assessment and Management, and Caseworker Visits with Children. Delaware continues to do well on outcomes that were not included in the PIP. Additional CFSR first round results are as follows: Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster care-100%, Placement with Siblings-84%, Visiting with Parents and Siblings in Foster Care-91.43%, Preserving Connections-96.3%, Relative Placement-93.88%, Relationship of Child in Care with Parents-93.33%, Educational Needs of Child-98.25%, Physical Health of Child-98.59%, and Mental/Behavioral Health of the Child-100%.

Stakeholder Input

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

Strengths

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

- Screening of foster children that need to be screened is 100%.
- Improving family engagement.
- Foster care community agencies do a great job taking care of children and partnering with the state agency.
- Foster parents try to work with other foster parents.
- Seventy-seven percent of foster families adopt children - children can stay with one forever family.
- Strong public-private partnerships committed to good outcomes for children and families.
- Community partners share programming and resources.
- Governor recognizes the increased caseload and recommended new positions.
- FOCUS is a resource to help programming across the board; activated without crashing.

Worries

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

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

Surveys and focus groups were conducted as part of the 2020-2024 CFSP self-assessment and valuable for evaluating progress of the 2015-2019 CFSP. Questions and topics for both activities are based on CFSR Statewide Assessment Instrument items. Over 520 participants completed surveys from these categories: DFS staff, DSCYF staff, community partners, legal representatives, foster parents and youth. Twenty-two focus groups were conducted statewide with agency leadership, supervisors, caseworkers, foster/adoptive parents, parents, foster youth and community service providers.

These are the summarized areas of strength:

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

These are the summarized themes of areas needing improvement:

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

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

Overall, most items were rated positively for safety, permanency, well-being and system performance. In summary, legal representatives and foster parents disagreed with other groups on service array, setting and changing permanency plans, achieving permanency, preserving connections, assessments and services to correct removal reasons. There was strong agreement among participants that partnering, keeping children at home, and meeting needs of foster parents are strengths.

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

Information System

The development of FACTS II was suspended in 2015. In spring of 2016, DSCYF began the development of a new, fully integrated information system, FOCUS. After 2 years of planning, development and testing, FOCUS is operational effective February 6, 2018. Staff received early training on structure and navigation of the web-based system. Change requests and edits regularly update the system. SACWIS compliance is obsolete and the agency is transitioning to Comprehensive Child Welfare Information System (CCWIS). The AFCARS Improvement Plan contains actions to improve data organization, element definitions and mapping. This system is not included in the 2020-2024 CFSP.

Case Review System

Review of system data are standing agenda items at CIP Steering Committee and CPAC meetings to keep court, agency and system partners informed of performance. CIP data measures including the following are shared regularly: timeliness of hearings (Adjudicatory, Dispositional, Reviews, and Permanency); timely filings of TPR petitions and timeliness of permanency by type. Delaware continues to demonstrate that hearing timeliness is strong; however, there are some outlier cases where we are not meeting guidelines. In those instances, case reviews are conducted to better understand the delays to determine if there are system wide opportunities for improvement. (See attached: CPAC Dashboard, 3.3 and 4.11) During FY2018 a total of 116 adoptions occurred; 50% occurred within 24 months of most recent removal, the highest percentage to date for any 12 month period. Timeliness of permanency exits are discussed in Section II., National Standards. Delaware meets the standards except for permanency exits within 12 months of entering foster care; family court proceedings are a major factor in these measures.

CFSR PIP permanency addressed concurrent planning earlier in a case; in particular at Permanency Planning Committee 9 month reviews. Judges recirculated the CIP Leading Practices report which outlines recommended court practices for all CIP cases. Family Court monitors delays in issuing court orders over 90 days; and DOJ and OCA assess the legal history of all parties to determine legal presumptions. The PIP also stressed better communication with resource parents when there are delays about any permanency decisions to explain information available. The child's planning team implements family search and engagement services earlier in a case and DFS expands contracted family search services to children with the goal of reunification.

Collaboration between Family Court, DFS, child advocates and system partners leads to joint trainings, technical assistance and resources to strengthen timely exits to permanency.

Stakeholder comments are generally positive for this system noting consistent periodic and permanency reviews, caregivers receive notice of hearings, caregiver and youth voices are heard.

In review, this system is functional supported by evidence that current activities and strategies make a positive impact on timely permanency. The 2020-2024 CFSP includes continued collaboration with Family Court. Objectives to strengthen family engagement, kinship, placement stability and service array will benefit performance of this system's measures.

Quality Assurance System

The quality assurance system was determined to be an area needing improvement in the 2015 CFSR. During the past 5 years, this system has grown from a collection of quality assurance activities to a maturing continuous quality improvement system guided by tested principles and procedures, and monitored by a CQI workgroup. DFS received technical assistance from the Capacity Building Center for States to provide oversight and consultation to implement a continuous quality improvement system. In February 2017, Delaware adopted the federal OSRI as the quality assurance review tool. Interviews with key case participants and stakeholders as well as a second level quality assurance review are a part of the review process. Delaware has established a quality assurance team to conduct these reviews. Resourcing of case reviewers has been a challenge resulting in delayed completions. Results of the OSRI have been shared at the annual report stakeholders meeting, Strategic Leadership Team meetings and program management meeting. Two targeted actions have used CQI strategies to address areas of concern in the past year. Delaware will continue to use the OSRI after the CFSR PIP reporting periods end March 2020. Stakeholders agree DFS has reports measuring efforts to improve outcomes for children and families. This system is addressed in the 2020-2024 CFSP.

Staff Training System

The practice of frontline workers is central to DFS achieving identified goals and objectives, therefore, training is focused on guiding day-to-day practice and the acquisition of necessary skills of those workers. The Center for Professional Development (CPD) within DSCYF provides staff development opportunities and competency-based training to DFS front line caseworkers, supervisors and managers as well as to DFS contracted in-home service providers, thus promoting and supporting best practices, a teaming environment, and integrated service planning and interventions. The focus on safety, permanence and child/family well-being is thematically integrated in all training. Ongoing curriculum updates and periodic revisions and effective training

designs are used to continually deliver training to develop core knowledge and casework skills need to produce positive outcomes.

Pre-service training: CPD delivers training in the skills and knowledge needed by new casework hires to understand and implement the DFS practice model. Twelve competency-based pre-service core trainings and one orientation class are provided on an ongoing basis. Four core courses are assigned to new hires within the first 3-5 weeks of starting. The remaining courses are self-selected by the participants within prescribed timeframes, not to exceed 1 year from start date. Courses can be taken at intervals that allow new staff to experience mentoring and job experiences alongside classes. Trained mentors and experienced staff are paired with new hires to facilitate learning in the field, which includes required on-the-job field experiences. Providers and other community partners such as Community Legal Aid, Delaware State Troopers, Delaware Coalition Against Domestic Violence, mental health and trauma specialists present at pre-service and in-service trainings. A graduated caseload assignment is applied to facilitate increased practical application of knowledge and skills trained in this period of learning. New caseworkers complete new worker training, shadow experienced workers, manage an initial case with intensive supervision, and prepare to build a full caseload. Seventy-seven new workers and 15 contracted providers attended or started pre-service training to date during FY2019. Training records indicate 100% satisfactory completions for DFS new workers for the core pre-service training within the first two months.

Foster Home Coordinators are trained to present pre-service orientation to current and prospective foster parents and pre-adoptive parents orienting them to their roles and responsibilities in those areas. A trained contracted provider delivers a 32 hour training developed by CPD geared towards individuals and families interested in fostering teens. Contracted providers are trained to deliver in-service modules provided by the Institute of Human Services.

In-service training: In-service training offers opportunities for developing higher levels of child welfare skills, practicing cyber security, applying trauma informed care and addressing other developmental needs of staff. These sessions are web-based and available at the user's convenience.

Stakeholders generally see staff training as an area to improve, especially new worker training. Trainee evaluations for pre-service sessions are rated 'very good' by attendees. Per midpoint evaluations for FY2019, 92% of respondents agree they used what they learned on the job; 100% agreed that the skills they learned in training were important for the successful performance of their job functions.

See Section VII. Targeted Plans Within the 2020-2024 CFSP, Training Plan for additional information. Section III. 2020-2024 CFSP, includes a professional staff training objective under workforce stability and development.

Service Array System

Supporting family focused and child centered interventions, Delaware's child welfare system offers a continuum of services to at-risk families and children from prevention to permanency to independent living, provided by public and community-based agencies. Evidence of effectiveness of the service array is visible in system measures, quality assurance case reviews, and stakeholder

comments. In regards to the CFSR Round 2 national data profiles Delaware performs above the national standard in the areas of absence of maltreatment recurrence, adoption within 24 months of most recent removal, and children emancipated who were in foster care for 3 years or more. In regards to the CFSR Round 3 national data profiles Delaware performs better than the national performance in the areas of maltreatment in care and recurrence of maltreatment. Delaware performs no different than the national standard in permanency within 12-23 months, permanency achievement within 24+ months, re-entry into foster care, and placement stability. Delaware is below standard for permanency within 12 months. Kids Count[®] ranks Delaware 27th in the nation for overall child well-being in 2018 and 25th for family and community. One overall measure of the state's child welfare health is the rate of child abuse victims per 1,000 and Delaware has improved from a high of 11.7 per 1,000 in 2012 to 7.2 per 1,000 in 2017. This is the lowest rate since 2004.

For the period April-September 2018, case reviewers using the OSRI tool found that educational needs (98%), physical health needs (99%) and mental/behavioral health needs (100%) are being met. Case reviewers determined Item 12: Needs and services of child, parents, and foster parents, was met in 79% of cases reviewed.

Focus groups were held with the following groups in February and March 2019: Adoptive parents, adopted children, youth, foster parents, parents, community partners, DFS administration, DFS foster home coordinators, and DFS investigation, treatment, and permanency case workers. Service array was one of the topics of discussion in the focus groups. The groups identified the following strengths:

- Services have a family centered practice.
- Children with a permanency goal other than reunification have valuable services (My Life, child specific recruitment, family search and engagement).
- Other valuable services offered to children in foster care include mental health screenings and independent living.
- When there is effective collaboration between DFS and service providers outcomes are enhanced for families.

The group further discussed the following challenges regarding service array:

- Ongoing challenges with Medicaid, mental health, resources for teens and children with special needs (challenging behaviors, human trafficking, trauma, sex offenders, substance abuse).
- The service array for relative/non relative caregivers is lacking. Once relative/non relative caregivers become placement providers they have to find services on their own or the child loses services they had in foster care.
- When adoption is finalized many services discontinue that could be beneficial after the adoption.
- Delaware has a service array but there are gaps or the services are not always the "right" services.

The groups suggested the following upgrades:

- Expand partnerships with in home and community-based services.

- Staff, foster parents, providers need ongoing and updated information and access to current service array.
- Streamline access to services (so there are not a lot of “hoops” to jump through).
- Enhance communication and collaboration between DFS and community partners (including DFS sister agencies–DYRS and DPBHS).
- Enhance supports for relative caregivers.
- Enhance supports for foster parents (their own mental health needs, grief and loss, and support with challenging youth).
- Provide opportunities for networking.

Survey responses were received from DFS staff, DSCYF (DYRS, DPBHS, DMSS) staff, community partners, legal representatives (judges, child advocates, parent attorneys, child attorneys), aged out youth and foster parents. The majority of the groups agreed or were neutral that Delaware has services to meet the needs of children and families: DFS (65%), DSCYF (76%), community partners (89%), court (60%), youth (80%), and foster parents (88%). Eighty-one percent of the responses indicated that Delaware has services to keep children safe in their own homes. Eighty-eight percent of the responses indicated Delaware has resources to help children return home, to relatives, or to adoptive homes. Eighty-six percent of the responses indicated that services are individualized to meet the needs of children and families.

Professionals and DFS agree that Delaware has a service continuum that continues to expand, however, services that need attention are prevention services and resources for youth with special needs (e.g., challenging behaviors, human trafficking, trauma impacted, sex offenders, and substance using). Service array also needs to be enhanced to support relative/non-relative caretakers. Collaboration with the family, youth, and providers is key to individualizing services and ensuring the service is the most appropriate for the family.

Current prevention services include parent education, strengthening families, promoting safe and stable families, Delaware Fatherhood and Family Coalition, early intervention, behavioral health consultants, and home visiting. Trauma-informed and developmental development evidence-based screenings for children entering foster care, and monitoring psychotropic medications add valuable resources for reunification and permanency achievement. Delaware plans to expand prevention services and increase service array.

Delaware agrees with stakeholders that there are gaps in service array. Although Delaware has an array of services, services are not the right fit for every family. Delaware purchases community-based services, however, Delaware is working to strengthen relationships with other community service providers and sister agencies. Delaware continues to grow in Safety Organized Practice and Structured Decision Making[®] which facilitates strong assessment of safety, risk, family strengths and needs. These strategies and tools help individualize services to children and families. In the next five years Delaware will use these tools with fidelity. Delaware is also strengthening the kinship program which empowers families by providing supports and financial aid, preventing deep end placements. DFS is committed to collaborating with partners on enhancing Delaware’s service array with an emphasis on prevention services and communication, is included in the 2020-2024 CFSP.

Agency Responsiveness to Community System

DFS has a strong history with both formal and informal responsiveness to the community. DFS is a member of CPAC and responds to recommendations from member agencies. Del. C. Title 16, §912 sets the Commission's membership as: The Secretary of DSCYF, the Director of DFS, 2 representatives from the Attorney's General Office, 2 members of the Family Court, 1 member of the House of Representatives, 1 member of the Senate, the Chair of the Child Placement Review Board, the Secretary of the Department of Education, the Director of the Division of Prevention and Behavioral Health Services, the Chair of the Domestic Violence Coordinating Council, the Superintendent of the Delaware State Police, the Chair of the Child Death, Near Death and Stillbirth Commission, the Investigation Coordinator, 1 youth or young adult who has experienced foster care in Delaware, 1 representative from the Public Defender's Office, and 7 at-large members (1 person from the medical community, 1 person from the Interagency Committee on Adoption who works with youth engaged in the foster care system, 1 person from a law-enforcement agency other than the State Police, and 4 persons from the child protection community). The agency also sits on and responds to findings and recommendations of the Child Death Review Commission. DFS also has a Community Advisory Council that reviews agency programming and provides opportunity for stakeholder input. The Council's membership is under review.

Stakeholder meetings are held annually. Surveys and focus groups provide community input on child and family outcomes and systems during CFSR and CFSP self-assessment phases. Family Court and foster care agencies participated in CFSR PIP activities and reporting. Most recently, stakeholders note the many collaborations between public and private agencies, especially Family Court, as a strength. Stakeholders also recognize DFS' added services to substance exposed infants and use of family assessment tracks in response to community needs as strengths. Stakeholder input includes family and youth voices at the case and system level. Seventy-two percent of DFS staff agree they have a voice in agency statewide planning.

The newly formed Integrated Child Welfare Planning Collaborative will provide a forum to bridge prevention and early intervention services with formal child abuse/neglect responses. Community-based and public agencies have agreed to common values and goals for developing healthy individuals and communities to prevent formal child welfare responses.

This system passed all three CFSRs and is not included in the 2020-2024 CFSP. Collaboration with child welfare partners is an objective under service array and meets the Children's Bureau call for addressing prevention of child abuse and neglect.

Foster and Adoptive Parent Licensing, Recruitment and Retention System

Delaware has approximately 430 foster homes split between state and child placing agency oversight. DFS recruits and supervises foster homes under internal policy and procedures, and staff two foster care coordinator units statewide. Pre-service training, in-service training and home studies are provided by community agency contractors. Child placing agencies operate under license and requirements of *Delacare* Regulations administered by the Office of Child Care Licensing. Delaware passed the 2018 Title IV-E Foster Care Review, an indicator of system health for approving and monitoring foster homes. Efforts to place siblings together was noted as a review strength. Another indicator of health is the occurrence of maltreatment in foster care. Delaware's

CFSR Round 3 performance for FFY2016 (latest available) exceeds the national performance. DFS' CSFR Round 2 absence of maltreatment in care performance for FFY2018 is slightly below the national standard at 99.53%. Stakeholder input for this system has both strengths and areas of concern. Noted strengths are good safety record for children in foster care, relative and non-relative supports have increased, foster children are screened for mental health, strong partnership with child placing agencies, high rate of foster parent adoptions, shared partner resources, foster parents being a resource to other foster parents and biological parents. Stakeholder are worried about the lack of support for foster parents' well-being, lack of community services for special needs children, and weak communication among a child's team members. Delaware uses foster and adoptive parent input to form in-service trainings offered to all private and agency foster parents. Prevent Child Abuse Delaware is the community-based provider of pre-service and in-service foster parent training. Annual foster parent conferences provide recognition and training of foster parents. Events occur during May of each year aligning with national Foster Care Month. This year foster parents joined the planning team usually staffed by professionals.

Delaware's use of Ice Breaker meetings is an early alignment of the Children's Bureau vision for foster parents to support biological families. Ice Breaker refresher training was a CSFR PIP activity completed in March 2019. Delaware has a Foster and Adoptive Parent Marketing, Recruitment and Retention Plan as referenced in Section VII. Targeted Plans. The Plan covers three major areas of support and improvement regarding the foster care system: increase the number of new homes, retain good quality foster families and develop or recruit for youth with complex needs. The plan outlines interventions that address the points in the approval process that families drop out. The plan includes training and supports to increase foster parent confidence and skills, paying particular attention to matching and child/family demographics. Delaware will continuously evaluate the needs of children and adjust the recruitment, support and development strategies.

Assessment Summary

In summary of the system data, case review findings, CSFR PIP activities, CFSP activities and stakeholder comments, Delaware's child welfare system has both strengths and weaknesses. Not all references are in agreement, likely due to nuances in collection methods and data perimeters. Family Services has implemented and sustained major initiatives in the past 5 years such as Safety Organized Practice, team decision making, a new information system, expanded differential response tracks, programming for substance exposed infants and Structured Decision Making®. The CSFR PIP activities added an operational continuous quality improvement system, supervisor training and family teaming. The agency added over 50 new front line positions in the past 2 years. Overall, agency efforts and services to prevent removals, engage families, deliver services proportionate to the level of risk, improve community partnerships and respond to the community are recognized by stakeholders as both strengths and areas to improve. System data for safety measures are strong but case reviews reveal weakness in timeliness of initial investigation and ensuring safety throughout the life of a case. Permanency data measures are inconsistent for achieving timely permanency between CSFR Round 2 and Round 3 Federal Profiles. Foster care placement stability is conflicted between the national profiles. Family preservation, visiting with parents and siblings, preserving connections, relative placements, supporting parent and foster child relationships all score well in case reviews. Stakeholders see areas to improve with visitation, service accessibility and stability, foster parent supports, preparing youth for independence, and teamwork. Case review findings reveal improved family involvement in case planning and

contacts with parents. Case review findings are strong for physical, dental and behavioral health as well as education. Stakeholder want higher high school graduation rates for foster youth and lower rates of psychotropic prescriptions without accompanying counselling. Outcome areas of concern are addressed in the 2020-2024 CFSP, Section III.

As for infrastructure systems, changing the automated information system has been challenging for users and data quality. Resourcing CQI case reviews was challenging and caused a delay in measurements related to CFSR PIP performance. Service array has improved with expanded differential response tracks and collaborative teams that facilitate service coordination via points of contact. Service array is also viewed as inadequate to meet all the needs of families and foster children. Family Services and Family Court have a strong partnership and share ownership of barriers to timely permanency; but system measures for permanency achievement is below expectations. Foster parent training is viewed as a strength via training evaluations but stakeholders say more quality training is needed. New worker and in-service training is viewed by stakeholders as needing improvement. These areas of concern are addressed in the 2020-2024 CFSP, Section III.

Workforce stability over the past five years has also been challenging. Family Services' state level program team had an 80% turnover at the beginning of the CFSR PIP in 2017 and an additional 40% turnover this calendar year. Regional office management had 75% turnover in the past 2 years. Overall agency turnover is high at 24.73%. Workforce stability is addressed in the 2020-2024 CFSP, Section III.

Caseload size is a key factor in maintaining safety and achieving permanency and well-being outcomes. As of March 31, 2019, statewide investigation cases averaged 18.7 for fully functioning caseworkers (standard = 11). Treatment and permanency caseloads averaged 17.8 statewide (standard = 18). Over the past 5 years, investigation caseloads reached a high of 25.2 in February 2018. Treatment caseloads had a high of 21.2 in December 2016. This area of concern is addressed in the 2020-2024 CFSP, Section III.

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

An AFCARS Review occurred the week of September 17, 2018. An improvement plan is active to revise data organization, element field definitions and mapping. CIP joins a CQI workgroup to correct missed periodic reviews, one of the findings of the review.

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

Outcome/System	2020-2024 CFSP Objectives
<p><i>Safety Outcomes 1 and 2</i> Safety Outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.</p>	<ul style="list-style-type: none"> • Ensure initial investigation timeliness • Sustain SDM® with fidelity • Implement DFS prevention pathway • Expand differential response • Ensure child safety in treatment, permanency and interstate functions
<p><i>Permanency Outcomes 1 and 2</i> Permanency Outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.</p>	<ul style="list-style-type: none"> • Strength family engagement in assessment, planning and services • Practice TDM with fidelity • Strengthen kinship programing • Improve placement stability • Provide frequent and quality visitation • Prevent post-adoption disruptions • Collaboration with court and partners to improve timely permanency
<p><i>Well-being Outcomes 1, 2 and 3</i> Well-being Outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.</p>	<ul style="list-style-type: none"> • Strengthen family engagement in assessment, planning and services • Strength family search and engagement • Sustain and increase opportunities for education, employment, personal and community connections for foster teens and young adults • Advocate for foster teen driver licenses and car insurance coverage • Reduce number of foster children on psychotropics without counseling
<p><i>Information System</i></p>	<p>Not addressed in CFSP</p>
<p><i>Case Review System</i></p>	<p>Included in Permanency 1 and 2 Outcome Objectives</p>
<p><i>Quality Assurance System</i></p>	<ul style="list-style-type: none"> • Target specific areas to improve using CQI principles • Strengthen CQI Steering Committee functions • Strengthen case review unit
<p><i>Staff Training System</i></p>	<ul style="list-style-type: none"> • Provide quality new worker and in-service training • Budget requests for training initiatives

Outcome/System	2020-2024 CFSP Objectives
<i>Service Array System</i>	<ul style="list-style-type: none"> • Increase community awareness and utilization of services • Implement Title IV-E Candidacy (identification and services; administrative and prevention claiming) • Add sex trafficking resources • Strengthen foster care resources • Strengthen healthy choices by aged out young adults
<i>Agency Responsiveness to the Community</i>	Not addressed in CFSP
<i>Foster and Adoptive Parent Licensing, Recruitment, and Retention System</i>	Included in Permanency 1 and 2 Outcome Objectives and Service Array Objectives
<i>Workforce Development</i>	<ul style="list-style-type: none"> • Implement a staffing capacity plan • Reduce caseload standards for treatment • Advocate for hazardous duty pay

III. Plan for Enacting the State’s Vision

2020-2024 Child and Family Service Plan

Based on the assessment of outcomes and systems using internal metrics, stakeholder comments, and federal vision, the following goals and objectives are established for 2020-2024. There are several broad principles and priorities supported by this strategic plan. The focus on child safety is paramount at all stages of a case from prevention to permanency. Children deserve to grow up in stable, nurturing and permanent families. Family interventions should be proportionate based on risk and protective factors. Key decisions include family and youth voices. Child welfare systems are strongest when partners share common vision, goals and resources. A skilled and experienced workforce is a core infrastructure to improving outcomes for children and families. A strong child welfare system uses continuous quality improvement to evaluate performance, guide practice and develop service array.

Safety

Goal: At-risk children are safe and protected

Rationale: Child safety is the prime priority for Delaware’s child welfare system and a core component of the agency’s mission. Delaware has a history of low rates of recurrence of maltreatment and maltreatment in foster care. Initiating investigations within Delaware’s response categories and interviewing all parties per policy was a weakness in the 2015 CFSR and a struggle to correct during the PIP 2 year implementation period. The April-September 2018 Onsite Review Instrument (OSRI) results for Item 1: Timeliness of initiating investigations of reports of child maltreatment find 71.43% of cases rated strength, below the 2015 baseline of 81.08% and the improvement goal of 89.3%. Stakeholder input indicates Family Services’ response to reports are a strength. Family Services has internal investigation quality assurance case reviews. For CY2018, reviewers agreed 86% of safety and risk-related responses followed policy and implemented

activities to keep children safe. Family Services has an initial investigation interview timeliness report which finds 86% of investigations comply with assigned response times for CY2018. Multiple process components contribute to OSRI and investigation case ratings while the system generated initial investigation interview timeliness report is based on a response category, assignment date and completed date field evaluation. Priority is given to urgent responses which places lower priority response times in jeopardy. High investigation caseloads are a key factor; Delaware's caseload standard is 11 cases per investigator. As of March 31, 2019, statewide investigation cases averaged 18.7. Over the past 5 years, investigation caseloads reached a high of 25.2 in February 2018. Delaware is committed to strong safety outcomes for at-risk children and will make improvements to processes and workforce contributing to weak OSRI performance. Caseload and worker positions are addressed under workforce stability and development goals.

