



# **DSCYF**

**Department of Services for  
Children, Youth & Their Families**

## **DELAWARE**

### **2025-2029**

#### **CHILD AND FAMILY SERVICES PLAN**

**June 30, 2024**

**1825 FAULKLAND ROAD  
WILMINGTON, DE 19805**

## Table of Contents

I. Vision and Collaboration .....	4
General Information .....	4
Considerations for Federal Priorities.....	4
Vision Statement.....	7
Collaboration.....	9
II. Assessment of Current Performance in Improving Outcomes .....	10
A. Delaware Statistics and Contextual Data .....	10
General Statistics .....	10
Race and Ethnicity Data .....	12
Workforce Statistics.....	13
Federal Review and Reporting.....	15
B. Child and Family Outcomes .....	16
Safety Outcomes 1 and 2 (Items 1-3).....	16
Permanency Outcomes 1 and 2 .....	22
Supporting Items .....	23
Statewide Data Indicators .....	27
Well-Being Outcomes 1, 2 and 3 .....	30
C. Systemic Factors .....	35
Statewide Information System .....	35
Case Review System .....	36
Quality Assurance System.....	39
Staff and Provider Training .....	40
Service Array and Resource Development .....	42
Agency Responsiveness to the Community.....	43
Foster and Adoptive Parent Licensing, Recruitment and Retention System .....	46
Assessment Summary .....	47
III. Plan for Enacting the State's Vision .....	51
Priority 1: Safe Children.....	51
Priority 2: Stable Families .....	71

Priority 3: Strong Workforce .....	91
IV. Services.....	109
A. Child and Family Services Continuum .....	109
B. Service Coordination .....	112
C. Services Description .....	114
D. Stephanie Tubbs Jones Child Welfare Services Program .....	114
E. MaryLee Allen Promoting Safe and Stable Families (PSSF).....	122
Family Preservation and Support.....	122
Family Reunification .....	123
Kinship Navigator Funding .....	126
Adoption Promotion and Support Services .....	129
Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits.....	129
F. John H. Chafee Foster Care Program for Successful Transition to Adulthood.....	130
Description of Program Design and Delivery.....	131
Serving Youth Across the State .....	132
Serving Youth of Various Ages and Stages of Achieving Independence .....	132
Collaboration with Other Private and Public Agencies .....	135
G. Education and Training Vouchers (ETV) Program .....	135
Consultation and Coordination Between States and Tribes.....	136
V. Targeted Plans within the 2025-2029 CFSP.....	137
VI. Financial Information .....	139
Grant Applications.....	140
VII. Attachments.....	165
Targeted Plans .....	165
Financial .....	165

## I. Vision and Collaboration

### General Information

The Department of Services for Children, Youth and Their Families (DSCYF) is responsible for administering Title IV-B programs (also IV-B, IV-E, and XX of the Act), which are monitored and coordinated by the Division of Family Services.

The Mission of the Division of Family Services is to promote the safety and well-being of children through prevention, protection, and permanency. Our vision is that our children are our future and our responsibility.

The Department is comprised of the Division of Family Services (DFS) as the primary child welfare agency, the Division of Youth Rehabilitation Services (DYRS) that manages juvenile justice services, the Division of Prevention and Behavioral Health Services (DPBHS) that supports child mental and behavioral health services and the Division of Management Support Services (DMSS) that provides administrative support services for the frontline that includes the CCWIS system (FOCUS). Together, the Department's mission is to engage families and communities to promote the safety and well-being of children through prevention, intervention, treatment and rehabilitative services and a vision of safe and healthy children, resilient families, and strong communities.

For more information regarding the Department, please visit:

<https://kids.delaware.gov/about/>

Delaware's Annual Progress and Services Report, Child and Family Services Plans and Child and Family Services Review are accessible at this web address:  
<https://kids.delaware.gov/family-services/cfs-review-plan/>

Annual Reports are posted upon Administration for Children and Families' approval. State contact is Kimberly Warren, Division of Family Services, 1825 Faulkland Road, Wilmington DE 19805; 302-633-2665; [Kimberly.warren@delaware.gov](mailto:Kimberly.warren@delaware.gov)

### Considerations for Federal Priorities

The Delaware Child Welfare system is also aligned with the Children's Bureau's four priority goals as areas that will improve the lives of our citizens and strengthen our system.

#### *Prevent Children from Coming into Foster Care*

Delaware has an established Considered Removal Team Decision Making (CR-TDM) process, utilized whenever out of home placement is imminent. The TDM process involves holding a meeting with the family and their identified supports to discuss the families' situation and the concern that puts the child at risk of placement out of the home. The Division has

successfully prevented between 60-75% of children from entering foster care using this method. Delaware is also joining with our CBCAP partners to develop an additional prevention option for families that are at risk of needing abuse/neglect intervention and deeper end services that may lead to foster care. Delaware has also submitted our FFPSA Prevention Plan (currently under review) which outlines additional services Delaware will provide to prevent foster care entry.

### *Support Kinship Caregivers*

Delaware believes that placing children with relatives and kin is best for their wellbeing and long-term permanency. The state is committed to exploring family and kin as placement resources and supporting the caregiver's needs during this process. DFS has developed a small but strong Kinship Navigator program with the help of our contractor and community partners, that supports formal and informal kinship caregivers. DFS has also had worker-approved relative and non-relative kin providers for many years as a placement option for children in DFS custody. The support for kinship caregivers is still not as robust as we would like due to limited resources, but Delaware's foster care system does offer individualized training, provider management and a daily stipend to support kinship, as well as referrals to the Kinship Navigator program. Delaware is in a good position to move forward with the current recommendation for having a specialized standard for kinship foster care licensing which would greatly support our kinship caregiver population.

### *Ensure Youth Leave Care with Strengthened Relationships, Holistic Supports, and Opportunities*

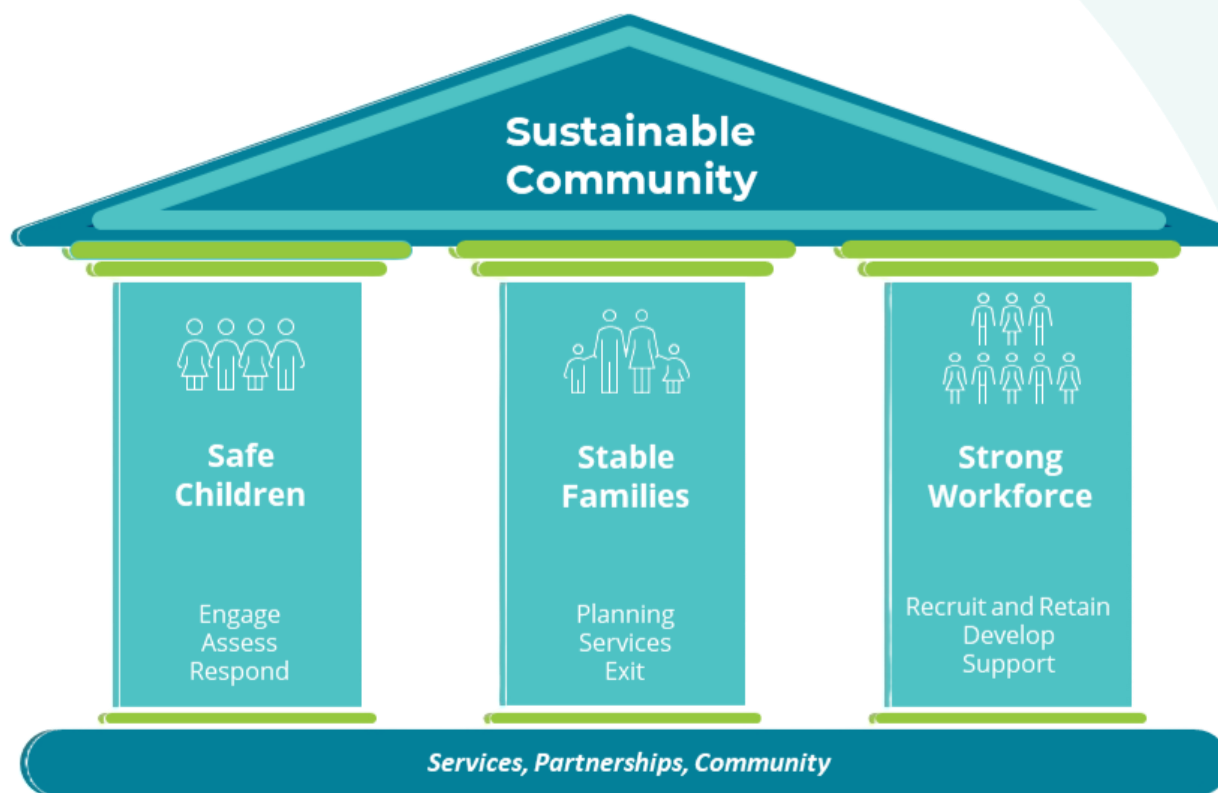
Delaware is committed to supporting our young adults who have experienced foster care with a multi-approach independent living program that offers case management, housing, educational scholarships, and financial support to young people that is extremely individualized to meet the specific needs of each youth. Prior to leaving care, if DFS has not been able to secure sustainable permanency for a young person by way of reunification, adoption or guardianship, the Division can provide a Permanency Round Table discussion to try to explore relational permanency to help young people as they transition to adulthood. A STEPS meeting (Stairway To Encourage Personal Success) is held when a youth turns 17 years old to help them outline their plans for education, housing, employment and other areas needed for successful transition to adulthood. These meetings include the youth's support people and identifies steps needed prior or in preparation for their 18<sup>th</sup> birthday. A follow up exit meeting is held just prior to leaving care to review the plan and make needed adjustments. In 2022, Delaware passed House Bill 271 that expanded independent living services to age 23. Also, in late 2021, House Bill 123 passed which allows youth exiting foster care to attend college at one of three educational institutions within the state and affords student with year-round housing and food support at no additional cost. A dedicated effort by Delaware to address the ongoing issue with securing a driver's license for youth in foster care had significant movement forward with Senate Substitute 1 for Senate Bill 151 signed

in 2022 that strengthen supports and launched the Office of the Child Advocate's (OCA) Driver's License and Insurance Program (DLI) in spring 2023.

### *Invest in the Child Welfare Workforce*

Delaware is no different than across the nation with our struggles to retain a high-quality workforce. Turnover and the challenges with recruiting new staff have presented significant challenges for the division to meet the demands of the child welfare work. The Department, with the support the Governor's office and the Department of Human Resources, has been able to provide hiring bonuses and increase in starting salary for new employees along with salary enhancements for current employees to encourage retention. DFS has a strong new worker training program that is frequently being evaluated and adjusted to try to give all new staff the tools to do the work required. Ongoing training is available in a variety of subjects and platforms to give staff opportunities to strengthen worker knowledge and skill base while accommodating their schedules. Efforts are currently underway to re-bid contracts in a variety of services to help share the workload of supporting families as we invest in supporting the child welfare workforce.

## Vision Statement



Delaware strives to strengthen communities by ensuring safe children, stable families, and a strong workforce.

Delaware is charting a course for the next five years of work. Over the last 5 years, Delaware continuously worked on the objectives as described in the 2020-2024 CFSP that was developed based on the Statewide assessment, CFSR Round 3 results and our PIP efforts. Along the way, we have adjusted our benchmarks and timeframes based on several factors including the impact of the pandemic and other operational, programmatic and policy trends and needs. Many of those activities and goals have been accomplished and are now part of our programming and practice, while some of the activities and goals will continue and/or be enhanced or modified for continued improved practice and outcomes. Delaware is now planning for the next five years of strengthening our system. The progress made in the last five years, particularly in the development and implementation of a strong case review system that utilizes the OSRI and partners and supports our enhanced CQI system, will lead us down a path of meeting our goals to improve the lives of the children, families, and communities that we serve.

Delaware's overarching plan is to strengthen a system that ensures safe children, stable families, and a strong workforce. We recognize that these three goals intersect with one

another and are all needed to reach our ultimate goal- strengthening each area will only serve to make the other areas stronger. For example, we know that the safety of children is paramount in any child welfare system. We know that safe children are developed in families that are stable and we know that child welfare systems support stable families through the deployment of a strong and stable workforce. As we look forward to an improved service continuum in each of our program areas, we anticipate improvements in the outcomes that are measured, but more importantly, we anticipate sustainable communities where safe children reside. With the implementation of increased prevention planning through the support of American Rescue Plan Act funding and the collaboration of our CB-CAP partner, we hope to prevent more families from coming to the attention of the Division. We also envision our expansion of kinship supports to divert children from foster care or to reduce the amount of time that children spend in foster care. For the last 5 years, our use of Kinship Navigator funding has provided substantial supports to families across our state, and we look for that to continue as we work on ways to make other connections. Our system recognizes that reliance on formal programs does not support sustainable communities long term, so our connections with community providers is anticipated to deepen over the next five years. This will also serve to have families receive supports that are tailored to their needs, specifically around their cultural and language needs. Part of this approach is focused on the response to families meeting their needs, which may not be a part of the established child welfare structure. As a result, newly developed services will provide supportive services outside of a family being assigned to a traditional child welfare investigation and ongoing services worker.

Moving towards 2025, Delaware is also focusing on areas that have been identified as important for our children and families. Results from our qualitative surveys and stakeholder interviews show that families need support with housing and with connecting to services for substance misuse. As a result, we have improved service delivery in those areas and anticipate better outcomes for our families. Delaware also recognizes that the safety of children is supported by children having access to services. To that end, Delaware continues to work closely with home visiting programs, early childhood intervention programs and programs that support the behavioral and mental health needs of children. For our children that experience foster care, Delaware has very strong community connections to ensure that our youth enter adulthood with strong plans around education, employment, and housing. Delaware's vision also includes a future for children who experience foster care to have greater connections with individuals who can support them. While permanency is the goal for each child in foster care, Delaware recognizes that other support is crucial and will be working closely with Wendy's Wonderful Kids to create relational permanency for our youth.

The development of this 5-year plan was not done in a vacuum and was built upon a substantial amount of work undertaken by Delaware in the last year to prepare for and participate in Round 4 of the Child and Family Service Review. As a result, extensive



stakeholder involvement was involved in the development of the State Self-Assessment, the actual completion of the CFSR and the development of the corresponding Program Improvement Plan (PIP). Each of these processes helped to build the 5-year plan and laid the foundation for continued involvement in each annual update, as well as to support in completing the goals of the PIP.

## Collaboration

Delaware completed the CFSR Round 4 with the Final Report being issued on January 25, 2024. The review found Delaware to not be in substantial conformity for all safety, permanency, and well-being outcomes and four of the seven Systemic Factors. A Program Improvement Plan (PIP) was developed and officially submitted for review on April 24, 2024. Delaware is working with the Children's Bureau to finalize an approved PIP.

The Final Report of the Child and Family Services Plan (CFSP) for 2020-2024 was submitted and in the evaluation of those services, strategies and analysis brought about the development of this CFSP 2025-2029. In addition, the extensive evaluation of the system with the Statewide Assessment conducted in 2022, stakeholder interviews in May of 2023, case review information from the CFSR, and the final report of the CFSR Round 4 were used to develop this plan. The workgroups, committees, surveys, focus groups and data analysis were done with the CFSR, PIP and CFSP in mind to leverage the work being done.

The Delaware Child Welfare System is a small community of very strong and dedicated partners. In addition to the work done in preparation for the Round 4 Child and Family Services Review (CFSR), the 2025-2029 Child and Family Services Plan (CFSP) development was shared with over 20 agencies and community partners of the child welfare system. Internal and external partners contribute to this plan by supplying, collecting, and/or evaluating data; by participating in working groups, CQI committees, or by being a writer of the final narratives. Delaware's federal grantees, including Community-Based Child Abuse Prevention (CBCAP), Court Improvement Program (CIP), the Children's Justice Act (CJA) and others, assisted in improvements to the system and in guiding the development of the plan.

We strive to support this mission and vision by staying true to our core values of safety, compassion, respect, and collaboration. We achieve this through our close partnerships with the Court and Judicial community, our robust community-based service providers, various organizational groups, educational systems, law enforcement and other state support agencies. The Division participates in several organizations including Court Improvement Program (CIP) steering committee and subcommittees, Office of the Child Advocate (OCA) working groups, Child Protection and Accountability Commission (CPAC) committee and subcommittees, the Delaware Anti-Trafficking Action Committee (DATAC) and subcommittees, Interagency Committee on Adoption (IACOA)<sup>2</sup>, Multisystem Healthy Action Committee (MSHAC), the Interagency Coordinating Council (ICC), and the Governor's Advisory Council on Exceptional Citizens. The Division involvement in these various

committees includes front-line staff, administrators, the program team and the Deputy Director and Director. The committees each touch important systems that intersect with child welfare, such as the Courts, Early Childhood Education and Education.

In addition to participation in these committees, the Division also convenes meetings with community partners and contractors<sup>1</sup> to share system updates and to get stakeholder feedback that is reflected throughout this report. The Division hosts regular stakeholder meetings to provide an opportunity for stakeholders to get updates and ask questions about current practices as well as provide insight to areas of need from the child welfare community. This feedback is then evaluated and incorporated into practice by the Continuous Quality Improvement (CQI) and Program Teams to be included into the state planning.

The development of this plan is supported by the collaborative efforts with the community and partners that participated in the Round 4 CFSR self-assessment, stakeholder interviews and PIP development. With the PIP submission in April 2024, many of the strategies presented for improvement of requirements and other general best practices have been incorporated into the actions to enact the vision for the CFSP. Delaware's Continuous Quality Improvement (CQI) Manager facilitates five active committees to address areas of improvement identified through the CFSR/APSR process. These groups have a variety of stakeholders who contribute, influence, and execute state and system wide changes in a timely fashion.

*<sup>1</sup>Including Contracted FAIR providers, contracted placement providers, service providers, Independent Living (IL): contractors, Delaware State Housing Authority (SRAP, FUP and 20 FYI vouchers), Wilmington Housing Authority, UGrad (Kind to Kids), OCA- ETV and Driver's license, ILYA (Independent Living for Young Adults), Jobs for Delaware Graduates.*

*<sup>2</sup> Interagency Committee on Adoption (IACOA) includes all contractors, private adoption agencies, Office of the Child Advocate. Delaware Valley Adoption Council includes all local contractors, private adoption agencies, state of Pennsylvania agencies. Dave Thomas Foundation for Adoption, DAG office*

## **II. Assessment of Current Performance in Improving Outcomes**

### **A. Delaware Statistics and Contextual Data**

Delaware's child welfare scope of service and achievement of outcomes correlates to the population served. Delaware is a small jurisdiction with an estimated 1,031,890 residents with approximately 20% under the age of 18.

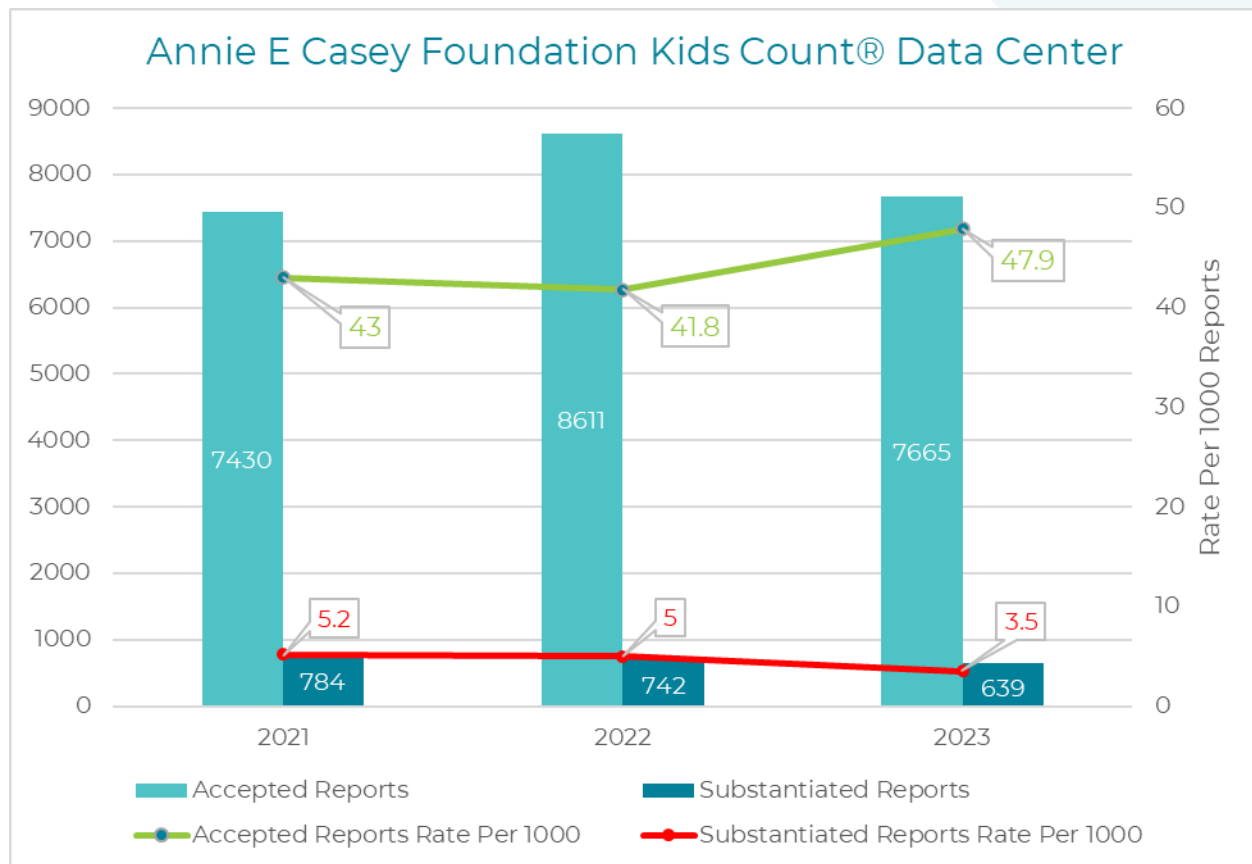
#### **General Statistics**

Reports of abuse, neglect, and dependency have steadily increased over the past 3 years, while the rate of accepting reports remains steady. During this same period, Delaware

observed a decrease in both substantiated investigations and families receiving ongoing treatment services. We have seen increases in the foster care population including the average monthly placement (out-of-home care) population, initial entries into foster care, the number of children spending at least one day in foster care, and the number of children in out of home care at the end of the fiscal year. The number of youth exiting foster care has remained steady over the past three years. The percentage of children adopted within 24 months of entry has wavered over the past 5 years, ranging from 39%-50%.

Delaware Statistics (by state fiscal year)	SFY2021	SFY2022	SFY2023
Reports of abuse, neglect and dependency received	20,543	23,599	24,390
Reports accepted as screened in for investigation (% of reports)	7,430 (36%)	8,611 (36%)	7,665 (31%)
Substantiated Investigations (% of accepted reports)	786 (11%)	742 (9%)	639 (8%)
Families and children received treatment services	1,824	1,666	1,776
Average Monthly FC placement	483	505	582
Initial entry into foster care	215	363	368
Exits from foster care	303	305	309
At least 1 day in foster care	780	812	866
Number of children in out of home care on 9/30	502	501	561
Percentage adopted within 24 months of entry into foster care	50%	39%	43%

The Annie E. Casey Foundation's Kids Count® Data Center ranks Delaware 34th in the nation for overall child well-being and 28th for family and community for 2023. One overall measure of the state's child welfare health is the rate of child abuse victims per 1,000 (substantiated reports). Delaware continued to improve from a high of 11.7 per 1,000 in 2012. The chart below shows rating over the past 3 years, with a rate of 3.5 substantiations per 1000 reports in 2023.



