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Dear Colleagues, Community Partners, Neighbors and Residents of Delaware,

As Cabinet Secretary of the Department of Services for Children, Youth and Their Families, I am deeply aware of the impact my Department has on the lives of Delawareans. Our children, youth, and caregivers come to us in a time of need and it’s our job as a Department to meet their needs effectively, equitably, and with compassion and respect.

Our mission at DSCYF is to engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment, and rehabilitative services. Our employees across our four divisions believe in that mission, but we recognized that we needed an introspective, Department-wide assessment if we were going to move beyond the status quo. This strategic planning process was an opportunity to take a deep dive into all facets of our work to help us identify policy changes and system enhancements that will support our mission and better serve our families.

This plan provides an excellent roadmap for the next five years and it will hopefully be the first brick in a strong foundation. The process was, quite frankly, daunting, and I am especially grateful to the members of the steering committee and those who served on workgroups for the countless hours they spent developing this plan. I’m so proud of the level of engagement and creativity they brought to the planning table. Their input on workforce issues, equity and inclusion, system integration opportunities, data needs, and so much more, was truly invaluable.

In addition to our Department staff, we recognized it was imperative to gain insight from our stakeholders, including our community providers and youth and caregivers with lived experience. Many of those discussions focused on improving the client experience and the candid feedback we received from those groups allowed us to look through different lenses and better shape our goals.

We are truly grateful for all the input and support we received over the course of the last year which enabled us to create a thoughtful, aggressive, but achievable, strategic plan. I must acknowledge that this document reflects a year’s worth of work and collaboration that occurred during the COVID-19 pandemic. It is a testament to this Department's – and the state’s – dedication to the children and families of Delaware. We know that it takes all of us – families, communities, and our state government – to grow healthy, safe, resilient, and inspired children. I look forward to working alongside all of you, and seeing what we can accomplish, together.

Be well,

Jocette Marmay
Thank you to all who contributed to this plan, including all who participated in focus groups, answered surveys, and shared feedback anonymously. I would like to especially thank our steering committee members:

Deputy Secretary Steve Yeatman
DYRS Director John Stevenson
DYRS Director Renee Ciconte
DMSS Director Alison McGonigal
DMSS Deputy Director Carrie Hyla
DFS Director Trenee Parker
DFS Deputy Director Susan Murray
DPBHS Director Aileen Fink
DPBHS Deputy Director Stephanie Traynor
Chief Fiscal Officer Kate Carlson
Chief Policy Advisor Meredith Seitz
Program Manager and Trauma-Informed Care Committee Chair Susan Burns
Community Relations Coordinator Jen Rini
IT Director Charles Campbell-King
Psychiatric Social Worker Patrick Calvarese
Training/Education Administrator II Tabitha Humphreys
Training Administrator and Diversity & Inclusion Committee Co-Chair Anitza Guadarrama-Tiernan
Training Administrator and Diversity & Inclusion Committee Co-Chair Tylisha Johnson
DFS Family Services Specialist and Local 3078 Union President Kimjuana Dejesus

Additionally, I would like to highlight our DSCYF workgroup members for their thoughts and contributions:

**Family Centered and Best Practice Modeling**
- Daphne Warner
- Susan Burns
- Anitza Guadarrama-Tiernan
- Melody Bush
- Bashawn Dixon
- Trinette Redinger-Ramsey
- Alana Moffa
- Joanie Modesto
- Rebecca Richmond
- Patricia Field
- Shannon Payton
- Melissa Johnson
- Rachel Davis
- Beth Hoffman
- Tina Walls

**Systems Integration across Divisions**
- John Stevenson
- Karen Triolo
- Patrick Calvarese
- Angela Palmer
- Tracey Frazier
- Stacy Northam-Smith
- Mike Langrell
- Mackenzie Rumford
- Wayne Smiley
- Rachel Panchisin
- Christina Thompson
- Celeste Williams
- Crystal Tickner
- Nicole Elliot
- Nicole Romano
- Jocelyn Langrehr
- Shellene Ball
- Ashley Bruncsak

**Data and CQI**
- Charles Campbell-King
- Kim Abrams
- Haris Ahmed
- Andy Cohen
- Kim Pepper
- Deb Flad
- Janica Smith
- Kim Scully
- Heather Alford
- Christine Weaver
- Christel Davis
- Camille Mapua
- Kelly Fehrenbach
- Carrie Hyla
- Erica Burgoon
- Shannon Payton
- Lynn Pagan
- Jerrica Boyer
- Kate Maurer
Change Management and Communications

Treenee Parker
Kim Dejesus
Jen Rini
Nina Dietrich
Laura Wood
Meredith Tavani
Toshonda McKie
Jerrica Boyer
Danielle Stevenson
Keisha Daniels
Meredith Seitz
Natasha Simms
Janet Taylor
Kim Harris
Lauren Colletti

Resources, Infrastructure and Workforce

Renee Ciconte
Tylisha Johnson
Kate Carlson
Chris Kraft
Tonia Muncey
Suzanne Milewski
Jill Hamilton
Mike Land
Shelly Lazorchak
Celeste Simmons
Amanda Gorr
Thomas Harris
Amber Skinner
Matthew Coston
Sue Trader
Sue Murray
Meredith Seitz

In conclusion, thank you to our community stakeholders for your thoughtful feedback:

People’s Place
Seed of Hope Counseling Center
Latin American Community Center
Dover Behavioral Health
Children and Families First
Delaware Guidance Services
A Better Chance for Our Children
Delaware Family Court
Delaware Department of Justice
New Castle County Police Department
Delaware State Police
Champions for Children’s Mental Health
NAMI Delaware
Office of Defense Services
Dual Generation Center
Community and parent advocates
Christina School District
Prevent Child Abuse Delaware
Delaware Developmental Disabilities Council
Disabilities Law Program
Delaware Youth Advisory Counsel
Youth Engagement Specialists
Wilmington Community Advisory Council
Delaware Division of Developmental Disabilities
Delaware Division of Public Health
La Red Health Center
Red Clay School District
Delaware Division of Substance Abuse and Mental Health
Delaware Department of Education
Mental Health Association in Delaware
Delaware Division of Social Services.
Executive Summary

Background
In 2020, the Department of Services for Children, Youth and Their Families (DSCYF) embarked on a strategic planning process to develop a roadmap to drive organizational transformation over the next five years. The roadmap will operationalize and strengthen DSCYF’s family and community-centered mission and develop an integrated and interoperable practice model that supports children and families, regardless of which division/program brings them into contact with DSCYF. DSCYF is uniquely positioned to deliver on the “whole family care” value proposition. The development of this actionable roadmap with strategies within divisions, across divisions, and with other state and community partners, spanned eight-months.

DSCYF retained Health Management Associates (HMA), a national health care consulting firm, to facilitate the strategic planning process.