Measure: Onsite Review Instrument case review performance is the primary measure for this goal: Item 1: Timeliness of initiating investigations of reports of child maltreatment. Component measures are the investigation quality assurance case reviews and the initial investigation timeliness report. The goal for OSRI Item 1 is 95%; the goal for investigation case reviews is 95%. Initial investigation interview timeliness goal is 95%.

Objective: Ensure initial investigation timelines by using data reports and case review findings to monitor compliance at the state, region, team and caseworker level. Provide contact due reports at regular intervals. Ensure quality of initial contacts per policy, OSRI and best practice standards.

Rationale: Management of timeliness and quality of initial investigation contacts is vital to child safety at the case and system level. Delaware has the capacity to produce performance and due date reports to monitor and ensure timeliness of initial investigations. High caseloads and workload issues also contribute to decreased timeliness of initial investigation contacts and to decreased quality of initial contacts and will be addressed in another section of the plan.

Outcome: Timely and quality initial investigation contacts improve child safety.

Benchmarks:

1. Data team will produce proactive due date initial investigation contact reports to ensure compliance with priority response timeframes by distributing weekly reports to regional managers, supervisors and caseworkers.

Timeframe: December 2019.

Measure: Production and distribution of due date reports.

2. Intake and Investigation Program Workgroup to monitor quality of contacts with OSRI case reviews by producing quarterly/semi-annual/annual reports of Item 1: Timeliness of initiating investigations of reports of child maltreatment. Issue case specific reports to assigned supervisors and caseworkers.

Timeframe: January 2020.

Measure: Documentation of monitoring of OSRI Item 1: Timeliness of initiating investigations of reports of child maltreatment and actions taken to improve distribution methods.

3. Strategic Leadership Team to use data from contact reports and OSRI case review reports to drive compliance to policy and ensure safety by analyzing performance factors, informing training, providing feedback to supervisors and caseworkers, and publically recognizing good performers.

Timeframe: December 2019 and ongoing.

Measure: Documentation of reports and meeting notes recognizing performance, areas to improve, interventions and training implications.

Objective: Sustain SDM[®] with fidelity by establishing a process to measure fidelity and by using case review findings to address timeliness, compliance with policy, and compliance with SDM[®] tools.

Rationale: The SDM[®] suite of tools is an evidence-based methodology for improving child safety and family outcomes. DFS has a Fidelity Team in place, charged with monitoring SDM[®] fidelity to protect against practice drift, to ensure the correct application of definitions, and to recommend changes to the definitions when necessary due to statutory or policy changes. Currently, FOCUS only implies fidelity based on timeliness of completion of the tools. A more comprehensive review of the use of the tools is necessary to ensure fidelity. Additionally, the rate of use of discretionary overrides in the SDM[®] Screening Assessment is currently 17.5%, which could indicate that the current definitions do not match practice, policy, or statute. The recommendation in the SDM[®] Risk Assessment is currently overridden at a rate of 33.6%. Additional analysis of the definitions is needed so that staff can use the tools with fidelity and without undue use of the discretionary override function. Regional RED (Review/Evaluate/Decide) teams, staffed by workers of all functions and at all levels, also function to screen intake reports in and out and to determine pathway (differential response vs. traditional investigation), and additional analysis and training is needed in order to ensure a high level of fidelity to the tools.

Outcome: Sustain low rate of repeat maltreatment by accurately assessing and intervening for child safety and risk factors.

Benchmarks:

1. The SDM[®] Fidelity Team will conduct case reviews of a random sampling of cases and assess for accurate use of the SDM[®] tools. Consider using a portion of the same cases selected for the OSRI case reviews each quarter. Produce quarterly reports and issue case-specific reports to assigned supervisors and workers.

Timeframe: September 2020 and ongoing.

Measure: Documentation of production and distribution of case review results.

2. The SDM[®] Fidelity Team will review SDM[®] definitions annually for clarity and to ensure that they continue to meet DFS' statutory and policy requirements. Produce reports from FOCUS based on typology at intake to measure how often discretionary overrides are used in the SDM[®] Screening Assessment and to determine if overrides are more frequently associated with certain types of reports. Produce reports from FOCUS to assess how often the SDM[®] recommendation is overridden in the SDM[®] Risk Assessment tool. Provide reports to supervisors and staff.

Timeframe: June 2020 and annually.

Measure: Documentation of SDM[®] Fidelity Team review of definitions and actions taken. Fidelity Team to document distribution of reports to supervisors and workers.

3. SDM[®] Fidelity Team to conduct quarterly second-level reviews of cases reviewed by RED teams and assess for accurate use of the SDM[®] Screening Assessment and appropriate application of the intake definitions.

Timeframe: January 2021 and ongoing.

Measure: Production and distribution of quarterly reports and use data from the reports to inform RED team training.

Objective: Implement a prevention pathway at intake to respond to low risk reports that do not meet criteria to be screened in by the SDM[®] Screening Assessment for a DFS response.

Rationale: In CY2018, DFS received 20,422 reports to the hotline; of those reports, only 8,939 were screened in and received a DFS response, either through the differential response pathway or by the traditional investigation pathway. The remaining 9,862 reports, or 48.3%, were screened out and received no services because the allegations in the report did not meet criteria to be screened in. However, although DFS does not have a system for tracking allegations in screened out reports, many of the screened out reports were made because there was a concern about a level of neglect. In a robust differential response system, there are multiple avenues available by which families at varying levels of need can receive services and thus prevent entry into deeper involvement with the child protection system. Data on the national level reflects that neglect is the most prevalent form of child maltreatment, and between 85% and 87% of children in foster care entered the system because of concerns about neglect. However, when families receive appropriate early prevention services, the incidence of future maltreatment may be reduced. Prevention is also much less costly than dealing with child maltreatment. Data compiled by Prevent Child Abuse America in 2018 shows that in other jurisdictions, such as Alabama, the cost

of prevention per child was \$8, compared to \$175,000 per child to deal with maltreatment. Another national study found that for every dollar invested in the foster care system, there was a negative return on that investment of -\$9.55 (Alia Innovations). Implementation of a prevention pathway response to address low risk reports shifts energy and resources to preventing maltreatment and entry of children and families into deeper level services.

Outcome: Access to early prevention services at intake improves child safety, reduces the future occurrence of maltreatment, and reduces entry into foster care.

Benchmarks:

1. The Intake and Investigation Program Manager will form a workgroup to consider what types of screened out cases would qualify for a prevention pathway response. Analyze the data to determine patterns or types of screened out reports which later result in assigned cases. Also consider data from other sources, such as other states, the Annie E. Casey Foundation and National Council on Crime and Delinquency (NCCD).

Timeframe: January 2020.

Measure: Production and distribution of reports describing the data analysis, findings and recommendations.

2. The Intake and Investigation Program Manager to lead research of prevention services offered in other jurisdictions at intake. Collect data on best practice and evidence based models proven to reduce recidivism. Consult with sister divisions within the department, particularly with the Division of Prevention and Behavioral Health Services, to determine if the department already possesses the capacity to offer a prevention service at intake. Use this data to select a prevention response.

Timeframe: December 2020.

Measure: Documentation of reports describing research, findings, recommendations and actions taken.

3. Build the infrastructure necessary to support a prevention response. Agency leadership and Intake and Investigation Program Manager to request budgetary support and submit Requests for Proposals, if the evidence-based service is to be provided by an external contractor. Consider departmental and community-based options to accommodate prevention referrals. Consideration will need to be given to building the appropriate tools in FOCUS, including altering the SDM[®] intake tool to accommodate prevention responses.

Timeframe: June 2022.

Measure: Documentation of actions taken to support the provision of a prevention response.

Objective: Expand the agency’s differential response service array so that more families have access to an appropriate level of service from the agency and can be diverted from deeper end services within the child protection system.

Rationale: In a robust differential response system, there are multiple avenues available by which families at varying levels of need can receive services and thus prevent entry into deeper involvement with the child protection system. Nationally, differential response has been shown to have a positive impact on child safety because the case worker’s focus is on engaging the family in meaningful ways and implementing appropriate services more quickly, thus enabling families to keep their own children safe. Research also suggests that early intervention from a differential response program may reduce recidivism and prevent children from eventually entering the foster care system. Currently in Delaware, there are five differential response pathways: contracted adolescent FAIR, contracted domestic violence FAIR, contracted substance abuse FAIR, contracted Plans of Safe Care, and internal adolescent FAIR. Cases are selected for or excluded from each of these pathways based on varying sets of criteria, including maltreatment types and parental risk factors, with a focus on identifying and working with low risk cases to prevent future child maltreatment. However, with regard to contracted adolescent FAIR, data from CY2018 reflects that only 2% of children and youth were found to be victims in subsequent substantiated reports. Data also shows that 4.7% of children and youth who have had previous involvement with contracted adolescent FAIR have subsequently entered DFS custody. Additionally, the internal adolescent FAIR program has been successful on two fronts: first, in transferring fewer adolescent cases to DFS treatment, and second, in allowing the FAIR workers to spend time engaging with families by assigning predominantly Priority 3 (10 day response) cases. Because FAIR cases are not typically Priority 1s (24 hour response) or Priority 2s (3 day response), FAIR workers are able to move away from crisis intervention and engage more meaningfully with families. This results in more timely contacts, faster service implementation, and better outcomes for children. Expansion of differential responses will allow DFS to provide a response proportionate to risk level, diverting families from more intrusive, formal or deeper end services.

Outcome: Families who are reported to the DFS intake hotline and are screened in for a response receive services proportionate to their need, thus improving child safety and decreasing future occurrences of maltreatment.

Benchmarks:

1. Intake and Investigation Program Manager to contract with community-based provider to address reports screened in for “Risk of Neglect.” A Request for Proposals has been written and will be issued, pending budgetary approval.

Timeframe: March 2020.

Measure: Selection of a contracted provider to address risk of neglect differential response.

2. Expand internal capacity for FAIR cases. Intake and Investigation Program Manager to reconvene the FAIR Expansion Workgroup to address training needs and organization of the workforce to accommodate dedicated FAIR units. Consider assigning Priority 3 cases to a FAIR response track, including those requiring a Multi-Disciplinary Team (MDT) response and other case types.

Timeframe: March 2021.

Measure: Documentation of DFS FAIR expansion.

3. Agency leadership to monitor implementation of the expansion through the use of initial contact reports, caseload reports, case reviews and backlog reports. Assess effectiveness of the expansion through reports on repeat maltreatment, rate of transfer to treatment, and entries into foster care. Assess the impact on the formal investigation pathway through reports on timeliness of contacts for both investigation and FAIR.

Timeframe: December 2021.

Measure: Production of reports evaluating processes and outcomes of expanded DFS FAIR responses.

Objective: Ensure child safety in treatment cases by making timely initial contacts, ongoing family and client contacts, responding to hotline reports that require a treatment response. Ensure quality of contacts by using data reports and case review findings to monitor compliance at the state, region, team, and caseworker level. Provide reports at different intervals. Ensure quality of contacts per policy, OSRI and best practice standards.

Rationale: Management of timeliness and quality of family and client contacts is vital to child safety at the case and system level.

Outcome: Timely and quality treatment contacts improve child safety.

Benchmarks:

1. Treatment Program Manager and data team to develop and produce initial and ongoing treatment family and client contact reports to monitor compliance with established timeframes. Use OSRI case review results as companion measures for contact compliance.

Timeframe: March 2020.

Measure: Documentation of development and production of contact reports.

2. Treatment Program Manager and data team to distribute reports to regional managers, supervisors, and caseworkers. Review barriers to maintaining contact schedules and implement strategies to relieving barriers.

Timeframe: June 2020.

Measure: Documentation of distribution, review and actions taken resulting from contact reports.

3. Treatment program workgroup to review priority response requirements for treatment in policy and revise or establish the priority response policy related to an accepted hotline report that is screened out for investigation but requires the treatment caseworker to respond within a priority timeframe.

Timeframe: December 2020.

Measure: Documentation of priority response procedures, distribution and adjustments.

4. Treatment Program Manager and data team to develop and produce priority response contact reports to monitor compliance with priority response timeframes by distributing reports to regional managers, supervisors, and caseworkers.

Timeframe: June 2021.

Measure: Documentation of timeliness of priority responses in treatment and actions taken to improve performance.

5. Treatment Program Manager and workgroup to review quality of contacts using the OSRI. Team to consider review and revision (if required) of contact template and guide for workers to use when documenting family and client contacts. Team to make recommendations as needed to improve quality of contacts.

Timeframe: June 2020.

Measure: Documentation of review findings, recommendations and interventions taken to improve quality of contacts.

Objective: Sustain safety protections for at risk children and youth placed in Delaware via interstate compact agreements.

Rationale: Child safety is a compact mandate and the core of the compacts goals. The Interstate Compact on the Placement of Children (ICPC) and The Interstate Commission of Juveniles (ICJ) are mechanisms to ensure the protection of children and youth placed across state lines. In 2018, the ICU processed a total of 1012 incoming and outgoing referrals for the three compacts combined. The interstate unit assisted with 30 adoptions and 18 guardianships; 11 children returned to their home state.

Outcome: Low rates of child maltreatment and maltreatment reoccurrence for children placed in Delaware via the ICPC.

Benchmarks:

1. The Interstate Unit to conduct annual contract monitoring of our community-based providers. Monitoring to include the number of placements, reportable events for alleged child abuse and neglect, number of reoccurring reportable events, and number of children and youth returned to their home state due to allegations of child abuse and neglect. Monitoring will also include assessment of Delaware Child Abuse and Neglect Training attendance.

Timeframe: June 2020 and annually.

Measure: Documentation of monitoring finding and corrective actions as indicated.

2. Interstate Unit to conduct quarterly monitoring of allegations of child abuse and neglect for youth receiving supervision in the state of Delaware. Unit to issue corrective actions as indicated.

Timeframe: October 2019 and quarterly thereafter.

Measure: Documentation of quarterly monitoring of abuse and neglect allegations and actions taken to ensure child safety.

Permanency

Goal: Children will maintain or achieve timely permanency.

Rationale: Child welfare systems initial focus is on stabilizing safety and risk factors to prevent entries into foster care. Once a child enters state custody, the focus shifts to reunification with the family. If reunification cannot be achieved children should have timely permanency planning within 12 months of entering foster care. It is also important for children to maintain their connections with their parents, extended family and community while living in out of home care. It is nationally accepted that children have better outcomes when they have permanent family connections and that whenever possible children do better when they are cared for by their families. Fourteen percent of children entering foster care in FY2018 were placed initially with relatives. For SFY2018, 82% of foster children were reunified with their family within 12 months of entering foster care. The companion measure of reentry into foster care within a year of reunification also meets Round 3 national standards. CFSR Round 3 Data Profiles for permanency finds Delaware below standard for permanency in 12 months of entering care and meeting standards for permanency for foster children in care longer than 12 months. Delaware is slower to reunify or achieve other permanency exits in the first 12 months but has a low reentry rate. Placement stability also meets Round 3 standards. During FY2018 a total of 116 adoptions occurred, the highest number to date, with 50% of those occurring within 24 months of most recent removal. In the 2015 CFSR, areas relating to permanency were identified as needing improvement. Subsequently, DFS,

CIP and CPAC committees collaborated to strengthen legal process to improve timely permanency and achieved all PIP activities effective March 2019.

OSRI results from April-September 2018 find 66.67% of cases rated strength for Item 4: Stability of foster care placement; 81.48% rated strength for Item 5: Permanency goal for child; 83.33% rated strength for item 6: Achieving reunification, guardianship, adoption or APPLA; 84% rated strength for Item 7: Placement with siblings; 91.43% rated strength for Item 8: Visiting with parents and siblings in foster care; 96.3% rated strength for Item 9: Preserving connections; 93.88% rated strength for Item 10: Relative placement; 93.33% rated strength for Item 11: Relationship of child in care with parents; 78.89% rated strength for Item 12: Needs and services of child, parents, and foster parents; 83.53% rated strength for Item 13: Child and family involvement in case planning; 81.11% rated strength for item 14: Caseworker visits with child; and 76.06% rated strength for Item 15: Caseworker visits with parents. Ratings for Item 12A: Needs assessment and services to children rated strength in 88.89% of cases; 87.32% rated strength for 12B: Needs assessment and services to parents; and 89.13% rated strength for Item 12C: Needs assessment and service to foster parents.

Stakeholders say Delaware has a strong commitment to youth not only in the Department but in the community as well, family needs are not consistently met statewide, youth know their plan, case status and circumstances, family teaming is gaining momentum, good effort to place siblings together, and foster parents are more involved with families. Stakeholders also say collaboration with families, youth, team members and other service providers can be improved, there is a gap of efforts and services to prevent foster care entry, and visitation for foster children is too infrequent and lacks quality and normalcy.

Measure: Onsite Review Instrument case review performance is the primary measure for this goal with a 95% strength performance expected for each: Item 4: Stability of foster care placement, Item 5: Permanency goal for child, Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement, Item 7: Placement with Siblings, Item 8: Visiting with parents and siblings in foster care, Item 9: Preserving connections, Item 10: Relative placement, Item 11: Relationship of child in care with parents, Item 12: Needs and services of child, parents, and foster parents; Item 13: Child and family involvement in case planning; 14: Caseworker visits with child; and Item 15: Caseworker visits with parents.

Companion measures are CFSP Round 3 national standards for permanency, placement stability and reentry into foster care with performance goals of meeting or exceeding standards.

Measures for team decision making practice are: 80% of children will have a pre-removal TDM, 60% of children will be diverted from custody and 95% of children who enter custody will have a TDM.

Objective: Strengthen family search and engagement (FSE) practice to locate, engage, connect and support family resources for children and youth in foster care. FSE practice will be enhanced by sending out relative notification letters when a child or youth enters DFS custody and again 6 months later, utilize the family search and engagement contract

during treatment and reunification work, complete a national search and utilize the parent locator database.

Rationale: Children thrive when they have relationships with adults who support and love them. Stakeholder focus groups and surveys agree that family search and engagement is imperative for children and youth in foster care. Sending relative notification letters increases the likelihood that a kinship connection can be made for children and youth in foster care. Additionally the family search and engagement program allows the practice to be child and youth led. US search and parent locator data base are tools that can locate the non- custodial parent and putative father. The identification of the father increases the family connections for a child or youth. The Division of Family Services has had a family search and engagement contract with Children and Families First since 2013. The purpose of this contract is to foster permanency for children in foster care. This service includes strategies, tools and skills for early and ongoing identification of family and others who are significant to children and youth. Since this program started, there have been 46 children referred for services. Eleven of those referred have developed new connections and 21 children reconnected with relatives and non- relatives. For the children receiving services, 70% developed a connection with a relative or non- relative that may be a resource.

Outcome: Children thrive when they have lifelong connections with family and a permanent place to call home.

Benchmarks:

1. Promoting an expansion of the eligible population and controlling referrals, the Treatment Program Administrator will increase referrals to contracted family search and engagement services.

Timeframe: 2020 and ongoing.

Measure: Documentation of number of referrals to family search and engagement in treatment cases and adjustments to referral process.

2. The Treatment Program Administrator to gather data on connections and outcomes of contracted family search and engagement.

Timeframe: 2020 and ongoing.

Measure: Documentation of referrals and outcomes.

3. The treatment program team to use a continuous quality improvement framework to monitor and guide implementation of family search and engagement practice by reviewing DFS data and quality assurance case review reports with DFS staff and system partners.

Timeframe: 2020 and ongoing.

Measure: Documentation of performance on OSRI Item 9: Preserving connection for cases receiving contracted family search and engagement services.

Objective: Practice Team Decision Meetings with fidelity to strengthen safety assessment and planning who are at-risk of entry into foster care.

Rationale: Team Decision Meetings are facilitated meetings that help families, youth, caseworkers, and supports collaborate together in planning for the safety of children and youth. Delaware conducts TDMs when considering removing the child from the home. TDMs have shown to divert a number of children from state custody and involve natural family supports that continue the child's connection to family. TDMs bring mothers, fathers, relatives, and informal supports together for planning. In CY2018, 55% of TDM's were held pre-removal and 42% of children were diverted from DFS custody. Seventy-seven percent of children had a mother attend and 43% of children had a father present.

Outcome: More at risk children will be diverted from foster care by increasing the number of pre-removal TDMs referrals to 80%. Ninety-five percent of children entering care will have a TDM. There will be increased participation by fathers and paternal relatives in TDMs.

Benchmarks:

1. TDM workgroup to issue TDM policy and procedures, using the formal policy approval protocol.

Timeframe: June 2020.

Measure: Issuance of TDM policy.

2. TDM workgroup to develop and implement training on TDM policy and procedure. Team to consider live and web-based presentations.

Timeframe: September 2020.

Measure: Issuance of TDM policy.

3. TDM workgroup to develop and distribute data reports regarding children who had a pre-custody TDM, children entering custody without a TDM, and children who had a post-custody TDM to regional managers, supervisors, and caseworkers. Review participate surveys for revision and include input in evaluation of practice. Team to include OSRI Items 9, 10, 12A, 12B and 13 in reporting. Conduct case reviews on children who enter custody but exit custody within a short timeframe.

Timeframe: March 2021 and ongoing.

Measure: Issuance of TDM reports including participant input and documentation of actions taken to improve process measures and diversion from foster care rates.

4. Using continuous quality improvement strategies to improve weak areas of practice, TDM workgroup to identify areas needing improvement, research solutions, implement interventions and evaluate performance.

Timeframe: June 2021 and ongoing.

Measure: Documentation of TDM evaluation, resulting interventions and impact on performance and outcomes.

5. Program Support Administrator to implement child welfare access to Office of Child Support Enforcement parent locator service for select regional staff to search for absent parents and relatives of foster children.

Timeframe: December 2019.

Measure: Documentation of locator access and functionality.

Objective: Strengthen kinship programming to improve permanency outcomes.

Rationale: Relative placement is a priority option when children have to leave their homes due to safety and risk factors. The American Bar Association cites research indicating living with relatives is better for children by minimizing trauma of removal, improving well-being, increasing permanency, improving behavioral health, promoting sibling relations, preserving cultural and community consecutiveness, and helps older youth transition to adulthood. Fourteen percent of children entering foster care in FY2018 were placed initially with relatives. Delaware's OSRI results for Item 10: Relative placement; show 93.33% of April-September 2018 case reviews are rated strength. Surveyed youth, foster parents, legal representatives, community professionals and DSYCF staff agree DFS caseworkers try to make relative placements when appropriate. Delaware seeks to strengthen kinship programming, building on current statewide programming providing case management and financial support. Delaware applied for a kinship navigator federal grant.

Outcome: Children will have better outcomes and healthier childhoods living with relatives when they must enter out of home care.

Benchmarks:

1. Foster care program workgroup to review and revise the relative home assessment policy and align FOCUS record structure as indicated.

Timeframe: Review policy by December 2019. Draft FOCUS change request, if needed, by June 2020.

Measure: Issuance of revised policy and documentation of completed FOCUS change request.

2. Foster Care Program Manager to train identified caseworkers and coordinators on changed procedures and FOCUS documentation.

Timeframe: December 2020.

Measure: Delaware Learning Center documenting training attendance.

3. Upon receipt of the federal kinship grant, the Foster Care Administrator to draft and issue Requests for Proposal for a kinship navigator program. Proposed contracted components are a coordinator position, needs assessment, and recommendations for sustainable services.

Timeframe: Projected March 2020; TBD based on award notification.

Measure: Documented issuance of Requests for Proposal.

4. DFS strategic leadership team to consider kinship needs assessment and recommendations for practice interventions and enhancements. Consider partnering with existing community resources and mobile device applications.

Timeframe: Projected June 2021; TBD based on award and RFP dates.

Measure: Documentation of leadership team decisions, budget initiatives, links to community partners and technology utilization.

5. Based on kinship navigator grant recommendations, Foster Care Program Manager to revise current kinship guidelines and issue policy via the established policy protocol.

Timeframe: Issue policy by December 2021.

Measure: Documented issuance of kinship policy.

6. Foster Care Program Manager and Administrator to train coordinators and other applicable staff on kinship policy.

Timeframe: March 2022.

Measure: DLC records of training attendance.

Objective: Improve placement stability for children in out of home care.

Rationale: Placement instability has negative consequences for child safety, permanency and well-being. Generally the more placements a child experiences, the probability of reunification decreases. Using the CFSR Round 2 national standards for placement stability, Delaware is below standards for all time-in-care groups (.12 months, 12-24 months and >24 months). Using the CFSR Round 3 national standard, Delaware meets the standard for placement stability. OSRI results for Item 4: Stability of foster care placement for April-September 2018 rates 66.67% of cases as strength. Stakeholders see more frequent foster parent involvement with families and that family teaming is gaining momentum. Stakeholders call for more foster parent training for challenging youth and better communication among a child's team.

Outcome: Children will be healthier, experience less trauma and have better permanency outcomes with fewer out of home placements.

Benchmarks:

1. Foster care workgroup to monitor frequency and quality of Ice Breaker meetings between family and placement resource; standard for meeting frequency for initial placements is 95% and 50% for replacements. Quality of meetings is measured by participant satisfaction surveys.

Timeframe: January 2020.

Measure: Documentation of monitoring reports and actions taken to improve frequency and quality of meetings.

2. Foster Care and Treatment Program Managers to draft proposal to expand team decision making meetings to include potential placement disruptions to facilitate additional services to stabilize placements. Managers to present to strategic leadership team for approval and next steps.

Timeframe: March 2020.

Measure: Issuance of draft proposal and documented review by leadership team.