### Race and Ethnicity Data

In addition to using the Onsite Review Instrument (OSRI) and Quality Assurance (QA) Investigation tools, Delaware meets all federal reporting requirements for Adoption and Foster Care Analysis and Reporting System (AFCARS), National Youth in Transition Database (NYTD), National Child Abuse and Neglect Data System (NCANDS), and Monthly Caseworker Visits (MCV). This data is then used for system analysis.

The following table compares race and ethnicity data of the overall population of Delaware children (according to the U.S. Census Bureau) with all children identified as victims of child abuse, neglect, or dependency for the last three fiscal years, per the NCANDS Value Distribution Reports

Delaware Children: Race and Ethnicity Statistics US Census Bureau		Identified Child Victims NCANDS Race and Ethnicity Data		
Race	Overall Population	FY2021	FY2022	FY2023
White	47%	48%	46%	45%
Black	26%	48%	51%	52%
Asian	4%	0.88%	0.27%	0.79%
American Indian/Alaskan Native	0.2%	0.18%	0%	0.34%
Native Hawaiian/Other Pacific Islander	0.1%	0.09%	0%	0.34%

Two or more races	6%	2%	3%	2%
Ethnicity				
Hispanic	17%	15%	16%	15%

### *Foster Care Population Statistics*

Using the 2021A-2024A AFCARS frequency report, the following chart identifies the race and ethnicity of Delaware's foster care population, without separating those with two or more races.

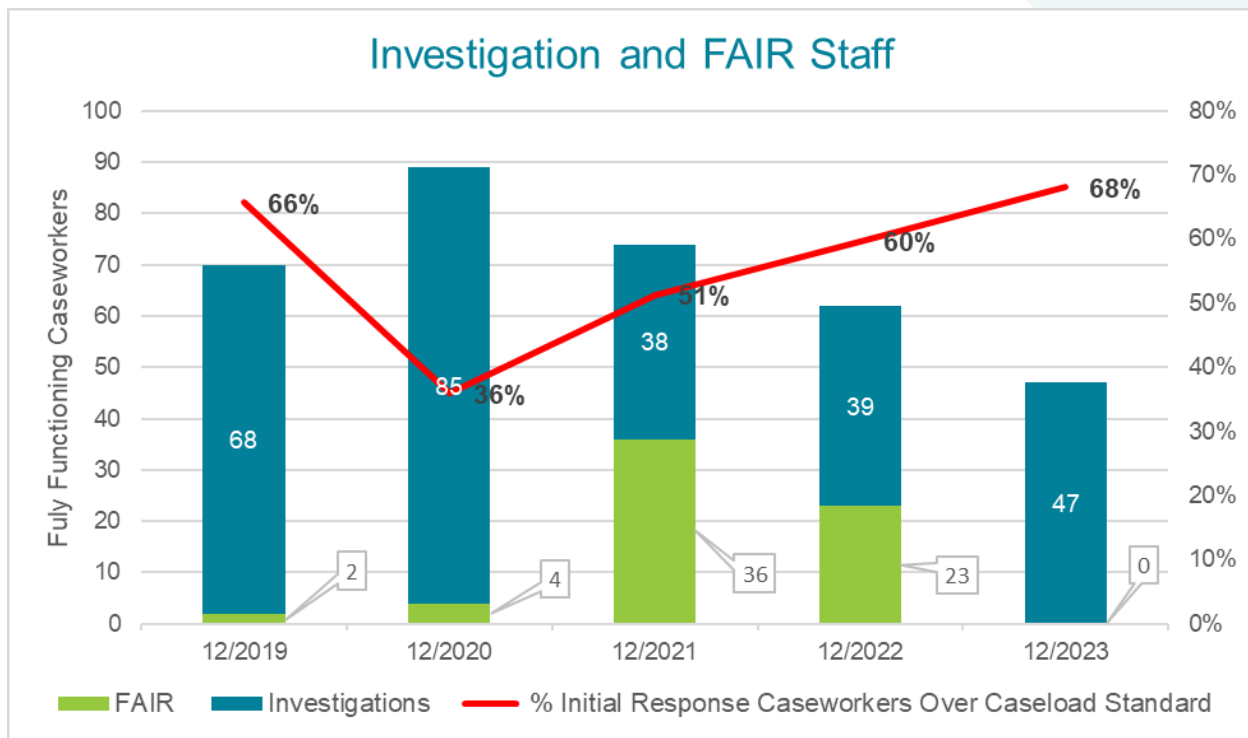
Delaware Foster Care Population 2021A-2024A AFCARS Race and Ethnicity Data				
Race	FY2021	FY2022	FY2023	FY2024
White	53%	51%	50%	49%
Black	53%	55%	55%	55%
Asian	0%	0.32%	0.27%	1%
American Indian/Alaskan Native	0.34%	0.16%	0%	0%
Native Hawaiian/Other Pacific Islander	0.17%	0.16%	0%	0%
Ethnicity				
Hispanic	12%	16%	13%	12%

### *Workforce Statistics*

During the Child and Family Services Review (CFSR), it was clear that workforce challenges impact almost every item and contribute to the difficulties of meeting the needs of children and families. Workforce is the undercurrent of the contributing factors for Delaware's performance. To better understand the status of the workforce, it is important to review the data from the Vacancy/Caseload Reports.

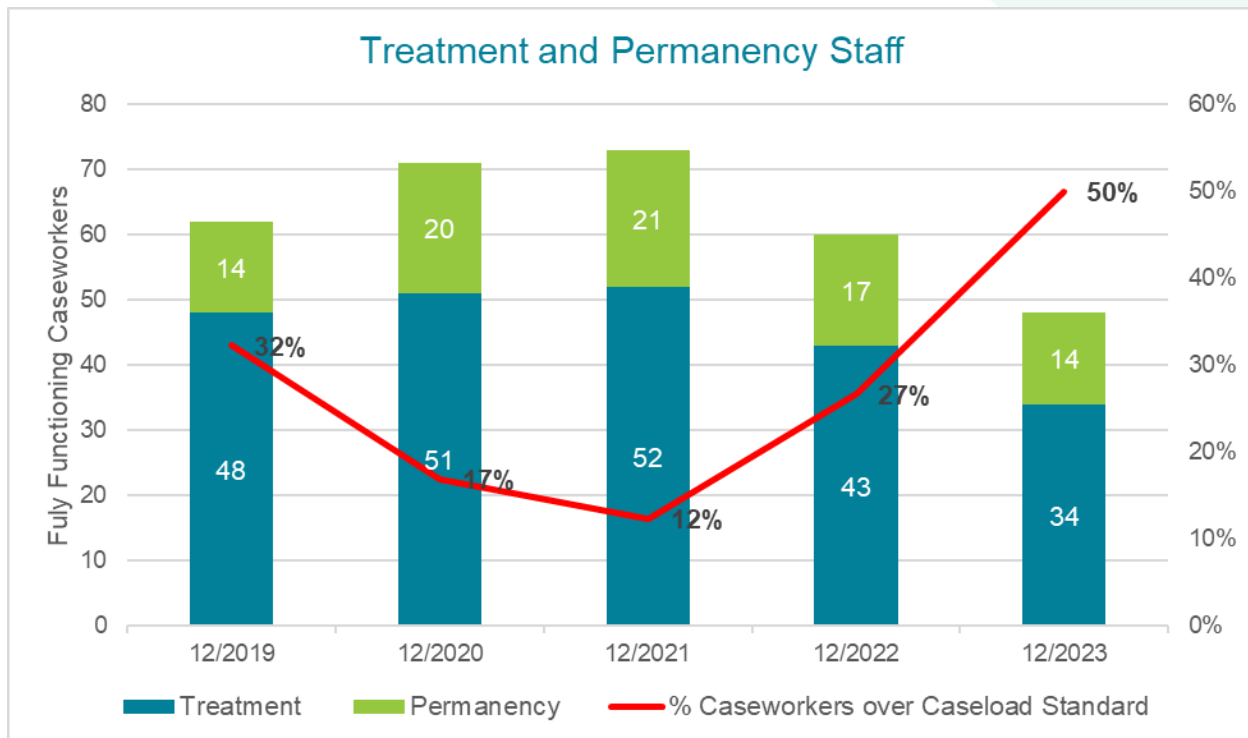
Delaware has both the traditional investigation response as well as a differential response, called Family Assessment and Intervention Response (FAIR). The investigation and assessment caseload standard is 11 cases per caseworker. Adolescent caseworkers were earlier adopters of the FAIR process and in 2019, the Division of Family Services established dedicated internal FAIR units to compliment the contracted FAIR units. This expansion is reflected in the numbers in the chart below, where the FAIR staff went from 4 in 12/20 to 36 fully functioning staff in 12/21. In March 2023, operational needs related to investigations warranted a change back to one internal pathway for all accepted reports. At that time, internal FAIR staff were converted to investigation staff, resulting in 0 fully functioning FAIR staff as indicated in the chart below.

The chart below shows the number of fully functioning workers, as well as the percentage of those over the caseload standard of 11. It is clear that the number of fully functioning workers (or lack thereof) correlates with the number of fully functioning staff over caseloads.



A similar trend can be seen with the Treatment and Permanency staff. Treatment staff manage mixed caseloads, providing reunification services for foster care cases (when the permanency goal is reunification), and case management support and services to intact families. Permanency staff manage foster care cases when the permanency goal is either Adoption, Guardianship or APPLA.

The chart below reflects how increased vacancies impact the percentage of caseworkers over the caseload standard. In partnership with CPAC and others, Delaware was successful in changing the caseload average mandate from 18 to 12, recognizing that the workload of 18 or more cases has significant implications for performance and outcomes. The legislative amendment to caseload statute was effective June 2023, which corresponded with a significant upswing of caseworkers over standard.



### Federal Review and Reporting

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Delaware continues to utilize the federal Onsite Review Instrument (OSRI) to conduct quality assurance case reviews of foster care, in-home treatment, and FAIR (Family Assessment and Intervention Response (*Differential Response*)) cases. Each review period consists of 90 case reviews per a 6-month time span. As of April 2024, Delaware will complete 65 case review per a 3-month time span. (See Attachments: *Delaware OSRI Case Review Measures.pdf*).



DFS also conducts quality assurance reviews of investigation cases. The table below lists performance for CY2021 through CY2023 on safety assessment elements and a combined safety assessment score. For CY2023, Delaware met the goal of 95% on all elements.

Quality Assurance Reviews Investigation Safety Assessment			
QA Investigation Case Review Detail	CY2021 N=157	CY2022 N=153	CY2023 N=170
SA1. Was the Safety Assessment completed on the appropriate household(s)?	100%	97%	96%
SA2. Was safety assessed for all children in the household?	90%	93%	95%
SA3. Were all safety threats identified for each child?	93%	98%	95%
SA4. Were the identified protective capacities documented during the contact(s) with the family?	95%	98%	95%
SA5. Were the indicated safety interventions appropriate for the identified threats?	98%	98%	98%
SA6. Is the final safety finding correct/appropriate?	98%	98%	99%
SA7. Was a Child Safety Agreement completed according to policy?	93%	93%	95%
SA8. If a Child Safety Agreement was completed, did it address the threats adequately?	100%	100%	100%
Combined Score for Safety Assessment	94%	97%	97%

## B. Child and Family Outcomes

Evaluation of the Child and Family Outcomes are derived from review of the national standards and the OSRI completed case reviews. National standards (CFSR Round 4) use Risk Standardized Performance (RSP) scoring and 95% confidence intervals for 7 safety, permanency, and well-being measures. State scores fall within three interval categories: 1) Better, 2) No Different, and 3) Worse than national performance.

### Safety Outcomes 1 and 2 (Items 1-3)

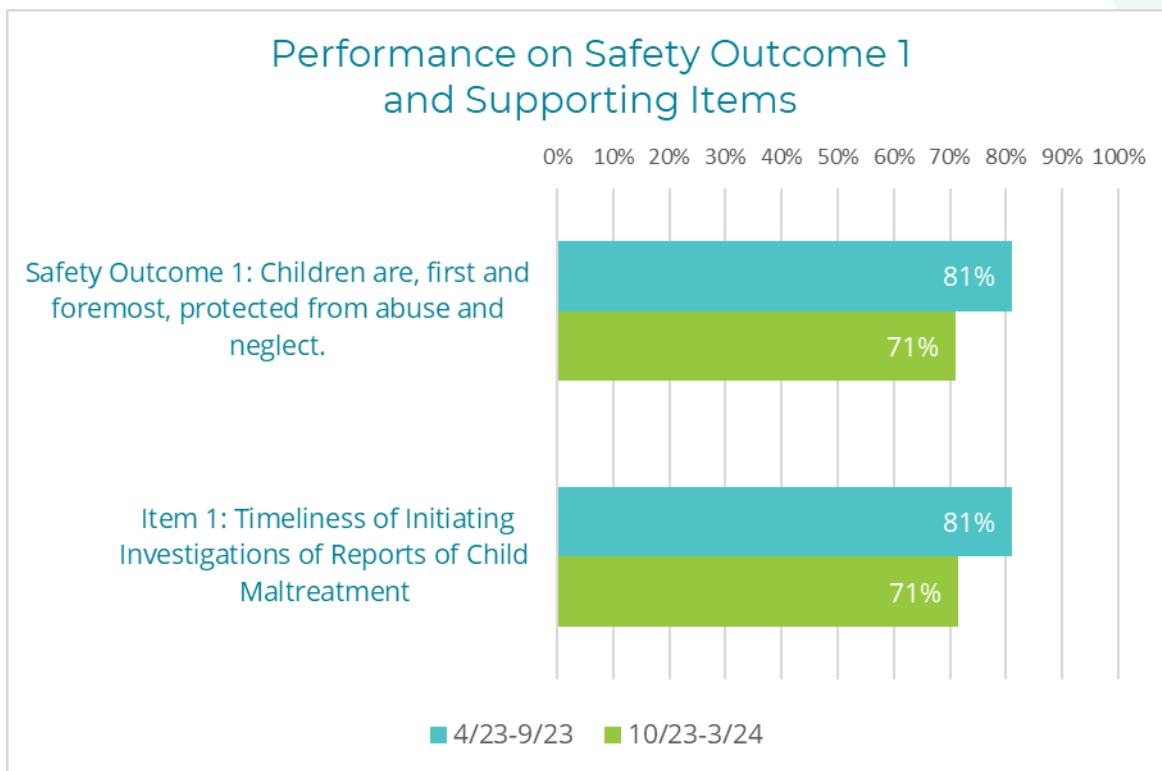
From the CFSR Final Report, Delaware was not in substantiated conformity with Safety Outcomes 1 and 2, scoring under 95% on Items 1, and under 90% on Items 2 and 3. Safety Outcomes 1 and 2 will be addressed in Delaware's Program Improvement Plan (PIP).

Quality assurance investigation case review results show that Delaware's overall combined safety has improved over the past few 5 years. For CY23, Delaware met the 95% goal for all safety elements. Kids Count® data shows the rate of child abuse victims per 1,000 in



Delaware has continued to improve from a high of 11.7 per 1,000 in 2012 to a 3.5 per 1000 in 2023.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.



Supporting Item

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

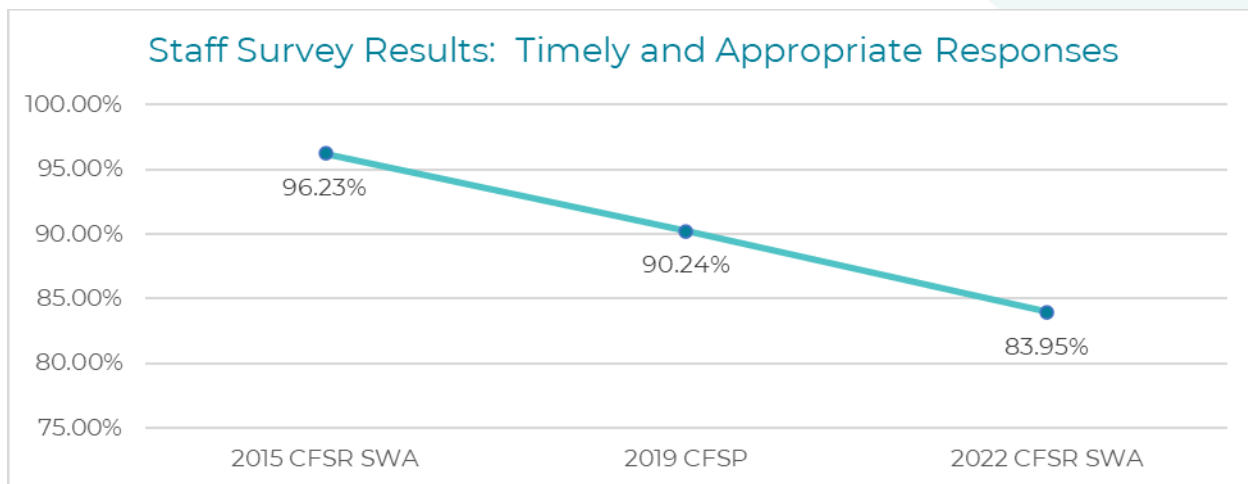
While consistently scoring above the CFSR Round 3 national performance (73%), Delaware has consistently not met the federal goal of 95%. For CFSR Round 4, Delaware received strength ratings of 81% (April 2023 – September 2023) and 71% (October 2023 – March 2024), a 10% decline.

Review of CY2023 aggregate report showed that Delaware met priority time for 82% of the 6,200 initial responses completed. Breaking these down by priority response, Delaware's lower performance in Priority 3 responses has been a trend over the past 4 years (see chart below). As part of our Program Improvement Plan (PIP), Delaware will implement Extended Intake, realigning dedicated staff to ensure timely initial responses, triage of reports, and completion of ongoing investigation tasks or additional agency intervention for the protection and well-being of families.

Initial Response Time met on time or had diligent efforts				
Year	Overall	Priority 1 (24 Hours)	Priority 2 (3 days)	Priority 3 (10 days)
CY2020	89%	96%	92%	85%
CY2021	94%	99%	98%	90%
CY2022	90%	98%	97%	83%
CY2023	82%	97%	94%	72%

Between 2020 and 2021, Delaware mobilized multiple approaches to address timeliness concerns on Priority 3 cases, including expanding our internal Family Assessment and Intervention Response (FAIR) and FAIR contracts to divert more Priority 3 cases, as well as piloting the separation of investigation units by priority type. As a result, improvements were seen in CY2021. Aggregate reporting shows that in CY2021, Delaware completed 6408 initial interviews statewide with 94% completed on time. However, due to the staffing crisis detailed earlier in this report (*See Section II.A*), DFS was unable to maintain separation of priority units and internal FAIR, resulting in all investigation staff receiving Priority 1 (P1), Priority 2 (P2) and Priority 3 (P3) responses. We have since seen a decline in our timeliness of initiating investigations. For CY2022, Delaware completed 6,767 initial interviews with 90% completed on time overall. As seen in the chart above, Delaware has declined to 82% of initial responses completed timely. Although Delaware has continued to meet 95% timeliness on P1 responses, P2 responses have dropped just below the 95% goal (94%) and P3 responses have dropped to 72%. A decline in timeliness on P3 responses is a primary factor for the decline in our overall performance. This decline strongly correlates to the increased vacancy rates and consequential increased caseloads for investigations statewide.

A comprehensive survey, completed by 109 DFS staff members, asked staff to rate their agreement with the following statement: *Family services responds timely/appropriately to reports of abuse and neglect and sees all children.* Across time agreement has dropped, suggesting an awareness of our staffing challenges and difficulties completing P3 responses, despite the strong performance on P1 and P2 responses.



### Statewide Data Indicators

Delaware's national data profile measures continue to comply with established standards for safety. Delaware has consistently performed statistically better or no different than national performance on both Safety statewide data indicators.

Data Indicator	National Performance	RSP Interval	Delaware RSP	Data Period	Performance Rating
Maltreatment in Care	9.07	3.5-11.95	6.46	FY21	No Different
Recurrence of Maltreatment	9.7	3.5%-6.3%	4.70%	FY21-22	Better

The "Maltreatment in Care" data indicator measures the rate of victimization per 100,000 days of foster care, of all children in care. Delaware scored 6.46, no different than National Performance of 9.07. The total number of days in foster care decreased 28% in the past 3 reporting years, while the rate of victimizations per 100,000 days in care increased, most occurring in New Castle County. Of note, a very small number of children (10 or fewer) experienced victimization while in care in Delaware in each of the past three years.

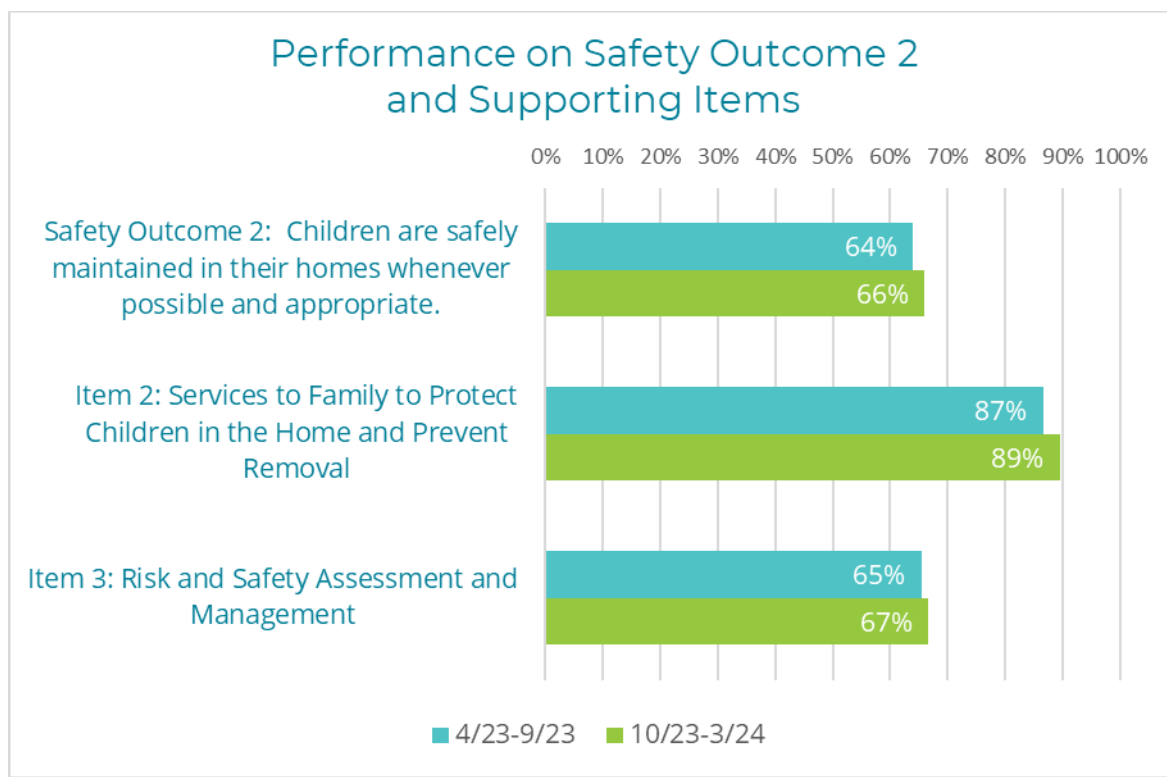
The "Recurrence of Maltreatment" Data Indicator measures if the agency was successful in preventing subsequent maltreatment of a child, if the child was an identified victim of a substantiated report within 12 months. Delaware scored 4.7% for FY21-22, better than the National Performance of 9.7%. The number of children experiencing recurrence of maltreatment remained small (less than 45) and decreased by 46% between FYs 2018-19 and FYs 2020-21. The state's rate of recurrence of maltreatment also decreased during that period.