All work was rooted in a responsive mission and vision and with core values that have anchored DSCYF’s work, even prior to the development of this plan:

MISSION
Engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment, and rehabilitative services
VISION
Safe and healthy children, resilient families, strong communities

Our Core Values

<table>
<thead>
<tr>
<th>Safety</th>
<th>Compassion</th>
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<tbody>
<tr>
<td>1. All children deserve to be free from abuse and neglect.</td>
<td>1. Always seek to mitigate trauma and avoid re-traumatization by utilizing trauma-informed practices.</td>
</tr>
<tr>
<td>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.</td>
<td>2. Ask “what happened to you?” instead of “what’s wrong with you?”</td>
</tr>
<tr>
<td>3. We are committed to creating emotionally and physically safe environments for youth, families, and staff.</td>
<td>3. Recognize that all children want to be with their own families. 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.</td>
</tr>
<tr>
<td>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.</td>
<td>4. Recognize that every contact with a family is an opportunity to make them stronger, healthier, and more stable.</td>
</tr>
<tr>
<td>5. Acknowledge and appreciate those things that make every family unique.</td>
<td>5.</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

Respect

1. Dignity and respect are 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.

Steering Committee

The first task in the strategic planning process involved the chartering and standing of the Steering Committee (the Committee). This entity was comprised of internal leadership and representative membership from across DSCYF. The Secretary designated 21 staff members from within DSCYF, who represent the breadth of DSCYF across policy, programming, infrastructure, and partnership domain areas. The membership included senior leaders of DSCYF and a complement of managers, supervisors, and frontline staff.

HMA and the Committee gathered input from all levels of staff and key external stakeholders through interviews, focus groups, internal workgroups, and internal and external surveys to prioritize a set of strategic goals and objectives that would drive DSCYF activities over the next five years.

Strategic Goals and Objectives

**Goal 1: Utilize best practice framework across entire DSCYF that emphasizes child and family engagement and empowerment**

<table>
<thead>
<tr>
<th>Objectives</th>
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<tbody>
<tr>
<td><strong>1A.</strong> Implement five core best practices to be deployed across DSCYF:</td>
</tr>
<tr>
<td>• Family Team Meetings (practice)</td>
</tr>
<tr>
<td>• Trauma-Informed Care (framework)</td>
</tr>
<tr>
<td>• Systems of Care (framework)</td>
</tr>
<tr>
<td>• Motivational Interviewing (practice/skill)</td>
</tr>
<tr>
<td>• Family and Youth Peer Support (practice)</td>
</tr>
<tr>
<td><strong>1B.</strong> Build cultural competence, cultural humility, and cultural responsiveness into all aspects of our work.</td>
</tr>
<tr>
<td><strong>1C.</strong> Incorporate a multi-generational approach.</td>
</tr>
</tbody>
</table>
Goal 2: Improve integration of practice and infrastructure across divisions

**Objectives**

2A. Improve coordination across DSCYF divisions to ensure families have a coordinated approach.
2B. Maximize FOCUS capabilities and support to ensure cross-divisional coordination and information sharing, improve FOCUS utilization, and achieve data-practice fidelity.
2C. Build infrastructure and processes to increase awareness of program service availability across divisions.

Goal 3: Expand and institutionalize data-driven decision making

**Objectives**

3A. Establish and implement a shared vision and common goals to govern data quality and integration.
3B. Collect and communicate data to show meaningful outcomes for Delaware children and families to support advocacy, transparency, and accountability efforts.
3C. Establish a culture of continuous quality improvement within DSCYF.

Goal 4: Ensure a qualified, competent, and supported workforce

**Objectives**

4A. Strengthen supervisory competencies and performance expectations around integrated practice, collaboration, and skills to support their staff.
4B. Enhance training on data collection.
4C. Enhance cross-divisional training communication and procedures for integrated case practice.
4D. Enhance recruitment and retention opportunities for all staff, especially frontline staff and supervisors.
4E. Provide accessible communication pathways between staff and leadership.

Next Steps

Upon launching this Strategic Plan (the Plan), DSCYF’s leadership team will shift to implementation by focusing its efforts towards the following activities:

**Plan Monitoring and Accountability**

- Identify accountability and ownership for specific strategic actions in the Plan to track progress and outcomes.
  - This will ensure accountability for progress in the goals and objectives laid out in The Plan. Responsible parties and key implementers will support timely completion of tasks and activities that are outlined in the implementation plan.
- Create a dashboard of Key Performance Indicators (KPI) for plan monitoring and establishing KPI baselines.
  - Each goal has a set of KPI that have been reviewed and confirmed by The Committee and additional division and unit staff. Since some indicators may be new and do not have historical data, baseline indicators will need to be created. The designated monitoring and oversight committee (created by the authority of
the Secretary) will work toward building a KPI dashboard and establishing baseline data for these indicators during year one of the Plan’s implementation.

Initiation of implementation strategies for goals and objectives

- As part of the strategic planning development process, The Committee formed an accompanying implementation plan that outlined implementation strategies and activities, identified responsible leads and key implementers and clearly mapped out timelines. Achievement of the activities in the implementation plan will mark progress in the Plan, overall, in addition to the KPI.

Initiation of Change Management and Communications Plan

- As part of the strategic planning process, a change management committee was established, and the members of this committee worked diligently to develop a communication plan. This plan focuses on the acceptance and adoption of the new Strategic Plan by the entire staff of DSCYF. It will promote activities aimed at ownership and implementation of DSCYF’s strategic roadmap by all staff to move the Department into a 21st century DSCYF that is child and family centered and promotes equity and social justice for all clients served.
Introduction

Background
DSCYF was established in 1983 by the General Assembly of the State of Delaware. Its primary responsibility is to provide and manage a range of services for children who have experienced abandonment, abuse, adjudication, mental illness, neglect or substance abuse. Its services include prevention, early intervention, assessment, treatment, permanency, and aftercare.

DSCYF employs approximately 1,400 staff at more than 20 locations, who serve over 8,000 children on any given day. DSCYF is comprised of four divisions as follows:

- Division of Prevention and Behavioral Health Services (DPBHS)
- Division of Family Services (DFS)
- Division of Management Support Services (DMSS)
- Division of Youth Rehabilitative Services (DYRS)

In August 2020, DSCYF contracted with HMA to develop a five-year strategic plan. The strategic planning process included participation from a diverse group of stakeholders from DSCYF staff and leadership, as well as from external stakeholders. This process, and the resulting plan, demonstrate the deep interest and commitment of stakeholders to work together to advance the DSCYF mission to engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment, and rehabilitative services.

Strategic Planning Purpose
The Plan will serve as a roadmap that will operationalize and strengthen DSCYF’s family and community-centered mission and develop an integrated and interoperable practice model that supports children and families, regardless of which division/program brings them into contact with DSCYF. DSCYF is uniquely positioned to deliver on the “whole family care” value proposition.

Strategic Planning Methodology
DSCYF contracted with HMA to facilitate the strategic planning process. The goal was to develop an adaptive and responsive strategic roadmap that will guide DSCYF over the next five years. The process followed an iterative, bottom-up approach. Input from stakeholder interviews, focus groups, and the surveying of staff helped shape the priorities for strategic conversations. Department staff from all levels were invited to serve on four strategic workgroups to review data and best practices and draft a set of initial strategic recommendations and supporting implementation activities. These recommendations were then brought to the Committee, which was composed of departmental leadership, to be reviewed and voted on for final inclusion in the Plan during an all-day retreat. Prioritized recommendations were then consolidated based on common themes and intentions and were distilled into the four goals clearly identified in the Plan. Once the strategic goals were set, HMA worked with the Committee and strategic workgroup members to further refine a focus set of implementation objectives and activities.
A timeline of all activities is shown below.

**Steering Committee**

The Committee is comprised of internal leadership and representative membership from across DSCYF. The Secretary designated 21 staff members from within DSCYF who represent the breadth of DSCYF across policy, programming, infrastructure, and partnership domain areas. The membership included senior leaders of DSCYF and a complement of managers, supervisors, and frontline staff. Only members designated to the Committee by the Secretary had voting rights.