3. With leadership approval, Foster Care and Treatment Program Managers to draft policy for pre-disruption TDM and circulate for approval using the policy review protocol.

Timeframe: September 2020.

Measure: Documented policy draft and issuance of policy.

4. Foster Care and Treatment Program Managers to conduct training, as indicated, for pre-disruption TDM. Consideration to be given for live and web-based presentations.

Timeframe: March 2021.

Measure: Delaware Learning Center documentation of attendance.

5. Interstate Compact placements will be monitored by the Interstate Unit for stability and implement interventions to prevent disruptions through collaboration with community-based service contractors.

Timeframe: 2020 and ongoing.

Measure: Documentation of monitoring and actions taken to stabilize placements.

Objective: Children placed out of the home will have frequent and quality visitation with their families to maintain family connections.

Rationale: Visitation between a child placed out of the home, family, and siblings is important to maintain connections and promotes timely family reunification and establishing timely permanency goals. Visitation maintains the parent/child bond. OSRI case reviews for April-September 2018 for Item 8: Visiting with parents and siblings in foster care rates 91.43% of cases as strength. Item 11: Relationship of child in care with parents is rated 93.33% strength.

Outcome: Foster children will have fewer placement disruptions and stronger family bonds with frequent and quality visitation.

Benchmarks:

1. DFS and Court Improvement Program to continue collaboration to sponsor visitation host programming. Consider program expansion as performance data is evaluated.

Timeframe: 2020 and ongoing.

Measure: Documentation of collaboration and program performance and action taken.

2. Treatment Program Manager and leadership team to monitor monthly caseworker visits and intact family contacts for meeting federal and policy standards. Leadership team to implement interventions to improve frequency and quality as needed. Foster care contact standard is 95%. Team to include OSRI scores for Item 14: Caseworker contacts with child in monitoring, evaluating and implementing interventions.

Timeframe: 2020 and ongoing.

Measure: Documentation of leadership review and interventions to improve frequency and quality of contacts.

Objective: Ensure timely permanency and reduce reliance on APPLA for older youth through evidence based interventions including Permanency Roundtables (PRT). Engage caseworkers and staff in these approaches.

Rationale: Systematic and methodical set of steps to identify what is needed for each child to achieve permanency by engaging all members of the planning team in order to reevaluate past connections as well as future connections and what commitments if any they are able to make to that child. Ensuring that all children who leave the child welfare system are able to achieve permanency through meaningful lifelong connections.

Outcome: Permanency Roundtables increase opportunities for the planning team to engage youth and ensure permanency goals are being met and they exit care with meaningful lifelong connections.

Benchmarks:

1. The Adoption Program Manager and CIP Coordinator will coordinate ‘Unpacking the No Training’ provided to DFS leadership, frontline staff, private agency partners and legal partners. A collaborative project sponsored by Casey Family Services, this training explores the barriers caseworkers and others on a child’s planning team experience permanency when planning for and engaging youth during permanency round tables. The training will offer expanded knowledge and strategies on how to work past those barriers in order to have the best chance of achieving permanency.

Timeframe: September 2019.

Measure: DLC documentation of training attendance.

2. The Adoption Program Manager and CIP Coordinator will coordinate Permanency Roundtables Facilitator Training to permanency supervisors, senior caseworkers as well as private agency caseworkers and supervisors. This training is supported by Casey Family Services.

Timeframe: December 2019.

Measure: DLC documentation of training attendance.

3. DFS staff to implement Permanency Roundtables statewide targeting cases prior to consideration of APPLA plan choices to exhaust all options for permanency and meaningful connections.

Timeframe: March 2020

Measure: Documentation of roundtable frequency and outcomes using system and case review data.

Objective: Prevent post-adoption disruptions.

Rationale: Delaware has a growing number of post-adoption disruptions resulting in foster care reentries. Five percent of children in foster care during April 2018–March 2019 were adoption disruptions. Several children are in intensive residential care facilities. Delaware established a CQI Post Adoption Prevention Workgroup. The team is gathering and analyzing data on the number of previously adopted children that are currently involved with not only DFS but other sister agencies. This team will recommend actions to strengthen services to prevent adoption disruptions. An early theory of change is to communicate available service at various points to adoptive families. The Adoption Program Manager is contracting for an adoption navigator to intervene with adoptive parents seeking assistance, information and help navigating community-based services. The navigator will also intervene with subsidy and Medicaid issues.

Outcome: Fewer adopted children will reenter foster care.

Benchmarks:

1. The Quality Assurance Manager continues to lead the post adoption prevention workgroup, gathering data and stakeholder input. Team will recommend interventions to leadership team and establish baseline measures.

Timeframe: 2020 and ongoing until team is discharged.

Measure: Documentation of findings, recommended interventions and baseline measures.

2. Adoption Program Manager to execute a contract for an adoption navigator to support adoptive parents needing information and referrals to community-based services to grow healthy family relations and prevent out of home disruptions.

Timeframe: October 2019.

Measure: Documentation of an executed and active contract for an adoption navigator.

Objective: Children placed in Delaware via the Interstate Compact on the Placement of Children achieve timely permanency.

Rationale: Children placed in Delaware via the Interstate Compact deserve timely permanency planning. These children’s length of stay until exit from foster care is not tracked by Delaware as they are under the jurisdiction of sending states.

Outcome: Timely permanency for foster children placed through the Interstate Compact on the Placement of Children.

Benchmarks:

1. Interstate Unit to establish baselines for length of time children are placed with a Delaware resource by state and county as applicable.

Timeframe: March 2020.

Measure: Documentation of baselines.

2. After 9 months of being placed in a Delaware foster home, the interstate team and community-based contractor evaluate the placement progress, barriers and next step towards permanency.

Timeframe: 2020 and ongoing.

Measure: Documentation of case reviews and actions taken to facilitate permanency.

Well-Being

Goal: Families have the capacity to meet their own needs.

Rationale: Families are experts on their family. With support, families can be encouraged to develop their own goals and action steps. When families are empowered to make decisions they are more likely to participate in planning and services. Safety Organized Practice is DFS' practice model. The model relies on strength based assessment and planning using family engagement strategies. Delaware exceeds the national standard for recurrence of maltreatment per the CFSR Round 3 data profile for FY2016-2017. OSRI results for April-September 2018 score 78.89% as strength for Item 12: Needs and services of child, parents, and foster parents; 83.53% for Item 13: Child and family involvement in case planning. Item 12A: Needs assessment and services to children finds 88.89% of cases rated strength; and 87.32% rated strength for 12B: Needs assessment and services to parents. Stakeholders agree caseworkers encourage parents and children to participate in case planning, and caseworkers have meaningful contact with parents to ensure safety and to achieve goals. Stakeholder also say family team meetings should be practiced more frequently, and that parents don't feel supported when caseworkers focus on negative behaviors and history.

Measure: Onsite Review Instrument case review performance is the primary measure for this goal: Item 12: needs and services of child, parents, and foster parents, Item 13: Child and family involvement in case planning, Item 14: Caseworker visits with child, and Item 15: Caseworker visits with parents. Performance goal for each of these items is 95% rated as strength. A companion

measure is the rate of recurrence of maltreatment; performance goal is to meet national standard set at 9.5% per CFSR Round 3 data profile.

Objective: Strong family engagement in assessment, planning, and services through family contacts, safety organized practice, and implementation of family team meetings. Family engagement strategies produce effective family interventions. Practice Safety Organized Practice with fidelity.

Rationale: Families and youth are experts on their family and situation. Partnering with families and youth will help individualize services and provide the right services for the family. When families are partners and has a role in developing planning they are more likely to engage and participate in services and case planning activities. OSRI ratings for Item 13: Child and family involvement in case planning, Item 12A: Needs assessment and services to children and 12B: Needs assessment and services to parents are below the performance goal of 95% of cases rated strength. Stakeholders say family teaming is gaining momentum and there are strong efforts to locate relatives and others to prevent entry into foster care.

Outcome: Safety and well-being outcomes improve when parents and youth are active in assessment, planning and service delivery activities.

Benchmarks:

1. To strengthen the family engagement workgroup, co-leaders will recruit frontline staff and supervisors for all regions to join. The workgroup is charged with evaluating and implementing interventions to strengthen the application of Safety Organized Practice principles, strategies and tools.

Timeframe: December 2019.

Measure: Documented workgroup minutes with attendees.

2. Family engagement workgroup to develop a Safety Organized Practice Toolkit for staff demonstrating the different tools used to engage families and children in assessment, planning and service activities. Workgroup to collaborate with CPD to incorporate Toolkit in new worker training.

Timeframe: October 2020.

Measure: Distribution of the SOP Toolkit to staff and CPD.

3. Use a continuous quality improvement framework to monitor and improve Safety Organized Practice fidelity by reviewing DFS data, quality assurance case review

reports and stakeholder input with regional managers, supervisors and caseworkers. Develop a tool to be used by reviewers to assist in identification of Safety Organized Practice. Identify areas needing improvement and implement corrective actions.

Timeframe: December 2020 and ongoing.

Measure: Documentation of evaluating, recommending interventions and impact on child and family outcomes.

Goal: Foster youth are equipped to meet their own needs.

Rationale: Responsible and self-sufficient young adults are those youth equipped to meet their own needs. An agency mandate is to prepare foster youth for adulthood focusing on five basic objectives: education, employment, housing, life skills and connections to caring adults. Fifty-nine percent of youth 18-21 years old during January-April 2019 reported having received either a high school diploma, GED or vocation certificate; and 46% reporting being in enrolled and attending an education program. Graduating with a diploma or certificate is the first step to obtaining a job and self-sufficiency. During the first quarter of CY2019, 88% of youth 18-21 reported having received employment related skills with 51% either working full time or part time jobs. Data gathered from January-April 2019 reports 86% of youth ages 18-21 were living in either a college dorm, with a relative or non-relative, had their own housing, lived in supportive permanent or transitional housing, or were in the military. More specifically, 32% of this population reported living on their own. Youth living on their own, in supportive housing or dorms represent over three-quarters of the independent living participants have developed the tools to obtain safe housing. Life skill training and experiences are provided by foster caregivers, and through individual and group interventions by contracted independent living caseworkers statewide. During July 2018 through March 2019 all youth reported having a connection to supportive adult. Stakeholder surveys have higher rates of disagreement that caseworkers assist youth establish adult support networks. Stakeholder comments from this past year noted that youth could be more prepared for self-sufficiency and independence. Stakeholders want higher high school graduation rates for foster youth. Foster youth say they face barriers obtaining driver's licenses and insurance. See Section II. Assessment of Current Performance in Improving Outcomes for case planning, contact and service array as they contribute to preparing youth for adulthood. Delaware makes a strategic choice based on data, stakeholder input and performance measures, to improve outcomes for foster youth and young adults in the independent living program. Strong interventions at this age promote healthy childhoods for the next generation.

Measure: Primary measures for this goal are rates of high school graduation, rates of employment, rate of safe housing, rate of youth reporting connections to supportive adults. Outcome surveys on youth receiving independent living services, using National Youth in Transition Database elements, is the source data. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 95% of youth are connected to a supportive adult. Companion measure will be number of youth reporting post-secondary education enrollment with a goal of 35%.

Objective: To achieve higher rates of high school graduation, promote and support the UGrad program with Kind to Kids. Share information about the program with DFS staff, along with contracted independent living providers in an effort to connect youth to resources.

Rationale: Youth in foster care experience trauma. While coping with these traumas, and healing, youth sometimes need extra supports to help them succeed in school. Youth may not know of the UGrad program, therefore sharing program descriptions and protocols with caseworkers that support the youth, will in turn connect the youth with the resources they need.

Outcome: With the support of the UGrad program, youth will more likely graduate high school.

Benchmarks:

1. Independent living team will partner with Kind to Kids to distribute UGrad brochures and contact information to relevant staff.

Timeframe: Ongoing through 2024

Measure: Documentation of promotional events for UGrad programming and count of number served.

Objective: Increase opportunities for safe and affordable housing on campus at post-secondary education institutions by replicating the current program at Delaware State University by expanding to other schools in different counties.

Rationale: Delaware wants to increase the number of young adults enrolled in post-secondary education. The partnership with Delaware State Housing Authority allows youth to receive state funded rental subsidy vouchers to cover the dormitory housing costs, which in turn, eliminates the costs of housing for youth. Eliminating housing costs provides opportunities for youth to afford housing while attending post-secondary education.

Outcome: More youth will enroll in post-secondary education programs and have safe housing.

Benchmarks:

1. The Independent Living Program Manager will develop a partnership with a New Castle County post-secondary education institution to expand the partnership with Delaware State Housing Authority to provide opportunities for free on-campus housing for eligible youth.

Timeframe: June 2020

Measure: Issuance of a signed Memorandum of Understanding documenting partnership with a post-secondary educational institution in New Castle County.

Objective: Increase the percent of youth that have part time employment and full time employment.

Rationale: Job readiness training and employment counseling prepare youth for entering the workforce. DFS partners with Jobs for Delaware Graduates (JDG) to provide employment training and counseling. Job shadow experiences allow youth to get firsthand knowledge of job responsibilities and what certain careers entail. Providing opportunities for youth to engage with employers also allows youth to learn what qualifications and expectations potential employers are looking for. These experiences will help youth with career choices. Delaware seeks to improve employment rates for youth receiving independent living services.

Outcome: Rates of youth receiving independent living services and reporting employment will rise.

Benchmarks:

1. The Independent Living Program Manager will continue partnership with Jobs for Delaware Graduates to provide employment support services.

Timeframe: 2020 and ongoing.

Measure: Documentation of JDG services rendered and number served.

2. The Independent Living Program Manager will lead efforts to develop a year-round job shadowing program by drafting a proposal for leadership team approval, forming partnerships and procedures for both youth and employers based on leadership direction.

Timeframe: March 2020.

Measure: Documentation of proposal, leadership's response, partnerships and procedures.

3. The independent living team will train independent living contracted providers, employers and caseworkers on the approved job shadowing program protocol.

Timeframe: September 2020.

Measure: Documented training of independent living providers, employers and staff using the Delaware Learning Center attendance log where applicable.

Objective: Foster youth to obtain driver's licenses and insurance coverage.

Rationale: Youth that are able to provide their own transportation have more opportunities for employment, education, normal youth activities and healthy connections to others.

Outcome: Youth will be able to meet their own needs if they are able to provide their own transportation.

Benchmarks:

1. The Independent Living Program Manager will research national models, organize partners to sponsor legislation and funding to remove barriers to foster youth obtaining driver licenses and car insurance coverage.

Timeframe: June 2024.

Measure: Documentation of efforts to secure legislative and private support for foster youth to obtain driver licenses and car insurance coverage.

Goal: Foster children taking psychotropic medication also receive mental health counseling.

Rationale: The health and well-being of foster children is a top priority of Delaware's child welfare system. Delaware has developed an oversight and monitoring system for all children as they enter foster care as part of a larger nationwide effort. This effort has a goal to reduce overreliance on psychotropic medications for managing challenging behaviors in youth in foster care. All children who enter foster care are screened by the Office of Evidence-Based Practice's (OEBP) screening team to evaluate their mental health needs. A foster child's medical history, including psychotropic medication history, is reviewed by the pharmacy consultant. OSRI case reviews for April-September 2018 find 100% rated strength for Item 18: Mental/Behavioral health of the child. It is well-established best practice that children who are taking psychotropic medications also be involved in mental health counseling unless otherwise clinically indicated. For CY2018 26% or 294 foster children were prescribed psychotropic medications. Another measure is the number of foster children taking antipsychotics and not in mental health treatment. In CY2018, 5% or 53 foster children were prescribed antipsychotic medications without counseling. Stakeholders express concern for children receiving psychotropic medication without counseling.

Measure: The primary measure for this goal is the percentage of foster care youth taking psychotropic medications and antipsychotics and not in counseling. This is obtained through Medicaid utilization data and internal data in our FOCUS system. The goal for this measure is to lower the percentages from the CY2018 baselines: 26% taking psychotropic medication without counseling, and 5% taking antipsychotic medication without counseling.

Objective: Coordinate appropriate mental health counseling for foster children taking psychotropic medications.

Rationale: Connecting foster care youth to mental health counseling services at the time of entry into foster care should increase the percentage of youth on psychotropic medications and in mental health counseling. By working with providers, workers and foster parents, OEBP staff can assist in getting foster care youth the mental health services they need. If the youth has been successfully discharged from mental health counseling and is maintained with psychotropic medications alone, the clinical justification for this can be

explained and documented. Stakeholders express concern for children receiving psychotropic medication without counseling.

Outcome: The percentage of youth in care receiving psychotropic medications and mental health services will increase; children will be engaged in best mental health treatment practices.

Benchmarks: Children entering foster care who are on psychotropic medications but not receiving mental health counseling will be referred by the OEBP team for mental health counseling services.

Timeframe: 2020 and ongoing.

Measure: Documentation of medication review for children entering care and referrals to mental health counselling for children taking psychotropic medications and not in counseling.

Quality Assurance System

Goal: Embed continuous quality improvement principles in decision making across all functions to improve infrastructure, workforce, services, and outcomes.

Rationale: Healthy child welfare systems need to continually evaluate processes and performance to make measured improvements in child and family outcomes. Data informed decision making sustains productive programming, ensures balanced resource allotment and supports new initiatives. DFS uses system reports for measuring performance against national standards; and case review results for measuring case level safety, permanency and well-being elements. Stakeholder input and system data reports inform systems performance. Targeted areas needing improvement are best addressed using continuous quality improvement principles and strategies to choose, implement and evaluate interventions to effect positive changes. This system was an area needing improvement in the CFSR PIP. DFS issued a CQI Plan, trained staff and adopted a uniform case review tool. Two targeted concerns were identified to improve using CQI principles. Stakeholders agree DFS has reports to access system performance.

Measure: This system's health will be measured by stakeholder agreement they see evidence of data informed decisions and evaluation in workforce development and program interventions. Another measure is the status of targeted projects to improve processes and outcomes as noted in Annual Progress and Services Reports.

Objective: DFS to target specific areas to improve using CQI principles.

Rationale: Based on system data reports, performance on national standards, case review findings, audits and stakeholder comments, target specific areas to apply a cycle of activities defining the problem, gathering data, forming a theory of change, implementing an intervention and evaluating impact. Two areas are identified for 2020-2021: Missed periodic reviews and post adoption disruptions.

Outcome: Improved processes leading to better outcomes for children and families. For 2020-2021: Holding periodic reviews within 6 month timeframes and reduced adoptive disruption rates.

Benchmarks:

1. CQI workgroup on periodic reviews to hold meetings to apply:
 - a. Defining the scope of missed periodic reviews.
 - b. Researching solutions to completing periodic reviews.
 - c. Forming a theory of change to change frequency of periodic reviews.
 - d. Implementing an intervention to complete 6 month periodic reviews.
 - e. Evaluating impact of interventions using Adoption and Foster Care Analysis and Reporting System, Department of Justice, Court Improvement Program and DFS reports.

Timeframe: June 2020.

Measure: Documentation of application of CQI principles on this project and impact on frequency of periodic reviews within 6 months.

2. CQI workgroup for post-adoption disruptions to hold meetings to apply:
 - a. Defining the scope of disrupted adoptions.
 - b. Researching solutions to preserving adoptive families.
 - c. Forming a theory of change to improve outcomes.
 - d. Implementing an intervention to preserve adoptive families.
 - e. Evaluating impact on rate of post-adoption out of home placements.

Timeframe: June 2021.

Measure: Documentation of application of CQI principles on this project and impact on number of post-adoption disruptions.

Objective: Sustain CQI steering committee as the guiding authority for Office of Children’s Services continuous quality improvement.

Rationale: DFS’ CQI Plan requires the agency to designate a CQI Coordinator and a CQI Steering Committee. The Steering Committee representing various levels of agency staff and community partners will review implementation of the Plan and advise agency management of level of functioning and CQI strengths and areas needing improvement. Committee membership is determined by the Coordinator and agency leadership.

Outcome: Application of CQI principles and strategies will improve processes, workforce competencies, service array, and outcomes for children and families. DFS’ CQI system governance will mature providing structured guidance and growth of CQI culture. Quality assurance case reviews are conducted with fidelity, observing sampling, OSRI, and measurement standards.

Benchmarks:

1. The CQI steering committee will review case review findings and progress towards goals during the remaining CFSR PIP measurement periods not to exceed the October 2019-March 2020 reporting period.

Timeframe: May 2020.

Measure: Documented status of CFSR PIP Onsite Review Instrument results compared to improvement goal performance in Children’s Bureau correspondence or APSR.

2. The DFS CQI steering committee will coordinate activities with the Department CQI workgroup.

Timeframe: October 2019 and ongoing.

Measure: Documentation of coordination and progress of CQI activities.

3. DFS’ CQI steering committee to coordinate semi-annual stakeholder meetings and stakeholder input activities such as surveys.

Timeframe: September 2019 and ongoing.

Measure: Documentation of meeting schedule, attendees, presentations and evidence of stakeholder input.

4. DFS’ CQI steering committee to inventory and catalog reports for use by administration, operations and program staff to reference in support of new initiatives or to recognize strong practice and performance for safety, permanency well-being and systems.

Timeframe: June 2020 and ongoing.

Measure: Documentation of report inventory and cataloging by outcome and system.

Objective: DFS leadership to resource and supply a dedicated quality assurance case review unit within the quality assurance and data team.

- **Rationale:** Dedicated staff are needed to conduct quality assurance case reviews assures case review fidelity. Quality case reviews provide core measures of child welfare operational health and gauges process and outcomes for children and families. The CFSR PIP activities to conduct quality case reviews were challenged by the lack of full time, dedicated staff. Stakeholders say staff and partners are interested in data.

Outcome: DFS will maintain high quality case review results used to inform self-assessments, resourcing decisions and identification of areas to focus CQI targeted activities improving outcomes for safety, permanency, well-being, service array and workforce development.

Benchmarks:

1. Delaware General Assembly to pass FY2020 Governor's Recommended Budget which includes three full time positions for case reviewers.

Timeframe: July 2019.

Measure: Documented passage of FY2020 Budget Bill.

2. Quality Assurance Manager to hire and train new reviewers to conduct quality case reviews using the Onsite Review Instrument.

Timeframe: October 2019.

Measure: Documentation of case assignments November 2019.

Workforce Stability and Development

Goal: Stabilize the workforce to improve outcomes for children and families.

Rationale: The Division is experiencing an unstable workforce with higher than normal staff turnover rates. The statewide staff turnover rate for 2018 was 26.27%. The unmanageable workload associated with high caseloads, along with the lack of consistent staff development and training opportunities are turnover drivers for DFS. Normalizing caseloads, workloads and providing supports such as better training and compensation through hazardous duty pay will stabilize the workforce and create an improved work environment with experienced staff. Stakeholders agree caseload and workload is too high.

Measure: Caseload averages will be at or near the mandated standard and turnover rates will be reduced to 10% or less.

Objective: Enhance skill set and competences of staff through enhanced training opportunities primarily focused on Safety Organized Practice and Structured Decision Making®.

Rationale: In 2014, DFS began a sweeping practice model change through Outcomes Matter initiatives with included Safety Organized Practice, a child welfare practice model grounded in critical thinking regarding safety and strong family engagement. When Safety Organized Practice was implemented, staff were provided with 12 modules of training across the first year of implementation. Since that time, SOP was incorporated in new worker training so that new staff are introduced to the practice strategies. However, there is a gap in training opportunities for staff to deepen their practice through continuous

training opportunities on the practice model. In addition, many of the “early adapters” and trainers of the practice model have been promoted to new and different positions and are not available to support continuous training on the model. Turnover of staff has also negatively affected the level of staff with knowledge and experience in using the SOP techniques. Stakeholders say training can be strengthened for caseworkers. Reinvesting in SOP training for all staff develops internal capacity to provide ongoing training on the model and strengthens staff skills. Outcomes will be stronger performance in the areas of assessment, family engagement and planning with children and families. Opportunities for staff to develop their skills and receive skills training also will assist with staff turnover by improving morale and connectedness to the agencies work.

Outcome: Well-trained staff prepared to utilize strong engagement and critical thinking skills with the children and families they serve. Increased family engagement in assessment and planning will result from quality engagement by trained staff.

Benchmarks:

1. DFS to receive approval of the budget proposal submitted to contract with the NCCD Children Research Center (CRC) to establish a Safety Organized Practice training continuum.

Timeframe: July 2019.

Measure: Documentation of approved proposal and allotted funding.

2. DFS program team to engage NCCD/CRC through a technical assistance contract to establish a Safety Organized Practice Continuum for DFS staff.

Timeframe: December 2019.

Measure: Executed contract and documentation of contractor and agency activities.

3. DFS leadership to develop a training pool that includes staff volunteers, members of CPD, TDM[®] facilitators, coaching supervisors and practice coaches who are prepared to receive the “Train the Trainer” SOP modules.

Timeframe: March 2020.

Measure: Established pool of trainers.

4. DFS leadership and CPD staff to implement trainer modules of Safety Organized Practice baseline and depth of practice modules.

Timeframe: June 2020.

Measure: Documentation of training completion using the DLC tracking.

5. Establish a calendar of opportunities for all staff to participate in all levels (baseline and depth of practice) of Safety Organized practice. DFS leadership will collaborate with the CPD, practice coaches, training pool staff and CRC to set the training calendar.

Timeframe: July 2020.