Data Indicator	National Performance	RSP Interval	Delaware RSP	Data Period	Performance Rating
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Maltreatment in Care	9.07	3.5-11.95	6.46	FY21	No Different
Recurrence of Maltreatment	9.7	3.5%-6.3%	4.70%	FY21-22	Better

### Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

For Safety Outcome 2, Delaware has consistently not met the federal goal of 90% over the past 5 years. Delaware case reviews completed from Oct 2019 – March 2023 did score at or above Safety Outcome 2 CFSR Round 3 national performance (66%) with scores ranging from 66%-78% strength ratings. From April – September 2023, Delaware completed the CFSR 4 case reviews and received an 64% strength rating. The most recently completed case reviews (October 2023 - March 2024) showed a 2% improvement with a score of 66%. For CFSR Round 4, Safety Outcome 2 will be on Delaware's PIP.

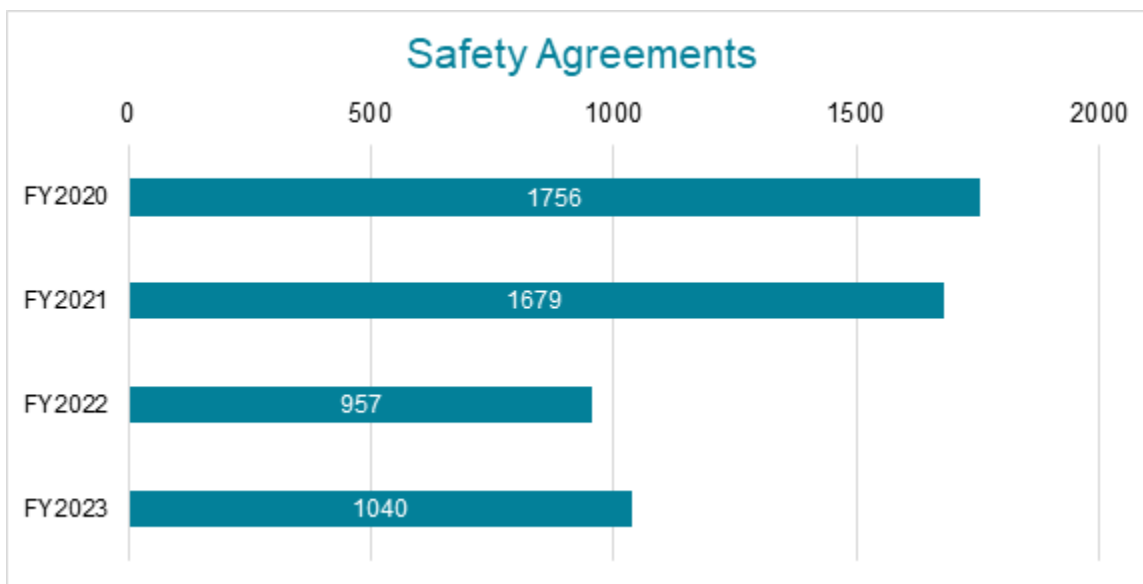


### Supporting Items

#### Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care

Delaware continues to show a strong performance on this item, as 1 of only 6 states that met the 90% federal goal for CFSR Round 3. Delaware has consistently exceeded national performance (65%) for every case review period until recently. For CFSR Round 4, Delaware

experienced a decline in performance, dropping just below the 90% federal goal. Even with the slight decline, Delaware excels at utilizing family search and engagement strategies to prevent removal of children and uses the evidence based Structured Decision Making® (SDM®) caregiver safety assessment tool to determine not only risk factors but also protective capacities and safety interventions. Delaware caseworkers often enter into safety agreements with relatives, fictive kin, or others to prevent children from entering foster care. The most current CY23 data from the Investigation Quality Assurance case reviews show that safety agreements are being completed according to policy 95% of the time and that when safety agreements are completed, they are addressing the safety threats 100% of the time.



Delaware also uses Considered Removal Team Decision Making (TDM) meetings prior to removal, when possible, to strategize with the family to prevent children from entering foster care. For CY2022, 422 children had a TDM. Of these, 197 were a considered removal, or pre-custody TDM, with 63% of the youth being diverted from custody. For CY2023, 407 children had a TDM. Of these, 263 were a considered removal TDM, and resulted in 61% of the youth being diverted from custody.

### Item 3: Risk and Safety Assessment and Management

Delaware was the only state to meet the 90% federal goal for CFSR Round 3. Delaware consistently exceeded national performance (56%) during every case review period but did not meet the federal goal. During CFSR Round 4, Delaware scored 65% (April 2023 – September 2023), followed by a 2% improvement to 67% (October 2023 - March 2024). Delaware's performance on Item 3 correlates with our performance on caseworker visits with children and parents (Item 14 and 15), particularly on in-home services (intact treatment) cases. When families are not seen, it cannot be determined that the agency has

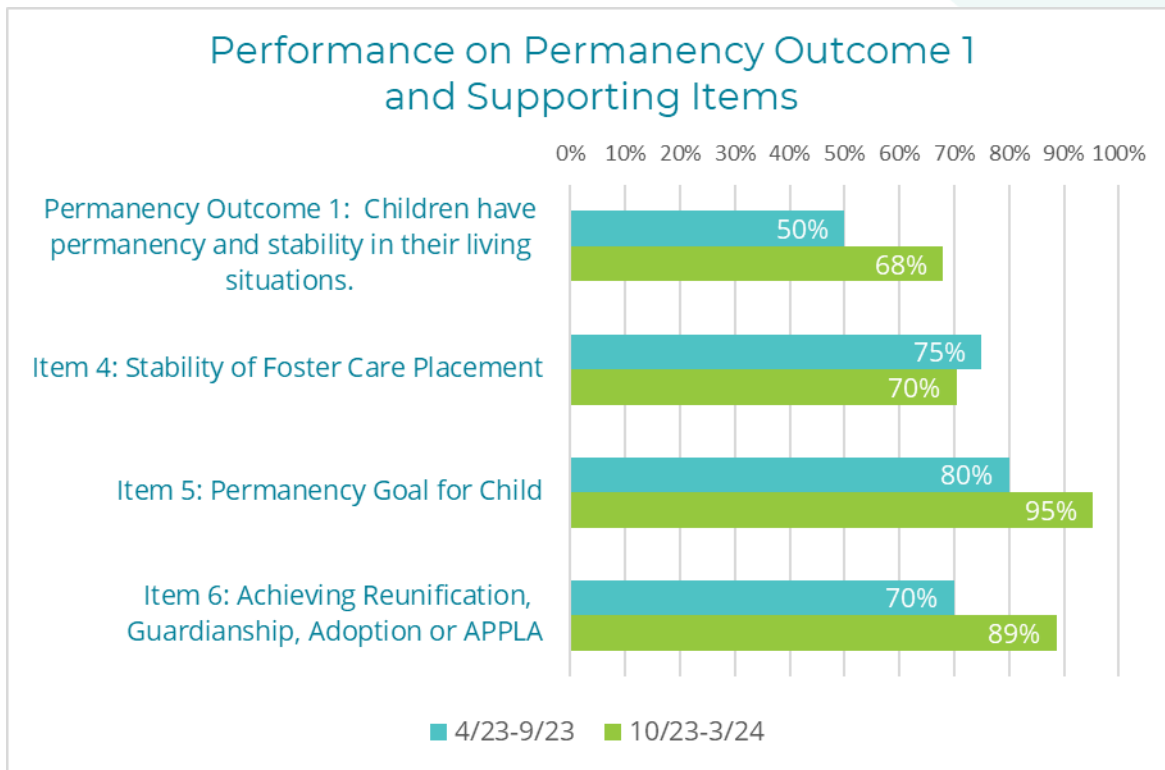
engaged the family effectively to assess safety or risk. Case review data supports this finding. Timely caseworker contacts impact assessment of needs, and implementation of services and interventions to address safety or risk factors. A CQI Intact Treatment Committee was formed to develop strategies to improve performance on in-home services case reviews and improve outcomes with families.

OSRI Case Review Measures					
	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
Item 3					
Intact Families	43%	45%	49%	39%	26%
Foster Care	80%	89%	90%	80%	89%
FAIR	75%	75%	75%	80%	100%
Item 14					
Intact Families	54%	48%	49%	43%	32%
Foster Care	89%	89%	93%	85%	93%
FAIR	75%	88%	75%	90%	100%
Item 15					
Intact Families	52%	55%	62%	37%	41%
Foster Care	76%	72%	85%	68%	80%
FAIR	88%	63%	83%	80%	92%

## Permanency Outcomes 1 and 2

### Permanency Outcome 1: Children have permanency and stability in the living situations

Overall, Delaware far exceeds CFSR Round 3 national performance (27%) on Permanency Outcome 1. Delaware has consistently not met the federal outcome goal of 95%. Case reviews show a decline in performance on Permanency Outcome 1, primarily due to our performance on Item 4, Stability of Foster Care Placement. While Delaware consistently performed within range of CFSR Round 3 national performance (74%), we remain below the 90% federal goal.

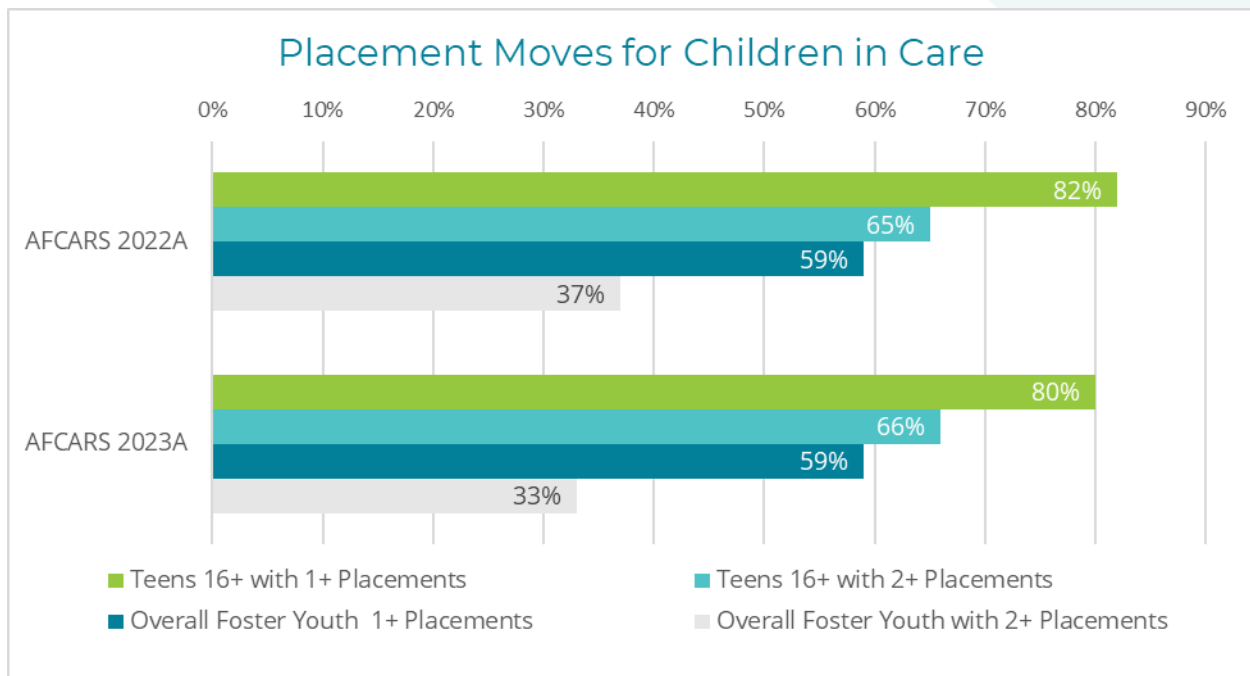


#### Supporting Items

##### Item 4: Stability in Foster Care Placement

Case reviews show a decline in performance on Permanency Outcome 1, primarily due to our performance on Item 4.

Delaware's decline in placement stability performance is challenged by the complexities associated to our teens in care. In review of the available data, we know there is a high percentage of teens in care, approximately 40% of our population, and they are more likely to have placement disruptions. We know from AFCARS 2022A and 2023A data, 20-30% of the children in care are teenagers aged 16 or older. In addition, approximately 80% of those teens had more than one placement setting and teens who had more than 2 placement settings rose to 66% in 2023. As compared to the overall population of youth in care, only 59% of those youth experienced more than one placement setting and approximately 35% experienced more than 2 placement settings.



The CQI Teens Committee was created to focus on prevention of teen entry into foster care and placement stability of youth that are in custody. The mission of this committee is to analyze data and performance related to teens, determine targeted areas of improvement, create theories of change, and make recommendations to better serve our teen youth. The CQI Promoting Permanency Success Committee also is indirectly addressing teens as many disrupted adoptions/guardianships occur when the youth is a teenager. Some initial findings are that placement stability for our teen population is also impacted by the lack of support and services for families and caregivers. With significant gaps or delays in services for teens with significant mental health or behavior issues in Delaware, Delaware foster parents, kin providers, and other group care programs are unwilling to take placements and at times unable to successfully support and maintain the youth with significant behavioral and mental health challenges.

#### Item 5 Permanency Goal for Child

Delaware consistently exceeded CFSR Round 3 national performance (58%) on the case reviews. Delaware met the federal outcome goal of 90% for all review periods, except for the April – September 2023 CFSR Round 4 case review period which received an 85% strength rating. Analysis of this issue found that 16- or 17-year-olds eligible for the goal of APPLA did not consistently have that goal considered by the caseworker, system partners, or Court due to a perception that APPLA should not be used as a permanency goal. It was discovered that some partners in our legal community shifted their practice based on concerns that assigning the goal of APPLA could be perceived as ‘giving up’ on achieving permanency for youth. Influenced by this shift in thinking, caseworkers and other team members also missed opportunities to consider alternative goals for youth. Analysis also found that there are



other barriers related to achieving permanency and those factors are being explored by the Permanency PIP workgroup for inclusion in our upcoming PIP.

Overall, Delaware does very well at the timely establishment of case goals. Most children entering foster care have an initial goal of reunification. Goals are established and recorded on the child plan that is completed within 30 days of a child entering care and then approved by the court. The caseworker and supervisor may refer a case to the Permanency Planning Committee (PPC) at any time to review permanency options or for case consultation. In accordance with policy and practice, when a child has not been reunited with family within 10 months of entering foster care or has been in care for a total of 10 out of the last 15 months, the caseworker refers the case to the PPC. The case must be reviewed at least 30 days prior to the permanency hearing for a review of the goal or any proposed goal changes. The committee approves and/or recommends goal continuation or changes. The Permanency Planning Committee Coordinator tracks timeframes for all foster children needing a PPC review and alerts the regional staff regarding those timeframes. Between 1/1/20 and 4/24/23, we have had 401 children who have remained in care for at least 12 months; 93% of those children had timely permanency hearings that were scheduled within 12 months of their entry to care. Additionally, 100% of those children had timely permanency review hearings, occurring within 12 months.

Previously, the now disbanded CQI Periodic Review Committee had identified an issue where post permanency review hearings were not being scheduled timely due to the scheduling or delays around Termination of Parental Rights Hearings. This was resolved with the courts and post permanency court hearings are being scheduled more routinely. Delaware believes this has contributed to our higher performance on Item 5: Identifying Permanency Goals and Item 6: Achieving permanency goals. These were items that had been on Delaware's CFSR Round 3 Program Improvement Plan (PIP). Delaware also attributes our high performance on Permanency Outcomes I and II to our frequency of contact with children in foster care. Because workers are having frequent contact with youth in foster care, they are able to identify permanency goals and provide needed services and support to achieve these goals timely.

The tables below show the monthly caseworker visits with children on foster care cases from FFY 2019 - FFY 2023. Delaware had a 90% or above strength rating for caseworker visits with children on foster care cases and consistently exceeded the federal goal of 50% visits occurring in the residence of the child for the past 5 years.

Measure 1: Percentage of monthly visits made by caseworkers to children in Foster Care					
	FFY2019	FFY2020	FFY2021	FFY2022	FFY2023
# of children in care	899	751	650	706	797
# of visits in FC if visited once per month	6805	5765	4856	5400	6309
# of visits made to children in FC	6242	5460	4583	5127	5834
% of visits made on monthly basis	91.73%	94.71%	94.38%	94.94%	92.47%

Measure 2 - Percentage of visits in the residence of the child					
	FFY 2019	FFY2020	FFY2021	FFY2022	FFY2023
# of visits occurring in child's residence	4992	4524	4103	3963	4447
% of visits occurring in child's residence	79.97%	82.86%	89.53%	77.30%	76.23%

#### Item 6: Achieving Reunification, Guardianship, Adoption or APPLA

Delaware has consistently exceeded CFSR Round 3 national performance (42%) on the case reviews. Delaware met the federal outcome goal of 90% for all review periods between April 2020 – March 2023. Delaware saw a decline in performance on the April – September 2023 CFSR Round 4 case review period which received a 70% strength rating but improved to an 89% for the most recent review period (October 2023-March 2024).

Looking at foster care statistics over the past 5 years, Delaware has seen fluctuating numbers of children in foster care, with an increase over the last 2 years.

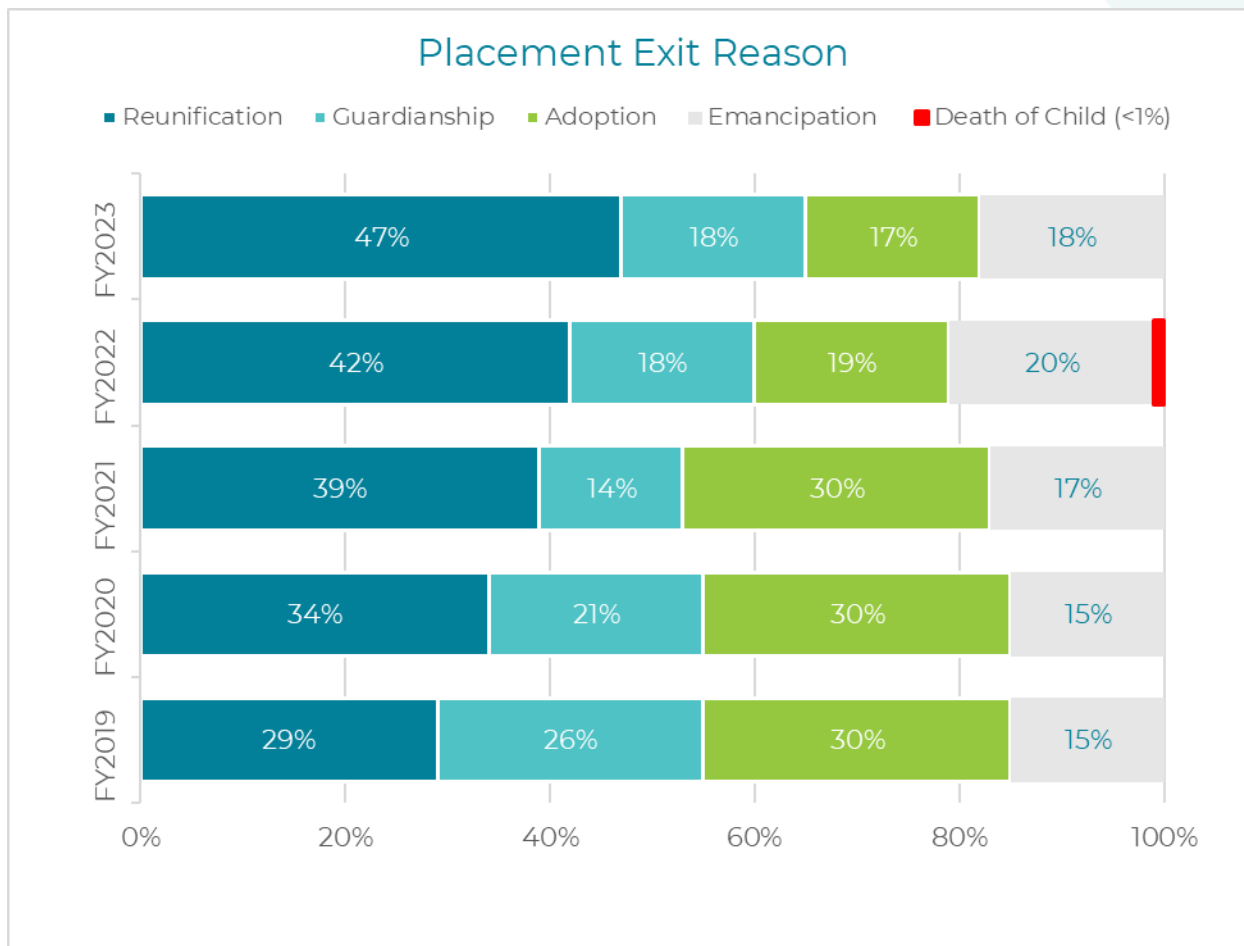
Foster Care Statistics					
	SFY2019	SFY 2020	SFY2021	SFY2022	SFY2023
Average Monthly FC placement	661	579	483	505	582
Initial entry into care	290	267	215	363	368
Exits from care	447	380	303	305	309
At least 1 day in care	1,029	902	780	812	866
Number of children in out of home care on 9/30	589	589	502	501	561
Percentage adopted within 24 months of entry	43%	37%	50%	39%	43%

In reviewing the National Standards CFSR Round 4 data measures over time, as our foster care numbers have increased, our permanency related performance has shown a decline.

Permanency within 12 months (entries) and permanency within 12 months (24+ months) has shown a downward trend in performance and are both now worse than national performance.

Although the national data indicators show that Delaware does take longer to establish permanency, Delaware has increased the number of children being reunified with their parents or original caregivers. For FY2023, nearly 50% of youth in foster care have reunified.

For the other 50% of youth exiting care, the exit reason is spread evenly among guardianship, adoption, and emancipation (aging out of care).



### Statewide Data Indicators

The “Permanency in 12 Months for Children in Care 12 to 23 Months” Data Indicator measures the percentage of all children in foster care on the first day of a 12-month period, who had been in foster care continuously between 12 and 23 months, that are discharged to permanency within 12 months of the first day. Delaware scored 40.6% in FY23, performing no different than the National Performance of 43.8%. Similarly, the “Permanency in 12 Months for Children in Care 24 Months Data Indicator measures this percentage for children in care continuously for 24 months or more. Delaware scored 26.2% in FY23, worse than the National Performance of 37.3%. The “Placement Stability” Data Indicator measures the rate of placement moves per 1,000 days of foster care, for all children entering care in a 12-month period. Delaware scored 5.48 in FY23, worse than the National Performance of 4.48.

### **Risk-Standardized Performance (RSP) Compared to National Performance:**

### ***Permanency 1 Data Indicators as of 2/26/2024***

CFSR Round 4 Data Indicator	National Performance	RSP	RSP Interval	Data Period	Most Recent Performance
Permanency in 12 months for children entering foster care	35.2%	25.95%	21.4% - 30.9%	4/21-3/22	Worse
Permanency in 12 months for children in care 12-23 months	43.8%	40.6%	33.5% - 48.3%	FY23	No Different
Permanency in 12 months for children in care 24 months or more	37.3%	26.2%	19.2% - 34.8%	FY23	Worse
Reentry to foster care in 12 months	5.6%	7%	4.4% - 11%	FY22	No Different
Placement stability (moves/1,000 days in care)	4.48	5.48	4.92 - 6.3	FY23	Worse

For permanency within 12 months, Delaware had improved to better than national performance but has declined to below national performance. For permanency within 12 months (12-23 months), Delaware has consistently maintained no different or slightly better than national performance. For permanency within 12 months (24+ months), Delaware has shown a steady decline and is now worse than national performance. Reentry to foster care in 12 months has consistently been no different than national performance but is beginning to trend upward in the past two years. Placement stability has shown a decline in performance over the past two years and placement stability is now worse than national performance.