HMA and the Committee gathered input from all levels of staff and key external stakeholders through interviews, focus groups, internal workgroups, and internal and external surveys to prioritize a set of strategic goals and objectives that would drive DSCYF activities over the next five years.

Membership includes:
- Secretary
- Deputy Secretary
- Project Lead
- Director and Deputy Director from each of the four divisions:
  - Division of Prevention and Behavioral Health Services (DPBHS)
  - Division of Family Services (DFS)
The Committee met monthly to confirm DSCYF’s mission, vision, and values statement and lay out the broad strokes of the integrated practice model for DSCYF. The details were developed in workgroups. The Committee received input from workgroups, surveys, focus groups, and interviews and made decisions to finalize DSCYF’s strategic roadmap. The charter for the Committee was outlined as follows:

The Committee shall develop the strategic road map to build a 21st century, integrated and interoperable DSCYF that is child and family centered and promotes equity and social justice. The Committee will develop a practice model that is child and family centered and build a delivery system that is integrated and interoperable. The duties include:

a. Providing input on the development of the five-year strategic plan that will build a 21st century DSCYF that supports DSCYF’s stated goals of safety and family wellbeing for all children and families living in Delaware;

b. Researching and developing an integrated child and family-centered practice model that is grounded in values of equity and social justice;

c. Developing manualized rules of engagement across divisions to serve children and families;

d. Mapping the engagement of key stakeholders and the community at large in advancing DSCYF’s stated goals of safety and family wellbeing for all children and families living in Delaware;

e. Creating a communication plan and a culture change strategy for staff within DSCYF and for its contractors and partners;

f. Measuring progress on the strategic roadmap and using data tools to inform decision-making; and

g. Conducting other activities the Committee considers appropriate to meet the purpose of the Committee.

As a first task, the Committee confirmed that the current mission and vision statements were responsive to the current and future strategic needs of DSCYF. As such, they decided to make no changes to the mission and vision statements. These read as follows:
MISSION
Engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment, and rehabilitative services
VISION
Safe and healthy children, resilient families, strong communities

Foundational Principles
The Committee agreed to proceed with planning under the following principles:

- Create an organization framework that is scalable and flexible
- Leverage our passionate leadership and participants
- Increase efficiencies
- Be transparent and honest in feedback and recognition
- Maintain and plan for simple, easy-to-understand ongoing communications
- Strive for co-ownership, not just “buy-in”
- Implement and manage a change process to ensure perseverance in implementing the plan
- Make data meaningful to our progress
- Foster the belief that this plan is important, possible, and can last

Strategic Workgroups
The Committee relied on four workgroups to support greater in-depth analysis of strategic focus areas across DSCYF. All DSCYF employees were invited to serve on these workgroups and final membership was determined by the Committee with the approval of the Secretary. The workgroups met for three months to study both operation and policy issues, as well as key findings from research and stakeholder feedback, and drafted strategic recommendations for review by the Committee. The four workgroups and their objectives are shown below:

- **Family-Centered Best Practices**
  - Linking best practices to accountability
  - Incorporating a multi-generational family and person-centered approach to engagement
  - Building cultural competence and humility
  - Defining and upholding successful youth and family engagement

- **Systems Integration**
  - Delivering low-barrier, seamless, and integrated services across divisions
  - Increasing staff knowledge, communication, and coordination of service across divisions and partners
  - Defining accountability and quality for integrated practice
SWOT Analysis
DSCYF engaged in a facilitated process to complete a strengths, weaknesses, opportunities and threats (SWOT) analysis. The Committee further reviewed and analyzed the data from the environmental scan and arrived at a determination of key priority areas.

The Committee distilled their values into the following five commitment statements:

- Staff empowerment - transparency and opportunities to contribute
- Family empowerment - serve families based on what they tell us their needs are, not what we think they need
- Cultural responsiveness - diversity, equity, and inclusion, multigenerational staff
- Teamwork and synergy - to streamline the family experience and coordinate internally so as not to pull families in multiple directions
- Best practices - serve families with data driven and measurable approaches

The final SWOT analysis is captured below:
<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
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<tbody>
<tr>
<td>Strong committed leadership</td>
<td>Siloed divisions</td>
</tr>
<tr>
<td>A resonant mission and vision statement</td>
<td>Families involved with multiple programs experience inconsistent customer service</td>
</tr>
<tr>
<td>A clear appreciation for the need for integrated practice</td>
<td>Recruitment and retention</td>
</tr>
<tr>
<td>Unified master client index and data system</td>
<td>Lack of advancement opportunities was identified as one contributing factor to poor morale</td>
</tr>
<tr>
<td>Existing integration practice model with FIRST</td>
<td>Data collecting, sharing (internal and external), reporting, and analysis for program improvement</td>
</tr>
<tr>
<td>Long-term commitment to SOC framework</td>
<td>Collaboration with other state agencies</td>
</tr>
<tr>
<td>Good outcomes for youth across DSCYF</td>
<td>Provider capacity to work with those with intellectual and developmental disabilities</td>
</tr>
<tr>
<td>Dedicated training unit</td>
<td>Care transitions/continuity of care</td>
</tr>
<tr>
<td>Strong stakeholder and sister agency relationships</td>
<td>Lack of enough qualitative reviews</td>
</tr>
<tr>
<td>Increased focus on data quality</td>
<td>Staff and supervisor training need enhancements</td>
</tr>
<tr>
<td>Individualized services for youth and families</td>
<td>Resource and service array gaps – no regular review of contracting practices</td>
</tr>
<tr>
<td>Leadership commitment to collaboration and breakdown of siloes</td>
<td>Changing workforce</td>
</tr>
<tr>
<td>Commitment to trauma-informed approaches</td>
<td></td>
</tr>
<tr>
<td>Good recognition from courts; collaboration</td>
<td></td>
</tr>
<tr>
<td>Success with federal grants that are then supported by the OMB</td>
<td></td>
</tr>
<tr>
<td>Delivering services in a virtual world</td>
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<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>New FFPSA offers funding opportunities for IV-E related prevention programs</td>
<td>COVID-related budgetary challenges</td>
</tr>
<tr>
<td>Emphasis on evidence-informed and best practices</td>
<td>COVID-related exacerbation of social determinant of health needs</td>
</tr>
<tr>
<td>Ensure continuity of mission: commitment top-to-bottom and stakeholder buy-in during potential transition of leadership</td>
<td>Integration in a virtual world</td>
</tr>
<tr>
<td>A commitment to integration across divisions</td>
<td>Compensation rate of other states, federal government, hospital systems</td>
</tr>
<tr>
<td>Weave DEI into all aspects of DSCYF work</td>
<td>Maintaining cross-agency relationships over an administration change</td>
</tr>
<tr>
<td>Delivering services in a virtual world</td>
<td>Lack of ownership for population with intellectual and developmental disabilities</td>
</tr>
<tr>
<td>Strengthen transition age youth (TAY) work – include age 16</td>
<td>Lack of in-state placement opportunities</td>
</tr>
<tr>
<td>Expand consistent accountability across DSCYF</td>
<td>Delayed response from labor relations on workforce issues</td>
</tr>
<tr>
<td>Engage staff in routine communications; supervisors to enforce</td>
<td></td>
</tr>
<tr>
<td>Enhance reporting from integrated data system; use reports to improve programs</td>
<td></td>
</tr>
<tr>
<td>Reexamine workforce pipeline</td>
<td></td>
</tr>
<tr>
<td>Partnerships with higher education for recruitment and retention; DHR for hiring and labor relations</td>
<td></td>
</tr>
<tr>
<td>Improve onboarding process with mentoring program</td>
<td></td>
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<tr>
<td>Strengthen training for supervisors to support workers</td>
<td></td>
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<tr>
<td>Integrate training from sister divisions</td>
<td></td>
</tr>
<tr>
<td>Spotlighting internal champions of integration and collaboration (especially at lower levels)</td>
<td></td>
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<tr>
<td>Review disaster recovery/emergency and business continuity</td>
<td></td>
</tr>
<tr>
<td>Create manuals and workflow documents to ensure good transition and succession planning across all levels</td>
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</table>
DSCYF Focus Groups and Interviews
Most commentary centered around highlighting Delaware’s uniqueness as a small state, where we know our neighbors and collective action is possible. There are unique opportunities to impact state-wide change when trends are identified. All those interviewed acknowledged that DSCYF is doing important work to minimize risk, strengthen families, and stabilize its workforce. The Plan is being seen as an important communication strategy to further strengthen the credibility of DSCYF. There are opportunities for DSCYF to help align advocates, community-based organizations, service providers, and public sector partners around their common goals. The Plan will help them do that.