Measure: Documentation of completion of ‘Train the Trainer’ sessions.

6. SOP trainers to conduct baseline and depth of practice Safety Organized Practice training modules.

Timeframe: December 2020 and ongoing

Measure: Using DLC’s attendance tracking, 100% of newly hired staff have SOP training. In addition, 80% of existing staff will have completed SOP (baseline or depth of practice) training aligned with their need.

Objective: Reduce caseload averages for frontline staff through a staffing capacity plan that will increasing the number of staff available to carry cases.

Rationale: Delaware has a mandated caseload standard, which is set at 11 for investigation and 18 for treatment. Despite the mandate, the agency has experienced investigation caseload averages that are double the standard for the last year and half. For example, in the third quarter of 2018, the investigation caseload average was 23.4 and the average for the fourth quarter of 2018 was 22.8. While the treatment caseload averages have hovered at or near the standard of 18, the CPAC Caseload/Workload Time Study determined that that standard is too high. When workers are carrying more cases than they can reasonably manage, they are unable to make timely and quality assessments and interventions with children and families. A staffing capacity plan normalizing caseloads brings the agency in compliance with the mandated caseload standard and provides quality assessment and interventions with children and families. In addition, unmanageable caseloads leads to workers being overwhelmed, burn out and not feeling successful in their roles with the Division. These conditions lead to increased turnover.

Outcome: Staff will manage caseloads at or near the mandated standards.

Benchmarks:

1. DFS leadership to implement a 5-year staffing plan that will have annual submissions based on the previous year’s caseload average. Each year the Division will continue to review monthly and quarterly caseload reports and staffing levels (turnover reports) to develop the coming years staffing budget request.

Timeframe: 2020 and annually for next 5 years, submissions for staffing requests will coincide with the annual budget preparation and timeframes.

Measure: Documentation of FY2020-2024 budget proposals for staffing.

2. DFS to hire three practice coaches as a component of the staffing capacity plan. These coaches will be assigned to each county and will support both staff and supervisors through mentoring, coaching, training and other support geared towards improving and developing their skills.

Timeframe: September 2019.

Measure: Documentation of FY2020 budget includes practice coaches and hiring of positions.

Objective: Reduce the mandated caseload standard for treatment by modifying legislation and assessing staffing needs to bring the agency into compliance with the new caseload standard.

Rationale: The Division in coordination with the CPAC Caseload/Workload Committee engaged in caseload and workload time study collaborating with Delaware State University. Results of the time study demonstrated that treatment staff, who have a current caseload standard of 18, do not have enough time to complete the necessary activities required to successfully manage the needs of the children and families on their caseload. Reducing the caseload standard and ensuring that staff are carrying caseloads at or near those standards, will allow staff to have enough time to complete the necessary activities associated with their cases. Timely completion of activities leads to improved performance in the areas of safety, permanency and well-being. A manageable caseload also leads to job satisfaction thereby reducing the likelihood of staff turnover due to the demands of excessive caseloads.

Outcome: Treatment and permanency staff will have a manageable caseload leading to better safety, permanency and well-being outcomes.

Benchmarks:

1. Co-chairs of the CPAC Caseload/Workload Committee will present final report and recommendations to CPAC and seek approval to move forward with recommendations.

Timeframe: August 2019.

Measure: Documentation of successful submission of final report, recommendations, and CPAC response.

2. DSCYF leadership to draft legislation to mandate the reduction of the current caseload standard. Legislation will then be approved, sponsored and presented for approval during legislative session.

Timeframe: January 2020.

Measure: Documentation of legislation status lowering caseload standards for treatment workers.

3. DFS leadership to build staffing and budgetary plan to ensure that DFS can come into compliance with the lowered caseload mandate standard. DFS to add case carrying, supervisory and other support staff to the current staffing complement so that workers carry an average number of cases at or near the new standard.

Timeframe: April 2020.

Measure: Documentation of staffing and budgetary plans aligned with lower caseload standard.

Objective: Launch a hazardous duty pay initiative for staff whereby they would receive supplemental compensation reflective of the hazards their job duties and responsibilities present.

Rationale: In person and electronic staff survey results indicate that a reason staff leave their positions is due to the hazards that they face daily while completing their job duties and responsibilities. This objective will improve staff retention and support stabilizing the workforce.

Outcome: Staff will be fairly compensated for the hazards that they are exposed to in their positions. Staff will be less inclined to leave, leading to a more stable workforce which will positively influence the outcomes for the children and families they serve.

Benchmarks:

1. In collaboration with DMSS, DFS will review all positions for eligibility for hazardous pay to create a personnel listing to be submitted to Department of Human Resources (DHR) and Office of Management and Budget.

Timeframe: August 2019.

Measure: Final submission of eligible personnel report by DFS and DMSS.

2. Together with DHR and DMSS, DFS will work through compensation calculations for all approved and eligible staff to determine the hazardous duty pay rate for each employee. In addition, compensation start dates, review schedules and auditing practices will be implemented in collaboration with DMSS, OMB, DHR and DFS.

Timeframe: December 2019.

Measure: Documentation of hazard duty pay per employee, start dates, review schedules and audit practices.

Objective: Provide quality new worker and in-service training.

Rationale: Delaware stakeholders say pre-service and in-service trainings for caseworkers need improvement. As part of a comprehensive onboarding program, New Employee Training (NET) ensures that new hires receive the necessary knowledge and experience to perform their job competently and confidently. Recent studies have suggested that new staff appreciate a structured orientation to their day-to-day responsibilities, more guided support from their supervisors, and to be accepted into the group (<https://www.td.org/insights/surprise-new-employees-want-formal-training>). A September 2018 study by talentlms.com and Dr. Allison M. Ellis, Ph.D., Assistant Professor of Management and Human Resources at the California Polytechnic State University found that the highest employee satisfaction with onboarding programs included blended learning delivery methods, a longer duration, more ‘company culture’ training, increased supervisory involvement, and a sense of connectedness and belonging (<https://www.talentlms.com/blog/new-employee-onboarding-study/>).

An organization’s investment in robust NET, as well as continuing education, demonstrates to staff that they are valued and appreciated. In turn, employee retention improves as staff feel more engaged, understand the expectations placed on them, and have opportunities to develop, grow, and advance. According to shiftelearning.com, in a “recent national survey of over 400 employees spanning three generations (Baby Boomers, Generation X, and Millennials), 70% of the respondents indicated that job-related training and development opportunities influenced their decision to stay at their job.” (<https://www.shiftelearning.com/blog/statistics-value-of-employee-training-and-development>).

Outcome: DFS NET and the entire new hire experience will reflect the commitment of the Division to be a learning organization that supports personal mastery, shared vision, and team building. DFS staff and supervisors will be provided with opportunities for continuing education that allow them to stay current with trends in child welfare, to support the initiatives of the Division, to further develop their skills, and to advance professionally.

Benchmarks:

1. After surveying new DFS staff on their training experience, the CPD will collaborate with DFS to develop a comprehensive onboarding plan for DFS new hires that builds a sense of connectedness with the Division, delivers valuable training, and ensures consistent feedback and evaluation throughout the learning process.

Timeframe: March 2020.

Measure: Documentation of staff surveys and issuance of an onboarding plan.

2. CPD to train DFS supervisors on the onboarding process.

Timeframe: March 2020.

Measure: Documentation of training completion using Delaware Learning Center attendance tracking.

3. CPD staff will confirm the DFS NET curriculum complements the existing policies, practices, and initiatives of the Division. Embedded in the NET will be the values, knowledge, and skills necessary for quality safety decisions and child welfare casework. The DFS NET will include opportunities for staff to learn in different ways, including Instructor-Lead Training (ILT), online training, and on-the-job experiences.

Timeframe: January 2020 and ongoing.

Measure: Documentation of training curriculum adjustments, variety of learning opportunities and DLC attendance tracking.

4. DFS NET curriculum will be reviewed yearly (or more frequently, as needed) to ensure consistency between training and practice.

Timeframe: March 2020 and ongoing.

Measure: Documentation of training curriculum review and adjustments.

5. CPD will formalize the experiential portion of training by adding an On-the-Job (OJT) Checklist to the NET requirements in the DLC.

Timeframe: June 2020.

Measure: Documentation of adding OJT Checklist to DLC.

6. New mentors will attend the ‘Safety Organized Practice Mentoring Training’ course to ensure they understand their important role in the entire onboarding process.

Timeframe: December 2019 and ongoing.

Measure: Documentation of mentor attendance of Safety Organized Practice Mentoring Training’ using DLC tracking.

7. DFS new hires will demonstrate the skills they’ve acquired thru formal testing and mentor/supervisor observations.

Timeframe: September 2020 and ongoing.

Measure: Documentation of testing and observation of new hires.

8. CPD will attend monthly DFS Strategic Leadership Team meetings and bi-monthly treatment and investigation workgroup meetings to remain up to date on current policy, practice and initiatives.

Timeframe: October 2019 and ongoing.

Measure: Documentation of meeting attendance and training adjustments to stay current with policy, practice and initiatives.

9. CPD will participate in SDM[®] Fidelity Team to support the use of SDM[®] assessment tools and SOP principles with fidelity.

Timeframe: October 2019 and ongoing.

Measure: Documentation of SDM[®] Fidelity Team participation and actions taken by CPD to improve SDM[®] and SOP implementation with fidelity.

10. CPD and DFS to develop a formal continuing education plan providing DFS caseworkers and supervisors opportunities to grow personally and professionally. Plan will be reviewed annually and revised based on stakeholder input, case reviews and other indicators of practice fidelity.

Timeframe: June 2020.

Measure: Documentation of a continuing education plan for caseworkers and supervisors, annual review of plan and actions taken.

11. CPD will use the DLC to schedule and evaluate training sessions. Attendance will be tracked and CPD will provide reports on continuing education hours to ensure compliance with policy and practice standards.

Timeframe: December 2020 and ongoing.

Measure: Documentation of continuing education training using quantitative and qualitative performance measures.

Service Array

Goal: Strengthen informal and formal services for children and families.

Rationale: All families, regardless of background, need to have access to meaningful services to build their protective capacities in order to keep their own children safe and to prevent them from entering foster care. Prevention efforts must look beyond those whom we traditionally consider to be "at risk," and instead must take a collaborative community approach to provide services that strengthen families and are accessible to anyone who wants to use them. This requires examining the resources already available within the Department as well as considering how the agency can better partner with outside community resources, such as Division of Public Health, Prevent Child Abuse Delaware, and other nonprofit organizations. Stakeholders agree Delaware has an array of formal services but services need to be better coordinated and known among all partners at the

family and system levels. Responding to a survey, stakeholders agreed or were neutral that Delaware has services to meet the needs of children and families: DFS (65%), DSCYF (76%), community partners (89%), court (60%), youth (80%), and foster parents (88%). Eighty-one percent of the responses indicated that Delaware has services to keep children safe in their own homes. Eighty-eight percent of the responses indicated Delaware has resources to help children return home, to relatives, or to adoptive homes. Eighty-six percent of the responses indicated that services are individualized to meet the needs of children and families. Stakeholders also identify gaps in service for smaller populations requiring specialized care such as foster youth struggling to live in community settings, human trafficking victims and youth aging out of care. Delaware needs to cultivate informal supports to sustain lifelong healthy children, families and communities. Longitudinal impacts of prevention and early intervention services can be defined and measured, informing continuous improvement in child welfare.

Measure: Primary measures are recurrence of maltreatment and count of child abuse victims per 1,000 children per Kids Count publication. Companion measures for this goal are OSRI results for Item 12: Needs and services of child, parents and foster parents, Item 12A: Needs assessment and services to children, Item 12B: Needs assessment and services to parents; and Item 12C: Needs assessment and services to foster parents, Item 16: Educational needs of the child, Item 17: Physical health of the child, and Item 18: Mental/Behavioral health of the child. Stakeholder input on the broader service array will inform evaluation of service array system functioning and effectiveness.

Objective: Increase community awareness of services by implementing a plan for collaboration, education, and resource development.

Rationale: There are a number of services in Delaware, but those services reach a select number of families and children. Increasing the awareness of services across Delaware will allow for a more individualized experience. This will also allow Delaware to more accurately evaluate gaps in services and allow for planning to be made as a state and community to fill those gaps. Strong collaboration between service partners, families and stakeholders will improve assessment needs of the family and individualize the services.

Outcome: Service array in Delaware will be known and strengthened statewide at the family and system levels. Services will be individualized based on accurate needs assessment, planning and service delivery choices. Children and care providers will have appropriate supports. Reunification timeliness will improve for DFS formal services without increasing foster care reentry rates. Treatment case closures without reopening in 12 months will increase.

Benchmarks:

1. DFS, Prevent Child Abuse Delaware and Court Improvement Program to sponsor the Integrated Child Welfare Planning Collaborative to organize and strengthen collaboration, communication and access to prevention, early intervention and formal child welfare services. Collaborative to establish objectives and activities to improve the prevention to formal child welfare intervention service array.

Measure: Documentation of Collaborative membership, activities and products.

Timeframe: December 2020 and ongoing.

Objective: Increase utilization of services to at risk families prior to involvement with the state child welfare agency and prior to removal of children from the home.

Rationale: Families are capable of making sound decisions for their children given the right resources. Child maltreatment can be reduced or prevented when at risk families have early access to services. Promoting healthy life choices reduces conditions leading to maltreatment and risk of maltreatment. Stakeholders agree prevention services need improvement. Current prevention services include parent education, strengthening families, promoting safe and stable families, Delaware Fatherhood and Family Coalition, early intervention, behavioral health consultants, and home visiting. Trauma-informed and developmental development evidence-based screenings for children entering foster care, and monitoring psychotropic medications add valuable resources for reunification and permanency achievement.

Outcome: Families will have early access to services when needed and before deeper end child welfare services are needed.

Benchmarks:

1. DFS, Prevent Child Abuse Delaware and DPBHS to participate in Integrated Child Welfare Planning Collaborative activities to organize and strengthen collaboration, communication and access to prevention and early intervention services.

Timeframe: December 2020 and ongoing.

Measure: Documentation of Collaborative activities to promote access to and increase utilization of prevention services.

2. DPBHS's Office of Prevention's Middle School Behavioral Health Consultation Program (MSBHC) continues to co-locate behavioral health consultants (BHC) in 30 middle schools statewide to assist with identifying youth at risk, provide mental health and crisis screenings, and facilitate a range of brief interventions designed to remove barriers to academic and social success.

Timeframe: 2020 and ongoing.

Measure: Documentation of BHC service statistics.

3. DPBHS to develop a FOCUS report showing percentage of youth who received BHC services that do not become involved with deeper-end treatment services at 45, 90, 120 days post-discharge.

Timeframe: September 2020.

Measure: Issuance of report of population served entering more intensive treatment services.

4. DPBHS to sustain Early Intervention (EI) programming in 54 schools statewide to prevent at-risk children and families from entering deeper end, more intensive formal child welfare services.

Timeframe: 2020 and ongoing.

Measure: Documentation of EI statistics and outcome surveys of teachers and parents.

5. EI program leadership to add ‘I Can Problem Solve’ (ICPS) model as an intervention. ICPS is a universal school-based program designed to enhance the interpersonal cognitive processes and problem-solving skills of children in preschool through 6th grade. Train family crisis therapists on the model and implement for 2019-2020 school year.

Timeframe: 2020 and ongoing.

Measure: Documentation of ‘I Can Problem Solve’ training, implementation and adjustments.

Objective: Delaware will define and identify foster care candidates; providing evidence based prevention services that prevent foster care removals.

Rationale: It is important for children to grow up in their own family and maintain their family connections. Children who are able to safely remain in their own home avoid the trauma of entering foster care. Family First Prevention Services Act authorizes Title IV-E funding for evidence-based prevention services after Administration for Children and Families (ACF) approval. DFS has not implemented foster care candidacy Title IV-E administrative claiming.

Outcome: Children will remain safely in their own home, reducing the number of children entering foster care.

Benchmarks:

1. DFS program team and leadership will define foster care candidacy. Once determined, the team will develop policy and procedures to implement required provisions.

Timeframe: March 2020.

Measure: Documentation of foster care candidacy provisions and ACF approval.

2. DFS and CPD to train staff on foster care candidacy policy and procedures. Regional managers, supervisors and caseworkers will be educated on how to determine eligibility and requirements for ongoing eligibility.

Timeframe: June 2020.

Measure: Documentation of foster care candidacy provisions and ACF approval of claiming methodology. Documentation of effective date.

3. DFS to submit change requests to revise FOCUS to record and report candidacy statistics.

Timeframe: June 2020.

Measure: Documentation of foster care candidacy FOCUS updates.

4. DFS to collaborate with partners to select and implement prevention services for identified candidates for foster care per Family First Prevention Services Act evidence based qualified services.

Timeframe: October 2020.

Measure: Documentation of prevention services and ACF approval of provisions and claiming methodology.

Objective: Develop both formal and informal in-state resources to assist victims of human trafficking through collaboration with partners.

Rationale: The issue of human trafficking has come to the forefront in Delaware in the past few years, and with the passing of HB 181 in 2017, the Division tracks and serves trafficking victims and their families. Agencies operating under the Multidisciplinary Response to Child Abuse and Neglect Memorandum of Understanding use a standard juvenile trafficking protocol to identify, screen and serve victims of trafficking. Current DFS policy specifies that when reports of possible human trafficking are received at the hotline, they are assigned to an investigation unit, which then works with the child's family to ensure that the child has an appropriate, protective caregiver. Given the statistics linking repeat runaway behavior with higher incidence of becoming a trafficking victim, policy guides interviewing a runaway foster youth's return home for possible trafficking. Service array interventions for this specific population need evaluation and development.

Outcome: Victims of human trafficking are appropriately identified and provided with evidence-based services to prevent future victimization.

Benchmarks:

1. The Intake and Investigation, and Treatment Program Managers to review reports of trafficking activities and assess the current application of the Juvenile Trafficking Protocol and policy guidelines to identify exploited youth. Evaluate whether the current tools are sufficient to capture the data required to correctly identify exploited youth.

Timeframe: December 2019.

Measure: Documented review of trafficking data, tools to identify trafficking victims and actions taken to strengthen identification.

2. The Intake and Investigation, and Treatment Program Managers to modify the tools in accordance with findings from Benchmark 1. Provide training to frontline staff on current policy and use of the tools, as well as other factors that may assist in identifying youth who have been exploited.

Timeframe: June 2020.

Measure: Documentation of tool revisions and staff training.

3. Program Managers for Intake and Investigation, Treatment and Foster Care to survey stakeholders regarding the services available for trafficking victims open to DFS. Team to make recommendations to DFS leadership to fill identified service gaps.

Timeframe: October 2020.

Measure: Documentation of survey activities, results and recommendations to leadership.

4. Foster Care Program Manager to assess and resource specialized placements for foster youth who are also trafficking victims. Provide specialized training for foster parents caring for trafficking victims.

Timeframe: Assessment by June 2020. Specialized training for foster parents by January 2021.

Measure: Documentation of assessment, findings, recommendations and implementation of specialized foster parent training.

Objective: Strengthen foster care resources for all children in out of home foster care.

Rationale: Children need temporary foster care settings and skilled service providers to meet their daily needs. All foster children should experience normal childhood experiences

appropriate for their age and development. Stakeholders agree Delaware is challenged to increase the capacity of foster homes, especially for special needs children, substance exposed children and teen youth. Stakeholders say foster parents need supports for themselves and the children in their care. Delaware has a targeted Foster and Adoptive Parent Marketing, Recruitment and Retention Plan (referenced in Section VII.)

Outcome: Every child that needs foster care placement will have the placement resource that best meets their needs.

Benchmarks:

1. The statewide foster care team will implement the Foster and Adoptive Parent Recruitment Plan, including marketing, support and retention activities, to increase foster home capacity. The Plan includes activities to increase capacity for sibling groups, children with behavioral health needs, children with medical or physically challenging needs, infants affected by substance exposure and children with complex needs.

Timeframe: 2020 and ongoing.

Measure: Documentation of Foster and Adoptive Parent Marketing, Recruitment and Retention Plan activities and reports of foster home capacity.

2. The foster care program workgroup will catalog and issue supportive resource guides to foster families, caseworkers and partners.

Timeframe: June 2021.

Measure: Documentation of resource guide distribution.

3. The foster care program workgroup to develop a comprehensive formal and informal resource database using mobile technology as a distribution medium.

Timeframe: Development by June 2023; deployment by March 2024.

Measure: Documentation of resource database development activities and final distribution.

4. The foster care program workgroup to survey foster parents to assess supportive service gaps and make recommendations for implementing additional services.

Timeframe: March 2022.

Measure: Documentation of survey activities, findings and recommendations for expanding support services.

Goal: Strengthen informal and formal services for foster teens and young adults aging out of foster care.

Rationale: By strengthening informal and formal services for youth, youth will more likely be self-sufficient young adults. Focusing on healthy and informed choices regarding education, lifestyle, and family planning prepare youth to be responsible young adults. From January through April of 2019, 21% of youth 18-21 years old participating in the independent living program reported being incarcerated. Over three quarters of the youth engaged in the independent living program are making healthy choices to avoid criminal acts. Nineteen percent of youth participating in the independent living program at age 18 reported parenting their own child. During July 2018 through April 2019 of all youth and young adults receiving services, 64% of youth reported being enrolled and receiving education, 4% of youth reported receiving their GED or vocational certificate, 28% of youth reported receiving their high school diploma, 18% of youth reported being employed either part time or full time, and 53% of youth reported being enrolled in post-secondary/vocational programs. DFS wants to improve outcomes for foster teens and young adults by raising rates of high school graduation, employment, and post-secondary enrollment. Delaware wants to sustain the high percentage of independent living program participants report positive connections to supportive adults.

Measure: Measures for this goal are from outcome surveys of independent living program participants, using National Youth in Transition Database elements. Goals are 60% of program participants will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.

Objective: Foster youth and young adults have opportunities for personal growth, leadership experiences, and community service.

Rationale: The Youth Advisory Council (YAC) is the voice of foster youth in Delaware. DFS, Family Court and community partners use this group to learn the youth perspective of foster care. Experiences to serve as advocates and stakeholders build leadership skills and self-esteem. Engaging with the local community broadens a youth's sense of inclusion and belonging to a community.

Outcome: Youth will be better equipped to make healthy decisions and advocate for themselves, easing the transition to self-sufficiency.

Benchmarks:

1. The Independent Living Program Manager to coordinate with partners to provide personal growth, leadership development and community service for youth participating in YAC.

Timeframe: 2020 and ongoing.

Measure: Documentation of YAC events and activities that promote personal growth, leadership development and community service.

Objective: Increase the percentage of foster youth graduating high school, obtaining a GED and enrolling in post-secondary educational and vocational programs.

Rationale: Level of education is an important contributor to quality of life. The NYTD Cohort 1 statistics for Delaware are 26% for 19 year olds in FFY2013 and 47% for 21 year olds in 2015. NYTD Cohort 2 statistics are 53% for 19 year olds in FFY2016 and 68% for 21 year olds in FFY2018. During July 2018 through April 2019 of all youth and young adults receiving independent living services, 64% of youth reported being enrolled and receiving education, 4% of youth reported receiving their GED or vocational certificate, 28% of youth reported receiving their high school diploma, and 53% of youth reported being enrolled in post-secondary/vocational programs. Stakeholders want higher high school graduation rates for foster youth. Celebrating youths' achievements, and recognizing their positive growth encourages a youth to continue making positive choices.

Outcome: Education measures for foster youth and young adults receiving independent living services will report higher percentages of high school graduation or GED certificates, and higher enrollment in post-secondary educational or vocational programs.

Benchmarks:

1. Independent Living Program Manager and contracted providers to partner with Kind to Kids for UGrad programming for eligible foster youth in 9th through 12th grades.

Timeframe: 2020 and ongoing.

Measure: Documentation of UGrad participation and outcomes.

2. Independent Living Program Manager to continue contracts with community-based providers to assist youth with tutoring and support to achieve high school graduation/GED, and assist distribution and monitoring of ETV grant awards to eligible young adults.

Timeframe: 2020 and ongoing.

Measure: Documentation of ETV grant awards and contractor monitoring activities.

3. Independent living team to coordinate Destined for Greatness events with youth, advocates, family members and contractors.

Timeframe: 2020 and ongoing.

Measure: Documentation of Destined for Greatness activities and awards.

Objective: Sustain and promote financial stipend programming for young adults transitioning out of foster care at age 18.

Rationale: A youth informed program, Achieving Self Sufficiency and Independence through Supported Transition (ASSIST) is financial aid for young adults working to achieve life skills, education, employment and other goals in their independent living plan. The application and reporting components of the stipend program teaches budgeting and accountability.

Outcome: Youth learn personal budgeting and develop routines to manage resources while living independently. Financially stable youth have safe housing, nutrition and enjoy age appropriate social activities.

Benchmarks:

1. Independent Living Program Manager to oversee administration of ASSIST programming for young adults active with independent living services.

Timeframe: Ongoing through 2024

Measure: Documentation of number of young adults receiving ASSIST stipends and application of program requirements with fidelity.

2. Independent Living Program Manager to coordinate review of exit surveys from youth leaving the independent living program to gain insight on the effectiveness of the ASSIST program. Manager to share lessons learned with stakeholders and take actions to improve outcomes.

Timeframe: 2020 and ongoing.

Measure: Documentation of exit surveys and evaluation of ASSIST programming. Documentation of actions taken to adjust program components.