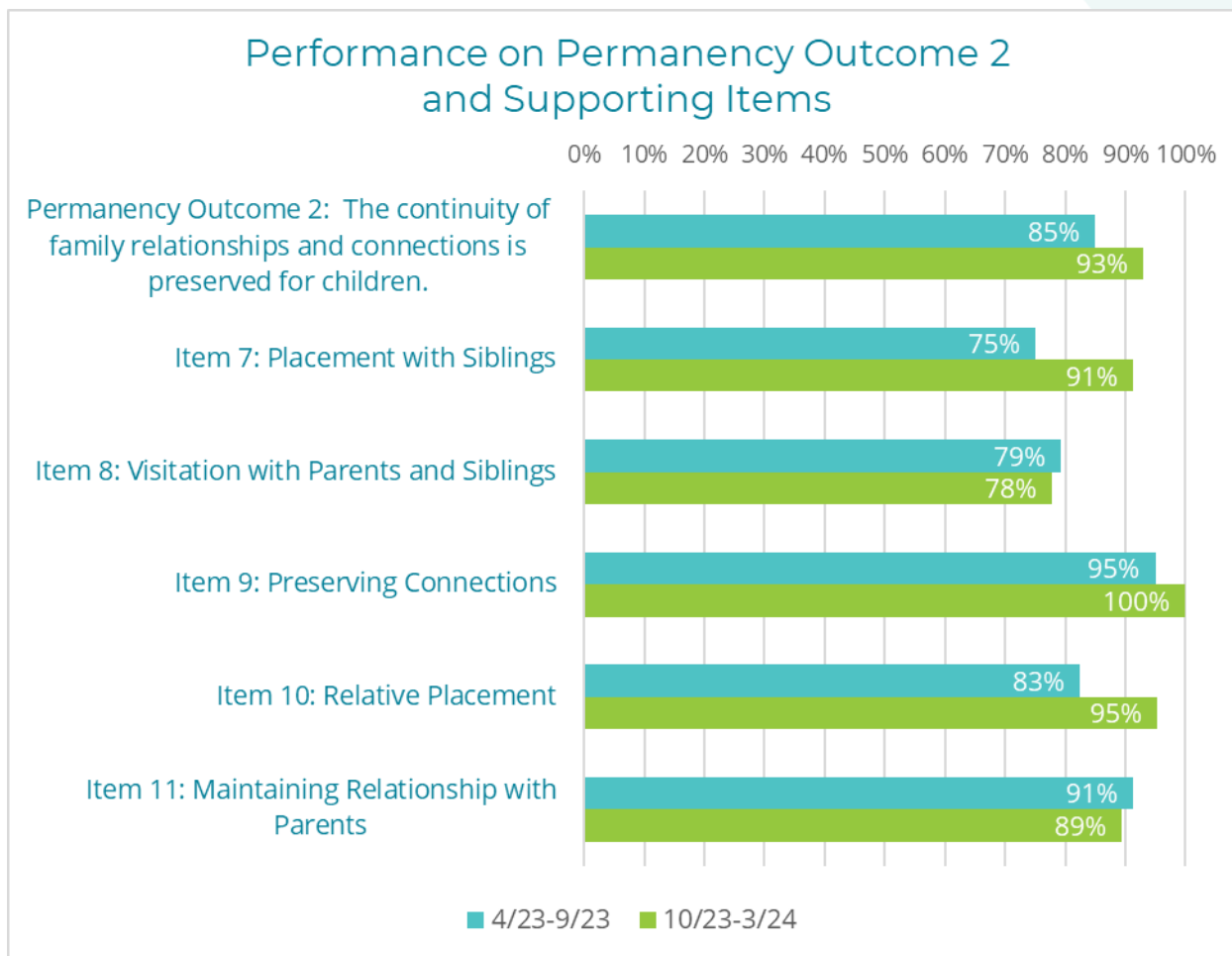
### **Permanency Outcome 2: The Continuity of Family Relationships is Preserved for Children**

Delaware met the federal outcome goal of 95% for all review periods from October 2019-March 2023. At the beginning of CFSR Round 4, Delaware saw an uncharacteristic drop in performance for the April 2023-September 2023 case review period, scoring only 85%. Delaware consistently exceeds the CFSR 3 national performance score of 81%. Permanency Outcomes 1 and 2 will be addressed in the Delaware PIP.

Items 7 (Placement with Siblings), 8 (Visitation with Parents and Siblings) and 10 (Relative Placement) also saw a drop in performance for the April 2023-September 2023 review period. For the most recent case review period (October 2023-March 2024), performance rebounded, with Items 7, 9 and 10 exceeding the 90% goal. Delaware continues to struggle with Items 8 and fell to just below the goal for Item 11.

Overall, Delaware has consistently scored well on Permanency 2 Outcome. Delaware excels at family search and engagement strategies and continuously makes efforts to locate

relatives, promote visitation and maintain connections with parents/original caregivers, and family.



### Supporting Items

#### Item 7: Placement with Siblings

Delaware consistently exceeded CFSR Round 3 national performance (81%) on the case reviews from October 2019 – March 2023 and October 2023 – March 2024. Delaware met the federal outcome goal of 90% for all review periods between October 2020 – March 2023 and October 2023 – March 2024. For the April – September 2023 CFSR Round 4 case review period Delaware saw an uncharacteristic drop in performance, receiving a 75% strength rating. Delaware correlates our performance score on the overall lack of available placement resources for sibling groups.

#### Item 8: Visitation with Parents and Siblings

Delaware had consistently exceeded CFSR Round 3 national performance (62%) across all review periods. Delaware met the federal outcome goal of 90% for all review periods between October 2019 – March 2023. Since the start of CFSR Round 4, Delaware has seen a decline in performance for both review periods, scoring 79% (April 2023-September 2023)

and 78% (October 2023-March 2024). Case review analysis has found that a parent's individual circumstances (work schedule, service involvement, etc.) are not always considered during visitation planning. Correlating with item 7 performance, individualized visitation planning for children does not consistently provide for sibling visitation when siblings are placed in separate resource homes. If parents are not having visitation (due to No Contact Orders, TPR, etc.), visits are not consistently continuing between siblings. Visits with very young siblings are sometimes considered unnecessary. Delaware is in process of reviewing policy and practice for enhancements and exploring additional contracted Family Time (visitation) services to address this problem.

#### Item 9: Preserving Connections

Delaware consistently exceeded CFSR Round 3 national performance (67%) and the federal outcome goal (90%) across all review periods.

#### Item 10: Relative Placement

Delaware consistently exceeded CFSR Round 3 national performance (70%) across all review periods. Delaware met the federal outcome goal of 90% for all review periods between October 2019 – March 2023 and October 2023-March 2024. Delaware had a slight drop in performance to 83% during the April – September 2023 CFSR Round 4 case review period.

#### Item 11: Maintaining Relationships with Parents

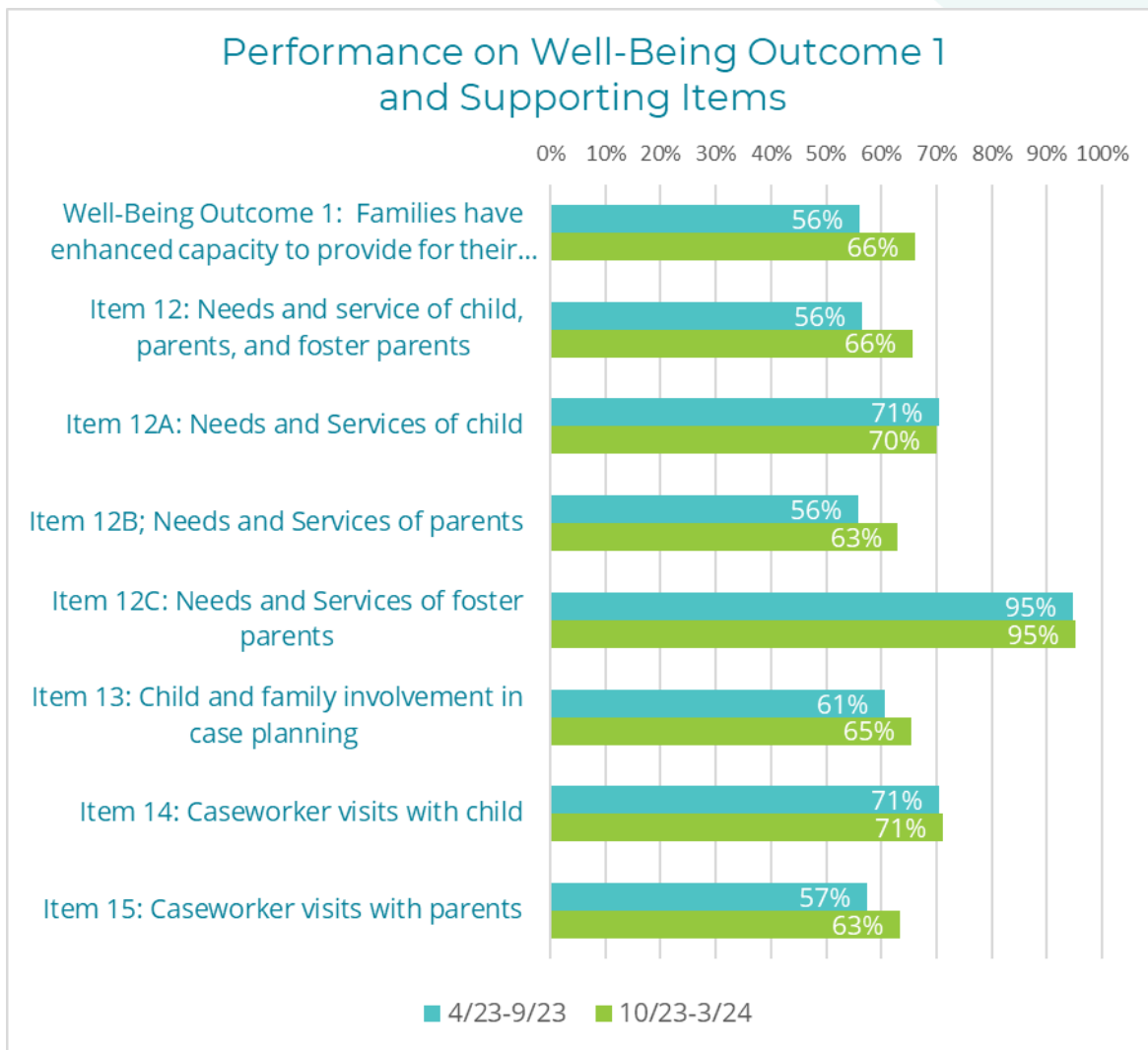
Delaware consistently exceeded CFSR Round 3 national performance (58%) across all review periods. Delaware met the federal outcome goal of 90% for all review periods between October 2019 – October 2023. In the most recent review period (October 2023 – March 2024), Delaware fell just below the 90% federal goal with a performance score of 89%.

### **Well-Being Outcomes 1, 2 and 3**

Overall, Delaware far exceeds CFSR Round 3 national performance on Well-Being Outcome 1 (36%), Well-Being Outcome 2 (82%) and Well-Being Outcome 3 (57%). For the CFSR Round 4 case reviews, Delaware did not meet the federal goal for any of the Well-Being Outcomes and therefore, those items will be addressed in the Delaware CFSR Round 4 PIP.

#### Well-Being outcome 1: Families have enhanced capacity to provide for their children's needs.

Delaware has consistently not met the federal outcome 90% goal for any of the individual items (12, 13, 14, or 15). Delaware, however, does very well on Item 12c: Assessing Needs and Services of Foster Parents. Delaware's Well Being Outcome 1 performance is primarily due to lower performance on the in-home services (Intact Treatment cases) case reviews, especially on Item 14: Caseworker Visit with Children and Item 15 Caseworker Visit with Parents.



#### Supporting Items 12-15:

For the most recently completed case reviews, on Item 14, in-home services cases scored a 32% strength rating, while foster care cases scored a 93%, a 61% difference. For Item 15, in-home services cases scored a 41% strength rating, while foster care cases scored an 80%, a 39% difference. Ongoing and timely caseworker visits (Items 14 and 15) impact performance on Well-Being Outcome 1, Items 12-13. Lack of contacts with children and families (or documentation of such) results in insufficient evidence to support that their needs are fully assessed and their engagement in case planning. Inconsistencies with initial treatment contacts with families when a case is being transferred from investigation or FAIR is also affecting performance for this item. For CY23, 58% (317 of 547) of initial treatment contacts were achieved timely or had diligent efforts. Case review data supports this finding. Timely caseworker contacts impact assessment of needs, and implementation of services and interventions to address safety or risk factors.



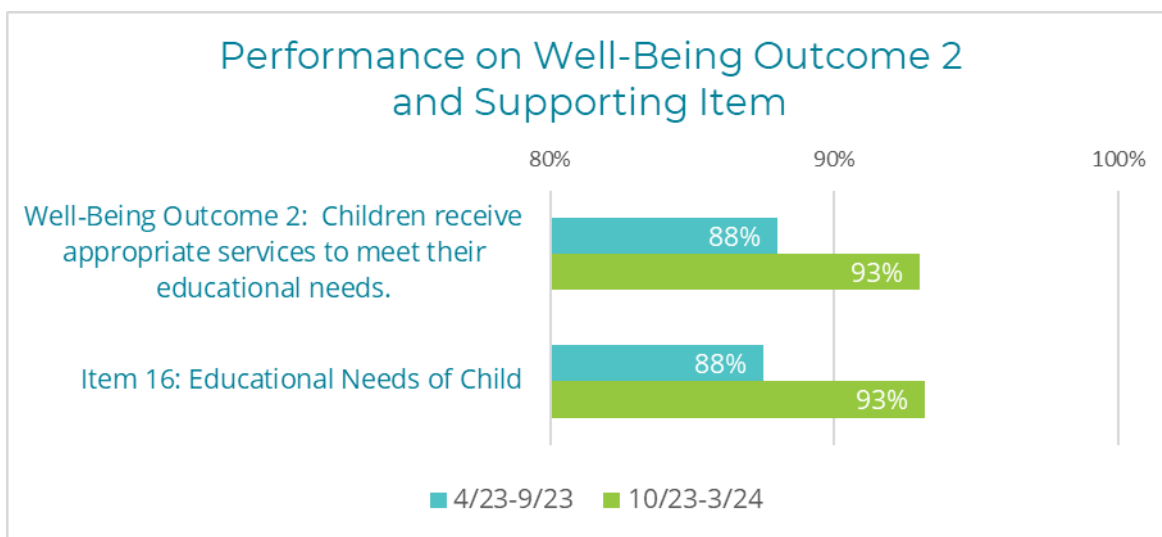
	10/21-3/22	4/22-9/22	10/22-3/23	4/23-9/23	10/23-3/24
Item 3					
Intact Families	43%	45%	49%	39%	26%
Foster Care	80%	89%	90%	80%	89%
FAIR	75%	75%	75%	80%	100%
Item 12					
Intact Families	43%	38%	49%	32%	32%
Foster Care	83%	74%	85%	70%	84%
FAIR	75%	63%	67%	70%	92%
Item 13					
Intact Families	48%	48%	51%	37%	32%
Foster Care	88%	76%	89%	72%	87%
FAIR	75%	63%	75%	80%	92%
Item 14					
Intact Families	54%	48%	49%	43%	32%
Foster Care	89%	89%	93%	85%	93%
FAIR	75%	88%	75%	90%	100%
Item 15					
Intact Families	52%	55%	62%	37%	41%
Foster Care	76%	72%	85%	68%	80%
FAIR	88%	63%	83%	80%	92%

As discussed previously, Delaware has a CQI Intact Family Committee that was specifically formed to address the lower performance with in-home service cases. Treatment focus groups and surveys found that there is a more substantial and time sensitive workload related to foster care cases than intact family cases. For placement cases, staff are required to coordinate multiple activities related to care coordination and planning such as providing transportation for children to appointments, school, and family time/visitation and coordinating services for the youth, parents, and caretakers. Court and system oversight in tandem with the increased workload tasks on placement cases monopolizes the allotted time a worker has and therefore leaves less time to manage intact family cases. Strategies being explored are centered around decreasing the workload for treatment staff, therefore increasing capacity to engage in frequent and meaningful visits with intact families. Delaware is also incorporating expansion of contracted services to support in-home case management, transportation, and visitation for the children and families we serve. We believe implementation of these, and other strategies will drive performance improvements and outcomes in this area.



### Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Delaware had consistently exceeded the CFSR Round 3 national performance (82%) and met the federal outcome 90% goal on case reviews from October 2019 to March 2023. Delaware saw a decline in performance over the most recent two reporting periods, an 88% performance on the CFSR Round 4 case reviews completed between April 2023 – September 2023 and a 93% performance on the October 2023 – March 2024 reviews.

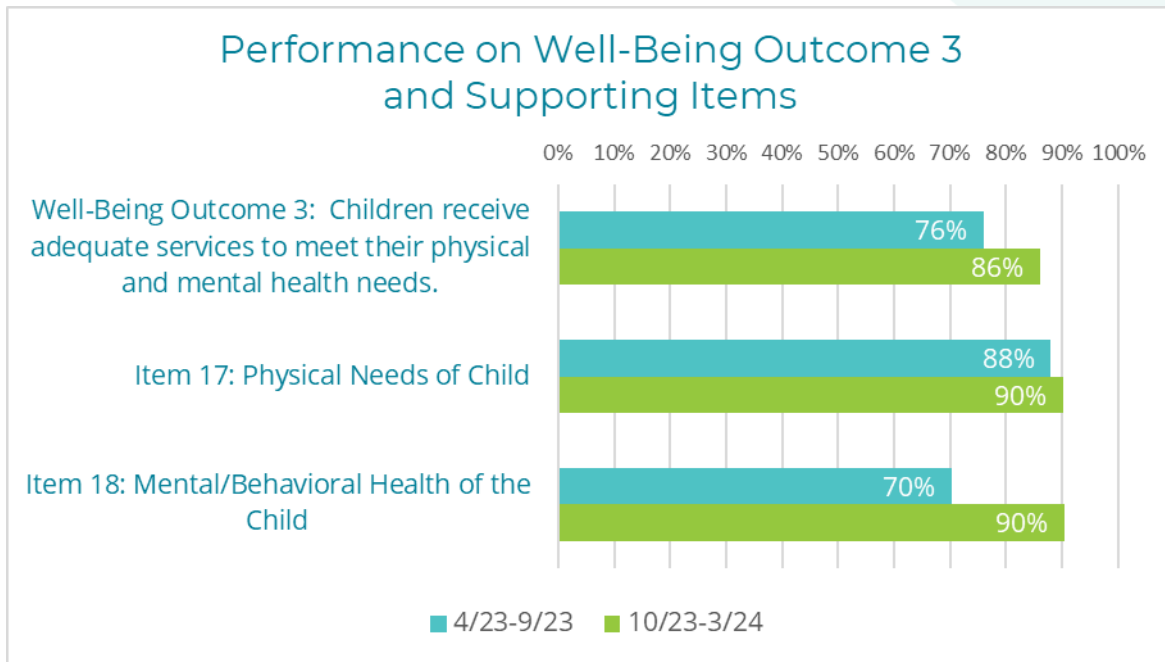


#### Item 16: Educational Needs of Child:

Analysis shows that Delaware overall has a strong practice of obtaining educational information on all youth involved with the Division from Investigation/Assessment through Permanency. There is a current Memorandum of Understanding (MOU) in place between DSCYF and the Department of Education (DOE), as well as with all Local Education Agencies (LEA) to address stability of school placement for children in foster care. Within 5 days of placement a Best Interest Meeting will convene with the DFS Caseworker, a liaison from the School of Origin, and a Liaison from the School of Residence. This process has been a long-standing practice and both DOE, the LEAs and DFS work together to ensure discussion of the educational placement that is in the child's best interest.

### Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Delaware had consistently met the federal outcome 90% goal for items 17 and 18 from April 2020 – March 2023. For the CFSR Round 4 case reviews from April – September 2023, Delaware's performance declined to 88% and 70%, but performance has improved to 90% for both items for the most recently completed case reviews.



#### Items 17: Physical need of child and 18: Mental/Behavioral Health of the Child

The case reviews find that most children are up to date with their preventive medical and dental care and when there are medical, dental, or mental health needs for children, those needs are appropriately addressed most of the time. Analysis of areas needing improvement found that there have been instances where dentist appointments have not been made every 6 months as per policy. The lack of available mental health services and staffing challenges for the mental health provider community have also led to barriers and delays in youth receiving needed mental health treatment. Case Reviewers also found evidence of strengths for applicable cases as follows: majority of children have current and periodic physical, dental, and vision exams, identified medical or mental health needs are followed up on by the caseworker and referrals are made as needed, follow up is taking place with foster parents and parents about the child's needs and medication, and discussions/collateral contacts are made with providers. For Substance Exposed Infant (SEI) cases, Plans of Safe Care (POSC) were completed to assess and plan for substance exposed infants with their families. Nemours, the largest pediatric network in Delaware, has partnered with DFS to open a patient portal so that caseworkers and foster parents can easily access patient information, connect with the doctor, review records, etc. for children who receive primary care services through Nemours. Caseworkers collaborate with PBH and the child's treatment team when involved with the child to help address their mental health needs.

OSRI case review results are used by DFS program workgroups, CQI committees, leadership teams and specialized workgroups to evaluate program functionality, performance, and practice model fidelity.

## C. Systemic Factors

### Statewide Information System

Delaware's Comprehensive Child Welfare Information System (CCWIS), which replaced Delaware's SACWIS-compliant FACTS system, went live on February 6, 2018, and is named For Our Children's Ultimate Success commonly called FOCUS. Delaware's FOCUS was one of the nation's first cloud-based child welfare case management systems to be implemented during the CCWIS transition period. FOCUS uniquely provides an integrated case management solution to support the seamless delivery of child welfare, behavioral health, and youth rehabilitative services within and across all DSCYF divisions. FOCUS provides a secure workspace that is available 24-7, is accessible everywhere in the US and US Territories with an internet-connected device and is mobile enabled with talk-to-text capability to improve caseworkers' experience and efficiency while working in the field. DFS uses the FOCUS system to record all programmatic activities including Intake, Investigation, Treatment, Permanency, Foster Care, Adoption, Independent Living, and Interstate Compact.

The state completed its Technical Assistance Monitoring Review of CCWIS from October 2022 through February 2023 with staff from the Administration for Children and Families (ACF), which included demonstrations and activities to review conformance with CCWIS design requirements, Title IV-E eligibility, intake, and investigation. In June 2023, Delaware received ACF feedback on strengths and opportunities for improvement, providing FOCUS with a Satisfactory rating on CCWIS design compliance.

FOCUS Provider Portal, a pared down version of the FOCUS system, has been created and is currently being operationalized to give access to contracted provider staff to accept referrals for service initiated by DFS staff to access their assigned cases to assist DFS with services and documentation and streamline invoicing. The first portal application completed was for the report line where community members can report concerns regarding abuse, neglect, and dependency through an online Reporter Portal that feeds directly into FOCUS. DSCYF has implemented an extensive planning and functional needs review process for additional contracted provider staff access to the Provider Portal and FOCUS. Contracted provider staff delivering Family Assessment and Intervention (FAIR) and Plan of Safe Care (POSC) services can access cases referred to them in FOCUS as of May 2024. Contracted provider staff for Adoption services are expected to begin using FOCUS in Summer 2024. Treatment contracted provider staff will transition to data entry into the Provider Portal and/or FOCUS based on their system needs by the end of Summer 2024 and Foster Care contractor provider staff will follow in late 2024/early 2025. Currently under development is a portal to support foster care and adoptive parent recruitment where applicants can gain access to

information and the application process to complete applications directly in the system and interact with DFS during the initial and ongoing approval.