As part of completing a SWOT analysis for DSCYF, several external facing focus groups were conducted with key stakeholders. The interview guides and the notes are retained by the Committee.

The breakdown of the groups was as follows:

Advocates and Courts
- Two subgroups of at least 4-5 people for discussion.

Children, Youth, and Family Providers
- Two subgroups of at least 4-5 people – health providers and social services providers.

Public Sector Partners and Collaborators
- Two subgroups of at least 4-5 people – associations and hospitals.

Families, Children, and Youth Served:
- Birth Parents
- Foster Parents
- Kinship Caregivers
- Transition Age Youth

Feedback from external focus groups:

What DSCYF Does Well:
Advocates in our focus groups generally gave DSCYF high marks for individual case work, especially with staff at the Division of Family Services. **DSCYF has a strong, trusting, and positive relationship with advocates, public safety, other department leadership (such as the Department of Education (DOE) and the Department of Health and Social Services (DHSS)), and with the courts.** This is a tremendous strength for DSCYF. The DHSS Division of Substance Abuse and Mental Health, the Division of Public Health, and the Division of Social Services all have close working relationships with DSCYF. The DOE has many intersects to
ensure that children served by DSCYF also have their educational and well-being needs met and that they work well together. The **Court Improvement Process in Delaware is an effective initiative** and has resulted in many improvements and increased trust across the Family Court and DSCYF. The judges, attorneys, and other public safety partners acknowledge the clinical expertise of DSCYF staff and if there is poor practice, the judges feel comfortable reaching out to DSCYF leadership and the problems are quickly responded to. **The entire system is working to become trauma-informed.**

There is also a **wealth of resources for children, youth, and families in Wilmington.** These relationships are leveraged daily to support positive outcomes for children and families and should be sustained. The **accessibility of the Secretary to the Chief Judge of Family Court or to another Department Secretary** and the **deep relationships** that senior leaders of DSCYF have with **leadership in other departments** is also an asset. DSCYF and its contracted child placing agencies are also doing a better job with **Family Finding** so that children and youth have safe and nurturing placement resources from within their networks, though more needs to be done. This theme resonated with most other public sector partners and collaborators. In all focus groups, the **strength of a skilled Department worker in positively impacting outcomes for children, youth, and families and in building trust was acknowledged.**

**What the Department Needs to do Better:**

There were, however, some key points of feedback that identified areas needing improvement. **While senior leadership is very responsive, staff at other levels of the organization are not. DSCYF needs to build stronger integrated approaches across divisions within DSCYF.** The siloes are strong and rigid and staff often do not know what is offered across Divisions. **DSCYF procedures and workflows are difficult to navigate for external stakeholders.** The courts felt that the **divisions sometimes play “hot potato” with the kids and do not collaborate to truly find solutions for multi-system children and youth.** The Department is anchored around an **expert-driven system of care and not centered around being guided by children and families and their identification of their needs.** Advocates felt that DSCYF should examine their policies and practices to strengthen child, youth, and family-driven approaches and critically examine how these policies and values are operationalized. **This would also require DSCYF to build effective parent-child mediation strategies, especially for older youth.** These youth often return to parental homes upon emancipation and **family team meetings are geared towards safety and not towards resolving conflicts. Family and youth voices need to be strengthened.** There is also considerable frustration that

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“What does equity look like when there is disproportionality in services given to client populations?”
neither DSCYF nor its sister agency, the Department of Health and Social Services, prioritizes children with intellectual and developmental disabilities.

The staff at the Division of Developmental Disability Services at DHSS would like to see more collaboration between the two departments for transition age youth they share. Therefore, transition age youth with complex behavioral and developmental needs struggle in these systems. Staff in both departments serving these children and youth lack sufficient trust, collaboration, and a commitment to find creative solutions. The advocates would also like to ensure that DSCYF has sufficient staff in Prevention and Behavioral Health with developmental and intellectual disability expertise. **Re-engage advisory councils as a way to continue to hear family and advocacy voices.** An active and effective liaison function between families, courts, and DSCYF could improve communication and coordination. Staff turnover and often the lack of knowledge of a worker or supervisor on the specifics of cases was also identified as a barrier. Advocates did comment on the need to continue to build-out a community-based services menu for children with complex needs, including post-adoption services.

The providers acknowledged that rates are not adequate to fairly compensate their staff and to provide high quality services. However, they feel that any rate increase conversation will not get traction in the current fiscal environment. While as non-profits they keep stretching to meet departmental demand, their infrastructure is not as strong as they would like it to be. **DSCYF’s contracting processes need refinement.** A provider with multiple contracts throughout DSCYF across more than one division ends up with multiple contract monitors and competing expectations on how to report performance or invoicing practices or even variance in performance periods. Streamlining these could definitely offer significant goodwill with providers. Providers of health, behavioral health, and social services would like DSCYF to partner and more creatively enhance services. They would like more of an opportunity to dialog and collaborate.

**Internal Survey**

HMA also conducted a survey for all DSCYF staff to understand their experiences working both within the larger Department and their individual divisions. The survey was disseminated through the internal department staff email list and received 556 responses. For reference, there are over 1,400 staff in the DSCYF. Responses were primarily from frontline staff, staff working in New Castle County, and staff who identified as white/Caucasian. There was an even spread of responses from across divisions. Below is a list of key findings from the survey:

- A strong majority of staff understood DSCYF and the divisions’ mission and vision.
- Frontline staff and supervisors had a lower understanding of and fewer work contacts with staff from other divisions.

“A well-written strategic plan is just that. Without tangible resources aligned to the plan, it will only be as good as the paper it is written on.”
- Staff turnover and shortages were identified as the biggest challenge in DSCYF.
- A majority of staff in DFS, DYRS, and DPBHS felt that they do not have adequate resources (people, technology, and funding) to execute their mission.
- Staff across all divisions emphasized the need for greater transparency in communication from leadership and strong supervisor support.
- Fewer frontline staff and supervisors felt that they had opportunities to grow within DSCYF.