Objective: Promote and support enrollment in post-secondary educational and vocational programming for eligible young adults.

Rationale: Youth may be more likely to attend post-secondary education if they have financial support. Education is a key factor to improving quality of life.

Outcome: Aged out foster youth have post-secondary education and vocational training leading to higher income and quality of life.

Benchmarks:

1. Independent Living Program Manager to coordinate distribution of ETV to eligible youth, in compliance with all federal requirements.

Timeframe: Ongoing through 2024

Measure: Documentation of number of young adults receiving ETV vouchers, rules applied and other descriptors of outcomes.

Implementation Supports

Implementation supports are included in Section III. Objectives and Benchmarks. Delaware will need training, coaching and technical assistance for Structured Decision Making[®] and Permanency Round Tables. CFSR PIP related quality assurance case reviews oversight by Administration for Children and Families is requested through at least March 2020. Training and coaching will be provided to state and contracted staff for MY LIFE programming by Darla Henry and Associates, Inc. Collaboration with CIP continues to provide training and consultation for shared judicial and agency topics. Continued support from the General Assembly is needed to fully fund positions for front line and quality assurance functions. Information system enhancements are expected throughout the next 5 year cycle, provided by contracted technology vendors. The Department's Center for Professional Development provides all new worker training for DFS and facilitates in-service training topics offered via the web-based Delaware Learning Center.

IV. Services

Child and Family Services Continuum

Supporting family focused and child centered interventions, Delaware's child welfare system offers a continuum of services to at-risk families and children from prevention to permanency, provided by public and community-based agencies. Services to infants start with the Delaware Maternal and Infant Early Childhood Home Visiting (MIECHV) program. (See Section I., Collaboration for more information on prevention services). The Office of Child Care Licensing monitors and supports child care serving over 50,000 children annually; the Office also coordinates with the Office of Early Learning and Department of Education on quality improvement efforts for early care and education providers. The Department of Public Health and DFS partner to administer Child Development Watch to assess and serve developmentally delayed young children. The Division of Medicaid and Medical Assistance coordinates with the Department to provide Medicaid for eligible individuals.

Housed within DPBHS, there are several community-based prevention, family preservation and family support programs available to the public. Prevention Services has the responsibility for providing training, public education and consultation services aimed at prevention child abuse, dependency, neglect, juvenile delinquency, mental health disorders and drug and alcohol abuse among children and youth. The Prevention Unit responds to community needs by implementing universal, targeted and indicated approaches:

- The Promoting Safe and Stable Family Consultation and Support Services, and the Responsible Fatherhood Initiative (Delaware Fatherhood and Family Coalition) provide levels of family and community support service specifically designed to prevent families from entering or reentering services for child maltreatment. Programming also builds community capacity to engage and support fathers' positive engagement with their children, families and community.
- Family support and family preservation components are combined together in its funding components of the Promoting Safe and Stable Family Act to implement specific services and supports to stabilize families. This provides Delaware's three counties the opportunity to receive a community-based service model that addresses specific family stressors which may have the likelihood of causing child maltreatment and strengthens the families protective factors. The fatherhood initiative was developed to strengthen child and family well-being through parent engagement and effective co-parenting.

- Families and Centers Empowered Together (FACET) Program is a family engagement, support and empowerment program. The program is designed to strengthen families through educational and life-enhancing/stress relieving activities, parenting workshops, and other support services within the community encouraging parent/child bonding and that build community relationships. The program employs an asset based prevention approach that focuses on identifying, building on, and maximizing family strengths; with a strong emphasis placed on parent empowerment. The program is located in early learning center settings in Kent, New Castle and Sussex Counties.
- The Afterschool and Summer Initiative resulted from the cluster of youth suicides in Kent and Sussex Counties in 2012. The Center for Disease Control and Prevention (CDC) reviewed and reported that the 2012 adolescent suicides in Kent and Sussex Counties pointed to a lack of after school and summer activities, and weak mental health awareness training (including training on suicidal behavior and substance abuse). The state provides \$2.2 million to support afterschool and summer evidence-based primary prevention programs that address the associated risk factors for youth suicide and substance use. These programs focus on positive youth development by strengthening youth's social and emotional behavioral competencies, enhancing family functioning and other supportive relationships.
- The State also provides suicide prevention, including substance abuse training to youth and community serving agencies, families, and peers through a contract with the Mental Health Association of Delaware.
- The Extended Hours Program is designed to prevent and/or reduce the likelihood of violence by providing a safe haven for youth who might otherwise be out on the street. The program allows youth to engage in age appropriate services and prevention programming, along with educational, cultural and recreational activities in a constructive environment. During the months of June through September, the state provides \$467,000 to ten community centers in high risk Wilmington neighborhoods, allowing them to extend their hours of operation during the summer, evenings and weekends.
- Substance abuse prevention provides primary prevention services statewide to children and youth ages 0-17 and their families through community collaborations.
- Separating and Divorcing Parent Education (SDPE) is provided for divorcing parents with children up to age 17. The SDPE program has 2 components: Basic (6 hrs.) and a Domestic Violence component (8 hrs.).
- Early Intervention K-5 Family Crisis Therapist Program (EIP) is an innovative collaboration between DSCYF and the Department of Education (DOE). EIP provides services to students displaying behavioral problems which impede their learning processes, or the learning process of others.
- Middle School Behavioral Health Consultants (BHC) provides interventions to address mental health and substance use issues experienced by middle school students, grades 6-8. The services include: screening for mental health/substance abuse and for trauma, crisis assessment, clinical interventions, psycho-educational groups, and training and consultation for parents, teachers and administrators. BHCs also assist families and schools to access community mental health, substance abuse and prevention services.

DFS operates differential response tracks for reports of child abuse and neglect. There are several pathways available:

- The first track is a Family Assessment and Intervention Response (FAIR) which provides a family assessment intervention track. FAIR is available from 2 community agencies, Children & Families First and Holcomb Behavioral Health. Internally, 2 DFS Adolescent Units in New Castle County provide FAIR responses.
- The second track is traditional investigation conducted by DFS staff.
- DFS also has a track for substance exposed infants and their families using Plans of Safe Care. This track is provided by Holcomb Behavioral Health and DFS.

When investigations identify abuse, neglect, or dependency or the family is at risk of abuse, neglect, or dependency, DFS opens treatment cases. Services include:

- Family preservation case management for intact families provided by DFS caseworkers.
- Early reunification case management for families with children in foster care provided by DFS staff.
- Parent Education including Strengthening Families and Triple P models.
- Home based prevention and reunification services using a family interventionist, home based family therapy or a behavioral analyst.
- Substance abuse liaisons are co-located and provide screening, evaluation, and referral for treatment services.
- Domestic violence liaisons are co-located and are trained in the Safe and Together Model. They provided consultation to DFS caseworkers and advocacy for victims of domestic violence.
- Psychological evaluations to identify mental health needs and recommend services to inform family service planning.
- Housing vouchers are available through the Delaware State Rental Assistance Program (SRAP) and Family Unification Program (FUP) for families at risk of separation due to homelessness and families where housing is the only barrier to family reunification.
- Transportation contracts to assist families when transportation is a barrier.
- Translations services to assist workers in overcoming communication barriers.
- Community services provide health, mental health, social and parenting services for at-risk families. These agencies include publicly funding Medicaid Managed Care Organizations and their network of medical and mental health care providers, non-profit service organizations, child care facilities, the Delaware Maternal and Infant Early Childhood Home Visiting (MIECHV) program, Child Development Watch, and Promoting Safe and Stable Families' family programs.

Foster care is a public-private agency partnership and offers a range of placement settings and supports:

- Shelter care provides urgent care for children and youth entering foster care or transitioning to another placement.
- Family foster homes are the most utilized placement setting for all foster care age groups.
- Group care and residential care facilities are available for children whose needs can't be met in a family-based setting.
- Recruitment and training of foster parents are shared activities between DFS and partnering child placing agencies.
- Children entering foster care receive screening for trauma and mental health needs.

- DFS foster parents are supported by two teams of foster care coordinators providing support, referrals for child care, training and approvals.
- DFS provides a Support Line for after-hours calls from foster parents experiencing a difficult or challenging circumstance with a foster child in their home.

Kinship care programming is a maturing program in Delaware. Financial support is available through Temporary Aid to Needy Families to families caring for minor relatives, and DFS provides specific board payments, training and case management.

Adoption services range from pre-adoption resource recruitment, training, home studies, MY LIFE programming, pre-adoption supervision and case management. DFS routinely uses contracted child specific adoption recruitment, the National Adoption Center, AdoptUSKids and local DelAdopt listing to match adoptive resources. Emphasis is placed on children under the age of 6 to expedite exit to permanency through early goal review at local Permanency Planning Committees. Post-adoption services are available from a contracted private agency for crisis intervention, case management, training, bonding workshops and other supports. Post-adoption services are for families who adopt from foster care or privately, including international adoptions. Permanency Round Tables add to the permanency service array by targeting youth with extensive histories and limited permanency options.

The independent living program is designed to prepare and assist youth in foster care to make the transition from foster care to independence. Services are designed to promote self-sufficiency and responsible living for young adults. The independent living program provides services to youth in DFS custody and in a foster care placement setting, age 14 or older; youth placed in Delaware through ICPC; youth who have aged out of foster care at age 18 but have not reached age 21; youth who were adopted or placed under an assisted living or kinship guardianship agreement at 16 and are less than 21. Services include money management, cultural awareness, food management, hygiene care, housekeeping, transportation, educational planning, vocational skills, connections to community resources, interpersonal skills, housing support and legal issues. Additional benefits youth receive from engaging in the independent living program include annual credit checks, housing vouchers, scholarships including the Education and Training Voucher through age 25, a monthly financial needs based stipend known as ASSIST, and opportunities to participate in youth lead activities through the Youth Advisory Council.

Service Coordination

The continuum of services provided by the Title IV-B/IV-E agency, DSCYF, is coordinated with a variety of other federal, state and local programs. Aligning with the Children's Bureau vision to strengthen programming for healthy children, families and communities, the Department collaborates with CBCAP, Children's Justice Act and CIP grantees to provide direct services, oversight and guidance to child welfare continuum partners. The newly formed Integrated Child Welfare Planning Collaborative shows promise as a forum to strength prevention services, improve communication among member agencies and address gaps in formal services. CPAC, the CJA state task force, includes many Governor appointed child welfare partners representing prevention, investigation, civil/criminal justice and treatment services. CPAC functions as the oversight and advocacy body for child welfare. Eligible foster children receive Medicaid benefits. The state Health Care Plan for Foster Children is coordinated with the Division of Medicaid and Medical Assistance. Social Security benefits are applied for when eligibility exists. Promoting Safe and Stable Families

services are available to families, including young adults aging out of care with children. Title IV-B Subpart II funding is shared between the Division of Prevention and Behavioral Health and the Division of Family Services. Nemours A. I. DuPont Hospital for Children developed the Foster Care Health Program, providing a medical home for foster children. Child care for eligible foster children and intact families is coordinated with the Division of Social Services. Child Development Watch programming for children age 3 and younger is coordinated with the Division of Public Health. Public housing programs, federal and state funded, are offered to DFS families and young adults receiving independent living programming. The agency has Memorandums of Agreement with the Department of Education, Law Enforcement Agencies, Division of Developmental Disabilities, Delaware Family Court, Dover Air Force Base, Division of Substance Abuse and Mental Health and the Division of Child Support Enforcement. DSCYF also coordinates placement and supervision of cross-jurisdictional children per Interstate Compact Agreements.

Delaware's Child and Family Services Plan is a collaborative effort facilitated by DFS. See Section I. Collaboration and Vision, Collaboration for description of activities.

The identified goals, objectives and benchmarks in Section III. Child and Family Service Plan sustain agency strengths such as family engagement, partner collaboration, and Structured Decision Making®. The plan addresses areas needing improvement such as timely initial investigation contacts, differential response, foster care supports, workforce development and service array as identified by community professionals, DFS staff, foster parents and foster youth. DFS will use continuous quality improvement strategies woven into objectives and benchmarks to evaluate and adjust interventions.

Coordination of services is monitored by annual review of the CFSP and APSR by community professionals and Department representatives. CPAC monitors an established DFS data profile to monitor performance indicators identifying strengths and areas needing improvement. CPAC's committees are comprised of system partners that coordinate training, services and infrastructure from different perspectives.

The CIP is invested in ensuring that CIP stakeholders are aware of the variety of services that best meet the needs of children and families involved in child welfare. CIP hosts quarterly stakeholder meetings in each county. These meetings provide a forum to discuss issues that directly impact cases, particularly around permanency and well-being, and are an ongoing opportunity to hear about available services. Due to the multi-disciplinary make up of these teams, inclusive of judges, parent attorneys, child attorneys, education liaisons, DFS staff, provider agency staff and deputy attorney generals, these meetings provide a forum to discuss service issues recommend system-wide improvements. The CIP will continue to host these meetings as a way to update stakeholders on service coordination throughout our next CFSP. The CIP Steering Committee is comprised of agency and legal representatives. Family Court shares key data reports on timeliness and outcomes and the meeting allows shared initiatives such as training and pilot programming for visitation and family support. The team invites stakeholders to plan quality legal representation programs per Family First Prevention Services Act provisions.

The Nanticoke Indian Association Chief attended the March 27, 2019 stakeholder meeting for the first time. FOCUS provides for case managers' identification of Indian children. Indian parents are notified of court proceedings as other non-Indian parents are notified. In the event that an Indian child is taken into custody, the tribal leadership is contacted for notification and placement assistance. Indian children and families have access to any and all services available in their community and in the state.

The Department will provide independent living services to assist youth, ages 14 and older that are in foster care, and young adults who exited care upon their 18th birthday but have not reached age 21. Youth who leave care after age 16 for adoption or kinship/permanent guardianship are eligible for independent living program services. These services are available to American Indian children.

The Nanticoke is not a federally recognized tribe and does not have jurisdiction. Notice of internet addresses for the CFSP and APSR documents were provided to Chief Carmine via mail.

Service Description

See Section II. Assessment of Current Performance in Improving Outcomes, Service Array for assessment of service strengths and gaps using national standards, quality assurance case reviews and stakeholder input. It is difficult to describe service strengths and gaps as an independent domain, as it is a component of a larger interactive, dynamic system. Delaware takes a multi-pronged approach to sustaining and improving services.

At the DFS operations level, strengthening expertise of the Safety Organized Practice model, decreasing caseload and workload and sharpening case management tools supports appropriate service choices. At the system partner level, tightening the relationship of prevention and formal child welfare partners improves the communication of and access to services. A companion strategy is to build capacity for direct services. Programs such as kinship navigator and specialized out of home settings for youth with challenging behaviors and special needs are needed for good outcomes. Adding differential response options expands the less intrusive, proportionate to risk, service array. Delaware strives to sustain and improve timely exits to permanency through court and agency sponsored projects, training and quality assurance activities. Delaware's strong performance meeting education, physical and mental health needs will continue via individualized case planning and close judicial oversight. Collaboration between prevention and formal child welfare service partners is a key strategy to prevent maltreatment, repeat maltreatment and out of home care. The Integrated Child Welfare Planning Collaborative is a new vehicle to reach healthy child, family and community goals.

Finally, using a continuous quality improvement framework to evaluate performance, form theories of change and monitor interventions promotes a learning environment focused on outcomes. A strong continuous quality improvement system contributes to the health of Delaware's array of child welfare services.

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

See Section II. Service Array, Section III. 2020-2024 CFSP, Section IV. Child and Family Services Continuum, Service Coordination, Service Description, and Section IX. Budget Request, Grant Applications, Stephanie Tubbs Jones Child Welfare Services Program for services supported by Title IV-B, subpart 1.

Services for Children Adopted from Other Countries

DFS will continue contracting with community-based agencies to provide post adoption support services to all children who were adopted or who have permanent guardianship agreements and are currently residing in Delaware. The children and families served are a combination of local as well as other state and international adoptions. The services offered are always expanding to enhance the supports and services offered. Currently A Better Chance for Our Children is the contractor for post-adoption services. The agency has a 24-hour hotline for families in crisis. The activities offered include information and referrals, crisis assistance, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love

and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers at a minimum of 6 times throughout the year and statewide. The topics have included Love and Logic classes, Fetal Alcohol Spectrum Disorders (FASD) workshops, lying and stealing workshops, understanding the importance of birth parents, bonding workshops, parenting children who are traumatized, and diverse family group celebrations.

Services for Children Under the Age of Five

These existing programs will continue through the 2020-2024 Child and Family Services Plan cycle:

Delaware Thrives

Delaware Thrives is the statewide, multi-agency initiative to identify your children at risk for health or developmental challenges and ensure that these children and their parents and families have easy access to information and services. Several programs of this initiative specifically focus on the population of children under the age of 5. DE Thrives connects families with resources, programs and social networks for reproductive life planning, having a healthy pregnancy, raising healthy babies, home visiting, safe sleep practices, oral health, developmental information, and more. More information can be found at <http://dethrives.com/>.

2-1-1 Help Me Grow

The United Way of DE, with funding from the Division of Public Health implemented the Help Me Grow Initiative in 2012. HMG started as a pilot in Hartford, CT, in 1998 as a community effort to identify at-risk children and effectively and efficiently link them to services.

The core service of HMG is the statewide free 2-1-1 call center, staffed by case managers specifically trained to assist parents of young children identify and connect with appropriate resources and services. HMG 2-1-1 serves as the central point of entry to the Evidence-Based Home Visiting programs, which include Healthy Families America, Parents AS Teachers, and Nurse Family Partnership Programs. There is one referral for these Home Visiting programs. The referral is faxed to HMG 2-1-1. The case managers provide triage and determine the program that most appropriately meets the needs of the family, and then facilitate their connection to that program.

Another component of HMG is to promote developmental screenings statewide. As a part of this initiative, DE has developed capacity throughout the HMG website for pediatricians and primary care physicians to utilize the PEDS Screening online. Additionally, HMG has provided training for all home visiting programs and DFS to utilize the Ages and Stages Questionnaire (ASQ) as the developmental screening tool and for non-medical providers. Widespread dissemination of the ASQ is also occurring throughout the DE STARS program, the Quality Rating System for early childcare. The goal is to have standard assessment measures that can be shared as children move through the system, to both inform the planning for their needs and to track progress over time.

Nurse Family Partnership®

This is an evidenced based community health home visiting program through Children and Families First. The team of NFP Nurse Home Visitors currently provides services to families in

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

Healthy Families America/Smart Start Program

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

Parents As Teachers

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

Delaware Head Start / Early Head Start

Head Start is a Federal program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas such as language, literacy, and social and emotional development. Head Start emphasizes the role

of parents as their child's first and most important teacher. These programs help build relationships with families that support family well-being and many other important areas.

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

Telemon Corporation provides services to Kent/Sussex Counties. New Castle County Head Start, Inc. provides services to New Castle County. More information can be located at <http://www.telamon.org/delaware-early-head-start.aspx> , <http://www.telamon.org/delaware-early-head-start.aspx>, <http://www.ncchs.org/about-us/program-overview>

Birth to 3/Child Development Watch

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

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

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

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

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

Foster Care Screening and Consultation

Office of Evidence-Based Practice's Screening and Consultation Unit (SCU) screens children age 5 and younger, entering foster care. The screening tool used to assess the developmental needs of these young children is ASQ. The ASQ is an evidence-based tool that assists in the identification of potential developmental delays for children ages 1 month to age 5. Results from the ASQ that indicate possible delays trigger SCU staff to make referrals for appropriate services, such as CDW or Child Find. Consultations are provided as an alternative to formal screenings in the event that a child is already receiving early intervention services or if the child has already been screened through another resource (e.g., DPBHS, outpatient behavioral health providers, CDW).

Permanency Planning

Children under the age of 5 are reviewed by the supervisor, child attorney, deputy attorney general and local Permanency Planning Committees in each region for fast tracking to permanency, if early indications are the child cannot return home, birth parents had prior involuntary termination of parental rights, birth parents have felony convictions and maybe incarcerated, or birth parents whereabouts are unknown. Permanency Planning Committee meetings include DFS managers and supervisors, representatives from the OEBP, private agency service providers, and DYRS. Young children are prioritized for reviews and are reviewed frequently by DFS and the court until permanency is achieved. For children age 5 and younger, caseworkers consider past history with DFS and consult with legal counsel for further discussion. Judges also direct DFS workers to refer such cases to the PPC. Supervisory case conferences focus on the permanency planning efforts and activities for the younger children. Referrals for MY LIFE, child specific recruitment and FSE can be completed as needed and as appropriate.

Efforts to Track and Prevent Child Maltreatment Deaths

The Program Manager for Intake and Investigation participates monthly on the Child Abuse and Neglect (CAN) Panel. The Panel was previously managed by the Child Death Review Commission (formerly known as the Child Death Near Death Stillbirth Commission) and, by statute, transferred to the Child Protection Accountability Commission September 10, 2015. The CAN Panel reviews and compiles findings that are forwarded to the quarterly CAN Steering Committee for approval and development of recommendations based on the Panel's findings. A summary of the work of these two groups is discussed in the Child Protection Accountability Commission's State Fiscal Year 2018 Annual Report located online at: <https://courts.delaware.gov/forms/download.aspx?id=108408> . CAN Panel findings and near death reports are located on the OCA website at

https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx. CPAC and the Child Death Review Commission hold a joint annual retreat to monitor the prior year's findings, recommendations and plans. As a result of the joint annual retreat, an action plan is implemented and reviewed quarterly. DFS administrators, including the Intake and Investigation Program Manager, attend the annual retreat.

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

See Section II. Service Array, Section III. 2020-2024 CFSP, Section IV. Child and Family Services Continuum, Service Coordination, Service Description, and Section IX. Budget Request, Grant Applications, Promoting Safe and Stable Families Program for description of services supported by Title IV-B, subpart 2.

The Promoting Safe and Stable Family Consultation and Support Services, and the Responsible Fatherhood Initiative (Delaware Fatherhood and Family Coalition) provide levels of family and community support service specifically designed to prevent families from entering or reentering services for child maltreatment. Programming also builds community capacity to engage and support fathers' positive engagement with their children, families and community. The PSSF family consultation and support program model is implemented in communities throughout the state. The program targeted population includes caregivers who have child(ren) under the age of 18 and youth transitioning out of care who have multiple needs due to social and /emotional stressors and present these risk factors:

1. Isolation or inability to trust others.
2. Difficulty managing stress and crisis related to life events.
3. Lack of information, supports and /or services to effectively parent and/or address child behaviors.
4. Lack of social supports.
5. Behavioral, mental illness and disabilities.
6. Lack of accessibility to resources and services.

DFS has a contract with three community agencies to provide family preservation, family support, and family reunification services to families who have been referred to a treatment unit. Service levels are:

- Family Interventionist–intact families
- Family Interventionist–placement families
- Family Interventionist–foster home support
- Home based family support (intact or placement)
- Behavioral analyst (intact or placement and foster homes)
- Triple P Parenting Class
- Strengthening Families Parenting Class

The family interventionist meets with the family at least weekly to conduct an assessment and set goals with the family. The family interventionist assists the family in meeting the goals on their Family Service Plan. Some of the activities include parenting, budgeting, assist in finding employment or housing, participate in team meetings, organizing services / appointments, and much more. For placement families the family interventionist also supervises family visitation and

works on parenting skills with the family, in addition to the activities listed above. The family interventionist can also assist a foster parent in managing a child's behavior. The home based family support service is a therapist who provides family therapy in the home, focusing on the specific family, parental, environmental, and mental health or physical factors that may be affecting the family. The behavioral analyst will complete an assessment if a family has a child with developmental delays, such as, autism. The behavioral analyst will develop a behavior plan with the family and share it with the family interventionist so that identified techniques can be incorporated and reinforced during home visits. Triple P and Strengthening Families are both evidenced based parenting curriculum. The agency who offers Strengthening Families also makes the course available to families who are not directly associated with DFS.

Service Decision-Making process for Family Support Services

Promoting Safe and Stable Families Consultation and Support services are delivered by three community-based organizations to: increase formal and informal support networks, address concerns, increase family's advocacy efforts to address their need for services, empower families to make the connection to appropriate services and resources, assist families in designing an intervention plan, and increase a family's awareness of how to reduce stress in the future through this planning approach. PSSF Consultation and Support program provides an array of supportive and family preservation services to families active and not currently active with DSCYF core services.

The community-based providers are located throughout the state and were selected by a RFP process. PSSF providers serve communities with high percentages of referrals to child protection services. There are two sites in Sussex County, one site in Kent County, and two sites in New Castle County. An additional site during the 2020–2024 service period will serve southeast Wilmington collaborating with DHSS and DOE. The program serves communities lacking the ability to assure the basic needs of children and families. In addition, these communities are cited in the Delaware Center for Disease report as having higher rates of environmental trauma inflicted upon children and families

Title IV-B subpart 2 funding ratios are 32% family support and 20% family preservation; combined they provide a continuum of services intended to reduce the occurrence of child maltreatment by addressing the four associated risk factors.

DFS also uses a bidding process for contracted services supported by PSSF funds. Community-based services provide family intervention for intact families and families with children in foster care.