In May 2024, DFS successfully submitted the AFCARS 2024A file. Ongoing quality reviews and analysis are continuing to strengthen the report year over year.

Delaware submitted its updated 2024-2025 Data Quality Plan (DQP) and the results of DSCYF's first Biennial Data Quality Plan Review in April 2024. The Biennial Review comprehensive data assessment and gap analysis provided the backdrop for existing strategy review and development of new actions to ensure continuous data quality improvement as documented in the latest iteration of the DQP (*See Attached DQP*). DSCYF provided narrative updates informed by Biennial Review findings and progress achieved for each priority along with updated SMART goals and action items for the next two years to continue to support data integrity. While numerous enhancements have been implemented in the FOCUS system in efforts to continuously improve data timeliness, completeness, and accuracy, this system was found to be not in substantial conformity in the CFSR Round 4 final report, primarily due to ongoing challenges with timeliness of data entry for placements and court orders. Strategies have been developed to address these areas needing improvement and are documented in the CFSR Round 4 Program Improvement Plan (CFSR PIP) and the 2024-2025 DQP.

### Case Review System

The Division, in collaboration with the Court Improvement Project (CIP), Office of Child Advocate (OCA) and Child Protection Accountability Commission (CPAC), monitor the Case Review System performance for Delaware child welfare. The DFS Program and CQI teams review items that are evaluated through case reviews and regularly provide updates to DFS senior leadership. Additionally, the review of system data is a standing agenda item at CIP Steering Committee and CPAC meetings to keep the court, agency and system partners informed of performance. The CQI Periodic Review Committee developed strategies to improve performance and accurately track periodic reviews and Permanency Hearings for youth in care. During the recent CFSR round 4, this item resulted in a strength rating. Children in care are reviewed by the court every 3 months on average and there is close monitoring of the court date to ensure compliance with hearing timeliness guidelines. Three of the other related items, written case plan, termination of parental rights and notice of hearings and reviews to caregivers, were shown to be areas needing improvement. More specifically it was found that although written plans may be completed it is unclear if they are consistently developed jointly with parents. It was also discovered that when the Child Placement Review Board was dissolved, the tracking of children in care 15 of 22 months was not transitioned to another format or entity and it was challenging to accurately determine need and monitor timeliness for TPR petitions. Additionally, although it is clear that caregivers play an importation role in the case review system and are often encouraged and do participate in hearings, the state does not have a systemic and consistent way of notifying them of each hearing and their right to be heard and tracking those notifications. System

developments are underway to enhance the information system to capture appropriate data to assess these areas.

For Delaware, the written case plan is a child plan series that includes a 5-day Plan, which is an immediate needs plan due within 5 days of the child entering care; a Child Plan, which is a comprehensive goal identification plan due 30 days from entry covering the time in care; and a 6-month Child Plan Review. If the child remains in placement for 12 months a new child plan is completed. The plan is to be completed with input from the parent and child when appropriate along with other team members. The FOCUS template has all required provisions and elements including permanency goal, visitation, education, health, and mental health needs and goals.

As of 6/7/2024, of 519 youth in custody at least 60 days, 95% had a written child plan entered into the data system. The expectation is that for all children entering custody in Delaware, a copy of the child plan is provided to the court by the disposition hearing where it is entered into the record and shared with all parties to the hearing, including parents. The plan elements are reviewed through court testimony at every subsequent hearing. As part of the CFSR, it was discovered that this is not consistent in all counties. Possible reasons for this include staff turnover and high caseloads resulting in plans not being updated as needed. This is being addressed by DFS and CIP.

For Item 13: *Involvement in Case Planning*, many of those marked areas needing improvement were correlated to the frequency of caseworkers not meeting with parents and/or children (Item 14 and Item 15). When workers did meet with parents and children, the majority of workers did have meaningful planning discussions to jointly develop case plans. Planning was also shown to be a part of Team Decision Making Meetings and Family Team Meetings.

In Delaware, periodic reviews are conducted by the courts. Generally, each court hearing reviews the ongoing safety of the child; the continuing necessity for out-of-home placement; the appropriateness of the out-of-home placement; the extent of the agency's and parents' compliance with the case plan; the extent of progress that has been made toward alleviating or mitigating the reasons the child was placed in foster care; the likely date by which the child may be returned home or placed for adoption; the steps the agency is taking to ensure the child's foster care provider is following the reasonable and prudent parent standard; and whether the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities (including consulting with the child in an age-appropriate manner about the opportunities of the child to participate in the activities. The CIP data subcommittee measures and shares timeliness of hearings (Adjudicatory, Dispositional, Reviews, and Permanency), timely filings of termination of parental rights (TPR) petitions and timeliness of permanency by type. Review of this system data are standing agenda items at CIP Steering Committee and CPAC meetings to keep court, agency and system partners informed of performance. Delaware continues to demonstrate that hearing timeliness is strong; however, there continues to be some outlier cases where we are not meeting hearing

type guidelines. In those instances, case reviews are conducted to better understand the delays to determine if there are system wide opportunities for improvement.

After the Preliminary Protection hearing (10 day) and Adjudicatory hearing (30 days), every child in custody is to have a hearing every 3-4 months with limited exceptions and an official Permanency hearing every 12 months from custody entry. For all children that have been in care for 15 of 22 months, unless an exception is determined and approved from the Permanency Planning Committee (PPC), a TPR petition is to be filed. During the Statewide Assessment phase of the CFSR, it was discovered that Delaware does not have a reportable data element to report out the TPR filing exceptions as this is only recorded in the PPC notes that require individual review.

The Office of the Child Advocate (OCA), which is a non-judicial state agency charged with safeguarding the welfare of Delaware's children, contributes to the case review system quality. Pursuant to 29 Del. C. § 9005A, OCA is mandated to coordinate a program of legal representation for children which includes the Court Appointed Special Advocate (CASA) Program. During SFY2023, OCA provided legal representation to 837 children statewide. 496 were represented by a Child Attorney and CASA. 349 were represented by a Child Attorney only. Broken out by county, 184 children were represented in Kent throughout the fiscal year, 528 in New Castle, and 125 in Sussex.

Foster Care caregivers including foster parents, group home staff or relative/kinship providers, are included in court reviews for the children in their care. Delaware does not have a formal or automatic system of notification that confirms that caregivers are given notice of hearings and their right to be heard, but caregivers, staff and partners have confirmed during the CFSR stakeholder interviews that they are given notice, and it is reinforced by the courts. Caregivers are reminded of the hearings by multiple team members and the Judges are accommodating and supportive of caregiver involvement.

CFSR PIP permanency committee reviewed practice and the benefits of concurrent planning earlier in a case; particularly, during 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 Permanency Committee 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 2025-2029 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

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 Steering Committee. DFS has a dedicated case review team consisting of 4 full time case reviewers, 2 part time reviewers, 1 part-time 2<sup>nd</sup> level QA reviewer, and a full time Continuous Quality Improvement (CQI) manager/second level quality assurance reviewer. The CQI Manager consults with the federal team for guidance on case reviews as needed.

In February 2017, Delaware adopted the federal OSRI as the quality assurance review tool for treatment (foster care and in-home) and differential response (FAIR) cases. Interviews with key case participants and stakeholders as well as a second level quality assurance review are a part of the review process. The Delaware case review team had conducted 90 randomized case reviews for identified periods under review every 6 months, (15 reviews per month). For the CFSR Round 4 case reviews (April – October 2023), the case review team was only able to complete 78 of the planned 90 case reviews. For the CFSR Round 4 PIP reviews, Delaware will be completing 65 randomized case reviews every 3 months, approximately 21-22 cases a month. These PIP reviews began in April 2024.

As part of the case review process, supplemental surveys are conducted as an open-ended conversational discussion with review participants (parents, caregivers, youth, and foster parents) to obtain lived experience feedback regarding broader systemic practices such as trauma informed care, cultural awareness, case planning, collaboration across division, and service array. Delaware plans to utilize the collective data in more ways as part of the next five years to educate staff and improve practice.

The team also conducts 15 investigation case reviews every month. These reviews historically assessed areas of safety but has been updated and the internal investigation and FAIR case review tools have been built into the FOCUS data system. In addition to policy adherence questions, Delaware has added questions related to the use of Safety Organized Practice and SDM® tools, Family Engagement Strategies, Substance Exposed Infants and Plans of Safe Care, and MDT response. During reviews, case reviewers are also reviewing

data quality and alerting the CQI manager when information is inaccurate or missing in the FOCUS system. In the future, this team may be conducting SDM® Fidelity case readings as well.

The case review team meets monthly to analyze case review results, determine trends or patterns, and discuss case review fidelity. Results of the case reviews and supplemental surveys are shared at the biannual stakeholder meetings, Strategic Leadership Team (SLT) meetings, all management meetings, program management meetings, CQI Steering Committee, CQI committees, and other forums. The results of reviews are expected to be shared during one-on-one supervision with front-line staff to ensure information trickles-down and is understood throughout the agency at all levels. Additionally, the CQI Manager and the Department Community Relations Coordinator continue to collaborate on regular email blasts, “Delaware Rocks”, sharing positive performance results with all staff. The CQI Manager also sends out “Kudos on Case Review” emails when case reviews receive an all-strength rating. These emails are sent to workers, supervisors, Assistant Regional Administrators, Regional Administrator, DFS Operations Administrator, DFS Director, DFS Deputy Director, and Cabinet Secretary. Feedback regarding these kudos has been extremely positive and workers appreciate the recognition for their performance.

## Staff and Provider Training

### 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 contracted service providers, that promotes and supports best practices, a teaming environment, and integrated service planning and interventions. The focus on safety, permanency, and child/family well-being is thematically integrated in all training. Ongoing curriculum updates, periodic revisions, and effective training designs are used to continually deliver training to develop core knowledge and casework skills needed to produce positive outcomes.

Pre-Service Training: CPD delivers training on the policy, skills, and knowledge needed for new casework staff to understand and implement the DFS practice model. Seventeen competency-based pre-service courses and one orientation class are provided on an ongoing basis. Four core courses are assigned to new hires within their first full month in a ‘cohort.’ The remaining courses are assigned to the participants within their first four months. The New Employee Training (NET) schedule allows for intermittent and increasing time in the office so new staff can receive mentoring, practice new skills, and attain 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 within this period of learning. New staff attend new worker training, shadow experienced workers, manage an initial case with intensive supervision, and prepare to build a full caseload. In the CFSP 2020-2024 reporting period, 80% of new staff selected “Very Good” or “Excellent” to “the training content was appropriate to orient me to the job” and 90% selected “Very Good” or “Excellent” that “the training reflected policy and best practice” in the DFS New Employee System Evaluation, which is assigned to new hires after they finish the NET. In the 2020-2024 CFSP Training Plan period, 261 new DFS staff and 59 contracted providers attended or started pre-service training.

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 Prevent Child Abuse Delaware (PCAD) 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 provides staff with opportunities to develop competency in child welfare, learn new skills, practice cyber security, apply trauma informed care and address other developmental needs. In-service training is offered in a variety of formats, including Instructor-Led Training (ILT) offered in-person or virtually, and web-based courses that allow for asynchronous learning.

Staff training is regularly identified as an area needing improvement in surveys. Only 25% (80) of DFS staff participated in the 2022 Child Welfare Stakeholder Assessment Survey. Of the DFS respondents, 68.75% selected “Agree” or “Strongly Agree” that “Family Services provides ongoing and annual training to caseworkers to develop stronger skills and knowledge.” However, it is also noted that only 50% of the DFS staff achieved the Training Goal of 28 hours for CY2023, which indicates that half the staff do not take advantage of training opportunities when they are available. In the 2022 Child Welfare Stakeholder Assessment Survey, only 50% of the DFS respondents chose “Agree” or “Strongly Agree” that “New contracted case managers are trained in basic skills and knowledge required to do their job.” However, new staff surveyed in the DFS New Employee System Evaluation regularly score the New Employee Training (NET) much higher (see above paragraph for “Pre-Service Training”).

Part of the imbalance may lie in the perception of what off-the-job and on-the-job training can accomplish. While off-the-job (traditional instructor-led classroom) training can introduce concepts, theories, policies, and expectations, on-the-job training (“live” practice,

mentoring, coaching, etc.) takes place in the field and it is where theory meets practice. It is commonly believed that it takes at least two years for new child welfare staff to become proficient and comfortable at their job. Not unlike doctors or police officers, a majority of the learning in child welfare is done in the field with guidance from mentors, supervisors, and co-workers.

*See Section VII. Targeted Plans Within the 2025-2029 CFSP, Training Plan for additional information. Section III. 2025-2029 CFSP, includes a professional staff training objectives under Strong Workforce.*

### Service Array and Resource Development

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. Current prevention services include home visiting, parent education, strengthening families, family consultation, fatherhood coalitions, school based early intervention and behavioral health consultants. Trauma-informed, developmental, and evidence-based screenings for children entering foster care, as well as the monitoring of psychotropic medications, add valuable resources and information for reunification and permanency planning. Delaware continues to grow in Safety Organized Practice and Structured Decision Making® which facilitates strong assessment of safety threats, risk factors, family strengths and individual needs through family engagement activities. These strategies and tools individualize services to children and families. Delaware is also strengthening the kinship program which empowers families by providing supports and financial aid, preventing deep end placements. Delaware is a current kinship navigator grant jurisdiction, and the program has been well established with our contracting partner utilizing the KinTech model. With growing interest and support of this program, Delaware is looking for opportunities for expansion of services. Delaware has expanded our post adoptive/guardianship services and now has three contracted providers offering services to not only post adoptive families but post guardianship families as well. DFS and the Birth to Three program partners with DPBHS and the Department of Education to provide assessment, planning and referral for children birth to three with a developmental delay or disability. DFS is committed to collaborating with partners on enhancing Delaware's service array with an emphasis on prevention services and communication. Delaware has expanded services to support foster care by adding foster care recruitment supports as well as direct support services to the foster parents through contracted behavioral health supports. Delaware's team has also strengthened our understanding of MRSS (Mobile Response and Stabilization Service) and other resources for youth, like the national 988 Suicide and Crisis

Lifeline. Delaware has worked hard to support expanded housing opportunities over the last five years both for youth transitioning from foster care as well as with families, as an effort to prevent out of home placement and to reduce housing instability. We engage in partnerships with housing programs through the Delaware State Housing Authority and the Wilmington Housing Authority while developing and a contract for expanded housing support and case management for families that have received SRAP or FUP vouchers. We have also endeavored to expand our foster care placement resources through seeking new providers and supporting and expanding the service continuum with existing providers. We continue to partner and work collaboratively with our sister divisions, DYRS and DPBHS to work together to share resources and ensure youth and families have the services they need.

Community based universal and targeted family support activities such as community wellness and health expos, fatherhood symposiums, back to school events, food drives, game nights and sporting events have been the most attended and populated events enabling providers to disseminate child maltreatment prevention information to large groups of people while also targeting families who may benefit from individualized services.

Annual Fatherhood Symposiums, Health and Wellness Events and other Family Support and Preservation activities will be held annually statewide and county-specific to address micro and macro needs of community members. There will be concerted efforts to expand family activities to be intentionally inclusive of various cultural representations.

In 2025-2029 we have expanded our Family Consultation and Support Services to a provider who primarily supports the Latin/Hispanic population to target culturally responsive, linguistically accessible services to previously underserved populations in New Castle County.

The number of estimated families to be served per service and location are at least 35 per contract year however, number are undetermined for the first operating year due to the expansion of providers. Goals will be revised in subsequent years, if needed, after programs have been established.

### Agency Responsiveness to the Community

Delaware has a strong history with both formal and informal responsiveness to the community. Since CFSR Round 3, Delaware attempted to increase our large stakeholder meeting from annual to semi-annual. Delaware also has several stakeholder contributors in the development of the APSR and the CFSP.

Delaware's CQI system has resulted in several subcommittees that include stakeholders with lived experience, the courts and legal system, various community partners, and all levels of state and community child welfare workers and managers. This system provides a continuous and evolving feedback loop between the state agency and the many child welfare stakeholders. Data, strategies, initiatives, and recommendations are shared.

#### Engaging with families, children, youth, tribes, and other system partners:

The Division recognizes the importance of family and children involvement and voice in all aspects of child welfare practice. Qualitative reviews with parents, youth, foster parents, and relative/non-relative caregivers are a part of the case review process. In April 2022, the case reviewers added a supplemental survey to their case reviews to ask system related questions related to topics such as case planning, service array, engagement, cultural awareness, and collaboration across divisions. As of 6/11/2024, we have collected data from 380 participants: 168 (44%) parents, 125 (33%) foster parents or kin caregivers, 85 (22%) youth and 2 (<1%) others. Results are reviewed at every CQI Steering Committee and shared by the CQI manager with the program managers and other stakeholders involved in the CQI subgroups to take necessary action.

Delaware partners with the youth advisory council which was rebranded and renamed by the youth to HOPE (Helping Our Peers Evolve). This group provides feedback on areas of need related to the youth in care, they work on improving the lives of children in care and are informed of opportunities for support in the child welfare system. The youth advisory council engagement demonstrates the Delaware's child welfare agency's ability to get feedback and change directions in that when the council was not functioning well the youth participated in a focus group in early 2022 lead by a local college group to share feedback that resulted in changes to the structure and name of the organization. Also, hearing from the youth the struggles of not having reliable transportation resulted in the passing of HB 151 that developed a driver's license program to resolve barriers for youth people getting the driver's license.

Delaware does not have any federally recognized Indian tribes but has 2 state recognized tribes. Chief Carmine of the Nanticoke Indian Association is routinely invited to participate in stakeholder meetings and provide input. She has shared interest in working together if we do have a shared youth, but this has not occurred. The state agency has not successfully engaged with the Lenape Indian Tribe, but there are plans to engage them and strengthen our existing relationship.

Delaware actively engages our community partners by including them in CQI groups, provider meetings with program managers, stakeholder calls and meetings, and as needed trainings and staffing meetings. Whenever possible, the agency asks members of the community that either have lived experience or represent the voice of lived experience to join groups. Those with lived experience, including youth, foster parents, kinship caregivers, adopted parents, and parents, are active members of various CQI Committees. Kinship navigator community has joined the CQI Intact family group to help get kin caregiver's and children's voice to the table about what they need to maintain safe homes for children. DFS contractors are invited to participate in regular provider meetings with their DFS program leads to discuss the goals of the division and assess the needs of the families and children

served. This feedback is then incorporated into workgroups, policy and practice updates and training plans. The CQI teens committee was developed out of shared concerns amongst DFS and partners regarding the rising numbers of teens in care with complex needs. This committee has a diverse group of stakeholders that bring a range of perspectives. There is a strong legal presence on this group with members of the office of the child advocate, juvenile probation (YRS) and CIP members. The CQI promoting permanency success committee has been working on meeting the needs of post adopted/guardianship children and preventing their re-entry into care. This committee has strong community partnerships with advocacy groups, local colleges, legal community partners and adoptive parents and is making strong recommendations with related actions.

#### Collaboration with the state courts and members of the legal and judicial communities:

The Division works closely with the CIP Coordinator to encourage and get recommendations from participants on CQI groups and division working groups. Both the Division and Department staff participate on all CIP groups and many members of leadership work directly with our CIP coordinator. The CIP coordinator was a member of the CFSR Round 4 Steering Committee. Members of the legal community were actively involved the Statewide Assessment and resulting CFSR report. To better connect the agency staff with the judges, Judge's roundtable discussions have taken place which put case workers, supervisors, administrators, and judges at the same virtual table to discuss strategies of improvement and understanding. The DFS program team has conducted many training sessions with the judicial community around child welfare practices and solicited feedback. Data is frequently shared and reviewed by both the CIP data team and the DFS CQI manager to review each other's data for comparison and to identify gaps and make recommendations for improvement. These groups then share the findings with the larger DFS and judicial community as well as both sets of leadership.

Delaware has interfaces with multiple other programs, including TANF, Medicaid, Child Support, Department of Education, Department of Labor, Criminal Justice Information Services (CJIS). These interfaces are built between the agencies system to share information related to shared clients. They also established relationships of communication which are utilized to coordinate CFSP services. Many members of these other state agencies are either members or consultants of DFS CQI subcommittees and other community partnership committees.

DFS is a member of CPAC (Child Protection Accountability Commission) and responds to recommendations from member agencies. Title 16, §912 of the Delaware code, 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).

### Foster and Adoptive Parent Licensing, Recruitment and Retention System

*(See Attached: DFS Foster and Adoptive Parent Recruitment Plan 2025-2030)*

Delaware is a state-administered child welfare system with partially privatized foster home licensing. Delaware residents can become a licensed foster family through the Division of Family Services or through one of our seven contracted, licensed child-placing agencies.

Delaware recognizes the importance of maintaining familial connections for youth in the custody of the Division of Family Services. As such, we are committed to exploring options for placement with relatives or fictive kin as a first option for youth who cannot remain safely at home. Delaware has worked over the past 5 years to build a Kinship Navigation Program (contracted with Children's Choice) for families active with the Division who are caring for a relative or non-relative youth to help stabilize and maintain these placements. Kinship Navigation services include case management, connection to community resources, and direct benefit enrollment. Additionally, Delaware has a limited pathway for relative and non-relative caregivers to become approved Kinship Providers so they can receive a small stipend. To become a Kinship Provider, families go through a home assessment and complete a series of trainings. They are then assigned a foster home coordinator to monitor their home and provide support. Delaware is currently toward a formal licensure pathway for Kinship Families that would allow provision of a more robust range of home management services and a stipend equivalent to foster families that is IV-E reimbursable.

The Diligent Foster and Adoptive Parent Recruitment and Retention Plan outlines our statewide ongoing efforts to ensure there is an adequate pool of foster families available that match our target population to care children removed from their homes until they can safely return. Our pool of foster and adoptive homes reflect the racial, ethnic, and cultural diversity of children in foster care.

Delaware recognizes that all children deserve to live in a stable, nurturing home setting that will support their safe return home or transition to a permanent living arrangement and meet their needs. In Delaware, there are a large number of foster families that adopt the children in their care. This plan includes managing the adoption from foster care.

This plan was developed after review of the prior Foster and Adoptive Parent Recruitment and Retention Plan, the CFSP and CFSP, FOCUS placement and provider records, and other Department & State Level data. The plan, as outlined, is flexible and can be modified as needed to ensure that the stated goals and objectives meet the needs of Delaware's foster youth.

Delaware utilizes national adoption exchanges such as Adoption Center, AdoptUSKids, A Family for Every Child, and the Delaware Heart Gallery to utilize cross-jurisdictional resources for permanency. DFS works closely with the Interstate Compact on the Placement of Children (ICPC) office to join children from Delaware with family members in other states. In addition to utilizing national exchanges, the Division has partnered with the Dave Thomas Foundation for Adoption (DTFA) and posted a Request for Proposal (RFP) on April 14, 2023. The purpose of the RFP is to award one or more contracts to provide evidence child – focused recruitment service model to identify legal and relational permanent resources for foster children with a plan of adoption, guardianship or another planned permanent living arrangement (APPLA). The successful bidder will partner with the Dave Thomas Foundation for Adoption (DTFA) and the Division to hire and train three (3) Wendy's Wonderful Kids (WWK) child focused recruiters and implement the WWK child focused, evidence -based recruitment model.