**External Survey**

HMA also sent a survey to various external stakeholders, including schools and teachers, legislators, school behavioral health consultants, and school nurses to better understand their interactions with DSCYF and DSCYF staff. Survey questions were further tailored for each stakeholder group. The survey was disseminated by DSCYF administrators to these groups and received 165 responses. Responses were primarily from school administrators, teachers, and nurses, as well as behavioral health consultants, who interact with DFS on issues of child welfare. Below is a list of key survey findings:

- All stakeholders believed that DSCYF has strong partnerships with the Department of Education and that this partnership results in positive outcomes for children.
- School nurses wanted more connection with DSCYF staff after making referrals to child welfare services because they felt that they could offer greater insight into family and child dynamics and wanted to follow up on children.
- Most external respondents felt that DSCYF has enough capacity (staff, funding, resources) to meet the work they are charged with and successfully serve their clients.
- Many respondents did not feel that DSCYF adequately solicits input on how to improve its services or is structured effectively to function as part of a larger state system of care.

**Youth Survey and Focus Groups**

In addition to external stakeholders, HMA worked with members of the DSCYF Youth Advisory Council (YAC) to incorporate youth voices in the strategic planning process for DSCYF, including those in foster care and those who have aged out of care. Volunteer participants were recruited at the monthly YAC meeting and were given details regarding the opportunity to share their experiences and insight during an upcoming focus group and/or survey. Those who expressed interest (two participants total) completed an electronic consent form to receive further details. The 90-minute focus group was conducted during the evening hours via the Zoom platform to accommodate schedules, and participants were given a $25 Visa gift card following the focus group. Focus group questions asked about participants’ experiences with receiving services, what has gone well, what could have been better, and how DSCYF can support them (see Appendices for a full list of youth focus group questions).
In addition to the focus group, HMA surveyed members of DSCYF’s YAC about their experiences with staff in DSCYF and their ideas for improvement. Nineteen members of the YAC responded to the survey, all of whom had interactions only with DFS.

Several key themes arose from the focus group and survey with youth. These largely fell into three categories:

✓ Youth experiences with case workers and staff;
✓ What DSCYF does well; and
✓ Ideas for improvement.

Some observations and recommendations are outlined below:

• Youth participants expressed varying experiences working with their case workers and stated that at times this can be difficult based on the inability to build trust in their relationship with the workers.

  “It all depends on the social worker that you have. If you don’t have a bond with your worker, then the service looks very different. It all depends on who you are working with.”

• Youth participants also identified one of the issues of working with case managers, social workers, and other staff is the frequency of staff turnover and staff who have caseloads that are not manageable. It was also mentioned that there is a true need for more staff to provide services.

  “It can be hard to switch between workers unless you are older and more independent and if you understand exactly what is happening with the transition. Some youth can switch workers easily, but not others.”

• Youth suggested that DSCYF has done a great job with providing assistance with job applications, resume building, and interview preparation. The biggest help was said to be around mental health support and ensuring mental health needs are met. An area of improvement was increased support for those aging out of care, because they are seen as more “independent;” however, they may still need support.

  ▪ Most of the time, youth felt they received support they needed to transition into the adult world.

  ▪ Youth felt that DSCYF staff, especially case workers, should be more communicative with them and listen more attentively to their needs.

  “Some workers are very kind and really want to help the youth and will go above and beyond, even supporting them after working hours.”
The following statements are ideas the youth participants mentioned that would make things better for those transitioning to adulthood:

“I think it would be good to potentially have different workers assigned to younger versus older kids to make sure that they both receive the attention they need.”

“Try to stay consistent with the workers, because if you’re in the system for more than two years, you probably go through 10 adults or more at a minimum and that is really hard and doing better with the transitions between workers, like giving it a week where you meet with both workers together - it’s hard for kids to switch workers.”

“Try not to leave the older youth behind. The younger youth get more attention because they are younger; meanwhile, the teenagers are left hanging because they are thought to be more mature and independent.”
Strategic Goals and Dashboard

Based on findings from the environmental and stakeholder analysis, the DSCYF Strategic Planning Steering Committee developed the following goals over an eight-month period. Objectives are outlined for each identified goal. Given the broad range and complexity of DSCYF’s programs, the Plan is not an inventory of all objectives DSCYF will pursue or all actions that it will undertake to execute its mandate. Instead, the Plan presents priority goals reflecting important improvements and outcomes that DSCYF hopes to achieve. The Plan also identifies key performance indicators that will showcase DSCYF’s progress in achieving its goals. The Committee also developed an accompanying detailed Implementation Plan that contains actionable strategies, identifies responsible leads, key implementers, and maps implementation timelines. The Strategic Implementation Plan is a dynamic living document that is nimble and adaptable as DSCYF adjusts to new circumstances and opportunities. It also provides clear and measurable performance indicators to manage progress. The Plan will help DSCYF keep its focus on meeting the needs of the communities and individuals it serves and ensuring effective use of taxpayer dollars.

Key Performance Indicators (KPI)

Based on discussions with the Committee members and other division/unit leaders, the Plan includes a combination of KPI that are both currently active and newly defined. KPI have been identified to align with each goal of the Plan. Given the Plan’s inaugural status, year one of implementation will serve to establish baseline data for all identified indicators where prior performance data does not exist. DSCYF leadership will set performance targets after baseline collection and it is expected that some KPI may be revised pending the quality of data analysis and in response to any identified barriers to implementation.

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<th>Goal 1</th>
<th>Deploy best practice framework across entire Department that emphasizes child and family engagement and empowerment.</th>
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**Background & Purpose**

DSCYF is committed to enhancing partnerships with youth and their families during their involvement with DSCYF and to ensuring that children and families receive services that use a best practice framework (strengths-based, trauma-informed, culturally responsive, proven effective, etc.), among other topics.

A best practice framework aims to support a coordinated structure to facilitate family engagement/empowerment to communicate mutual expectations, increase transparency and trust with family members – all toward achieving a positive impact on child well-being.

This goal was constructed to forge improved internal communication and coordination and a universal approach to family engagement and empowerment across divisions.
There is a lack of adequate training around family engagement models for staff and supervisors which should also be considered. Implementation of these best practices must go beyond training through to implementation and infrastructure building to support continuous skill development for staff, supervisors, and management and QI/QA.

Training and competency requirements for each best practice endorsed as “core” needs to be consistent across DSCYF to ensure consistent practice of family engagement that leads to more successful outcomes and services delivery.

**KPI**

**Training**
- Training evaluation measures (training completion volume, integration into practice) for each of the 5 core best practices, cultural competence, cultural humility and cultural responsiveness, and multigenerational approach.
- Tool to assess environmental factors and staff behaviors at facility and office locations through a trauma-informed lens.

**DEI**
- Staff demonstrate understanding of the role of culture in a family’s experience and success working with the child welfare system.
- Staff demonstrate recognition of the importance of culturally responsive practices (competence, sensitivity, humility) in developing successful partnerships with families.
- Supervisors are documenting how employees demonstrate an understanding of each family’s cultural identity.

**Employee Attendance**
- This measure is an indicator of employee wellness, stress, and potential workload challenges.
- Measure of vacation days used. Use of vacation time demonstrates a healthy work-life balance and that staff feel they can take time off work. This could be calculated using the number of days used per number of days earned each year or by looking at how much time staff carry over each year.
- Absenteeism rate as an indicator of productivity lost due to sickness and unpredicted leave. This is both a measure of staff wellness and, if there are trends, an indicator of potential stress. This would be calculated by taking the total number of sick days / number of available workdays. There would need to be a determination (maybe based on state or national averages) regarding where we want that average to fall (what a “normal” use of sick leave should look like).
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<th>Objectives &amp; Implementation Strategies</th>
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### 1A. Implement 5 core best practices to be deployed across DSCYF:

- Family Team Meetings (practice)
- Trauma-Informed Care (framework)
- Systems of Care (framework)
- Motivational Interviewing (practice/skill)
- Family and Youth Peer Support (practice)

1. Develop and implement revised training curriculum for staff and supervisors.
2. Define structure, guidelines and expectations for family team meetings across DSCYF with unique adaptations, as needed, by divisions.
3. Create DSCYF-wide coaching opportunities, in addition to direct supervisor support, for skill building in best practices beyond initial training.
4. Focus on prevention to improve services upstream.