Populations at Greatest Risk of Maltreatment

Delaware has determined the populations at greatest risk of maltreatment to be at-risk families and children in geographic areas with high incidents of child abuse and neglect reports, referrals from childcare providers for behavioral health interventions, referrals from school personnel, early intervention students, substance-exposed infants, children with traumatic childhood experiences and children with developmental delays. Legislation (HB 140) was originally introduced April 2017 to codify hospital reporting of substance exposed infants and FASD children to DFS and the development of a Plan of Safe Care prior to discharge of the infant. Reintroduced for the 2018 legislative session, the Governor signed this legislation (HB 140) June 7, 2018. Delaware is aware that foster children are at higher risk of becoming a victim of sex trafficking. Delaware is working with law enforcement, FBI and community providers to address identification and services for victims of sex trafficking. Delaware will expand service array to provide services to this population in the 2020-2024 CFSP.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Delaware's automated case management system supports monitoring and reporting of caseworker contacts per ACYF-CB-PI 12-01. Adjustments to the reportable population were made to comply with FFY2012 changes to report the total number of visits that would occur if each child were visited once every month while in care and visits occurring in the child's residence. PI 12-01 also set a 95% standard for monthly caseworker contacts effective FFY2015. For FFY2018, Delaware's performance for Measure 1: Percent of Visits Made Monthly is 84.26%. For Measure 2: Percent of Visits in the Child's Residence is 78.40%. Supporting these scores, Delaware has policy on foster child visits cited in Placement Chapter, Section G of the DFS User Manual that states that children in out of home placements must be visited monthly. Several factors impact the below standard performance such as high investigation caseloads, high workload in treatment cases, staff turnover and FOCUS implementation. Caseworker visit grant funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

Additional Services Information

Child Welfare Waiver Demonstration Activities

Delaware does not have a child welfare waiver demonstration grant.

Adoption and Legal Guardianship Incentive Payments

Delaware is considering options to apply adoption incentive funds. Early ideas are to use the funds for recruiting adoptive families and supporting existing adoptions with flexible funding to stabilize family life, promote healthy family relations and provide normal childhood experiences with the goal to prevent disruptions resulting in out of home care. FFY2016 incentives will be expended by September 30, 2020 and FFY2018 incentives will be expended by September 30, 2021.

Adoption Savings

Delaware is in receipt of adoption savings and is incorporating new services into the 2020-2024 CFSP. The Plan includes activities to hire a Post Adoption/Post Permanent Guardianship Navigator providing a variety of supports and assistance to adoptive or permanent guardianship families. The navigator will assist in a wide variety of tasks including: guidance with requesting new birth certificates, new social security cards, coordinating with the Medicaid office to assist in maintaining proper coverage by clarifying and providing any necessary documentation that would impact a break in coverage, identifying and solving payment issues, answering questions about services eligible for reimbursement under the annual psychological subsidy as well as the routine assessments and determinations of subsidy and assistance amounts. Agreements are reviewed and renewed annually. Timely and satisfactory customer service are essential for this service. This position is frequently the first responder for adoptive families facing post permanency disruptions and helps navigate the available support services. Additional services have been proposed and will be assessed as current spending plans will inform future spending plans moving forward. Delaware meet all of the outlined federal guidelines.

Adoption Savings Methodology:

On June 22, 2015 the agency sent correspondence to the Administration for Children and Families (ACF) declaring Delaware to use the CB method with actual amounts for calculating adoption savings. There are no changes to this initial declaration.

Adoption Savings Expenditures:

In the five year planning cycle a post adoption/post guardianship navigator position will be added to help stabilize placements and help prevent re-entry into foster care. Delaware is spending prior savings on new programming for residential foster care with ACF approval.

Federal fiscal year 2017 adoption savings funds will be spent by September 30, 2020 and federal fiscal year 2018 adoption savings funds will be spent by September 30, 2021.

V. Consultation and Coordination Between States and Tribes

Chief Carmine of the Nanticoke Indian Association, attended the annual stakeholder meeting March 27, 2019. Chief Carmine is aware of the agreement with the prior Chief to assist the agency with foster home recruitment and placement should an Indian child enter state custody. Chief Carmine acknowledged receipt of the Child and Family Services Plan and 2019 Annual Progress and Services Report. All APSR submissions are available to the Nanticoke Indian Association via the agency's web page upon final approval. FOCUS documents DFS' responsibility to determine ICWA eligibility and case activities that can be queried for building monitoring reports. Per DFS policy, services and protections include operation of a case review system for children in foster care, a preplacement preventive services program for children at risk of entering foster care to remain safely with their families, and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement. Family Court monitors individual case proceedings for ICWA eligibility and case activity per ICWA and the 2016 ICWA Final Rule (25 CFR Part 23). FOCUS reports one Indian children in foster care. There are no planned changes in policy, procedure or statute. ICWA training is mandatory for new caseworkers and is available on the Delaware Learning Center. The Child and Family Services coordinator, Keith Zirkle, sent a certified letter to Chief Carmine June 3, 2019 requesting contact after attempting contact through the Nanticoke Indian Association's website. The agency seeks to refresh prior agreements to assist with Indian foster children entering state custody.

VI. John H. Chafee Foster Care Program for Successful Transition to Adulthood

Agency Administering Chafee

The Division of Family Services (DFS) will administer, supervise, and oversee the Chafee program. DFS provides oversight of the contracted agencies that provide independent living through contract monitoring, quarterly independent living provider meetings, approving monthly client and service invoices and gaining feedback directly from youth receiving independent living services. In addition, DFS has policy and procedures for the delivery of independent living services for internal staff that directly provides support to eligible youth. This is accomplished through ongoing trainings, and monitoring of services through the division's database system using National Youth in Transition Database (NYTD) elements.

Description of Program Design and Delivery

DFS delivers independent living services and supports to eligible youth by assessing needs, creating individualized independent living service plans and monitoring delivery of appropriate services. Youth in DFS custody and in a foster care placement setting, age fourteen or older, including Native Americans, are eligible for independent living services. Youth placed in

Delaware through ICPC are also eligible for IL services. Youth who have aged out of foster care at age eighteen but have not reached age twenty-one are eligible for independent living services. Also, youth who were adopted or placed under an assisted living or kinship guardianship agreement at age sixteen and are less than age twenty one are eligible for independent living services. When a youth returns home for trial reunification, the youth is eligible for independent living services for sixty days. Independent living services for youth fourteen and fifteen will be coordinated by the DFS case manager. The Independent Living Self-Sufficiency Benchmarks and Service Standards tool will be utilized to assess the youths' skill level beginning at age fourteen. When the youth turns sixteen years old, the DFS case manager will submit a referral to one of the divisions contracted agencies that provide independent living services. The youth will receive individualized case planning with their worker, including money-management services, self-assessments, housing, and educational supports, skill building including home life, daily living, relationship and communication, as well as career planning, vocational training and post-secondary supports. These services and supports align with the state's vision because they ensure youth are safe and healthy, by building self-resilience with the collaboration of community supports. DFS uses outcome surveys using NYTD elements to evaluate outcomes of interventions. The 2020-2024 CFSP addresses independent living interventions for education and employment. Youth identified support to obtain driver licenses and care insurance coverage as a priority.

The Youth Advisory Council is the voice of foster youth in Delaware. Youth gather monthly in a central location to provide input into youth oriented legislation, independent living programming development, Council activities and recreation. Input and feedback are gathered from YAC on how DFS is supporting youth in foster care, and how the Division might do this more effectively. In addition, staff from CIP attend YAC meetings to gain feedback on how to improve family court hearings for youth. DFS gathers feedback from YAC, as a continued quality improvement activity informing annual reports and strategic planning.

DFS is incorporating the principles of Positive Youth Development by holding the annual Destined for Greatness event. The Destined for Greatness event is held every spring to honor youth that have graduated high school, college or a vocational program. In addition, the event also recognizes youth that have made an accomplishment over the past year. To do this, case workers are asked to nominate youth for something positive they have achieved and to indicate a monetary wish the youth would like granted. In partnership with the organization One Simple Wish, DFS is able to grant youths' wishes by giving them monetary or physical items at the Destined for Greatness event. The event is a fun-filled evening that is centered on positive reinforcement for achievements and accomplishments that youth have made.

DFS shares the results of NYTD data collection with foster parents, youth, advocates, and other stakeholders through ongoing presentations. In addition, NYTD data is shared with independent living coordinators, agency staff and foster care providers through ongoing trainings. The Independent Living Program Manager and Administrator facilitate onsite trainings at various locations throughout the state, sharing NYTD data in presentations. With DFS's new database system, FOCUS, NYTD information is pulled and developed into reports that are shared quarterly by the agency's data unit. These reports are used in quarterly meetings with contracted independent living provider meetings to discuss what is working well and areas to improve.

The independent living program continues to share updated NYTD reports with staff that support the collection of NYTD information. Ongoing discussions on NYTD outcomes are routinely incorporated during quarterly meetings with direct service staff. In addition, monetary incentives are now given to those youth completing NYTD surveys at 19 and 21 years old. Changes in NYTD data will be reviewed with staff to identify trends to help improve services to eligible youth. Review of NYTD elements to ensure quality responses from youth are under consideration.

Serving Youth Across the State

Delaware is state administered and supervised therefore Chafee funded services are uniform and consistent across all counties and populations. Considering Delaware's size and structure of services there are no significant variances of services among the three counties, and the city of Wilmington.

Serving Youth of Various Ages and Stages of Achieving Independence

Youth and young adults are involved in an individualized life skills assessment to ascertain their strengths, skills, connections to community and supportive person, and to identify their needs and readiness for services. The independent living program service providers and case managers will use the Ansell-Casey Life Skills Assessment tool for youth 16-21. The Independent Living Self-Sufficiency Benchmarks and Services Standards tool provides guidance and tracking regarding the appropriate developmental skills for age groups 14-15, 16-18 and 18-21. The tool provides a reference for age appropriate life skills development and focus areas. Each participant receives an individualized 'plan for independent'. The planning team includes the independent living program service provider, case manager, and youth. Additional team members may include the caregiver, foster parent(s), biological parents if appropriate and other significant individuals. Youth in out of home care and those who aged out of foster care and have not reached age 21 receive various forms of life skills training. The objective of all life skills trainings is to assist the participant's transition to adulthood by providing education and experiential opportunities in the area of daily living. The independent living providers offer training that focuses on both tangible skills and decision-making, self-esteem, interpersonal relations, and communication skills. Independent living contracted case managers are actively involved in education planning and career/job development. Delaware does not extend traditional foster care services to age 21. DFS implemented the ASSIST stipend program in 2013, which provides additional financial supports to transitional age youth who are receiving independent living services. Youth advocates and agency decision makers participated in development of the proposal and advocating for funding. Stakeholders and youth report ASSIST continues to be an integral program component allowing youth to develop budgeting experience. In the self-assessment phase of the CFSP, stakeholders indicated that youth were not prepared well enough for adulthood. Delaware will continue to engage youth to make program improvements. Delaware has chosen not to extend Chafee services to age 23 at this time. Delaware will notify the Administration for Children and Families of any change in service population.

Delaware has established independent living self-sufficiency benchmarks based on age:

Services Available for Youth Age 14-15 (estimated number to be served, 77)

- Life Skills Assessment.
- Plan to complete educational goals.
- Individualized Plan for Independence.

- Coordinated services for youth with foster parent(s) or caregivers.
- Caregiver Support-foster parent(s) or caregivers will receive training and support for delivering home based skill building.
- Informal participation in structured ILP activities, social skills groups, or activities.
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use.
- Support in maintaining family contacts as appropriate.

Services Available for Youth Age 16-17(estimated number to be served, 70)

- Life Skills Assessment.
- Plan to complete educational goals.
- Individualized Plan for Independence.
- Coordinated services for youth with foster parent(s) or caregivers.
- Caregiver Support-foster parent(s) or caregivers will receive training and support for delivering home based skill building.
- Active participation in structured ILP activities, social skills groups, workshops and conferences.
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use.
- Education on the dangers of high risk behaviors (i.e. unsafe sex, illegal occupations).
- Assistance in developing/gaining work experience.
- Educational supports to assist with high school/GED completion.
- Assistance in applying for post-secondary and vocational training programs.
- Support in maintaining family contacts as appropriate.
- Assistance in obtaining credit reports/credit counseling.
- Comprehensive transition planning.

Services Available for Young Adults Age 18-20(estimated number to be served, 161)

- Life Skills Assessment.
- Referrals and coordinated services for young adults with other helping agencies, i.e. counseling services, career development and job readiness.
- Support and guidance in job search and job maintenance.
- Active participation in structured ILP activities, social skills groups, workshops and conferences.
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use.
- Education on the dangers of high risk behaviors (i.e. unsafe sex, illegal occupations, sex trafficking awareness).
- Assistance in obtaining credit reports/credit counseling.
- Assistance in securing safe and affordable housing and living arrangements.
- Educational supports to assist with high school/GED completion.
- Education and Training Voucher Program and other scholarship programs.
- Assistance in applying for post-secondary and vocational training programs.
- Support in maintaining family contacts as appropriate.
- Transitional housing and other supportive housing options.
- Comprehensive transition planning.
- Financial assistance through monthly needs based stipends.

In addition to the Ansell-Casey Life Skills Assessment tool, and the Independent Living Self-Sufficiency Benchmarks and Services Standards tool, DFS facilitates transition meetings for youth known as Stairway To Encourage Personal Growth (STEPS) meetings. STEPS meetings remain by policy a requirement for youth 17 and older to help ensure a positive and planned transition from foster care. These meetings are youth-centered and focuses on goals the youth has for when they exit foster care. Some topics discussed during the meeting include the youths plan for housing, school, employment, and transportation. The youth is encouraged to invite their supports, caregivers, and those they view as permanent connections to the meeting to help develop how they will achieve their goals. Currently, DFS is working on updating how STEPS meetings are coordinated and facilitated to develop them to be more youth-centered.

Collaboration with Other Private and Public Agencies

The independent living program involves the public and private sectors in helping youth in foster care achieve independence by collaborating with agencies to provide services to youth to build their self-sufficiency and resilience. The independent living program contracts with People's Place, Progressive Life Center, Elizabeth Murphey School, Dunamis Dominion, West End Neighborhood House and Jobs for Delaware Graduates to provide individualized independent living services to youth, as well as transitional living services. These providers also support youth with employment related services and vocational development. Through the partnership with the Division of Financial Empowerment of the Department of Health and Social Services, the program Stand By Me runs monthly reports on youth ages 14-21 to ensure their credit is not compromised. Through this collaboration, caseworkers and youth receive support to help correct any findings on their credit report. Additionally, financial coaches are made available to the youth to teach financial literacy. Continued partnership with Kind to Kids allows youth in foster care in grads 9th through 12th to connect with an educational advocate. This program, known as the UGrad program provides educational support for youth, and helpful the youth identify any educational needs they might have. The advocate assists youth by arranging tutoring and/or providing supplies for projects. The independent living program will continue to collaborate with the Division of Developmental and Disability Services, Division of Social Services, Division of Medicaid and Medical Assistance, Division of Substance Abuse and Mental Health, Social Security Administration and Delaware State Housing Authority. In addition, the independent living program also partners with the Food Bank of Delaware, Delaware State University, and Wesley College.

Determining Eligibility for Benefits and Services

Delaware has policy defining eligibility for Chafee funded services. See Description of Program Design and Delivery in Section VI. John H. Chafee Foster Care Program for Successful Transition to Adulthood for eligibility criteria.

Cooperation in National Evaluations

The independent living program will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

Chafee Training

The Independent Living Program Manager and Administrator will conduct ongoing trainings for staff, providers, and foster parents on eligibility, initiation of services, service array. Delaware will provide independent living training, including training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and with making permanence connections to supportive adults. IV-E training claims based on IV-E/IV-B training plan allocations will include trainings benefiting Chafee services.

Education and Training Vouchers (ETV) Program

Administration of the ETV program transitioned from an external partner to DFS in 2017. The independent living program staff enhanced a web-based worksheet and application for ETV that documents enrollment in post-secondary educational or vocational programs, applicant's need, and financial supports. The form calculates eligible expenses for ETV funding. Distribution of ETV are monitored by independent living providers. The independent living program tracks the number of youth that have applied for ETV, and also records the number of times the youth applies for ETV over time. This tracking tool ensures that no youth receives more than 5 years of funding. Awards cannot exceed \$5,000 per year and the amount of the award depends on the students' financial need, their GPA, and the number of applicants. The application process documents the cost of educational expenses, financial aid awarded ensuring vouchers do not exceed the cost of attendance. The independent living program coordinates with Delaware State University, and Delaware State Housing Authority to provide opportunities for youth accepted to the University to have sponsored housing and reduced expenses. (See Attachment F: ETV Chart)

Consultation with Tribes

The Nanticoke Indian Association Chief is invited to review the coordinated CFSP, received a mailed copy, and has access via the DSCYF website. The independent living program is included in this review. DFS has not negotiated an agreement to administer or supervise CFCIP or Education and Training Voucher programs with the tribe. Chief Carmine attended the annual stakeholder meeting held March 27, 2019. The array of independent living services, including ETV is available to all foster youth including those with Indian heritage.

VII. Targeted Plans within the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

The Foster and Adoptive Parent Marketing, Recruitment and Retention Plan for foster and adoptive parents was developed using information from stakeholders, staff working with foster families or foster children and case reviews. The plan identifies three major goals which are to recruit new foster families, retain and develop current foster parents and meet the complex needs and characteristics of the children in need of foster and adoptive placements. The Division has a foster parent recruiter who attends a variety of events throughout Delaware and during recruitment meetings the events are evaluated for effectiveness and adjustments made to ensure targeted recruitment. Delaware has been able to make connections across a wide range of areas from faith-based, cultural, medical and helping communities to attract families that will match the children's demographics in foster care. The plan outlines how Delaware will continuously review and make adjustments to reaching potential families. Due to the implementation of a new computer system, reporting on the demographics of the children in foster care and the complement of families has

been a challenge so included in the plan is better tracking, reporting and evaluation of the populations. The plan includes the specific ways the Division plans to address training and development of foster families to meet the needs of our children. There are educational/resource opportunities available to families regarding fostering and adoption on websites, forms and staff education already in place; the plan includes reviewing the information to make improvements to better inform our families. Delaware is small and has a strong collaborative interest in supporting foster children. One challenge the current plan addresses is retention and development as the agency loses families, making the system less attractive to prospective families.

About fifty percent of the children adopted out of the foster care system is by their foster families and a growing number of foster families get guardianship of youth. This positive permanency outcome has a negative impact on foster resource capacity. The use of data informs decision making and application of resources to sustain capacity of foster homes. (See attachment: Foster and Adoptive Parent Marketing, Recruitment and Retention Plan)

Health Care Oversight and Coordination Plan

The Delaware Health Care Services Plan is a collaboration between the Department of Health and Social Services and Department of Services for Children, Youth, and Their Families. This Plan was updated by DSCYF and DHSS in May 2019. (See attached: Health Care Services Plan 2019)

Health of foster children is administered by Medicaid Managed Care Organizations (MCOs) and a network of primary care providers. DFS continues collaboration between Nemours pediatricians, Division of Medicaid and Medical Assistance, MCOs and providers, in an effort to develop an improvement in information sharing and communication across agencies. These documents are shared with community providers so that best practices are employed consistently between settings.

Medicaid MCOs assign a care coordinator to each member to ensure continuity of care and to coordinate the services that the member receives from any other MCO or behavioral health provider. The care coordinator assists to close the gaps in the member's medical care. Care coordinators can enable members to navigate the system of care, assist members with transportation and advocate for special support and medical services. Each member selects or is assigned a primary care physician as their medical home. The care coordinator can assist with this selection to insure that the physician matches the member's needs.

Medical professionals are consulted and involved in assessing the health and well-being of foster children. A pediatrician, specializing in abuse and neglect, is a member of the Child Protection Accountability Commission. The Children's Advocacy Center, A.I. du Pont Hospital for Children, Christiana Care, Nanticoke Hospital, Kent General Hospital, Beebe Medical Center, DPH, school-based Wellness Centers and private medical practitioners provide a network of medical, dental and mental health care for foster children. Per policy, medical examinations are required when investigating physical abuse, sexual abuse and physical neglect for any child under the age of eight. Policy provides guidance for examinations for older children based on criteria. High-risk and substance exposed infants must be reviewed per protocol prior to discharge from hospitals. A Plan of Safe Care is required for all Substance Exposed Infants. Children entering foster care must have

a physical examination prior to entering care or within two weeks of entering care. DPBHS coordinates higher levels of behavioral care for foster children.

The Office of Evidence-Based Practice continues to conduct mental health and medication screenings for children entering foster care. Additionally, OEBP continues to contract with a consultant pharmacist to review psychotropic medication concerns and contribute to system medication oversight for children entering foster care. OEBP clinical staff also assist in program level and case level clinical support to help insure mental health best practices are employed. FOCUS has a medical appointment detail screen where documentation can be stored for all case types.

Psychotropic medication by foster children data is shared as part of presentations at the annual stakeholders meeting and at quality assurance meetings held with our federal partners, as well as agency leadership meetings. Psychotropic best practice standards and monitoring procedures are well documented in Department Psychotropic Medication Policy #216. OEBP chairs and participates on the Department Medication Committee which consists of providers and division representatives. This committee meets quarterly to review psychotropic medication policies, practices and monitoring and oversight efforts. Data reports are shared as well as trouble-shooting related to our new information management system. An ongoing goal is to reduce the overreliance on antipsychotic medications to manage aggressive and challenging behaviors in department involved youth. Best practices related to service delivery is continuously evaluated and an annual report is compiled. The committee also enhanced the department website with informational resources on psychotropic medications for families and providers. The Delaware Learning Center is utilized to train all staff on best practices as they related to psychotropic medications. The new information management system FOCUS reports have been designed to track the use of antipsychotics as part of the wider Department initiative to track medication use patterns in department youth.

The DFS pharmacy consultant can provide information and medical and dental services to DFS case workers to assist in planning and documentation of services. On October 17, 2018, the DFS Policy and User Manuals were updated to include standards to document physical and dental needs and services for children in foster care and intact families.

Foster youth are assigned an independent living contracted worker when they turn 16 years old. This worker works as part of the youth's team and assists in the transition to adulthood. If necessary, DFS also partners with Division of Developmental Disabilities Services (DDDS) to assist with housing, education, health insurance, employment services and other supports. DFS and DDDS have a Memorandum of Understanding in place to assist with the transition of youth aging out of foster care.

Disaster Plan

DFS maintains an Emergency Preparedness Plan addressing procedures in case of a civil or natural disaster. The plan includes the care of unattended children and continuity of agency services. During the past five years, DFS has not activated the Emergency Preparedness Plan but has participated in mock disaster scenarios. There were no edits to the plan resulting from the exercises. (See Attachment: Delaware DFS Emergency Preparedness Procedures 2018)

Training Plan

The mission of the Center for Professional Development is to provide state of the art training and professional development for DSCYF employees and their partners who work with children, youth, and families. CPD is housed within DMSS and consists of 4 Trainer/Educator IIIs, 2 Training Administrator Is, and an Administrative Assistant supervised by a Training Administrator II. Additionally, there are three Coaching supervisors within DFS whose primary responsibilities are to ensure new DFS workers complete pre-service training and required on-the-job experiences. CPD trainers are cross trained to be responsive to the training and professional development needs of the Department.

The goal of training in the Division of Family Services is to develop the necessary knowledge, skill, and attitude needed for workers, supervisors, managers, and contracted partners to competently apply the DFS child welfare practice model in their work with children and families. pre-service and in-service training continues to focus on embedding the values and casework practices supported by the various initiatives grouped together under the banner ‘Outcomes Matter:’ which include Structured Decision Making[®], Safety Organized Practice, differential response, family search and engagement, and team decision making.

CPD’s ongoing primary training objectives are:

1. Developing, updating, and modifying the DFS training curricula to embed the values, knowledge, and intervention skills in the practice framework to meet the job responsibilities of DFS staff and to comply with changes in policy, practice, and program areas.
2. Provide competency-based pre-service and in-service training to caseworkers, supervisors, administrators, and contracted in-home service providers that supports best practices and integrated service planning.
3. Implement and sustain practice approaches by teaming with DFS leadership and its partners to develop the skills necessary for workers and supervisors to practice with fidelity.
4. Be an internal partner as members and/or leads of ongoing DFS workgroups, and participants in leadership meetings and other policy and practice committees to assist in defining, planning, and executing training to targeted DFS staff.

As DFS implemented Outcomes Matter in FY2013, CPD modified the content of the DFS New Employee Training (NET) to fully embed the values, knowledge, and skills involved in the day-to-day casework practices pertaining to the DFS Outcomes Matter initiatives. Over the past five years, CPD has continued to modify the NET curriculum to meet the needs of the division and to address changes in policy. Evaluations of each course and of the entire New Employee experience allow CPD to collect data and make changes, as needed. Courses have been modified, removed, or added based on feedback received, trends identified, and business need.

In July 2015, CPD began using the Delaware Learning Center (DLC), a Cornerstone Learning Management System (LMS). The DLC allows CPD to deliver instructor-led training, virtual learning, exams, and certifications to develop employees. Additionally, the DLC automates the administration and oversight of all employee training.

Course information and session schedules are published on the DLC. Employees can register, join waitlists, or express interest in any training object available to them. Reference information on the different Outcomes Matter initiatives is posted on the DFS Shared drive so it is accessible to all staff members. On the DLC, staff can request training and supervisors can approve or assign training objects. DFS NET training schedules and class descriptions are available to staff on their individual DLC transcripts. The DFS New Employee Transfer of Learning brief is provided to trainees and supervisors with information on the DFS New Employee Training program, including core competencies, required shadowing activities, checklists, Transfer of Learning (TOL) activities, evaluations, training ground rules, links to supplemental information, and CPD contact information.