### Assessment Summary

In summary of the system data, case review findings, CFSR PIP activities, CFSP activities and stakeholder comments, Delaware's child welfare system has both strengths and weaknesses. 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, trafficking, and Structured Decision Making®. The CFSR Round 3 PIP activities added an operational continuous quality improvement system, supervisor training and family teaming. The agency added additional front-line positions to support the growing workload and better manage operational needs. 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 due to lack of contacts. Placement stability, contacts with parents and youth, and involvement of parents/ youth in planning are identified as areas needing improvement. Services to prevent removal, timely identification and achievement of goals, family preservation, visiting with parents and siblings, preserving connections, relative placements, supporting parent and foster child relationships all score well in case reviews. Case review findings are also strong for ensuring the educational, physical, dental, and behavioral health needs of children are met.

As for infrastructure systems, Delaware has an information system (FOCUS) and an established data quality plan. As reported earlier in this document, Delaware has a fully functioning CQI system and extensive collaboration with community partners. Regarding the

case review system, Delaware has regularly scheduled periodic reviews and permanency hearings. Although evidence shows written case plans are being done, it is unclear if they are consistently being developed with families and youth. Qualitative analysis shows that termination of parental rights petitions are being completed timely, but Delaware has no current method to track this quantitatively. Similarly, foster parents report they are being notified of court hearings and the right to be heard, but Delaware has no formalized process in place. Service array has improved with expanded differential response tracks, post adoptive services, kinship programs, independent living, and other services as reported throughout this report. Delaware does need to improve access to services related to transportation, housing, and youth with challenging behavior and extensive mental health needs. Delaware does well with foster and adoptive parent licensing, recruitment, and retention. Foster parent training is viewed as a strength via training evaluations, but Delaware needs to be able to better track participation. Delaware has extensive new worker and in-service trainings; however, stakeholders find a need for more hands-on training such as mentoring and role-playing and treatment/permanency program and supervisor specific training.

There have been successes in achieving stated goals and objectives for 2020-2024 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 of focus for the next five years:

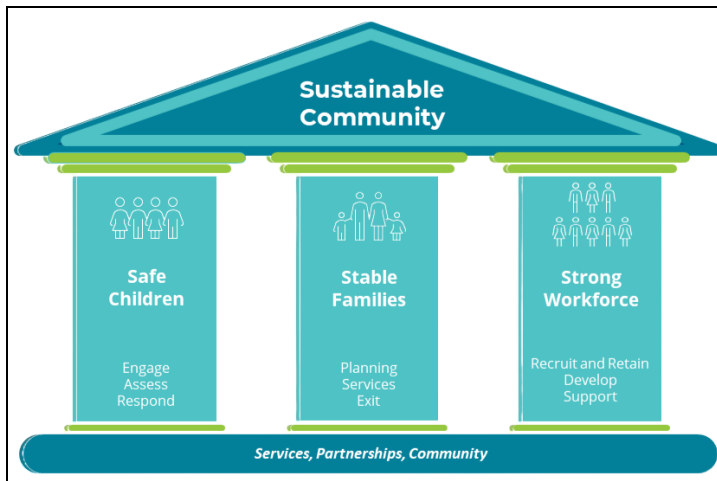


Outcome/System	2025-2029 CFSP Objectives
<p><i>Safety Outcomes 1 and 2</i></p> <p>1: Children are first and foremost, protected from abuse and neglect.</p> <p>2: Children are safely maintained in their own homes whenever possible and appropriate.</p>	<ul style="list-style-type: none"> <li>• Extended Intake</li> <li>• Diversion</li> <li>• Implement DFS prevention pathway</li> <li>• Contracted Treatment</li> <li>• Practice TDM with fidelity</li> </ul>
<p><i>Permanency Outcomes 1 and 2</i></p> <p>1: Children have permanency and stability in their living situations.</p> <p>2: The continuity of family relationships is preserved for children.</p>	<ul style="list-style-type: none"> <li>• PPC</li> <li>• Strengthen kinship programing</li> <li>• Improve placement stability</li> <li>• Provide frequent and quality visitation</li> <li>• Prevent post-adoption disruptions</li> <li>• Collaboration with court and partners to improve timely permanency</li> <li>• Strengthen family search and engagement</li> </ul>
<p><i>Well-being Outcomes 1, 2 and 3</i></p> <p>1: Families have enhanced capacity to provide for their children's needs.</p> <p>2: 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"> <li>• Strengthen family engagement in assessment, planning and services</li> <li>• Sustain and increase opportunities for education, employment, personal and community connections for foster teens and young adults</li> <li>• Advocate for foster teen driver licenses and car insurance coverage</li> </ul>
<i>Information System</i>	Not addressed in CFSP
<i>Case Review System</i>	Included in Permanency 1 and 2 Outcome Objectives
<i>Quality Assurance System</i>	Not addressed in CFSP
<i>Staff Training System</i>	<ul style="list-style-type: none"> <li>• Provide quality new worker and in-service training</li> <li>• Budget requests for training initiatives</li> <li>• Foster Parent Training tracking and enhancements -PIP 5.4</li> </ul>
<i>Service Array System</i>	<ul style="list-style-type: none"> <li>• Increase community awareness and utilization of services</li> <li>• Implement Title IV-E Candidacy (identification and services; administrative and prevention claiming)</li> <li>• Strengthen foster care resources</li> <li>• Strengthen healthy choices by aged out young adults</li> </ul>
<i>Agency Responsiveness to the Community</i>	Staff survey and feedback sessions
<i>Foster and Adoptive Parent Licensing, Recruitment, and Retention System</i>	<ul style="list-style-type: none"> <li>• Increase training opportunities for foster parents.</li> <li>• Develop a system to better track training completion by foster parents.</li> <li>• Continue to develop the foster care restructuring process to provide better support to foster parents.</li> </ul>

<i>Workforce Development</i>	<ul style="list-style-type: none"><li>• Child Welfare education reimbursement</li><li>• Recognition</li><li>• Internship Program</li></ul>
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### III. Plan for Enacting the State's Vision

#### Priority 1: Safe Children



#### Priority 1: Safe Children

Families will be able to keep children safe from harm, both physically and emotionally, so they may thrive and grow to their full potential.

When safety threats are present, the system will respond to support families to protect children from further harm.

Children are known to be safe if the system is able to see all children, caregivers and environments surrounding the children, assessing for everyone's needs with thorough evaluation asking relevant questions and responding appropriately to the immediate and ongoing needs of the children and families.

#### Goal 1: Engage:

Ensuring child safety is achieved by timely and ongoing face to face contact with all children, caregivers, and environments involved in the child welfare system.

Strategy 1.1.1	Delaware will implement a contracted treatment case management pathway to serve intact families referred for further intervention upon completion of DFS Investigation/Assessment.	Alignments:	CFSP PIP 1.3
		Time Frame:	Year 2
Justification and Rationale	The rate of timely initial and ongoing contacts is substantially lower with intact families, which impacts the ability to assess safety and plan with families. Ongoing and timely caseworker visits (Items 14 and 15) impact performance on Safety Outcome 2, Item 3 and Well-Being Outcome 1, Items 12-13. Caseload vacancies have resulted in caseload sizes above standard (particularly in New Castle County). As a result, caseworkers are prioritizing foster care cases over intact families. Foster care case activities are		

	<p>monitored by Court and members of the legal community, and therefore get prioritized over cases that do not have this oversight. Foster care cases have higher workload expectations, including transportation to visits, appointments, school, and supervision of Family Time (visitation).</p> <p>Decreasing the workload for treatment staff will increase capacity to engage in frequent and meaningful visits with parents/caregivers and youth. Contracting for in-home case management services to work with intact families will allow for more frequent and quality engagement with intact families. Contracted in-home treatment providers will have a limited caseload. Diverting intact family cases will also lessen DFS treatment workers caseload and allow for them to have more time to engage with intact families remaining on their caseloads, as well as all families in general.</p>			
Activities		Benchmarks	Progress Measures	Implementation Supports
1.1.1.1	Treatment Program Manager will implement Contracted Case Management; Contracted staff will hire case managers.	<ul style="list-style-type: none"> <li>• Contracted treatment providers will accept cases</li> <li>• Treatment training offered to contracted staff</li> <li>• Contracted treatment cases will be added to the Case Reviews</li> <li>• The DFS Treatment Program Team will share case review results with the contracted agency.</li> </ul>	<ul style="list-style-type: none"> <li>• Caseload Reports</li> <li>• Training Attendance</li> <li>• Monthly report data</li> <li>• Safety Outcome 2 and all Well-being outcomes for intact family cases</li> <li>• Contracted service measures as documented in their contracts related to performance</li> <li>• Evidence of contracted staff documenting contacts in FOCUS.</li> </ul>	<ul style="list-style-type: none"> <li>• Contracted providers, including leadership</li> <li>• Mandatory training for staff in DLC</li> <li>• Review sampling/measurement plan with CB</li> </ul>
1.1.1.2	Case Managers will complete required DFS New Worker Training agreed to in each contract that will be tracked through the DLC and annual reporting.			
1.1.1.3	The DFS Treatment Program Team will provide training on contracted treatment case management services, Structured Decision Making (SDM) <sup>®</sup> tools, and FOCUS events required for documentation in the data system.			
1.1.1.4	The DFS Treatment Program Team will review families currently active with DFS to determine if any families can transition to the contracted case management services.			
1.1.1.5	The DFS Treatment Program Team will work with Investigation units to identify families appropriate for the contracted services and establish a pathway for referral.			
1.1.1.6	The DFS Treatment Program Team will share monthly reports with the contracted providers on contacts related to initial and ongoing treatment contacts.			

1.1.1.7	The DFS Treatment Program Team will have quarterly staffing with the contracted providers to monitor performance and assess compliance.				
1.1.1.8	Monthly case reviews will be completed by the Treatment Program Team.				
1.1.1.9	Contracted treatment cases will be added to the overall randomized in-home case review sample and reviewed by DFS Case Review Team				
1.1.1.10	Treatment Program Manager will cap contracted caseloads at a maximum of 12 families to adhere to state mandated caseloads and to allow contractors to have quality contacts with families.				
1.1.1.11	Intact families will be referred to the contractor to address specific needs related to intact families.				
Strategy 1.1.2	Delaware will implement dedicated Extended Intake staff to make all initial responses.			Alignments:	CFSP PIP 1.1
				Time Frame:	Year 2
Justification and Rationale	DFS staffing vacancies continue to impact day to day work in the investigation units, with caseloads well above the caseload standard of 11. Ongoing casework tasks in investigations both hinder staff from completing new initial responses in a timely manner and prevent staff from closing investigations in a timely manner, resulting in increased backlog. Trauma for families is increased by cases remaining stagnant in investigations.  As a strategy, Delaware intends to implement Extended Intake to complete initial responses on all cases, regardless of the priority response time assigned. Once the initial response is made and preliminary case activities are completed, Extended Intake staff will transfer cases to an Ongoing Investigation worker, who will be responsible for all remaining case activities through closure or transfer to treatment. Implementation of this strategy will begin in Sussex County, with Kent and New Castle County following in subsequent quarters. Dividing the workload among Extended Intake and Ongoing Investigation staff in this way will ensure that initial interviews are completed in a timely manner for all case priority types and will allow Ongoing Investigation staff to be more planful about completing the remaining tasks without disruption. Delaware has experienced success with a version of this plan when staff were divided by priority response times, as demonstrated by the data discussed above. Additionally, our After-Hours staff have historically been responsible for completing the initial response on priority 1 cases and transferring to day shift for				

<p>ongoing activities which has consistently resulted in timely responses. We believe that given our current reduced complement of staff, this model of specialized task division will allow us to meet the initial response time on a greater percentage of P2 and P3 cases, improving our performance on Safety Outcome 1.</p> <p>The Extended Intake strategy has been vetted and developed through multiple meetings with the Operations team, which is led by the OCS Administrator and is comprised of statewide regional administrators and assistant regional administrators. Since we intend to initiate this strategy in Sussex County first, a meeting was also held with Sussex County staff at all levels to explain the concept and receive feedback, which was then used to refine the initial rollout plan.</p>					
Activities		Benchmarks	Progress Measures	Implementation Supports	
1.1.2.1	Intake and Investigation Program Manager and OCS Administrator to develop a procedure, delineating the specific tasks that must be completed during the Extended Intake phase of a case and the tasks that are the responsibility of the Ongoing Investigation worker.	<ul style="list-style-type: none"><li>• Implementation plans completed</li><li>• Staff training will be completed.</li><li>• Extended Intake staff will begin taking cases</li></ul>	<ul style="list-style-type: none"><li>• FOCUS initial interview timeliness reports</li><li>• Case review safety outcome 1 performance</li><li>• Caseload reports</li><li>• Backlog reports</li></ul>	<ul style="list-style-type: none"><li>• Staff training needed for new procedures.</li><li>• Communication to staff regarding the location of new policy around extended intake.</li><li>• Session to introduce all staff to extended intake.</li></ul>	
1.1.2.2	Investigation Program Manager and OCS Administrator will create an Extended Intake Workgroup to monitor implementation and evaluate program effectiveness.				
1.1.2.3	Regional Administrators in each county, in conjunction with the OCS Administrator, to develop and implement a plan for transitioning case workers into their new roles and assigning existing caseloads in a manner that supports the new strategy.				
1.1.2.4	CQI Administrator and Intake and Investigation Program Team will review FOCUS reports and case review safety outcome 1 performance to measure improved timeliness of initial responses.				
Strategy 1.1.3	Delaware's diversion of reports at intake will reduce the number of reports screened in for investigation.			Alignments	CFSP PIP 1.2
				Time Frame	Year 1

Justification and Rationale	The Division receives just under 25,000+ reports of concern at the Child Abuse Report Line every year. Many of these reports involve risk factors or concerns that do not meet DFS screening criteria, but some of these reports are screened in for a DFS response for lack of alternative appropriate resources, which causes caseload sizes to swell and timeliness of initial responses to lag. Delaware is establishing a multi-pronged method of diverting screened out reports to appropriate resources at intake, thus ensuring that all reports, both screened in and screened out, receive a proportionate response.			
	While DFS has operated as a differential response system for many years, having both an assessment track and investigation track for screened in reports, this strategy of reviewing reports and diverting more of them to FAIR at intake is a further development of that system. Multiple workgroups have been involved in the development of the various aspects of this approach, including SLT, Operations, Investigation Workgroup, Fidelity Team, and various CQI committees. The diversion of reports at intake will lead to fewer internally assigned investigations that impact already high investigation caseloads.			
	Delaware will continue to utilize the Administrative RED (Review Evaluate Decide) Team to review all intakes which identify the maltreatment type as either a “risk of” category or relate to a child drug ingestion of marijuana or other legal/prescribed drug. The RED team will apply SDM® definitions to determine the best pathway to address the reported concern. Delaware will continue to refine SDM® maltreatment definitions via the Administrative RED Team to achieve clarity and promote consistent application of the SDM® Screening Assessment. Delaware also plans to increase the number of FAIR contracted providers to increase the capacity of cases to go through an assessment versus investigation track.			
Activities		Benchmarks	Progress Measures	Implementation Supports
1.1.3.1	Administrative RED Team to meet daily Monday through Friday to review all reports received the previous day in which the identified maltreatment type was either a “risk of” category or related to a child drug ingestion of marijuana or other legal/prescribed drug. RED team will determine the best pathway to address the reported concern, or if the report should be screened out.	<ul style="list-style-type: none"><li>• New FAIR contracts executed</li><li>• SDM® Definitions updated</li></ul>	<ul style="list-style-type: none"><li>• FOCUS initial interview timeliness reports</li><li>• Case review safety outcome 1 performance</li><li>• caseload reports</li><li>• Backlog reports</li><li>• Increased referrals to contracted FAIR providers</li></ul>	<ul style="list-style-type: none"><li>• Department contracts unit</li><li>• Communication with staff and Department Leadership regarding the results of Administrative RED Team.</li><li>• Communication with staff regarding SDM® definition revisions.</li></ul>
1.1.3.2	Intake and Investigation Program Manager to execute one or more new Family Assessment and Intervention Response (FAIR) contracts with community providers, increasing the service’s capacity to respond to screened in reports through larger contracts and expanded criteria.			

1.1.3.3	Intake and Investigation Program Manager to work with our contractor, Evident Change, to edit and improve the SDM® maltreatment definitions, to allow a more consistent application of the SDM® Screening Assessment by intake staff.			<ul style="list-style-type: none"> <li>• Mandatory SDM® training for staff in New Worker Training.</li> <li>• Training sessions to educate staff regarding SDM® definitions.</li> </ul>
<b>Goal 2: Assess:</b> Children, families, caregivers, and environments will be assessed for safety, well-being, and individualized needs to ensure meaningful case planning.				
Strategy 1.2.1	Delaware will utilize tools to monitor and improve frequency and quality of Initial and ongoing Treatment Contacts.			Alignments: CFSP PIP 2.2
				Time Frame: Year 2
Justification and Rationale	Delaware has consistently not met the goal of a 90% strength rating for OSRI Item 14: Caseworker visits with children and OSRI Item 15: Caseworker visits with parents. Delaware has multiple reporting tools to track the frequency of contacts being met and provide notification that timely contacts are due. Supervisor focus groups report these reports are underutilized. By enhancing use of existing tools by supervisor and administration, Delaware hopes to see improvements in timeliness of contacts. Delaware will also be better able to identify barriers to contact completion.			
Activities		Benchmarks	Progress Measures	Implementation Supports
1.2.1.1	Treatment Program Manager and FOCUS Team will review and update the Treatment Case Conference event in FOCUS to include a more streamlined approach to directed case conference and supervision to include the last Family Contact and Client Contact on the event.	<ul style="list-style-type: none"> <li>• Supervisors will complete feedback to Regional Administrators</li> </ul>	<ul style="list-style-type: none"> <li>• Improved case review performance on Safety Outcomes 1 &amp; 2.</li> </ul>	<ul style="list-style-type: none"> <li>• Training for supervisors on usage of FOCUS reports for performance improvement for staff.</li> </ul>



1.2.1.2	The FOCUS Team will provide training on FOCUS functionality that will help structure and organize the timeframes for contacts and due dates. The training will include a Treatment workflow guide with timeframes.	<ul style="list-style-type: none"> <li>Supervisors will complete quarterly feedback to Regional Administrators</li> <li>Supervisors to use data in staff performance plans.</li> <li>Administrators to use data in supervisor performance plans.</li> <li>Updated case conference event added to FOCUS production.</li> <li>Updated policy added to policy manual.</li> </ul>	<ul style="list-style-type: none"> <li>Improved performance on Items 12-18</li> <li>Attendance reports from the DLC for training.</li> <li>Improved frequency of initial treatment contacts</li> <li>Investigation Case review data</li> <li>Case conference completion report</li> </ul>	<ul style="list-style-type: none"> <li>Notification to staff regarding access to FOCUS guidelines</li> <li>Notification to staff when policies are updated on the online platform</li> </ul>
1.2.1.3	The Treatment Program Team will work with FOCUS team to determine if the calendar and task list on the FOCUS home screen can be better utilized by case workers and supervisors to organize timeframes. If functionality is available, the FOCUS team will train staff on the use of these tools.			
1.2.1.4	Treatment Program Manager and FOCUS Team will review and update the DFS Treatment Case Conference report to be in alignment with the updated Treatment Case Conference event in FOCUS.			
1.2.1.5	Treatment Program Manager and FOCUS Team will establish baseline data regarding Initial Treatment Contacts Due, Client Contact, and Last Actual Contact reports. Once baseline is established, subsequent reports will be used to determine practice improvement.			
1.2.1.6	Supervisors will use the weekly DFS Initial Treatment Contacts Due Report as a tool to monitor upcoming due dates of initial contacts. For overdue contacts, supervisors will provide monthly feedback to Regional Administration regarding FOCUS data entry issues, barriers, and the plan to complete the initial contact.			
1.2.1.7	Supervisors will use the monthly DFS Client Contact report as a tool to monitor upcoming monthly contact due dates for each child. For overdue contacts, supervisors will provide quarterly feedback to Regional			

	Administration regarding FOCUS data entry issues, missing or overdue contacts, and the plan to complete timely contact with the child.			
1.2.1.8	Supervisors will use the monthly DFS Treatment Cases with Last Actual Contact report as a tool to monitor any overdue treatment contacts. For overdue contacts, supervisors will provide quarterly feedback to Regional Administration regarding FOCUS data entry issues, barriers, and the plan for completing timely contact.			
1.2.1.9	The Treatment Case Conference Report will be distributed monthly to Regional Administration for ongoing monitoring of case conference completion.			
1.2.1.10	Regional Administration will share information regarding barriers to timely treatment contacts at quarterly Statewide Management, Strategic Leadership Team (SLT) or CQI Intact Family Committee.			
1.2.1.11	Treatment Program Manager will review and update the current Family Contact and Client Contact policy. Once the policy is updated, a communication and training plan will be developed.			
1.2.1.12	Investigation and Treatment Program Team workgroup meetings will develop a plan to transition families from Investigation to Treatment and Treatment to Permanency. (ex. Warm hand off, best practice guidelines, transfer summary, etc.) to ensure the transfer of information (including upcoming appointments).			
Strategy 1.2.3				Alignments
				CFSP PIP 2.3

	Delaware will improve monitoring of Child Safety Agreements and support provided to Child Safety Agreement participants.		Time Frame	Year 2
Justification and Rationale	Analysis of case review data shows that Delaware is not consistently involving, supporting, and assessing the service needs of safety participants acting as caregivers. When relatives step in to help their families, DFS does not always support the needs of relatives to ensure child safety or strong planning with family. Case review data for Item 2 indicated that while family was available to prevent entry into foster care, the agency did not consistently provide adequate services to support them in maintaining children in their homes. In relation to children placed with relatives, analysis of case review well-being items also found that a lack of support to relative and kin placement resources resulted in children to at times not having their medical, dental, mental health, or education needs met. Stakeholder interviews supported this data and added that relatives lacked information regarding medical care, navigating the educational system and social services, or obtaining supplies and/or assistance to meet the basic needs of additional family members. Relative caregivers also reported feeling that caseworkers did not follow up with them regarding concerns or recommendations after children were placed in their homes.			
Activities		Benchmarks	Progress Measures	Implementation Supports
1.2.3.1	Treatment Program Manager and FOCUS Team will review and update the Treatment Case Conference event in FOCUS to include a more streamlined approach to directed case conference and supervision to include Child Safety Agreement Reviews and due dates.	<ul style="list-style-type: none"><li>• Safety Agreement Coaching implemented</li><li>• Updated Case Conference added to FOCUS production</li></ul>	<ul style="list-style-type: none"><li>• Fewer CAN panel findings related to safety agreements</li><li>• Attendance for mandatory training in the DLC.</li><li>• Improved performance on Safety Outcome 2, Items 2 and 3.</li></ul>	<ul style="list-style-type: none"><li>• Mandatory training for staff in New Worker training around use of Safety Agreements.</li><li>• Mandatory refresher training on Safety Agreements for all Investigation and Treatment staff.</li></ul>
1.2.3.2	DFS Coaching staff will provide coaching and guidance to staff around developing and monitoring safety agreements, including assessing the needs of the safety agreement participants.			
Strategy 1.2.4	DFS will continuously evaluate the array of placement resources, strengthen existing Foster Care resources, and develop resources to support foster youth to placements.		Alignments	CFSP PIP 3.1
			Time Frame	Year 2