### 1B. Build cultural competence, cultural humility, and cultural responsiveness into all aspects of our work

1. Maintain the Diversity and Inclusion Committee to support best practice implementation through the lens of cultural competence and family-centered engagement.
   - a. Knowledge and Skills
      i. Enhance knowledge and skills relative to culturally diverse populations.
      ii. Include cultural competence content as an ongoing part of professional development.
      iii. Provide access to annual training and professional development opportunities focused on culturally responsive skills for all DSCYF staff.
      iv. Develop opportunities for conversation and experiential learning for staff through statewide partnerships.
   - b. Practice with Families
      i. Include clients in the development of service delivery and policy development.
      ii. Identify service delivery systems or models that are appropriate to the client population of FOCUS and make appropriate referrals.
      iii. Offer families access to translations, interpretations, and curricula/material in various languages.
      iv. Include an area in FOCUS to document services that are provided within the context of the family’s culture.
      v. Annual review of selected case records to identify culturally responsive services and supports.
      vi. Interview with sample of families.
   - c. Reflective Supervision
      i. Utilize reflective supervision practice to reinforce the impact of culture responsiveness in their work.
      ii. Explore and respond skillfully to biases and barriers to cultural responsiveness.
      iii. Develop strategies to address culturally-based challenges.
**1C. Incorporate a multi-generational approach**

1. *Determine staff needs to support a multigenerational lens while assessing the child/family's environment, i.e., assessment tools, case review tool, technology adaptations.*
2. *Educate staff on how to explore and access adult services available for use by our families.*
3. *Educate staff on definition of a multi-generational approach and review framing of relevant policies to ensure a multigenerational approach.*

**Goal 2**

**Improve integration of practice and infrastructure across divisions.**

**Background & Purpose**

DSCYF has, for many years, been working to integrate their programming to better support children, youth, and their families. DSCYF sees the Plan as an opportunity to identify actionable strategies to make progress on this long-held important goal. Currently, both within DSCYF and with external partners, the perception is that DSCYF is large and complex to navigate. There is also a perception that divisions operate separately with separate accountabilities. Staff in different divisions do not always know what programs and services are available in other divisions within DSCYF. This often leads to duplication of activities and inefficient family engagement. The intent of this goal is to deepen whole family approaches that effectively engage families, children and youth, strengthen resiliency and protective factors for children and youth and improve health and wellbeing. Implementation strategies aim to create an integrated DSCYF experience for clients, for staff, and for key partners that:

- Ensures that clients get a seamless navigation experience and all needed services.
- Staff expect their colleagues to function in an integrated and responsive fashion to collaborate on cases and deliver integrated services that best meet client needs.

**KPIs**

**Stability Following Residential Discharge**

- Reduce the number of times a youth is returned to service in YRS.
- Reduce the number of times a youth is returned to service in DFS.
- The number of days following residential program discharge that youth remain in a community-based setting (group home, foster home, relative care, or family home). This will be calculated by the number and percent of youth remaining in the community at 90-day post-discharge intervals.

Community-Based Care.
- Measure length of stay in number of days in a residential program by division, type, and location. Information will also include which (how many) divisions are involved with each youth in a residential program.

Survey and/or case review methodology to assess improvement in integration of practice and infrastructure across divisions.

### Objectives & Implementation Strategies

#### 2A. Improve coordination across DSCYF divisions to ensure families have a coordinated approach

1. Identify a member of the D&I Committee to attend the Policy Committee meetings. Report back any policy updates to the D&I Committee to ensure alignment.
2. Draft policy at the policy committee level, review by division leaders and other senior leadership.
3. Look at existing trainings in place and update to incorporate new policy elements. If necessary, draft new online training alongside the drafting of the policy.
4. Review existing division policy and procedures against the new cross-divisional collaboration policy and update to ensure alignment.
5. Get feedback from the Change Management Work Group about how to roll out the policy and how to measure these changes to DSCYF.
6. Roll out of policy, including training, disseminated cross-divisional resource list, and more methods brainstormed by the Change Management Work Group.
7. Ongoing monitoring of collaboration and quality as it relates to implementation of the policy.

#### 2B. Maximize FOCUS capabilities and support to ensure cross-divisional coordination and information sharing

1. Review current capabilities and make recommendations for system enhancements to facilitate greater cross-divisional functionality. Group will continue to ensure that new changes to FOCUS align with goal of enhanced integration across divisions.
2. Evaluate the roles of the FOCUS product owners, liaisons, and trainers, differentiating responsibilities for FOCUS-related support, while ensuring effective collaboration, communication, and knowledge across roles.
3. Ensure cross-training of FOCUS liaisons and trainers so that they can provide support to more than one division.

#### 2C. Build infrastructure and processes to increase awareness of program service availability across divisions

1. Build search functionality for the extranet.
2. Establish and publish resource contacts and protocols for program-related information inquiries posed to each division by cross-divisional internal staff.
Goal 3

Expand and institutionalize data-driven decision making

**Background & Purpose**

With the recent shift to FOCUS, a holistic case management system, DSCYF has the opportunity to improve connectivity of client information across teams and divisions to ensure that appropriate staff can view, analyze, and act on this data. Through work group discussions and internal focus groups and surveys, staff explained that they do not always have the training or guidance on how to use data in the FOCUS system to inform their practice. In order to optimize the FOCUS system and enhance staff responsiveness to clients, a strong vision, complemented by protocols and trainings, is needed to guide individual staff and DSCYF, as a whole, on the utility data.

Across the state, there is an effort to publish more information and data on the work of state agencies to better represent the needs of children and families and direct departmental efforts to improve the lives of Delawareans. DSCYF is committed to this work. In reviewing reports published by comparable agencies from other states, work groups felt it was important that publicly released data and reports from DSCYF be thoughtfully created to illustrate the experiences of Delaware children and families.

**KPIs**

**Caseload Measure**
- For DFS, the average of the difference in actual case load size vs. the standard by caseload type by county and/or regional office to account for variations throughout the state to help plan for resource allocation and look for trends.
- For the other divisions, baseline report information will be used to guide discussions with Division and unit staff to determine what the unit role, workload, and workflow are and develop standards.

**Utilization Measures**
- Length of Stay – look at average length of stay by program type and facility with emphasis on the number and percentage of youth who stay beyond recommended time frames or who have become boarders and are recommended for a less restrictive environment. This measure may require a combination of data reported through FOCUS with an administrative review.

**Objectives & Implementation Strategies**

**3A. Establish and implement a shared vision and common goals to govern data quality and integration**

1. **Identify data quality improvement areas and develop strategies to address data quality needs.**
2. **Determine which data analysis, reporting, and dashboarding tools will be used by DSCYF and develop protocols for their use.**
### 3B. Collect and communicate data to show meaningful outcomes for Delaware children and families to support advocacy, transparency, and accountability efforts

1. Release vetted de-identified data to Delaware open data portal at pre-determined frequency.

### 3C. Establish a culture of continuous quality improvement within DSCYF

1. Develop a cadre of staff who are trained/certified in continuous improvement practices (leverage statewide CQI practitioner training program - GEAR training) and dedicate resources to support ongoing improvement, cross-training, and succession management activities.
2. Create a collaborative of department CQI staff (division CQI staff and staff trained in continuous improvement practices) to promote peer-to-peer learning and partnership.
3. Expand current CQI efforts to include data-driven examination of processes, critical incidents, and service delivery using proven continuous improvement strategies.
4. Develop tools and protocols for administrative case review in support of strategic planning goals and department values (OCM for DSCYF, but divisions have reviews, too).
5. Develop strategies and a protocol for applying CQI strategies to review and improve process inefficiencies.
6. Determine how processes, inefficiencies, or gaps will be identified and who can initiate the CQI workflow.
7. Develop a training and communication plan that promotes understanding of the purpose/benefits of CQI and employee roles in that process.