CPD will continue to provide competency-based training to caseworkers, supervisors, and administrators as well as to DFS contracted in-home service providers to promote and support best practices and integrated service planning. CPD updates the IV-B/IV-E Training Plan yearly, adding courses to improve staff competencies. CPD anticipates that the 2020-2024 training needs will concentrate on family engagement/teaming, decreasing recidivism, revisiting the fundamentals of Safety Organized Practice, and staff retention/morale.

Pre-Service Training

CPD will continue to provide Instructor Lead Training (ILT) to new hires on the skills and knowledge needed for them to understand and implement the DFS ‘Outcomes Matter’ practice model. Twelve competency-based pre-service core trainings and one orientation class are provided on an ongoing basis. Four core courses are assigned to new hires within the first 3-5 weeks of starting. The remaining courses are self-selected by the participants within prescribed timeframes, not to exceed 1 year from start date. Courses can be taken at intervals that allow new staff to experience mentoring and job experiences alongside classes. Trained mentors and experienced staff are paired with new hires to facilitate learning in the field, which includes required on-the-job field experiences. New employees are also assigned several online training courses in the DLC when they start, including “Reasonable and Prudent Parenting Standards,” “Introduction to Trauma Informed Care,” “Indian Child Welfare Act,” “Continuous Quality Improvement – Framework for Success,” “Sexual Harassment Prevention,” and “How to Identify Child Abuse and Neglect,” among others. Additionally, a graduated caseload assignment is applied, allowing for increased practical application of the knowledge and skills learned.

- During FY2019, training records indicate that 77 DFS new workers and 15 contracted providers attended pre-service training. Training records indicate 100% satisfactory completions for DFS new workers for all pre-service training within the first four to six months, with supervisors being the control for ensuring their staff completes training.

In-Service Training

DSCYF and CPD will continue to provide ILT and online training that supports the Outcomes Matter initiatives and federal mandates. In FY2019, online training was offered to DSCYF staff on:

- “Introduction to Trauma Informed Care” which provides information on child trauma and the trauma informed approach that the Department has adopted to guide how it provides services to children and families.

- “Mixing” that provides staff with information on why, when, and how mixing was necessary for adjudicated and non-adjudicated youth.
- “Psychiatric Medications for Youth” which provides staff with increased awareness of the use of psychotropic medication for children nationally and within the Department.
- “FOCUS DFS Custody Process” that included training on the three vital functions of the DFS custody process: the Ex Parte Petition, the Level of Care, and the Placement events.

Additionally, online training is being developed for child care providers on “OCCL Medication Process.”

ILT training was offered to DSCYF staff on:

Permanency Values

This training is designed to explore the importance of permanency and create a sense of urgency around achieving permanency for youth in out-of-home care. Permanency can provide stability and lifelong support for youth in care. However, achieving permanency for older youth with multiple placements over multiple years in care is frequently challenging. This training provides a compelling case for permanency, and effective tools and strategies to increase the likelihood of achieving permanency for older youth.

This one-day training was offered on several dates to DFS staff and private agencies. The course was taught by DFS leadership.

3-5-7[®] Booster Training

This training included a 45 minute video overview of the 3-5-7 Model[®] framework, which provides a guided approach to working with youth and families toward readiness for permanency. Training topics included factors that indicate readiness for permanency, making decisions with readiness in mind, balancing readiness with the timelines of the system, and how to share difficult information with youth.

DFS has implemented this model of preparing children youth and families for permanency. CPD has integrated its conceptual framework into new worker NET where applicable. The methodology has also been woven into family search and engagement activities and team decision making meetings, beginning at investigation and throughout ongoing case management services including protective and placement services that support kinship, foster, and adoptive family placement.

This one-day training was offered to DFS staff, private agencies, and others who work with youth and their families in the child welfare system. The course was taught by Stephanie Wolfe of Darla Henry & Associates.

Basic First Aid, CPR, and AED Training

American Safety & Health Institute approved curriculum on Basic First Aid, CPR, and AED for the community and workplace.

This course is taught by CPD and is offered monthly to all staff.

Safety Organized Practice Mentor Training

Mentors for new staff are trained by CPD trainers. Mentors are an essential component in preparing new workers to meet training requirements and performance standards during their probationary periods. Mentoring new workers is a job expectation for Masters and Family Crisis Therapists. Mentor training is offered once a year or as needed. New mentors learn the basic principles of mentoring, transfer of learning, coaching skills, and guidance on giving feedback.

This course is taught by CPD and is offered at least once a year, and more often as needed.

Supervisor Core

In response to the 2015 CFSR, child welfare specific supervisor training was developed. The DFS Supervisor Core consists of 6 modules that are 1-2 days each and they cover the following topics:

- Module 1: Caseworker Supervision
The module emphasizes the crucial role played by casework supervisors in ensuring safety, permanency, and well-being for children and families. Participants will be introduced to basic tools and strategies to create an “ideal” work environment and to supervise direct practice caseworkers. Attendees learn strategies for creating a supportive and enabling a unit environment that promotes effective and efficient completion of mission-critical casework activities. Attendees discuss effective methods to ensure that casework activities are consistent with federal and state laws, agency policies and procedures, agency and unit outcomes, and standards of best practice.
- Module 2: Leadership in Child Welfare
In this module, participants will learn about Transformational and Transactional Leadership and the importance of both for supervisors in Delaware's public child protection system. They will also learn about the significance of vision and mission, the use of authority and influence, understanding systems, and the benefits of engaging staff. Participants will assess their own leadership qualities and potential, and will establish goals for leadership growth. They will also be offered different strategies for use in their unit, their agency, and within their community.
- Module 3: Communication, Conflict, and Change
This module introduces three concepts that directly impact the work of supervisors and the functioning of their unit: Communication, Conflict, and Change. Participants examine the importance of good communication in child welfare. Participants learn strategies for improving communication and ensuring intended messages are received. Conflict is then addressed, because it is frequently caused by poor communication or lack of communication. Attendees learn the conflict cycle, as well as several strategies for conflict management. Change is a force that is both necessary and unavoidable in the child welfare field. Participants learn the causes and stages of change, and review strategies for change management. The workshop concludes by emphasizing the interrelated relationship between these three concepts.
- Module 4: Improving Individual Staff Performance
In this module, supervisors are introduced to the concepts of performance assessment, performance evaluation, and performance improvement of the individual staff in their unit. This workshop is intended to help new supervisors develop competent, confident,

- and committed staff who can perform the tasks assigned to them and support the agency mission/goal. Performance assessment is introduced as a continuous process that is necessary for staff development. The performance evaluation is introduced as a discrete function that must be conducted annually. Also presented are strategies for conducting the ongoing assessment and evaluation; strategies for facilitating performance improvement; and strategies for providing feedback throughout the evaluation, assessment, and performance improvement processes.
- Module 5: Professional Development of Staff
This module focuses the supervisor's attention on creating and sustaining a learning environment within the organization and on facilitating learning opportunities for staff to grow and develop. Supervisors are given information to help them understand the diverse learning needs they may encounter with their staff. A variety of learning opportunities are presented, and the role of the supervisor as coach is highlighted. Supervisors are also introduced to the professional development planning process, and their role in the transfer of learning for staff is identified.
 - Module 6: Collaboration and Teamwork
This module emphasizes on collaboration with others and the successful functioning of the unit. Benefits and strategies for collaboration are highlighted through consideration of the unit as a single system within the larger agency, department, and community. Characteristics of units that function effectively are also presented. Supervisors are given tools to assess the level of performance of their unit and are presented with an opportunity to develop a plan to improve their unit's functioning. Finally, strategies are introduced to help the supervisor build a unit that is successful in achieving the agency mission and vision through successful collaboration and teamwork.

CPD and members of the Staff Training PIP Workgroup facilitate these modules. The series is offered twice a year, with one module scheduled each month (Module 1 offered in January, Module 2 offered in February, etc.). The entire series repeats again, beginning in July.

Family and Youth Engagement (FYE)

This is a Strength-Based Approach to Partnership course that represents a broad approach to helping youth and families and draws from motivational interviewing, appreciative inquiry, and safety organized practice. Upon completion of this training, participants are able to: (a) Talk about the research on outcomes for youth who are out of care, (b) Define engagement and define several outcomes from engagement, (c) Define several observable components of engagement, (e) Describe three tools to facilitate engagement, and (f) Describe several skills to engage youth and families.

This course is taught by CPD and is offered every other month.

Plan of Safe Care

The Comprehensive Addiction and Recovery Act (P.L. 114-198), legislation required that all newborns identified as being affected by substance abuse, withdrawal symptoms, or FASD will have a Plan of Safe Care prior to discharge to ensure the safety and well-being of the infant and family. Legislation further requires a monitoring system regarding the

implementation of such plans to determine referrals to and the delivery of appropriate services for the infant and the family. The Plan of Safe Care training provides an overview of important data, the federal and state legislation, types of substances, medication assisted treatment (MAT), notification to DFS by the healthcare provider, a step by step of the Plan of Safe Care (POSC), and the policy and practice around the POSC.

DFS leadership provided four training sessions that were held across the state in July and August 2018.

Memorandum of Understanding (MOU) for the Multidisciplinary Response to Child Abuse and Neglect

The Memorandum of Understanding (MOU) for the Multidisciplinary Response to Child Abuse and Neglect is between DSCYF, DOJ, Children’s Advocacy Center, Division of Forensic Science, Office of the Investigation Coordinator, Alfred I. DuPont Hospital for Children, and the Delaware police departments and was prepared by CPAC. Sections 901 and 906(b) of Title 16 of the Delaware code requires the use of a multidisciplinary team (MDT) response to child abuse and neglect cases. The MOU seeks best practice protocols for a MDT response in the following types of cases: Physical Injury, Serious Physical Injury, Death, Sexual Abuse, Neglect, and Juvenile Trafficking. The MOU includes best practices for cross-reporting, investigation, prosecution, and the provision of services to children and families. The training covers the purpose and administration of the MOU, definitions, and the full range of each protocol to include the definition, joint investigations, cross-reporting, investigation, MDT case review, confidentiality, information sharing, and documentation, and conflict resolution. The training also covers the additional resources as provided in the MOU to include: First Responder Minimal Facts Interview, Common Elements of Child Torture, MDT Guidelines for Child Abuse Medical Response, MDT Case Review Protocol, the SUDI form, Sexual Behaviors in Children and Ages of Consent, and the Juvenile Trafficking Pre-Assessment Checklist.

Eight training sessions were held across all 3 counties in August and September 2018. These sessions were led by DFS leadership.

Memorandum of Understanding for Best Interest Meetings

This training was facilitated by DFS leadership and reviewed recent updates to the DSCYF and DOE MOU in Regulation 903.

Family Team Meeting/Collaborative Planning

Engaging families is essential to successful casework practice and promotes safety, permanency, and wellbeing of children and families. Effective family engagement occurs when DFS collaborates and partners with families throughout their involvement with DFS. Families are their own experts and should be included in decision making and planning for their family. One tool to engaging families is the family team meeting. Family team meetings can be used at many different stages in our work with families. The Children’s Research Center provided training for staff to facilitate family team meetings. This training include a train the trainer course for sustained practice.

Trained DFS staff facilitated multiple sessions throughout the state in late 2018 and early 2019. This training will continue to be offered at least once a quarter for new staff and anyone interested in a refresher.

CRC Supervisor Coaching Calls

Following a workshop in 2018 that reviewed the basic concepts of household-based assessments and identification of primary and secondary caregivers, three coaching sessions were scheduled for DFS supervisors to provide additional coaching on various topics related to Safety Assessments.

The CRC facilitated those sessions.

DAG Presentation Series

This training is a monthly series provided by the Deputy Attorneys General providing staff with important information regarding the court process, including reasonable efforts, permanency hearings, TPR hearings, substantiation hearings, etc.

Trauma Informed Care

DSCYF continues to be committed to a trauma informed system of care and the Trauma Informed Care Committee (TICC) leads development and implementation of the trauma informed care strategic plan. The TICC is composed of representatives from across DSCYF representing our four Divisions and includes CPD staff and DFS staff from the Office of Evidence Based Practice. The TICC implemented strategies during CY2016 in the four key trauma informed care focus areas: workforce (recruitment, training and retention), cross-system collaboration, service delivery (including promoting a trauma-informed provider community), and policy and administrative support.

To address training, the TICC launched the first in a series of trauma-focused trainings for staff entitled, “Trauma Informed Supervisor Training” through 10 sessions across the state to all DSCYF supervisors and managers in CY2018. This training provided direct service supervisors and managers with knowledge, skills, and abilities to provide trauma informed supervision to their employees. Participants were taught how to: 1) Understand and apply the six key principals of a Trauma Informed Care Approach, 2) Build expertise to develop trauma informed care skills in their staff, 3) Recognize and respond to staff impacted by their work, 4) Build resilience in their staff, and 5) Incorporate trauma informed care principles into their daily work with staff.

The TICC facilitated a pilot training for frontline staff in December 2018 with more in-depth information about the neurobiology of trauma, recognizing the signs of exposure and specific skills to respond with trauma-exposed children and families and a training for supervisors focused on adopting the principles of trauma informed care into supervisory practice. In addition, trauma informed care performance expectations were added to all performance plans for CY2018.

ABCs of LGBTQ Youth

This training for all DSCYF staff reviewed terms and definitions, LGBTQ issues among Delaware high school students, behavioral health risks, and how to support LGBTQ youth.

This course was facilitated by Robert Martz, community coordinator of the United Way. Six sessions were offered in late 2018.

Training Collaborations and Partnerships

Community Outreach and Training

DFS training incorporates guest presentations from community service organizations including those focused on domestic violence, community legal aid, substance abuse treatment, and law enforcement representatives. The following organizations participate:

- Delaware Coalition against Domestic Violence
- Delaware State Troopers
- Brandywine Counseling
- Psychotherapeutic Services
- Community Legal Aid
- People's Place
- Child, Inc.
- Office of the Child Advocate

Mandatory Reporting Training

The Child Abuse Prevention Act of 1997 was amended in 1999 (14 Del. C. §4123). The amendment requires that each public school ensure that each full-time teacher receives one hour of training in the identification and reporting of child abuse. The training and materials are updated and prepared by the Office of the Child Advocate. OCA and CPD work together to modify the training curriculum each year. Training is available online or onsite by request. CPD and OCA staff, as well as some DFS administrators, supervisors, and caseworkers are available to provide the training.

Child Protection Accountability Commission Training Sub-Committee

The Office of the Child Advocate is a non-judicial state agency charged with safeguarding the welfare of Delaware's children. OCA was created in 1999 in response to numerous child deaths in Delaware resulting from child abuse.

CPAC's overall statutory mission is to monitor Delaware's child protection system to ensure the health, safety, and wellbeing of Delaware's abused, neglected, and dependent children. One of CPAC's statutory duties is to access, develop, and provide quality training to the Division of Family Services, Deputy Attorneys General, Family Court, law-enforcement officers, the medical community, educators, day-care providers, and others on child protection issues. The Commission is staffed by OCA.

CPD is represented on the Child Protection Accountability Commission Training Sub-Committee. DFS, Family Court, Department of Justice, Domestic Violence Commission, Office of the Child Advocate, Child Death, Near Death and Still Birth Commission, Delaware Department of Health and Social Services, and community agencies are represented. The committee meets quarterly to

share agency training information and to pool resources, where possible. This committee organizes biennial *Protecting Delaware's Children* conferences. At the conferences, national and regional experts and researchers in the field of child welfare presented plenary sessions and workshops on a range of topics related to protecting children and strengthening families and communities in Delaware. More than 400 participants attended the recent conference in April 2019.

The OCA web site (<https://courts.delaware.gov/childadvocate/>) provides additional web-based and on-site training opportunities, as well as historical information from previous conferences.

Structured Decision-Making[®] and Safety Organized Practice

Collaborating with the Children's Research Center, DFS implemented SDM[®] and SOP in FY2013 and FY2014. The SDM[®] and SOP policies and procedures were incorporated into the new hire training curricula. SDM[®] incorporates a set of evidence-based assessment tools and decision guidelines designed to provide a higher level of consistency and validity in assessment and decision-making processes and a method for targeting limited system resources to families who are likely to subsequently abuse or neglect their children. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and their family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children. Emphasis is placed on using engagement and interviewing strategies with children to bring their voice into the decision making process in all functional areas. Workers have been trained on tools especially useful for engaging children five years old and under. DFS and CPD will continue to work with the CRC to reinforce the SDM[®] and SOP principles, practices, and tools.

Differential Response

Differential response is a front end strategy that offers an alternative to traditional investigation and uses family engagement assessments and referrals to community services for low risk cases. The family can opt to accept services or choose traditional investigation. DFS contracts with Children & Families First (CFF) and Holcomb Behavioral Health Services (HBHS) to provide this service, called FAIR. New CFF and Holcomb FAIR staff are trained alongside new DFS workers, taking the required DFS NET classes. This includes SDM[®] and SOP training as FAIR staff use the DFS SDM[®] Safety Assessment and Risk Assessment tools, as well as SOP engagement strategies in the provision of their program service area.

Team Decision Making

Team Decision Making is a structured and facilitated pre-removal meeting with the family, the child (if appropriate), and the family's network and supports. The meeting is used to make a 'live' placement decision after reviewing the safety and risk concerns. The goals of TDM are to improve the DFS decision-making process, encourage support and buy-in of the family, extended family and community, and to develop specific, individualized interventions for children and families where placement is being considered as a safety intervention. TDM involves a trained, independent facilitator that is experienced and knowledgeable in DFS policies and procedures, best practices, and the TDM facilitation process. The main task of the facilitator is to help the group reach consensus on a plan for safety. In collaboration with the Annie E Casey Foundation, DFS

implemented TDM statewide in 2013. CPD staff are trainers on the TDM facilitation process along with targeted DFS staff. TDM Facilitation Training is offered when needed.

Family Search and Engagement

FSE is an approach to practice that allows workers to dig more deeply with youth and families to identify important others in their lives; relatives, kin, and extended family members, who can serve as safety network members with an emphasis on involving fathers, and assist in planning for permanency. FSE is compatible with practice model and related initiatives being implemented in DFS currently. The DFS New Employee curriculum was modified to support this practice.

Consultation and Collaboration

CPD trainers assist individual employees, supervisors, and functional units within DFS and the Department by providing consultation services on individual and group performance issues. CPD trainers participate in in-service training, as well as any train-the-trainer sessions offered by DFS, CRC, AECF, etc. Learning from those experiences is embedded in new worker training or ongoing training, as appropriate.

In order to implement and sustain new practice approaches over the long run CPD teams work with DFS leadership, CQI and CRC to develop highly skilled workers and supervisors. CPD attends initiative workgroups and serve as committee leads related to planning and rolling out any initiative/practice-driven training. A training administrator from CPD is a standing member of the DFS Strategic Leadership Team.

Building caseworker competence to perform effectively in this transformative environment requires significant training as well as mentoring and coaching efforts. The literature and research on transfer of training and the implementation of evidence-based practices recognizes the need for strategies like cultivating champions, engaging early adopters, coaching, supervisor support, developing learning communities or communities of practice, mentoring and training on day-to-day practices. This involvement also enhances CPD's ability to serve in our consultant capacity with staff and supervisors.

With a lens focused on training needs, CPD staff share the information, data, observations, impressions, and plans with the CPD unit manager and other CPD trainers at unit meetings as well. In that context, discussions and data analysis occurs and next steps are identified for training and performance improvement of DFS staff.

Going forward, CPD will continue to focus on our new worker, ongoing, and refresher training curricula as described and attached, as well as pooling resources with DFS and partnering agencies to maximize training opportunities and efficiency for agency staff in Delaware who work in the child abuse and neglect field.

IV-B/IV-E Training Chart Update

The FY2020 DFS Training Chart has been adjusted to reflect IV-E compliance as follows:

- All required trainings for new and ongoing OCS workers are shown with the number of training days for each training.

- The training provider and location of each training are stated.
- Request to claim materials, space, etc. is detailed for each training.
- Current funding is asterisked on the chart and defined at the bottom of the chart. Proposed FFP is shown for each training on the chart.
- Frequency of each training is provided.

(See attached: DFS 2020 Staff Training Chart)

Surveys and Evaluations

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

The course evaluations in the DLC rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair, or Poor. Also included in the evaluations are open-ended questions under each of the categories requesting ideas on improving that area.

In June 2016, CPD added online DFS New Employee Midpoint and System Evaluations to the DLC. The Midpoint Evaluation was administered at the midpoint of training and included a follow-up Quality Check-in meeting between CPD and the new hires. The Midpoint Evaluation and Quality Check-in meeting was held after the 2nd month of training when the DFS new hire curriculum was held over a 4 month period of time. When the DFS new hire curriculum was condensed to 3 months in 2018, there was less opportunity to administer the evaluation and schedule a check-in meeting before the completion of the curriculum in the 3rd month. As a result, the Quality Check-in and then the Midpoint Evaluations were phased out. The DFS New Employee System Evaluation is administered upon completion of the new hire curriculum. These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. CPD provides the supervisors and administrators with updates on trends and information gathered from the system evaluations.

VIII. Financial Information

Payment Limitations – Title IV-B, Subpart 1

The state affirms less than 10% of title IV-B, subpart 1 federal funds are expended for administrative costs. Delaware had no expenditure of FFY2005 Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments and child day care. Non-federal matching funds for FFY2005 Title IV-B, subpart 1, spent on foster care maintenance payments total zero. For FFY2020, Delaware will not spend Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments or child day care. Non-federal matching funds for FFY2020 are not expended for foster care maintenance payments, adoption assistance payments or child day care.

Payment Limitations – Title IV-B, Subpart 2

For FFY2020, at least 20% of the allocation is spent within four categories of PSSF as follows:

- Family Preservation 20%
- Family Support 32%
- Intensive Reunification 25%
- Adoption 22%
- Administrative costs 0.7%

For FFY2017, expenditures for matching Title IV-B, subpart 2 funds totaled \$320,585 state funding; this exceeds the 1992 base year amount of \$155,126. The state affirms less than 10% of federal funds under title IV-B, subpart 2 are expended for administrative costs.

IX. Budget Request

FY2019 Budget Revision – CFS-101, Part 1

(See Attachment: Delaware FY19 CFS-101 Part I Revision)

FY 2020 Budget Request – CFS-101, Parts I and II

(See Attachment: Delaware FY20 CFS-101 Parts I & CFS 101 Part II)

FY 2017 Title IV-B Expenditure Report – CFS-101, Part III

(See Attachment: CFS-101 Part III)

Certifications:

See Attachment C - IV-B-Subpart 1 Assurances

See Attachment C - IV-B-Subpart 2 Assurances

See Attachment C - Chafee Certification

See Attachment C - ETV Certification

See Attachment C - CAPTA Assurance

Grant Applications

**CHILD ABUSE PREVENTION AND TREATMENT ACT
FFY 2020 SPENDING PLAN**

Personnel	Salary	OECs	Health
0.5 FTE-Family Crisis Therapist: Investigates allegations of child abuse and neglect, implements Child Safety Agreements when indicated. Makes findings of abuse, neglect and risk of future harm.	\$26,049	\$8,422	\$10,714
0.5 FTE-Master Family Service Specialist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.	\$20,768	\$6,714	\$6,230
1 FTE- Family Services Program Support Administrator Supports Intake and Investigation Program Manager to monitor Plans of Safe Care	\$50,885	\$16,451	\$14,647
1 FTE- Family Crisis Therapist- Investigates all SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.	\$47,552	\$15,374	\$14,647
Total Personnel Costs			\$238,453
Contractual			\$60,930
<ul style="list-style-type: none"> • Contract with the A. I. du Pont Hospital for Children For expedited medical examination services by a physician and the services of an A.I. social worker to manage DFS cases 		\$43,091	
<ul style="list-style-type: none"> • Contract with Holcomb Behavioral Health to implement Plans of Safe Care 		\$17,840	
Travel			
Training or conferences at local, regional or national levels			\$6,000
Supply			\$6,000
Indirect Costs			\$3,119
Audit	944		
State Personnel Office Charges	577		
SWCAP	1,598		
TOTAL			\$314,503

**CHILD ABUSE PREVENTION AND TREATMENT ACT
APPLICATION FOR FFY2020
SPENDING PLAN DETAIL**

Proposed Activity:

- Salary, OEC, and health for positions in DFS to investigate reports of child abuse and ensure child safety:
 - 0.5 FTE – Family Crisis Therapist: Investigates and intervenes in family crisis situation related to the safety and well-being of child(ren)
- Salary, OEC, and health for positions in DFS to work with substance exposed infant (SEI) cases:
 - 0.5 FTE – Master Family Service Specialist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.
 - 1 FTE – Family Crisis Therapist: Investigates SEI cases and develops a Plan of Safe Care to address the health and substance use treatment needs of the infant and affected family or caregiver to ensure the safety and well-being of infants with prenatal substance exposure.
 - 1 FTE – Family Services Program Support Administrator: Supports Intake and Investigation Program Manager to monitor Plans of Safe Care

Amount of Federal Funding: \$238,453

Characteristics of Individuals to Be Served:

- Children at risk of abuse or neglect and their families.
- At risk children and their families due to prenatal substance exposure.