Justification and Rationale	Delaware has seen a decrease in placement stability on both the national data indicators and OSRI case reviews. Delaware lacks sufficient placement resources to meet the individualized needs of specific youth, for example youth with significant mental health and behavioral challenges, youth with siblings in foster care, youth with Inappropriate Sexual Behaviors, etc. Due to placement resource limitations, foster care coordinators are not able to appropriately match youth with resources that are capable of meeting their needs, thus resulting in placement disruptions.			
Activities		Benchmarks	Progress Measures	Implementation Supports
1.2.4.1	DFS Foster Care Team will finalize, execute, and implement contracts with bidders awarded contracts via the 2022 RFP for Foster Care Placement Resources.	<ul style="list-style-type: none"> <li>• Implementation of new contracted placement resources</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity reports</li> <li>• Placement stability National Data Indicator</li> </ul>	<ul style="list-style-type: none"> <li>• PCAD</li> </ul>
1.2.4.2	DFS Foster Care Team will develop a system for tracking bed capacity and utilization across the continuum of foster care placement resources, including private and state licensed foster homes, group and shelter homes, and residential treatment facilities to determine if the existing array of placement resources is sufficient to meet the needs of the children/youth in custody.	<ul style="list-style-type: none"> <li>• Implementation of bed capacity tracking</li> <li>• Establishment of Foster Care Recruitment Advisory Committee</li> <li>• Placement resource guides provided to placement coordinators</li> </ul>	<ul style="list-style-type: none"> <li>• Improved performance on OSRI Item 4</li> <li>• Improved performance on OSRI Item 7</li> <li>• Improved performance on OSRI Item 12c</li> <li>• Case Review Supplemental Survey Results</li> </ul>	
1.2.4.3	DFS Foster Care Team will partner with contracted recruitment providers to convene a Foster Parent Recruitment Advisory Committee to evaluate current recruitment efforts and guide creative and effective diligent recruitment efforts.	<ul style="list-style-type: none"> <li>• Semi-annual training newsletter will begin in 2025.</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative survey results</li> <li>• Retention data for existing foster families.</li> </ul>	
1.2.4.4	DFS Foster Care Team will analyze capacity tracking data and develop and implement a plan to address any gaps or barriers with placement resources. The plan may include supplemental bids for additional placement resources as well as strengthening engagement with contracted providers to increase and/or improve efforts to recruit and retain foster families or staff.	<ul style="list-style-type: none"> <li>• Develop a system to track the number of foster parents that are retained for a duration of time (i.e., each quarter).</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment data for new foster families.</li> </ul>	

1.2.4.5	DFS Foster Care Team will develop comprehensive placement resource guides for placement coordinators that detail all current placement services and details about each program to improve referrals and matching of foster youth to placements.	<ul style="list-style-type: none"><li>• Develop a portal to track foster parent training that will eliminate the need for manual tracking.</li></ul>			
1.2.4.6	DFS will solidify the restructuring of foster care to improve the experience of current foster families, thereby increasing the likelihood that they will remain with the foster care program. Foster home coordinators who are focused on supporting foster families will better monitor training attendance and ensure that annual reviews are completed to document the work of the foster family.				
1.2.4.7	DFS is working with Prevent Child Abuse Delaware (PCAD) to transition the completion of a semi-annual training newsletter for all foster parents. PCAD, which is also Delaware’s CBCAP recipient, currently provides initial and ongoing training for foster parents. They will create a newsletter to provide more information to foster parents regarding training opportunities. This will help foster parents to have access to trainings that will benefit them, making them more likely to continue to remain as a part of the foster care team. It will also help foster parents to meet their annual training goals to better ensure that Delaware has trained foster parents who can meet the need of our children who experience foster care. .				
Strategy 1.2.4	Delaware will expand kinship services and support to approved kinship families with the goal of stabilizing placements and reducing the population of youth without placement, particularly teens.			Alignments	CFSP PIP 3.2
				Time Frame	Year 2

Justification and 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 connectedness, and helps older youth transition to adulthood. Delaware's decline in placement stability performance is challenged by the complexities associated to our teens in care. In review of the available data, we know there is a high percentage of teens in care, approximately 40% of our population, and they are more likely to have placement disruptions.			
Activities		Benchmarks	Progress Measures	Implementation Supports
1.2.4.1	DFS Foster Care Team will revise and issue a new policy with separate licensing criteria for kinship families that will allow DFS to draw IV-E funds for kinship placements therefore expanding the opportunities for kinship care while providing additional financial support to kinship families.	<ul style="list-style-type: none"> <li>• Kinship Licensing Policy Approval</li> <li>• Implementation of Kinship Licensing</li> </ul>	<ul style="list-style-type: none"> <li>• Utilization Tracking</li> <li>• Placement stability Item 4 and national data outcome</li> <li>• Improved performance on OSRI Item 10</li> <li>• Improved performance on OSRI Items 16-18</li> <li>• Qualitative survey results</li> <li>• Kinship program reports</li> <li>• Data from the Division of State Service Centers on the number of referrals from DFS.</li> <li>• Data from Kinship Navigator regarding the number of referrals received and the</li> </ul>	<ul style="list-style-type: none"> <li>• Placement of new policies on the new online platform.</li> <li>• Communication to staff regarding placement of policy on the platform.</li> <li>• Communication with staff regarding the FIRST Community Dashboard, perhaps with a bite sized learning session.</li> <li>• Communication with staff regarding the process of referring families to DSSC for kinship supports.</li> <li>• Communication with staff regarding the process of</li> </ul>
1.2.4.2	DFS Foster Care Team will collaborate with the Department's Family Informed Resource Support Team (FIRST), CQI groups, Kinship Navigator program, community partners and stakeholders to include, update or refine resources, services and supports available to kinship care providers through the FIRST Community Dashboard.			
1.2.4.3	DFS Foster Care Team will track the utilization of the kinship care providers, particularly for our teen population to determine if expansion of kinship services is successfully reducing the number of teens requiring foster/group home placement.			

1.2.4.4	Development of a referral process to assist families in accessing Kinship services through the Division of Service Centers program.		type of services that are provided to families.	referring families to the Kinship Navigator.  • Creation of a document to detail the types of supports available to kin providers (i.e., licensing, referrals)  Annual application for federal Kinship Navigator funds.	
Strategy 1.2.5	Delaware will improve support to foster families managing challenging placements by strengthening and expanding utilization of the foster parent support program to reduce and manage the teen population and stabilize foster placements.			Alignments:	CFSP PIP 3.3
				Time Frame:	Year 2
Justification and Rationale	Delaware correlates the decrease in placement stability performance to the number of teens in foster care. Teens make up approximately 40% of Delaware’s foster care population. Teens have a higher rate of placement disruption as compared to younger children. Teens also make up the majority of youth served by YRS and DPBHS. Youth with behavioral concerns and mental health issues are a challenge to foster parents. Delaware has a contract with Wraparound Delaware to provide a foster parents support program. This program is being underutilized. Delaware believes that more awareness of this program could result in more referrals. If more foster parents are provided with this service, Delaware hopes to see a decline in placement disruptions.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
1.2.5.1	DFS Foster Care Team will work with existing contracted foster parent support program provider to explore the addition of an additional on-call service for foster families who need immediate assistance with de-escalation or behavior intervention for foster youth.	<ul style="list-style-type: none"><li>• On-call service established if appropriate.</li><li>• Practice and reference guide completed and</li></ul>	<ul style="list-style-type: none"><li>• Qualitative Surveys with youth and foster parents</li><li>• Placement stability data indicator</li></ul>	<ul style="list-style-type: none"><li>• Connect with HOPE to conduct surveys and interviews.</li></ul>	

1.2.5.2	DFS Foster Care Team will expand the use of contracted foster parent support services to all families accepting placement of level 4, 5, and 6 youth and dual status youth through increased training and outreach practices to foster families. DFS will share information in real time using Textedly services.	<div>provided to foster care coordinators</div> <ul style="list-style-type: none"><li>Report built to track the effectiveness of the program (number of placements that remain stable after involvement with program)</li></ul>	<ul style="list-style-type: none"><li>Monthly reports from contracted providers at meetings.</li><li>Item 4 Placement Stability</li><li>Increase in reports to Wraparound through regular data sharing.</li></ul>	<ul style="list-style-type: none"><li>Lunch and Learn training for all staff regarding the services provided through the contract with Wraparound DE.</li><li>Notification to staff of the location of the referral for Wraparound DE.</li><li>CQI Teens team will review information regarding referrals to the family support program through Wraparound.</li></ul>	
1.2.5.3	DFS Foster Care Team will develop practice for foster home coordinators to make referrals to the foster parent support program to include criteria for appropriate referrals. This service should be considered with every placement of a teen transitioning from congregate care to a foster home and at the onset of a placement likely to be challenging to stabilize the home rather than waiting until there is an impending disruption.				
1.2.5.4	DFS Foster Care Team will conduct satisfaction surveys of families and youth who participate in program.				
1.2.5.5	DFS Foster Care Team will develop a mechanism to track placement disruption diversions related to the utilization of the foster family support program.				
Strategy 1.2.6	Delaware will improve accessibility of mental and behavioral health services for children in foster care to increase placement stability and timely permanency.			Alignments:	CFSP PIP 3.5
				Time Frame:	Year 2
Justification and Rationale	Placement stability for our foster care population, particularly our teen population, is impacted by the lack of support and services for families and caregivers. With gaps or delays in services for teens with significant mental health or behavioral issues in Delaware, Delaware foster parents, kin providers, and other group care programs are at times unwilling to be a placement resource for these youth and unable to successfully support and maintain these youth in their homes which then leads to placement disruptions.				
Activities		Benchmarks	Progress Measures	Implementation Supports	



1.2.6.1	DFS Foster Care Team will convene a workgroup (or identify an existing workgroup) with stakeholders representing various aspects of the child welfare and health and human services systems (including stakeholders such as: DFS, DPBH, DYRS, DDDS, DHSS, and DOE) to focus on root cause analysis regarding the barriers and challenges related to the availability and accessibility of mental and behavioral health resources and services across the state (such as: shortened psychiatric residential treatment facility stays, lack of agency resources, lack of specialized or therapeutic foster homes, mental health waiting lists, siloed information systems, etc.) The workgroup will develop a system response plan that outlines opportunities to strengthen accessibility and availability and supports greater awareness and a protocol for solutions for continued challenges or barriers.	<ul style="list-style-type: none"> <li>• Establishment of workgroup</li> <li>• Completed system response plan</li> <li>• Established awareness plan</li> </ul>	<ul style="list-style-type: none"> <li>• Survey Data</li> <li>• Improved Performance on Permanency Outcome 1; Items 4, 5, 6</li> <li>• Placement stability and permanency performance measure from national data indicators</li> <li>• Improved Performance on Item 18</li> </ul>	<ul style="list-style-type: none"> <li>• Leverage existing relationships with stakeholders to create robust workgroups.</li> <li>• Explore opportunities to access federal grant dollars to support sharing information regarding mental and behavioral health services.</li> <li>• Communications Director and other Department staff, such as Chief of Staff, can support communication with staff regarding services.</li> </ul>
1.2.6.2	DFS Foster Care Team will collaborate with DPBHS to develop and implement a plan (social media, training or database development) that leverages existing training, databases, dashboards, or service brochures, to increase awareness and educate staff, providers and families about mental health supports available to families and youth. This plan will include a method for evaluating awareness (such as: periodic surveys, focus groups or town hall discussions.)			
Strategy 1.2.7	Delaware will complete a systemic review of case review outcomes from statewide review panels.			Alignments: CFSP
				Time Frame: Year 2
Justification and Rationale	As a member of the Delaware Multi-Disciplinary Team (MDT), which is responsible for child abuse and neglect investigations statewide, the Division is a member of various statewide review panels. The Investigation and Intake Program Manager is the DFS representative panel member on the Child Abuse and Neglect Panel (CAN Panel) and the Juvenile Trafficking Oversight Team (JTOT), both of which are overseen by the Child Protection and Accountability Commission (CPAC). CAN Panel reviews all cases involving a child death or a near death incident and evaluates the MDT's adherence to the MDT Best Practices Memorandum of			

	<p>Understanding. JTOT reviews all juvenile trafficking cases to evaluate best practices and ensure smooth functioning of the MDT. Findings from both review panels should be used by each MDT entity to improve performance and outcomes, but without a systematic method for carrying the results back to the front lines, supervisors, and administrators, often the lessons learned from these panel reviews may be lost. The Division intends to institute a system of review for panel findings to ensure that panel insights may be used to improve system processes and outcomes for children and families.</p> <p>Justification: Although case review panels, such as CAN Panel and JTOT, have been reviewing DFS cases and issuing findings for many years, the Division has struggled to find a reliable way to communicate these findings to front line staff and supervisors in a meaningful way so as to impact practice. The Division intends to implement a systematic review of panel findings to improve future case outcomes.</p>				
Activities		Benchmarks	Progress Measures	Implementation Supports	
1.2.7.1	Form a workgroup to construct a comprehensive list of all panels that evaluate DFS cases. Determine what current standing meetings might be used to share panel findings. Determine in what format the information should be shared and at what frequency.	<ul style="list-style-type: none"><li>• Establishment of workgroup</li><li>• Report distribution</li></ul>	<ul style="list-style-type: none"><li>• Improved outcomes</li><li>• Fewer findings at CAN Panel and JTOT</li><li>• Investigation case reviews</li></ul>	<ul style="list-style-type: none"><li>• Connect with OCA to review data from their system to evaluate systemic issues.</li><li>• Notify staff of location of findings from systemic reviews.</li></ul>	
1.2.7.2	Work with the DSCYF data team and the Office of the Child Advocate (OCA) to construct the information that will meet the requirements determined by the workgroup.				
1.2.7.3	Begin to disseminate information to the workforce at regular intervals, according to the communication plan established by the workgroup.				
1.2.7.4	The Intake and Investigation Program Manager will evaluate which findings may necessitate changes to policy or additional training.				
Goal 3: Respond: Delaware will respond to situations involving child safety through case consultation and teaming with the family and their supports, to develop appropriate plans.					
1.3.1				Alignments:	CFSP

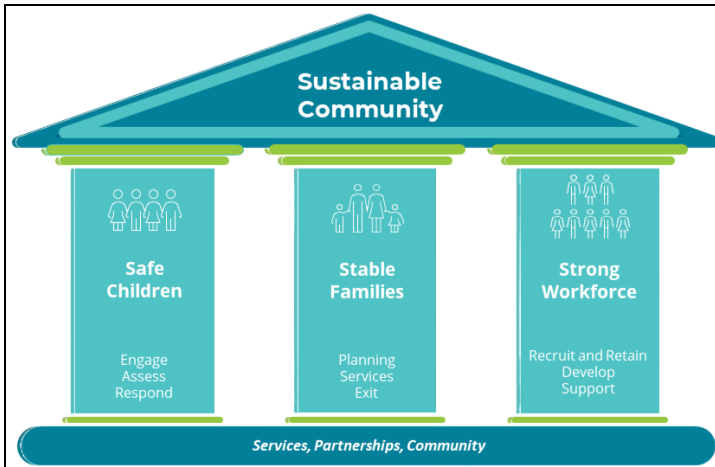
	Delaware will utilize Sue Lohrbach's Case Consultation Framework to fidelity for case consultation and development of next steps at key points in the case.		Time Frame:	Year 2
Justification and Rationale	The Case Consultation Framework is a tool that helps to organize cases and provide direction by identifying strengths, areas of needs, and family supports. The Framework also includes a section for the family's genogram and ecomap. The Framework can be used to provide structure to meetings and develop and document group consensus on case direction and next steps. Delaware began to use the Framework with the implementation of Safety Organized Practice. FOCUS includes a Framework event that sits on the case to capture Framework documentation. Framework elements are also utilized in the Supervisor Case Conference events. Enhancing the utilization of the Framework at key areas in a case will assist in providing clear and concise case direction and/or next steps to ensure child safety and appropriate service provision.			
Activities		Benchmarks	Progress Measures	Implementation Supports
1.3.1.1	Red team will continue to use the Case Consultation Framework to make decisions related to the disposition of risk of hotline reports (Screen in for investigation/assessment diversion to prevention programs, etc.)	• FOCUS reports to review the frequency of use of the Framework.	• Improved performance on OSRI Items 2 and 13. • Supplemental survey.	• No additional supports needed
1.3.1.2	Group Supervision will continue to use the Case Consultation Framework as a tool to assess overall risk and provide case direction. Completed frameworks should be entered into the Framework event on the case.			
1.3.2	Delaware will enhance the use of Pre-Removal Considered Removal Team Decision Making (TDM) meetings to divert youth from entering custody.		Alignments:	CFSP
			Time Frame:	Year 3
Justification and Rationale	Delaware uses Considered Removal Team Decision Making (TDM) meetings prior to removal, when possible, to strategize with the family to prevent children from entering foster care. For CY2022, 422 children had a TDM. Of these, 197 were a considered removal, or pre-custody TDM, with 63% of the youth being diverted from custody. For CY2023, 407 children had a TDM. Of these, 263 were a considered removal TDM, and resulted in 61% of the youth being diverted from custody. In reviewing this data less than 50% of children who enter DFS custody have a pre removal TDM. Delaware would like to see more children have a Pre-Removal TDM. When looking at short stays, between 16-20% of children who enter custody have a short stay in custody, which means they exited custody within 60 days of entering custody. In review of this information most children who exit custody quickly have either a Post Removal TDM or no TDM. If these children had a Pre-Removal TDM it is possible they would have never entered DFS custody, and the family could have had the opportunity to plan for safety outside of DFS custody.			

Activities		Benchmarks	Progress Measures	Implementation Supports	
1.3.2.1	TDM Facilitators will provide annual TDM refresher training to staff.	• Training scheduled in DLC	• TDM statistics • Improved performance on OSRI Item 2 • Improved performance on OSRI Item 13 • Increased pre-removal TDMs • Decrease in number of children entering DFS custody without a TDM	• Trainings to be added to DLC	
1.3.2.2	TDM training will continue to be provided to all new workers at NET.				
1.3.2.3	TDM workgroup will review TDM reports to identify barriers and reasons for not having a Pre-TDM. Once identified, workgroup will strategize to address these barriers.				
1.3.2.4	TDM workgroup members will work with CIP coordinator to continue to educate judges and legal community on TDM process as a means to prevent sua sponte orders.				
Strategy 1.3.3	The Division will make changes to the substantiation process to ensure accurate findings, safety for children and other vulnerable populations, and a fair outcome for clients.			Alignments	CFSP
				Time Frame	Year 3
Justification and Rationale	In addition to assessing for immediate child safety, investigation workers for the Division are currently tasked with two main responsibilities: to assess the validity of child abuse and neglect allegations reported to the Child Abuse Report Line, and to make findings and recommendations for placement on the statewide central Child Protection Registry (CPR). Registry placement and validation of allegations are different elements with different evidentiary requirements, but under the current system of case management and procedure, the two decisions are intertwined and tied together. Placement on the CPR is contingent upon the Division proving that an individual is a risk of future harm to vulnerable populations, such as children, the elderly, and the disabled, while a finding of abuse or neglect needs only preponderance of the evidence, or 51% certainty.				
	DFS investigation workers are trained to make decisions about child safety and about validity of allegations. Placement of an individual on the CPR, on the other hand, requires understanding of and adherence to relevant statute, which is beyond the scope of most DFS investigation workers' skills and requires the expertise of legal counsel. This sometimes results in “weak” petitions for substantiation to Family Court, which are then often denied. Because these decisions and processes are intertwined, under the current system, failure to demonstrate risk of future harm often results in an “unsubstantiated” finding, even when the Division has found that a person was responsible for an incident of abuse or neglect by preponderance of the evidence. The				

		<p>Division will begin to explore new ways of handling these processes and decisions to ensure accurate findings, safety for children and other vulnerable populations, and a fair outcome for clients.</p> <p>Justification: The substantiation process, that is, how persons are entered into the Child Protection Registry, is a legal process, which under the current system, sometimes stands in conflict with the Division's statutory requirement to determine if reported allegations of abuse or neglect are true. Because DFS workers are not equipped to interpret and apply relevant statute, the intertwining of processes sometimes results in lower quality recommendations to Family Court, and a lowered rate of successful substantiation petitions. The Division intends to explore ways to separate the two processes, so as to clarify the Division's role in making registry placement recommendations, to provide a means by which an investigation finding can stand alone regardless of registry placement, and to ensure that vulnerable populations are protected from harm by appropriate placement of persons on the CPR.</p>		
Activities		Benchmarks	Progress Measures	Implementation Supports
1.3.3.1	Form a workgroup to examine existing procedures and laws in Delaware and other jurisdictions and to oversee the development of new processes. This workgroup will consist of the DFS Intake and Investigation Program Manager and other DFS administrators, the DFS Substantiation Coordinator, CIP personnel, DOJ, Department counsel, Department Chief of Staff and additional stakeholders as needed. The workgroup will focus on the best way to separate the investigation finding and registry placement processes. Special attention will be given to the need to provide for due process rights, and to reassignment of tasks based on skill/education (i.e., legal tasks to attorneys, case management/child safety tasks to DFS workers).	<ul style="list-style-type: none"> <li>• Notes from workgroup meetings.</li> <li>• Proposed changes to legislative language.</li> <li>• Seeking a legislative sponsor for any proposed change to statute.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of successful substantiation petitions</li> <li>• Number of investigations with findings of abuse or neglect</li> <li>• Recurrence of maltreatment?</li> </ul>	<ul style="list-style-type: none"> <li>• Training will be needed on any updated FOCUS tools and new processes, such as Substantiation Committee or DOJ review</li> <li>• Department contracts unit</li> <li>• Budget support</li> <li>• FOCUS implementation support</li> <li>• DOJ support</li> <li>• Leverage support from CB to make connections with other jurisdictions to discuss best practices.</li> </ul>
1.3.3.2	Research finding and substantiation processes in other jurisdictions. Collect data on best practice and rates of substantiation.			

1.3.3.3	Build the infrastructure necessary to support separation of the investigation finding and registry placement processes. Agency leadership and Intake and Investigation Program Manager to request budgetary support, particularly around provision of Fair Hearings, if needed. Consideration will need to be given to building the appropriate tools in FOCUS, including modifying the SDM® Risk Assessment tool or Investigation Disposition event to accommodate the separation of registry placement decisions from investigation findings.			
1.3.3.4	At the direction of the workgroup, create a Substantiation Committee, similar to Permanency Planning Committee, to oversee substantiation decisions and recommendations. This committee will consist of the Intake and Investigation Program Manager, the DFS Substantiation Coordinator, and DOJ, at a minimum.			

## Priority 2: Stable Families



### Priority 2: Stable Families

Stability is unique to the individual and the system will support children and families to determine and plan for sustainability of their basic needs and meet their goals. This includes stability of substitute and alternative permanency families and young adults leaving the system. The ultimate outcome is to be self-sufficient and not need the child welfare system.

The agency can help families become stable by providing manageable and realistic planning that supports the right services that are both accessible and effective for them and results in the families making sustainable progress resulting in positive outcomes that let them leave and be independent from the system.

### Goal 1: Planning:

Manageable and realistic planning that supports acceptable and effective services will result in positive outcomes for families and youth.