## Goal 4 Ensure qualified, competent, and supported workforce

### Background & Purpose

This goal area includes several competencies and support areas necessary to have a high performing workforce. These include supervisory competencies, FOCUS training, and data driven decision-making and challenge with staff turnovers.

DSCYF can best support Delaware children and families when its staff have the proper skills, training, and tools to function as effective team members in the larger department. One of the strongest determinants of frontline staff success is a supervisor’s ability to manage team needs and performance, support individual staff growth, and create a learning community in alignment with department goals. In all work group discussions, as well as internal surveys, focus groups, and interviews, staff expressed a lack of clear supervisor expectations and competencies. Staff feel that frontline workers are often promoted to the supervisor level because they are “super workers,” yet they lack the leadership and management skills to effectively support their teams. Staff noted this is partly because DSCYF does not currently have sufficient formal supervisor training opportunities to coach and develop these skills in staff.
Aligned with DSCYF’s goals to maximize their use of data, staff work groups felt that staff across DSCYF and, especially on the frontlines, need to be adequately trained in how to collect and enter data in the current FOCUS system so that it can be used in a meaningful way. DSCYF has started to develop staff trainings on the importance and utility of data collection and how data collection and reporting can be used to facilitate collaboration across divisions. Through better data collection and other cross-divisional procedures and policies, staff can be more responsive to clients’ needs and reduce inefficiencies in service delivery.

Routine staff shortages and changeover also have negative impacts on the staff’s ability to successfully accomplish their work and their overall morale. The Human Resources Unit with DSCYF has continued to examine department staffing alongside the State’s Department of Human Resources to increase hiring efficiencies and ensure that divisions are adequately staffed. Division leadership and other senior managers also have a role to play in tightening these staffing efficiencies and enhancing external recruitment and outreach strategies to bring motivated workers to DSCYF. Through surveys and work group discussions, staff also expressed the need for better two-way communication between staff, especially frontline staff and division leadership, so that staff are supported and incorporated into the larger department.

These inputs by staff led to the development of responsive objectives and implementation strategies laid out in the sections below.

### KPI

#### Hiring
- Department vacancy rate by classification and by division
- Applicant pipeline: # positions filled/applicants hired
- Turnover rate by division

#### Performance Planning and Evaluation Completion
- Employees should have clearly outlined expectations and receive, at a minimum, an annual review of their work.
- All eligible employees will have a performance plan and review of their work. The exceptions to this include recently hired employees who may only have a performance plan and exiting employees who may receive a review of their performance, but no new plan.
- Measure calculation with the percentage of eligible employees for whom each division and the Department have a completed an annual performance plan

#### Employee Satisfaction
- CQI will conduct staff satisfaction surveys every 18 – 24 months to measure staff attitudes and the impact department and division initiatives have on staff perceptions and morale. This is a key component of the overall KPI approach, but not a quarterly measure.
### Objectives & Implementation Strategies

#### 4A. Strengthen supervisory competencies and performance expectations around integrated practice, collaboration, and skills to support their staff

1. **Look at existing competencies for supervisors that exist in performance reviews to assess shortfalls and gaps.** Send out a survey to ask for staff's top priorities in supervisor development. Explore need for potential to create a new supervisor development group. Review DHR’s new training on leadership to pull elements into development of department-wide supervisory competencies. Also, review CPD’s existing supervisor training.

2. **Define expectations and develop tight performance management protocols for supervisors and managers, both for clinical practice in their unit and around cross Divisional integration.** Make recommendations to DHR on new supervisor competencies.

3. **Review recommendations on supervisor competencies.**

4. **Develop activities to implement and support supervisor/leadership development goals.** The structure of these activities is contingent on the findings of the supervisory competency assessment. They may include: coaching and shadowing opportunities, developing a standard supervisor training program, collaborating with divisions to tailor supervisor trainings to divisions and units, incorporating FOCUS elements into trainings, creating a peer network for ongoing supervisor support, and other activities.

5. **Roll out supervisor/leadership developed program activities.**

6. **Monitor success of activity roll out, enhance activities, and track changes in supervisor competencies.** As part of this, explore the need to create a new Supervisor/Leadership Development Group that consists of division directors, current supervisors, middle managers, and frontline staff.

#### 4B. Enhance training on data collection

1. **Incorporate data quality policy into new employee training curricula that exists for DFS, YRS, and new PBH curricula.**

2. **Reiterate importance of data quality, fidelity, timeliness of collection in ongoing trainings.** CPD will explore which elements of the data quality policy training should be targeted for the specific divisions.

3. **Ensure consistency in how data quality and collection expectations are incorporated into performance planning and reviews across all divisions.** This does not need HR approval/feedback, because it is an existing department policy.

4. **Develop FOCUS training for new employees that includes cross-division modules to understand how FOCUS is used as a holistic case management system.**

5. **Develop ongoing FOCUS training for continuing employees that reiterates cross-divisional functionality to understand how FOCUS is used as a holistic case management system.**
### 4C. Enhance cross-divisional training communication and procedures for integrated case practice

1. Use qualitative case reviews and cases that have risen to division and senior leadership to determine specific, systemic instances of communication breakdown between teams, units, and divisions or where cross-divisional communication could have led to better outcomes.

2. With these instances, map critical cross-division communication pathways and create procedures that will enhance efficiency and support better outcomes for clients. These should be aligned with and support policy developed in objective 2.A.

3. Train workers on these procedures and cross-division communication opportunities by incorporating them into existing on-the-job trainings and ensure supervisors and managers model and support procedures with their workers.

4. Monitor success and effectiveness of new communication standards and procedures during qualitative case reviews.

### 4D. Enhance recruitment and retention opportunities for all staff, especially frontline staff and supervisors

1. Divisions work collaboratively with DHR to identify responsible parties in DSCYF enhance recruitment and outreach opportunities (job fairs, college lectures, etc.).

2. Enhance efforts to collect exit interview data, including more personal contact (one-on-one interviews, etc.). Create a more efficient and consistent process for analyzing and using information gathered from exit interviews to inform practice. Include D&I Committee as issues arise that may need consideration.

3. Work collaboratively with DHR to ensure HR unit is adequately resourced and inefficiencies in hiring processes are addressed.

4. Conduct ongoing personnel assessment within each division and unit to examine equity in classification and compensation, shortages in staffing and capacity across all units (especially non-frontline units). This could be used as a "playbook" to guide personnel needs during budget cycles.