Geographical Area Served:

- Statewide for Family Services Program Support Administrator; New Castle County for SEI positions.

Objectives and Results Expected:

Investigation:

- Investigate and intervene in family crisis situations to ensure child safety.
- Assess for child safety, and implement Caregiver Safety Agreements as needed.
- Assess for risk, refer to risk mitigation services as appropriate, and determine the need for ongoing DFS treatment services.

SEI Investigation:

- Investigate and intervene in family crisis situations in which an infant has been prenatally exposed to substances to ensure child safety.
- Develop and monitor a Plan of Safe Care to address the health and substance exposure treatment needs of the infant and family.
- Children are protected from maltreatment.

Proposed Activity:

- DFS will contract with A.I. DuPont Hospital for Children for expedited medical examination services by a physician and the services of an A.I. social worker to manage DFS cases.
- DFS will contract with Holcombe Behavioral Health to implement Plans of Safe Care.

Amount of Federal Funding: \$60,930

Characteristics of Individuals to Be Served:

- Children and families referred to the DFS hotline because of concerns about abuse or neglect or prenatal substance exposure.

Geographical Area Served:

- Statewide.

Objectives and Results Expected:

- Provide contracted family intervention and assessment services to at risk children and families receiving services from DFS.
- Enhance family capacity to meet their own needs.
- Ensure timely assessment of medical needs of children reported to DFS for alleged abuse or neglect.
- Implement Plans of Safe Care.

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES
APPLICATION FOR FFY2020
SPENDING PLAN**

Salary and OEC		190,171
	Office of Children's Services	
	1.0 FTE - Permanency Coordinator (PG 11)	61,250
	Office of Child Care Licensing positions	
	1.0 FTE - Child Care Licensing Supervisor (PG15)	68,693
	1.0 FTE - Child Care Licensing Specialist (PG11)	60,227
Contractual		854,359
	Office of Children's Services will contract for family Support services as part of its child protective Service continuum	818,211
	Office of Child Care Licensing	
	1.0 FTE – Administrative Assistant	36,148
Supply		6,000
Indirect		5,447
	Audit	2,376
	State Personnel Charges	1,731
	SWICAP	1,340
	Total Federal Funds	791,983
	State Matching Funds	263,994
TOTAL STATE AND FEDERAL PROGRAM FUNDING		1,055,977

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES
APPLICATION FOR FFY2020
SPENDING PLAN DETAIL**

Proposed Activity:

- Salary and OEC for positions in the Office of Child Care Licensing (OCCL) to license, monitor and support day care providers:
 - FTE - Child Care Licensing Supervisor - supervising 5 licensing specialists with a total caseload of approximately 1,500 licensed facilities
 - FTE - Child Care Licensing Specialist - responsible for a caseload of approximately 150 licensed childcare providers.

- Salary and OEC for position in the Office of Children's Services (OCS) to promote and support achievement of permanency for children:
1.0 FTE – Permanency Coordinator - works directly with the Adoption Program Manager

- 1.0 FTE – Administrative Assistant – performs administrative tasks supporting the functioning of the Office of Child Care Licensing. This non-state position is listed as a contractual expenditure on the budget summary.

Amount of Federal Funding: \$190,171

Characteristics of Individuals to Be Served:

- OCCL - Family day care homes providing care for 7-12 children by at least 2 caregivers in a residential or nonresidential setting and childcare centers providing care to 13 or more children for more than 4 hours per day.

- OCS - Children in the care and custody of the Division that cannot return to their own families and for whom permanency is needed.

Geographical Area Served:

- Statewide

Objectives and Results Expected:

OCCL

- Annual licensure and license renewal based on completed compliance reviews, complaint investigation reports, monitoring reports for required corrective action, negative enforcement reports, as necessary, in Kent and Sussex Counties.
- Maintain a smooth running licensing function in New Castle County with licensing services delivered in a timely, efficient and effective manner.
- Efficient and timely response to the public, inquirers and applicants for licensing and licensees.

OCS

- Record and distribute Permanency Planning Committee minutes statewide.
- Identify, review and recommend permanency goals for children in care for 9 months or

- longer as member of Permanency Planning Committees statewide.
- Monitor key events to achieve timely permanency goals.

Proposed Activity:

OCS will contract with community-based service providers for family interventionists and family support services.

Amount of Federal Funding: \$554,992

Characteristics of Individuals to Be Served:

- At risk children and families active with the Office of Children Services.

Geographical Area Served:

- Statewide.

Objectives and Results Expected:

- Provide contracted family intervention and family support services to at risk children and families receiving services from the Office of Children's Services.
- Enhance family capacity to meet their own needs.

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES
APPLICATION FOR FFY2020
SPENDING PLAN**

Salary and OEC		
OCS Staff Members		135,634
8 Staff Members dedicating at least 25% of their time toward time-limited reunification services to families with children in placement		
Contractual		1,214,727
<i>Division of Prevention and Behavioral Health Services</i>	499,098 Federal	
Contracts with four sites throughout the state to deliver family support and family preservation, fatherhood, healthy adult and community partnership building supports and services infusing fatherhood into service.	319,441 State Match	
<i>Division of Family Services Office of Children's Services</i>		
Contract to provide reunification support services, statewide	105,426	
Contracts to provide a continuum of adoption promotion/support services, statewide	210,000	
Caseworker contacts with foster children (Monthly Caseworker Visits)	60,571 Federal 20,190 State Match	
Administration		7,050
Program administration, supplies and materials to Support communication, education, training and program management		
Total Indirect		4,963
Audit	1,922 Federal 961 State Match	
State Personnel Charges	1,154	
SWICAP	926	
TOTAL		
Federal Funds		1,021,781
State Matching Funds		340,593
<u>TOTAL FEDERAL AND STATE PROGRAM FUNDING</u>		<u>1,362,374</u>

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES
APPLICATION FOR FFY2020
SPENDING PLAN DETAIL**

Family Preservation and Family Support

Proposed Activity: Family Consultation and Support Services

The PSSF Family Support and Family Preservation components of Title IV B subpart 2 are combined to provide a continuum of service for fragile families who exhibit family stressors which can bring families to the attention of and/or be investigated by child protective services for safety, stability, permanency of the child and their well-being. The PSSF community-based family consultation and support service is the combination of family support and family preservation using a family support approach and family centered practices. The PSSF consultation and support case management model incorporates evidence-based practices, assessment and planning tools directed towards the outcomes of family empowerment and family stabilization by addressing the core stressors leading to child maltreatment.

In the continuum of prevention services provided through the Division of Prevention and Behavioral Health Services, services are focused on three domains: the individual, the family and the community. The family consultation and support program operates statewide through four sites supported by three community organizations with a common interest in the prevention of risk factors threatening the stability of a family. The identified geographical service areas have higher rates of families prone to entering or re-entering child protective services. The program services continues to target non-residential/non-custodial fathers as a protective factor in reducing stressors incurred by single mothers and increase child(ren) resiliency through positive father involvement.

The PSSF fatherhood initiative continue to gear towards supporting fathers' engagement into the lives of their child, families and community. The Delaware fatherhood initiative continues to build partnership with children and family services agencies, family court, Division of Child Support Services, Division of Social Services public assistance agencies and Head Start programs and other family services to cultivate communities that prioritizes father engagement. Father engagement is a critical factor in strengthening families and enhancing paternal involvement. The initiative services promotes effective co-parenting in support of the restoration of healthy parent-child and child-family relationships.

The principle foundation remains the same with all of the initiatives under family preservation and family support in the prevention of child maltreatment. Individuals, families and communities are empowered to address concerns and behaviors by continuing to build and exercise skills to take the lead in determining the course of action to address their families and community needs, reduce stress, and build resiliency for the well-being of the child.

Continued efforts are being made to obtain data for the family consultation and support services through a departmental database. PSSF has begun to pilot several types of service reports testing the fidelity of the data within FOCUS. PSSF program usage of the Department web-based data system is completely new and has affected service delivery of the consultation process with the implementation of the data system in the delivery of consultation process. The program continues

its efforts to blend the service delivery of the consultation process and the data entry and monitoring of service data into the DSCYF FOCUS database management system. The development of a completely new data tracking system supports the program's ability to obtain comprehensive objective data outcomes.

Amount of Federal Funding: \$377,768

Characteristics of Individuals to be Served:

Voluntary services offered to fragile families with children 18 and younger (caretakers, homeless parents, non-residential fathers, foster parents and youth who are parents and reside in DE). Services are offered statewide to families who have never had any involvement or who are currently involved, or no longer involved with the Division of Family Services.

Geographical Area Served:

- Kent County, New Castle County, Sussex County and the city of Wilmington.

Objectives:

1. Continue to provide family consultation and support prevention case management and planning services which address the four family stressors (parental characteristics, child behavior, coping abilities, knowledge of and access to resources all which are major factors having the likelihood of contributing to child maltreatment).
2. Engage and retain fathers in consultation and support services, and strengthen the infrastructure of the Delaware fatherhood initiative to work across profit and not-profit family and children service providers to build stronger approaches to enhance paternal involvement in as many family support and child welfare programs throughout the state.
3. Support resources that assist parents to navigate through child support, Family Court for custody and visitation, Division of Social Services and primary and secondary education services for children.
4. Transition the programs ability to manage its service data in the FOCUS case management data base. Continue to revise current service measurement tools to support qualitative and quantitate service outcome reporting regarding the fathers, children, families and communities' engagement and satisfaction of the fatherhood initiative (coalition) methods employed in the delivery of the strategic priorities. Continue to pilot and revise measurement tools assessing paternal involvement in family support and child welfare related services, and enhanced fathers' parenting and co-parenting skills.
5. DFFC will continue to work with the Division of Health and Social Services Division of Child Support Services (DCSS) to increase collaborative efforts to PSSF consultation services to the participants of the DCSS programing to increase non-custodial parent involvement in the lives of their children. The DCSS fatherhood programing has needed employment partnership, criminal justice services and re-entry partnership services addressing the unique needs of fathers.
6. Continue to enhance the knowledge base of contracted Fatherhood Project Coordinator-Trainer in the framework of fatherhood services and the delivery of unique fatherhood services.
7. Expand partners to collaborate to provide services pertaining to fatherhood, co-parenting and adolescent and parent communication.

8. Create reporting measurements within the FOCUS web-based data tracking module capturing data of sample cases for review and collect specific data determining increase of knowledge, decrease in life stressors, skill building in planning and the self confidence level of PSSF participants.
9. Increase family stability by influencing the behavior and attitude of families and the community through education and training using a universal and selected prevention approach.
10. Provide additional staff to support training, community initiatives and assess adherence to practice of the family tools.

Results Expected:

1. **PSSF Engagement:** Services are accessible to the community where providers may meet with the program participants either at their home or a location conducive to the program process. Per contract year, each site shall engage at least 50 families for the family consultation and support services.
2. **PSSF Retention:** Per contract year, each site shall retain at least 35 families for the family consultation and support services. Retention is defined as a participant who completes all of the PSSF pre/post consultation and support family forms, reaches at least two goals and completes the program participant satisfaction surveys.
3. **PSSF Support Only Referrals:** Per contract year, each site shall serve at least 300 individuals to appropriate services and resources. Individuals are defined as all family members documented on the Family Information Registration Form. This count includes:
 - a. A participant who does not complete a post-family assessment, however completes their family goals.
 - b. A participant who does not complete two goals.
 - c. A participant who wants to receive resource referral services only.

PSSF Measures:

1. Reduction of stress is measured by Pre/Post PSSF Family Forms and Participant Satisfaction Survey results demonstrating improvement in the level of functioning. This measures the reduction of stress, an increase of adequacy level of supports, confidence to address their concerns, goal attainment and connection of appropriate services.
2. Number of families, children and adults receiving services.
3. Number connecting to services and supports.
4. County Leadership Coalition’s reporting of events, meetings held, partnerships and educational experiences for the community.

Promoting Safe and Stable Families Fatherhood Initiative Delaware Fatherhood and Family Coalition

Proposed Activity: Family Support - Coalition Building: Fatherhood and Healthy Adult Relationship Initiative

The DE Fatherhood and Family Coalition (DFFC) builds upon community and organizational partnerships who have the same commitment and interest in assisting fathers who are facing challenges of being involved in the lives of their children. The DFFC was designed to empower the community to become influential in changing attitudes and behaviors through the Promoting

Safe and Stable Families consultation and support service and statewide coalition using a universal and selected approach. The strength and commitment of the DFFC coalition which consists of social/service/faith-based business, organizations and parents, who mostly volunteer their time, envisions healthy and resilient DE children whose fathers are involved and parents effectively work together. The DFFC mission operates as a united change agent, who are committed to building a sustainable community coalition that champions father involvement and supports healthy family relationships, specifically effective co-parenting, which in turn provides positive outcomes for DE children and communities. The DFFC is an advocate for the well-being of DE's children and promotes fatherhood involvement and effective co-parenting as a protective factor, strengthening the child's resiliency. The Coalition's structure has grown to include three sub-County Leadership Coalitions (CLC), and to support the need of Project Coordinator-Trainer position in each county to coordinate fatherhood specific trainings and programing supporting father engagement in the lives of their children and families. The fatherhood initiative has demonstrated the need for a single statewide fatherhood coordinator in the management of the growing work of the county specific fatherhood initiatives. A statewide coordinator of the fatherhood initiative would support the intended function of a steering committee transition into a governing board. The CLC operates locally in their geographical location with localized members and leadership positions. The steering committee consists of the leaders of DFFC in addition to community leaders and organizations who have joined to strengthen and support the solidification a community driven coalition. The steering committee represents a governing body, providing guidance, oversite and county collaboration in the development of educational materials used by the DFFC, establishment of partnerships with family service providers and fatherhood service providers. The fatherhood initiative statewide training coordinator provides directly support in the operation of the fatherhood initiative media and technological communication service provider supporting media function and of the coalition's corporate partnerships and collaborative efforts.

The Delaware fatherhood initiative was successful in its effort to pilot a fatherhood school-based mentorship program with the Capital School in Dover. The project serviced 27 youth and over 62 fathers. The project hosted fatherhood parenting sessions monthly that was open to families serviced by the school. The project was successful in its effort to increased father and male involvement in the lives of at risk youth participating in the mentorship program. Capital School and Connecting Generation will fully support the implementation of the fatherhood mentorship program in school term 2019-2020.

The Delaware fatherhood initiative was successful in service collaboration with the DPBHS Prevention Unit and Delaware After-School Network and Extended Hour Programs throughout the State providing a series of parent engagement information sessions and family engagement opportunities. The fatherhood initiative has availed itself to champions program to support father and parent involvement in the services of the After School Network program and the FY2019-2020 summer and fall Extended Hour Program.

Amount of Federal Funding: \$121,330

Characteristics of Individuals to be Served:

The DE Fatherhood and Family statewide coalition structure consists of at-large members, leaders from the County Leadership Coalitions, partners, and volunteers statewide committed to fatherhood. Recipients of the supports and services are all Delawareans.

Family Support Objectives:

1. Support the expansion of the Delaware fatherhood initiative DFFC by strengthening its infrastructure to build opportunities to pilot project of providing varies type of fatherhood services building paternal involvement in family support and child welfare programs.
2. Continue to build partnerships with human service agencies, courts, DHSS, Head Start programs, community agencies to create and maintain service environments that prioritize father engagement approaches to strengthen families in their efforts to obtain and maintain safe and stable families.
3. Increase statewide educational opportunities to broaden service agencies, community leaders, grass root organizations, caregivers, fathers, mothers and faith-based communities' knowledge of the critical importance and impact positive father engagement has on a child, family and the community to support service infusion of fatherhood into exciting services.
4. Continue efforts to stimulate a broad-based positive social movement to combat father absence and promote fatherhood involvement through obtaining new members and activating volunteerism.
5. Recruit fathers to participate in PSSF fatherhood initiative programing and service activities with the support of the programs fatherhood Project Coordinator–Trainer.
6. Provide non-traditional fatherhood parenting and co-parenting workshop opportunities and technical assistance to increase the capacity of the community to support fatherhood involvement.
7. Expand partners to collaborate around services and advocate for fathers and healthy families and effective co-parenting.
8. Establish a single agency Fatherhood Initiative Service Coordinator to coordinate the fatherhood initiative service programing statewide; provide guidance and leadership of the CLCs; coordinate the statewide fatherhood, family summit and the Delaware fatherhood recognition ceremony.

Results Expected:

1. Implement new membership training expanded to include the pilot fatherhood collaboration in need of community volunteers training in the foundation components of the fatherhood initiative.
2. Solidify fatherhood linkages and collaboration efforts to engage and retain community organizations and grass root establishments to facilitate the fatherhood community-based workshops and grassroots dialogue sessions.
3. Build leadership skills for the CLC officers.
4. Continue to build upon the research based educational articles, tips, service, community and navigational information the DFFC website provides.
5. Continue to promote and expand learning opportunities for the public through the fatherhood summit, community dialogue sessions, and fatherhood and family workshops. Continue to provide upon request NFI curriculum 24/7 Dad's curriculum workshops and

- the “Understanding Dad’s” workshop.
6. Continue efforts to establish a pilot fatherhood webinar series.
 7. Continue to partner and or collaborate with school base services, family support service agencies, state children and family service agencies and the faith-based community.

Proposed Activity: Time-Limited Reunification

Serve families statewide who have children placed in foster care due to abuse, neglect and/or dependency. These families are identified as strong candidates to reunify within 6 months. Office of Children’s Services caseworkers serve these families. Families may also receive contracted services to expedite reunification through family support or parent aide services.

Amount of Federal Funding: \$135,634

Characteristics of Individuals to Be Served:

- Families with children in foster care due to abuse, neglect or dependency with the permanency goal of reunification.

Geographical Area Served:

- Statewide

Objectives and Results Expected:

- Timely reunification for foster children and their families.
- Identify risk factors and needs that resulted in foster care placement.
- Provide support services as identified in case planning to reduce risk and promote reunification.

Proposed Activity: Adoption Promotion and Support

Serve children seeking permanent families statewide. Promote recruitment, approval and support for adoptive resources in Delaware and the nation.

Amount of Federal Funding: \$210,000

Characteristics of Individuals to Be Served:

- Children seeking permanent families and in the custody and care of the state.
- Adoptive resource families are recruited, approved and supported by this service.

Geographical Area Served:

- Statewide and national

Objectives:

- Build capacity for adoptive resources.
- Timely adoption of foster children needing permanent homes.
- Support adoptive placements in Delaware and nation to ensure permanency for children.

Results Expected

- Thirty seven percent of children with an adoption plan, exit to adoption within 24 months of entering foster care.

Proposed Activity: Reunification Support Services

Serve children with goal of reunification with their families through family intervention service contracts.

Amount of Federal Funding: \$226,757

Characteristics of Individuals to Be Served:

- Children seeking permanency in the custody and care of the state with goal of reunification

Geographical Area Served:

- Statewide

Objectives:

- Timely reunification with family and relatives.

Results Expected:

- Eighty percent of children exit to reunification within 12 months of entering foster care.

Proposed Activity: Monthly Caseworker Visits

For this budget application period, Delaware is requesting \$60,571 federal IV-B, subpart 2 funds supporting caseworker visits. The expected period of expenditure will be state fiscal year 2020; federal funds will be liquidated by December 31, 2020 or as declared by the Children’s Bureau. Caseworker visit funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

This proposed activity supports DFS’ policy on foster child contacts which states children are to be seen monthly and a majority of the contacts be in the child’s residence. The policy website is: <http://kids.delaware.gov/policies/dfs/fs-user-manual.pdf> Placement Chapter #4, Section G.

Amount of Federal Funding: \$60,571

Characteristics of Individuals to be Served:

- Foster children ages 0-18.

Geographical Area Served:

- Statewide

Objectives:

- Timely visits with foster children to assess safety facilitate normalcy and achieve timely permanency.

Results Expected:

- Absence of maltreatment in foster care settings.
- Timely exits to reunification or other permanent placements.
- Compliance with state and federal standards for monthly caseworker contacts.

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM
APPLICATION FOR FFY2020
SPENDING PLAN**

Personnel	Salary	OECs	Health
1.0 FTE Program Manager: (PG 18) Oversees statewide program operations	\$54,827	\$17,726	\$16,574
1.0 FTE – Administrative Specialist I (PG 7) Provides administrative support to Program Manager	\$26,048	\$8,421	\$8,204
Total Personnel Costs			\$131,800
Contractual			2,314,052
Six agencies provide independent living preparation, employment and support services, room and board to youth 16 to 21 years of age. Assist youth in care with participation in age/developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning		2,289,240	
Annual youth conference, approximately 100 youth will participate; 4 half-day conferences (county), 20-40 youth will participate		8,000	
Training for contract providers, internal staff and community partners relative to independent living related best practice programming.		7,000	
Special projects: flexible funding for program and direct services not covered by other spending lines		9,812	
Supplies			2,400
Monthly council meetings, leadership training and conferences for Youth Advisory Council members			
Travel			2,000
Program Manager, youth advisors, and 3-4 youth will attend national and regional conferences and meetings			
Program Administration Supplies			4,000
Indirect			3,169
Audit		1,125	
SWICAP		890	
SPO Charges		1,154	
TOTAL			
Federal Funds		500,000	
State Matching Funds		125,000	
Additional State Funds		1,832,421	
TOTAL STATE AND FEDERAL FUNDING			2,457,421

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM
APPLICATION FOR FFY2020
SPENDING PLAN DETAIL**

Proposed Activity:

Federal funds resource 2 full time positions at the state level to oversee independent living programming, both internal and external to the agency.

- FTE Program Manager (PG 18) will oversee state wide program operations.
- FTE Administrative Specialist I (PG 6) will provide support services to the Program Manager and assist in data management.

The Division of Family Services will provide independent living services to assist youth, ages 14 and older that are in foster care, and young adults who exited care upon their 18th birthday but have not reached age 21. Youth who leave care after age 16 for adoption or kinship/permanent guardianship are eligible for IL services. The ILP Manager and Administrative Specialist will coordinate oversight of statewide independent living policies, programming and community-based contracts. Independent living training will be delivered by the independent living team and community partners. The trainings focus on understanding and addressing issues confronting adolescents and how to help participants gain basic daily living skills. Meaningful training to foster parents serving adolescents continues through the Institute for Human Services' foster parent training program model. DFS will host statewide youth conferences and leadership development workshops. Members from YAC will participate in National Youth Leadership Conferences. Foster parents, case managers, DFS staff, contracted providers, and family court including youth advocates are encouraged to attend IL conferences. The Independent Living Program Manager and Administrative Specialist will coordinate the distribution of the federal funds the state receives for the Education and Training Vouchers (ETV). The independent living team will develop policy and guidelines and work closely with the independent living contracted agencies to assure a fair distribution of the available ETV funds, while allowing for individualized decisions tailored to best support the needs of the individual student. Also, the independent living team will coordinate the distribution of ASSIST funding. The Independent Living Program Manager will partner with community partners and federal programs to strengthen the services and supports available to youth.

Amount of Federal Funding: \$131,800

Characteristics of Individuals to be Served:

The program will provide services for foster youth and former foster youth between the ages of 14 to 21. Youth who leave foster care for adoption or kinship/permanent guardianship at age 16 or older are included in the service population.

Geographical Area Served: Statewide

Objectives and Results Expected:

- Efficient management of quality oversight of services, policies and outcomes contributing to self-sufficiency of foster youth and young adults.

- Youth will obtain the services necessary to obtain independence and become responsible young adults, including education, employment, housing, permanent connections with a caring adult.

Proposed Activity:

DFS will contract with community-based providers to provide independent living services. Contractors will ensure that youth in care with participation in age/developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning.

Amount of Federal Funding: \$348,866

Characteristics of Individuals to Be Served: The program will provide services for foster youth and former foster youth between the ages of 16 to 21. Youth who leave foster care for adoption or kinship/permanent guardianship at age 16 or older are included in the service population.

Geographical Area Served: Statewide

Objectives and Results Expected:

- Assist youth to transition from dependency to self-sufficiency
- Help youth receive the education, training, and services necessary to obtain employment
- Help youth prepare for and enter post-secondary training and educational institutions
- Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults
- Provide financial, housing, counseling, employment, education, and other appropriate services and support to former foster care recipients between 18 and 21 years of age

**EDUCATION AND TRAINING VOUCHERS (ETV)
APPLICATION FOR FFY2020
SPENDING PLAN**

Contractual **94,691**

DFS distributes funds directly to colleges, training programs, through five contracted independent living agencies or eligible youth. Funds can be for college tuition and fees, supplies and equipment, books, room and board, transportation, dependent care, and other costs associated with completing a training or educational program.

Tuition and Fees	38,000
Supplies and Equipment	10,000
Room and Board	33,754
Transportation	3,000
Dependent Care	1,922

Indirect Costs:

Audit Fees	228
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Federal Funds	75,935
State Matching Funds	18,984

TOTAL STATE AND FEDERAL FUNDS **94,919**

Proposed Activity: Provide youth who are enrolled in a postsecondary education or training program with needed funds to assist with completion of the educational or training program.

Amount of Federal Funding: \$75,935

Characteristics of Individuals to Be Served:

Young adults attending post-secondary education and vocational programs.

Geographical Area Served:

Statewide

Objectives and Results Expected:

- Successful completion of post-secondary education and vocation programs.
- Promotion and development of responsible, healthy decision making and lifestyle choices of young adults.