### 4E. Provide accessible communication pathways between staff and leadership

1. Develop internal communication strategy for department-wide expectations to establish these core best practices: strategy for ongoing communication, learning forums and continued support at all staff levels. (Refer to Change Management Plan)
Change Management & Communications

The Change Management & Communications Workgroup was the last of the five sub-committees supporting that the strategic plan development process be convened. It focused on the acceptance and adoption of the new Strategic Plan by the entire staff of DSCYF. The Change Management Plan lays out activities aimed at implementation of DSCYF’s strategic roadmap by all staff to catalyze the Department into a 21st century DSCYF that is child and family-centered and promotes equity and social justice for all served. For this workgroup, HMA used the following ProSci definition for Change Management: *Change Management is the application of a structured process and set of tools for leading the people side of change to achieve a desired outcome*

A broad base of stakeholder input and engagement is essential in ensuring that the strategic planning process catalyzes the change management effort needed to implement the Plan. The difference between a strategic plan (which is just a document) and an agency moving in strategic directions is predicated on the organization’s readiness to undertake the needed changes to transform its operations. For this reason, the implementation of DSCYF’s strategic plan must engage a wide range of the organization’s staff and stakeholders beyond leadership. In this way, spread and scale of the change process involves all internal stakeholders and catalyzes the transformation of DSCYF into a 21st century effective learning organization.

**Goals for the Change Management Plan**

- Develop a Change Management and Communication Plan that defines specific steps for change catalysts to apply for spread and scale of the Plan. This plan will drive organizational adoption and commitment to the five-year plan across DSCYF and in partnership with its key stakeholders – celebrating successes and using data to course correct when the outcomes reflect a need for such adjustments.

- Develop a communication strategy that appropriately involves all levels of staff from frontline to leadership. The intent is to generate a feedback loop that ensures appropriate buy-in, transparency, and an aligned vision for implementing the Strategic Plan Roadmap.

The Change Management and Communications Workgroup reviewed all recommendations developed from each of the other subcommittees (Family Centered & Best Practices Modeling, Systems Integration Across Divisions, Data & CQI and Resources, Infrastructure & Workforce) and prioritized by the Committee. They then created an outreach and communication plan that will lead to universal adoption throughout DSCYF. *More details on the plan are outlined under Next Steps.*
Next Steps

Plan Monitoring & Accountability
DSCYF’s core purpose is to meet the safety and wellbeing needs of vulnerable children, youth, and their families. Departmental employees are skilled in trauma-informed and adaptive practices. This plan will help to adapt policies, procedures, infrastructure, and operations to meet the opportunities to be bold and to meet the needs of DSCYF’s most important constituencies, children, youth and their families. As this plan has been built out, there is a special emphasis on identifying plan implementation workflows, monitoring, and accountability practices. DSCYF has built several complementary pieces to the Plan that include a Diversity, Equity, and Inclusion workplan with targets, a Center for Professional Development (CPD) work plan focused on building a competent workforce, and developed KPI related to their human resources functions. There is a Department-wide program and outcomes list of key performance indicators.

The Secretary’s Office has identified a lead to monitor progress on the Plan. This leadership position in the Secretary’s Office will pull all these data elements and construct reports for review and management by DSCYF’s senior leadership team. The leadership team will continue to track these KPIs comprehensively on a quarterly basis to inform progress on the Plan. It is expected that individual measures may be tracked more frequently by a unit or a Division, as appropriate, or required by the requisite funding source. Each of these plans and KPI can be found in the Appendices Section. These quarterly reviews will result in adjustments to the objectives and actionable strategies if the Senior Leadership Team determined that such adjustments were needed. These performance data and any adjustments to the Plan will be published annually as part of DSCYF’s annual report and shared widely with internal and external stakeholders.

Rollout of Implementation Plan
As part of the strategic planning development process, The Committee formed an accompanying implementation plan that outlined implementation strategies and activities, responsible leads, key implementers, and timelines. Achievement of the activities in the implementation plan will mark progress in the Strategic Plan, overall, in addition to the KPI.

Additional Infrastructure Enhancement Plans
Over the course of the strategic plan’s development, the Steering Committee recognized the need for aligning the current programmatic activities of the Center of Professional Development (CPD-under DMSS) with the goals and objectives of the strategic plan. The strategic plan pinpoints an array of subject areas that require support from CPD to develop new training materials, accompanied by new related learning objectives, identification of new divisional training partners and new subject matter experts to expand and strengthen staff competencies. To support the strategic plan and DSCYF’s achievement of objectives to enhance training and supervision, CPD has created a Training Infrastructure Plan to parallel the Strategic Implementation Plan over the next five years.
The Committee also recognized the need to ensure that any planning related to the activities and products of the Diversity and Inclusion (D&I) Committee needs to be woven into the fabric of the strategic plan. The D&I Committee’s input is reflected throughout the actionable roadmap (Implementation Plan) accompanying the strategic plan. The D&I committee created a specific set of implementation strategies and KPI for Goal 1, Objective 1b. The D&I committee will be responsible for leading progress in this Objective.

**Initiation of Change Management and Communications Plan**

The Change Management and Communications Workgroup determined that to ensure successful implementation of the strategic plan and continued support of its activities throughout the five years, a change management and communications infrastructure was needed that necessitated cross-Divisional participation. The development of a *communication infrastructure* includes the following activities:

- Creation of a Communications Team
- Identification and engagement of “champions” within the divisions and Department to support implementation

The Communications Team would employ the following *communication methods* to support the Implementation of the strategic plan:

- Develop a plan for communication on policy changes – communicating to frontline staff, leadership, supervisors
- Utilize internal newsletter, regular email communications, fact sheet, materials for use in staff meetings/around buildings
- Create external newsletter
- Continue targeted communication with providers
- Continue social media support
- Schedule meetings with legislators, think tank collaboratives with other Departments
- Webinars with providers on targeted ideas we need to convey with them
### Change Management and Communications Plan

#### Phase 1: Startup Phase (Announcement Phase)

**Goal:** Develop messages and talking points about why the change is needed, goals and vision; talk about how we measure and highlight success from the beginning of the project work

<table>
<thead>
<tr>
<th>Step 1: Build the DSCYF Brand</th>
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<tbody>
<tr>
<td>Step 2: Develop the Messaging (for all levels of staff, external stakeholders, and clients)</td>
</tr>
<tr>
<td>Step 3: Develop and Execute Communication Strategies</td>
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</tbody>
</table>

#### Phase 2: Design Phase (Engage sponsors, key staff implementers and all staff in identifying champions and getting them ready to lead this charge)

**Goal:** Messaging ensures: leaders are bought in and supportive; everyone knows who is leading the change efforts; the sponsors and implementers know what they need to do; must answer why this is important and reinforce in every conversation

| Step 1: Develop Talking Points and the Elevator Pitch |
| Step 2: Communication Methods and Strategies Specific to Design Phase |

#### Phase 3: Implementation & Monitoring Phase - (Train Staff/Coach Sponsors on the details of the Plan so that everyone is working toward progress in a united way)

**Goal:** Use four change levers to drive implementation of changes – training (emphasis on who needs training on any new process/tool/technology); communication (aid in creating a communication plan around the changes); reinforcement (frequent feedback, use of data as measures toward success); personal support (1:1 help, as needed, to those showing resistance)

| Step 1: Train Staff/Coach Sponsors on Strategic Plan Goals |
| Step 2: Communication Methods and Strategies Specific to Implementation Phase |
Appendix

The following are available upon request by emailing: dscyf_team@delaware.gov

1. Steering Committee Membership
2. Workgroup Membership
3. Workgroup Draft Recommendations
4. Focus Group & Interview List
5. Focus Group & Interview General Guide
6. Internal Staff Survey
7. External Survey
8. Youth Engagement Survey
9. Change Management and Communications Plan
10. CPD Training Infrastructure Plan
11. DEI Plan
12. Trauma-Informed Care Committee Strategic Framework