Strategy 2.1.1	Delaware will establish an Intake Prevention Pathway	Alignments	CFSP
		Time Frame	Year 2
Justification and Rationale	The Division receives 25,000+ reports of concern at the Child Abuse Report Line every year. Many of these reports involve families with risk factors or concerns that do not meet DFS screening criteria, but which place families at higher risk of becoming involved in the child welfare system unless meaningful short-term engagement is provided. Prevention services through a cross-divisional effort by the Department will attempt to provide intervention with the hope of diverting families from future system involvement through meaningful short-term engagement.		
	The Department has begun to collaborate to offer cross-divisional prevention case management services to at-risk children and families through our existing partnerships with Promoting Safe and Stable Families (PSSF), and Intensive Family Consultation (IFC), as well as through kinship services, contracted post-adopt services, and contracted Pathway 1 Prevention. Pathway 1 Prevention is a new element of DFS's differential response system, directed at offering prevention services to families reported to the DFS Child Abuse Report Line, who do not meet criteria to be screened in for a DFS response, but who meet certain other stress factor criteria. This service will be provided through partial funding by CB-CAP funds via a joint RFP with Prevent Child		



	Abuse Delaware (PCAD). Success of the prevention effort will be measured by a decrease in subsequent reporting to the DFS Child Abuse Report Line. Criteria for these five tracks will vary and may include such stress factors as parent/child conflict, housing instability, lack of access to resources, mental health issues, substance abuse issues, domestic violence, sentinel injuries in pre-mobile children, and others.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
2.1.1.1	Execute a contract with a community provider to provide Pathway 1 Prevention services to families meeting the criteria.	<ul style="list-style-type: none"><li>Contracted provider will begin to receive referrals.</li><li>Pathway 1 functionality in FOCUS production.</li><li>Development of a tracking system to show outcomes of referrals to reflect prevention from deeper system involvement.</li></ul>	<ul style="list-style-type: none"><li>FOCUS reports</li><li>Subsequent DFS involvement</li><li>Subsequent substantiation</li><li>Subsequent entry into foster care</li></ul>	<ul style="list-style-type: none"><li>Training of intake staff</li><li>Screening staff training</li><li>FOCUS training</li><li>DSCYF Contracts Unit assistance</li><li>Budget support for new positions</li><li>FOCUS implementation support</li></ul>	
2.1.1.2	Build functionality in FOCUS for Pathway 1 contractors to work in FOCUS through the portal.				
2.1.1.3	Department prevention workgroup to meet regularly to coordinate delivery of prevention services to eligible families reported to the DFS Child Abuse Report Line.				
2.1.1.4	Work with the FOCUS team to establish a functional pathway for creating prevention pathway referrals at DFS intake.				
Strategy 2.1.2	Delaware will enhance Family Team Meeting tools to engage parents, children, and their team in case planning.			Alignments	CFSP PIP 2.5
				Time Frame	
Justification and 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 have a role in developing planning, they are more likely to engage and participate in services and case planning activities. Family Team Meetings is a means to involve families and youth in the case planning process. Workers and families participate in various meetings where enhanced planning can take place.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
2.1.2.1	The CQI Teens workgroup will complete a “Meeting” flip book to each caseworker and supervisor that will provide information about different kinds of meetings that can be used for assessment and planning.	<ul style="list-style-type: none"><li>Meeting Flip Book completed</li></ul>	<ul style="list-style-type: none"><li>OSRI Item 13</li><li>Supplemental Survey</li><li>DLC Attendance Reports</li></ul>	<ul style="list-style-type: none"><li>Presentation on this process to HOPE participants at a monthly HOPE meeting.</li></ul>	

2.1.2.2	For children and youth involved in more than one Division, the Divisions will collaborate in assessment and planning with the family to include identifying educational, medical, mental health needs by engaging in Family Team Meetings (ex. FIRST, Dual Status Youth, etc.)	<ul style="list-style-type: none"><li>• CQI Planning Committee established</li><li>• Family Team Meeting Policy established</li></ul>			<ul style="list-style-type: none"><li>• Training in the DLC on the process for staff.</li><li>• Training for Department staff in the DLC for multi-system involved youth.</li><li>• Engaging youth and young adults with lived experience to participate in the CQI workgroup.</li><li>• Notification of staff on updates to policy and creating of the tip sheet.</li></ul>	
2.1.2.3	A CQI Planning workgroup will be developed to evaluate and strategize around engagement with families, caregivers, and children for planning.					
2.1.2.4	The Treatment Program Team will develop policy around use of Family Team Meetings.					
2.1.2.5	The Treatment Program Team will share and train Family Team Meeting Policy with all staff.					
2.1.2.6	A Family Team Meeting Refresher will be provided by CPD to all staff who have not completed the FTM training in the past year.					
Strategy 2.1.3	Delaware will use the Family Strength and Needs Guide (FSNG) and Child Strengths and Needs Guide (CSNG) timely and with fidelity to develop individualized family service plans and child plans in collaboration with the family. (Items 12-18)				Alignments	CFSP PIP 2.6
					Time Frame	Year 2
Justification and Rationale	Using the FSNG and CSNG tools when meeting with families can assist with accurate assessment of a family's needs. The completed FSNG and CSNG tool is designed to push the areas of concern to the domains into the individualized Family Service Plan. Caseworkers can use this information to collaborate with families to establish actions steps specific to the family's needs. DFS will develop training for Family Court stakeholders on best practices for developing Family Service Plans with families using the FSNG.					
Activities		Benchmarks	Progress Measures	Implementation Supports		
2.1.3.1	The Treatment Program Team, DFS Operations Team, and the Court Improvement Program (CIP) Coordinator will develop and provide training to Family Court Stakeholders (judges, parent attorneys, child attorneys, deputy attorneys general) and DSCYF staff on the best practice of developing Family Service Plans with families using the FSNG as a guide to identify	<ul style="list-style-type: none"><li>• FOCUS timeliness report for FSNG/CSNG will be created and distributed.</li><li>• CQI Planning Committee will be established.</li></ul>	<ul style="list-style-type: none"><li>• Well-being Outcome 1 (all items)</li><li>• Qualitative survey</li><li>• Training attendance records.</li><li>• Case review results.</li></ul>	<ul style="list-style-type: none"><li>• Partner with Family Court and the CIP Coordinator to schedule training.</li></ul>		

	domains that require further service planning.	• CQI Planning Committee will share results of their analysis of reports in order to make recommendations.			• Publicize training via DSCYF sites and Family Court sites via a Communication Plan. • Connect DSCYF Communications Director with Family Court communications staff. • Bite sized learning on use of FOCUS reports for supervisors to improve performance.	
2.1.3.2	DFS and the CIP Coordinator will work with the legal community to develop a formalized process to ensure that family service plan and child plan will be reviewed during court hearings to include testimony as to whether parents, caregivers, and youth were involved in development of the plans and if plans were individualized to meet the specific needs of the family. Copies of the child plan and family service plan should be submitted as part of the record.					
2.1.3.3	Current policy requires the FSNG and CSNG to be completed within 45 days of a case opening in Treatment. The FOCUS report team will build a report in FOCUS to measure performance on completion rates.					
2.1.3.4	Once FSNG/CSNG timeliness report is created, a baseline will be established to measure improvement.					
2.1.3.5	The FSNG/CSNG timeliness report will be distributed by the FOCUS report team to the Treatment Program Manager, Operations Manager, and Regional Administrators for monitoring.					
2.1.3.6	Once CQI Planning committee is established, this report will be reviewed at each meeting.					
Strategy 2.1.4	Delaware will implement Family Time (Visitation) Planning for children in care with both parents and siblings.				Alignments	CFSP PIP 1.5
					Time Frame	Year 2
Justification and Rationale	Implementation of Family Time contracted services will improve visitation planning with families (including incarcerated parents), ensure regular visitation between siblings separated through foster care, and lessen caseworker time commitments and logistical burdens involved in supervised visitation between parents and siblings.					

Activities		Benchmarks	Progress Measures	Implementation Supports	
2.1.4.1	The Treatment Program Team will finalize contracts related to Family Time to better accommodate family's schedules for family time.	<ul style="list-style-type: none"><li>• Implementation of treatment contracts, including Grandma's House, that emphasize family time.</li><li>• Referrals for family time services will increase.</li><li>• Treatment Program Manager will monitor use of family time contracts.</li></ul>	<ul style="list-style-type: none"><li>• Permanency Outcome 2, OSRI Item 8</li><li>• Monthly Contact Visits</li></ul>	<ul style="list-style-type: none"><li>• Lunch and Learn or Morning Buzz learning sessions for staff to inform on new treatment contracts, as well as the referral process.</li><li>• Creation of a chart that shows all of the new contracts that are available.</li><li>• Sharing information with stakeholders, including foster parents, regarding the implementation of new contracts.</li></ul>	
2.1.4.2	Active contractors will hire staff.				
2.1.4.3	Active contractors will identify space for family time as outlined in their contract to include the least restrictive to most restrictive family time needs.				
2.1.4.4	Visitation plans or updated visitation plans will be submitted by caseworker at every court hearing.				
2.1.4.5	Copies of visitation plans will be provided to families and caregivers by caseworker.				
Strategy 2.1.5	DFS will utilize the Permanency Planning Committee to strengthen timely and appropriate goals for all youth in state custody.			Alignments	CFSP PIP 1.7
				Time Frame	Year 2
Justification and Rationale	Since the CFSR Round 3 reviews, Delaware has seen a decline in performance on Item 6 the timely achievement of permanency goals. For the April – September 2023 CFSR Round 4 case review period, Delaware received a 70% strength rating. For the October 2023 – March 2024 review period, Delaware did show an improvement to an 89% strength rating. The child welfare agency and the courts must have a clear understanding of the permanency goals, particularly APPLA, for timely and appropriate goal selection. Strategies to address this issue include utilizing the Permanency Planning Committee (PPC) to update existing policy and training regarding permanency goals for children and youth, to include a focus on older teens, as well as formalizing rule in/rule out procedures for relative/kin placement resources. PPC will develop a plan to present the updated training to DFS staff, Court, the legal community, and any other appropriate stakeholders.				
Activities		Benchmarks	Progress Measures	Implementation Supports	

2.1.5.1	The Court Improvement Program (CIP) Coordinator and Adoption Program Manager will consider additional presentations on the purpose of APPLA to be presented to DFS, Office of the Child Advocate and Court staff.	<ul style="list-style-type: none"> <li>• APPLA will be an approved plan for teens instead of guardianship when it is appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Item 5 and 6</li> <li>• National Data Indicators</li> <li>• DLC attendance reports.</li> <li>• OSRI case review results.</li> </ul>	<ul style="list-style-type: none"> <li>• Partner with Childrens Bureau to disseminate information.</li> <li>• Mandatory training for all staff in the DLC on the role of Permanency Planning Committee.</li> <li>• Updates to stakeholders regarding the role of Permanency Planning Committee.</li> </ul>
2.1.5.2	The Permanency PIP working group, comprised of DFS staff, Family Court staff, and legal and community partners, will meet to review identified strategies and activities, share data, recommend policy and procedure changes, and work on solutions for establishing and changing appropriate permanency goals and improve timeliness of outcomes.	<ul style="list-style-type: none"> <li>• PIP Working Group will begin working on meeting goals that lead to recommendations around APPLA and Kinship.</li> <li>• PPC policy will be updated.</li> <li>• FOCUS report will be created and utilized.</li> <li>• PPC training will be developed.</li> </ul>		
2.1.5.3	The Permanency Planning Committee Policy will be updated by the DFS Adoption Program Manager to include a PPC review of all children aged 17 who are in custody or enter custody.			
2.1.5.4	The Permanency Coordinator will build and review a FOCUS report monthly to identify youth aged 17 and older who need to be reviewed by the Permanency Planning			
2.1.5.5	The DFS Adoption Program Manager will revise the Permanency Planning Committee training to update expectations for when PPC is needed (including the new 17+ age policy and changes in family circumstances, vs standard 9-month requirement) and work with the Center for Professional Development (CPD) to ensure this is available to all DFS staff and community partners.			
2.1.5.6	The established Permanency PIP working group will develop guidelines to formalize rule in/rule out of relatives or fictive kin as a placement or support resource, identify how relatives and fictive kin can engage and support children and youth when they are not a placement resource, and identify supports			

	for relatives and fictive kin to assist reunification or other permanency goal.			
Strategy 2.1.6	Delaware will develop an automated tracking method to determine if TPR petitions are filed timely for all youth who meet the 15 out of 22 months requirement.		Alignments	CFSP PIP 1.8
			Time Frame	Year 2
Justification and Rationale	Delaware needs to improve our capacity to obtain data related to TPR petitions being filed timely and determining whether exceptions to file exist. Delaware will collaborate with Family Court, the Court Improvement Program (CIP) Coordinator, and the FOCUS team to develop a process for documentation of TPR data in FOCUS and APRICOT, to enable tracking of youth who have been in care 15 of the most recent 22 months, of children who meet other Adoption and Safe Families Act requirements, and of exceptions to determine if termination of parental rights (TPR) petitions are filed timely. Clear documentation will help to ensure appropriate permanency plans are established for youth.			
Activities		Benchmarks	Progress Measures	Implementation Supports
2.1.6.1	The DFS Adoption Program Manager will work with the FOCUS team to write a Change Request (CR) to add Termination of Parental Rights (TPR) tracking functionality to FOCUS, specifically related to 15 out of 22 months qualifications for TPR petitions and exceptions for not filing.	<ul style="list-style-type: none"><li>• TPR tracking functionality added to FOCUS and APRICOT.</li><li>• Development of a group led by the Permanency Program Manger to work on goals.</li></ul>	<ul style="list-style-type: none"><li>• TPR Report results</li><li>• Scheduling of appropriate reviews by the Permanency Planning Committee.</li></ul>	<ul style="list-style-type: none"><li>• New Permanency workgroup.</li></ul>
2.1.6.2	The Court Improvement Coordinator will work with their internal IT team to add TPR tracking functionality to the Apricot tracking database.			
2.1.6.3	The Court Improvement Coordinator, Adoption Program Manager and Deputy Attorney General will include the number of months (meeting the 15 out of 22 months criteria) in the Court Update template to facilitate discussion and documentation in court review orders.			
2.1.6.4	For quality assurance, CIP Coordinator and DFS Adoption Program Manager will share and compare reports related to TPR tracking from FOCUS and Apricot.			

Strategy 2.1.7	DFS will ensure that foster families, relative caregivers, and contracted providers are provided with notice of all court hearings and their right to be heard, related to children in their care.	Alignments	CFSP PIP 3.4 & 4.3	
		Time Frame	Year 2	
Justification and Rationale	Information in the Statewide Assessment and collected during interviews with stakeholders showed that the state does not have a consistent process for notifying foster parents, pre-adoptive parents, and relative caregivers of periodic reviews and permanency hearings, including notification of the right to be heard. Stakeholders indicated multiple methods for providing notice of court hearings. Some stakeholders indicated that notice of hearings was not consistently provided for hearings and that hearing notices did not include informing foster parents of their right to be heard. There is also no process for tracking whether foster parents, pre-adoptive parents, and caregivers receive court notifications that include the right to be heard.			
Activities		Benchmarks	Progress Measures	Implementation Supports
2.1.7.1	DFS Foster Care Team will develop a brochure to be included in the placement packet given to placement resource/foster families at the time of placement that explains the various hearings a youth in their care may have and the importance and right to participate at court hearings and how they will be notified.	<ul style="list-style-type: none"><li>• Brochure completed.</li><li>• Workgroup convened with regularly scheduled meetings.</li><li>• Distribution of the baseline survey.</li></ul>	<ul style="list-style-type: none"><li>• Qualitative survey of foster parent results.</li><li>• Potentially add this question to supplemental survey.</li><li>• Court orders will reflect foster parent notification.</li></ul>	<ul style="list-style-type: none"><li>• Training for foster parent on their role in court hearings.</li><li>• Training for staff to help them to prepare youth for court.</li></ul>
2.1.7.2	DFS Foster Care Team will convene a multidisciplinary workgroup tasked with developing and implementing a protocol and policy for hearing notifications to be electronically generated, sent, documented through the FOCUS system. The protocol will ensure that proper notification of hearings is provided to foster parents, relatives and kinship care providers. This workgroup will coordinate and leverage the work being done under PIP strategy 1.10.	<ul style="list-style-type: none"><li>• Collection of feedback from the survey.</li><li>• Policy and procedure, including the template, will be shared with all staff.</li></ul>		<ul style="list-style-type: none"><li>• Presentation to HOPE attendees at a monthly meeting to inform youth on the court process and their role.</li><li>• Disseminate the child update document for court hearings to foster parents.</li></ul>



2.1.7.3	DFS Foster Care Team will develop a foster parent survey to establish a baseline and subsequently collect feedback regarding receipt of court notices and the right to be heard, and to evaluate and further refine the notification process. Once the notification protocols and policy are implemented, DFS will also analyze FOCUS system data regarding notifications to care providers..			<ul style="list-style-type: none"><li>• Training for contracted foster care staff around court preparation for staff, foster parents and the youth that they serve.</li><li>• CIP Leading Practice Report workgroup has provided guidelines for court order completion related to foster parent notification.</li></ul>	
2.1.7.4	DFS Foster Care Team will develop and implement policy and protocols that allow care providers to complete and use an electronic child update form/template to share information with court and partners when they are unable to attend a court hearing in person.				
Strategy 2.1.8	Delaware will improve permanency outcomes for youth with a plan of APPLA, Guardianship and/or Adoption by offering the evidence-based recruitment model Wendy's Wonderful Kids (WWK) to make connections and legal and relational permanency for youth with special needs, 9 years old and older, sibling groups and youth without an identified connection.			Alignments	CFSP
				Time Frame	Year 1
Justification and Rationale	There are currently more than 500 children in the Delaware foster care system. Of that number, at least 20 have a plan of APPLA and 26 more are over the age of 12 and have a plan of adoption. Delaware currently offers general and targeted recruitment through child specific recruitment. However, statistics show that child focused recruitment is 3 times more effective to serve children who are most at risk of aging out of the foster care system with no connections. Child focused recruitment honors a child's right to privacy and youth are not photo listed. Rather, the recruiters will focus on a child's network including relatives, neighbors, best friend's parents, former resource parents or other adults in a youth's life. Youth are more successful when they are connected to a relationship that is safe, nurturing, and enduring. Since 2004, the Dave Thomas Foundation has partnered with states to offer child focused recruitment for youth over the age of 12, sibling groups, youth who have previously been adopted, youth with physical, emotional, developmental, and educational needs. Delaware is interested in adding child focused recruitment to our service array to support our youth who are in danger of aging out of the foster care system with no connections.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
2.1.8.1	The DFS Adoption Program Manager will implement Wendy's Wonderful Kids Contract. Contractor will hire 2 full time WWK recruiters.				

2.1.8.2	Contractor, DFS, Dave Thomas Foundation for Adoption (DTFA) will continue to assess the need for a third recruiter.	• Contracted staff are hired and working with youth.	• Improved performance on Case Review Items 5 and 6	• Lunch and Learn or Morning Buzz sessions
2.1.8.3	DFS Adoption Program Team, Contractor and DTFA will provide training on the evidence-based recruitment model WWK to DFS staff, contractors, OCA, Court Staff.	• Referrals to WWK will increase.	• National Data Indicators	completed 1 for treatment and permanency worker and supervisors around WWK.
2.1.8.4	DFS Adoption Program Team will review cases at the Permanency Planning Committee to determine if a referral for WWK is necessary.	• Adoption Program Manager will monitor referrals to the WWK program.	• DLC attendance data.	
2.1.8.5	Contractor will provide ongoing data and performance management in the DTFA database. Quarterly and annual reports will be provided by the Contractor to the DFS Adoption Program Manager.			

**Goal 2: Services: Delaware will have an array of services that are accessible and able to meet the individualized needs of children and families**

Strategy 2.2.1	Delaware will improve access to translation services for families and youth.	Alignments	CFSP PIP 2.7 & 4.5	
		Time Frame	YEAR 1	
Justification and Rationale	<p>The ability to individualize services in Delaware is limited. Language barriers were reported throughout the state during the CFSR. Children and families statewide have insufficient access to services that meet their individual needs culturally, linguistically, and cognitively. With an increase in Spanish-speaking families in the state, families in Delaware have limited access to caseworkers, attorneys, court interpreters, documents, and services available to them in their native language. Caseworkers and Court are not consistently considering a parent, youth or relatives' language when preparing court orders, plans, etc.</p> <p>Root cause- Translation services are not being utilized to ensure that all case planning and court documents are made available to families in their native language(s). Caseworkers are not consistently utilizing contracted translation providers when engaging with families who have a primary language other than English.</p>			
Activities		Benchmarks	Progress Measures	Implementation Supports
2.2.1.1	Division Program Team will provide policy expectations and monitor utilization of approved translation services for family contacts, plans and other documents when the staff member does not speak the native language of the family.	• Native language indicator added to ex-parte and guardianship petitions.	• Qualitative surveys • Improved Performance on OSRI Item 12	• Global and local discussions • Lunch and Learn training

2.2.1.2	Division Program and Operational Teams will provide education and training to staff and contracted providers (and ensure staff are aware of the translation guides on the Department's internal website) about the 18 currently available translation providers and their ability to offer written, in-person and/or telephone services in 63 languages.	• CIP Coordinator will advance information to improve access to translated Family Court order.	• DLC attendance data.	• DFS Leadership including regional office leadership	
2.2.1.3	Court Improvement Program (CIP) Coordinator will work with court and legal community to develop policies and protocols that will require the legal system to provide documentation including court orders and communication to clients in their native language.				
2.2.1.4	Delaware Program Team will collaborate with the Court system via the CIP coordinator to include an indicator of native language on custody and guardianship petitions.				
Strategy 2.2.2	Delaware will improve access to access to transportation services for families and youth.			Alignments	CFSP PIP
				Time Frame	Year 1
Justification and Rationale	Delaware consistently scores below the 90% goal for caseworker visits with children and parents on intact family cases. Foster care cases are prioritized over intact family cases. Foster Care cases have higher workload expectations, including transportation to visits, appointments, school, etc. Lack of transportation services also impacts the ability of children and families to engage in needed services. Enhancing transportation services in Delaware will improve accessibility of needed services and decrease the workload for treatment staff increasing their capacity to engage in frequent and meaningful visits with parents/caregivers and youth.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
2.2.2.1	DFS Leadership and Treatment Program Team will review the current transportation contracts and assess the need for additional providers.	• Implementation of new contracts. • Referrals for transportation services will increase.	• Improved performance on OSRI Item 12 • Supplemental Survey • Qualitative survey	• DSCYF Contract team. • Communication to staff on ways to access transportation contracts.	
2.2.2.2	DFS Leadership and Treatment Program Team will implement contracts with additional transportation provider(s) in all three counties to meet the needs of the children and families served.				

2.2.2.3	DFS Treatment Program Team will regularly alert staff via global emails of the available transportation resources, including how to access the providers and request the service.			
2.2.2.4	DFS Treatment Program Team will use a utilization report to coordinate with DFS Regional offices to determine effectiveness of transportation providers to ensure availability of services.			
Strategy 2.2.3	Delaware will improve accessibility and availability of mental health screenings for youth in care.	Alignments		CFSP PIP 3.5
		Time Frame		
Justification and Rationale	Delaware needs to improve timely access to services for youth and families, without limitation to the family or youth’s geographic area.			
	The Statewide Assessment and stakeholder interviews with judges, parent attorneys, child attorneys, caseworkers, supervisors, foster parents, and caregivers cited impediments to timely delivery of quality services to youth and families. Specific concerns include statewide waitlists; lack of services (particularly in Sussex County); and widespread staffing challenges within DSCYF/DFS, the provider network, and community-based agencies. Services impacted include transportation, housing/shelter, substance abuse treatment, and mental health. Language barriers impact access to individualized services to meet the cultural, linguistic, and cognitive needs of children and families. Concerns were shared regarding lack of access professionals who are able to communicate in the family’s native language, and a lack of services and documents in their native language.			
Activities		Benchmarks	Progress Measures	Implementation Supports
2.2.3.1	DFS Foster Care Team will convene a workgroup (or identify an existing workgroup) with stakeholders representing various aspects of the child welfare and health and human services systems (including stakeholders such as: DFS, DPBH, DYRS, DDDS, DHSS, and DOE) to focus on root cause analysis regarding the barriers and challenges related to the availability and accessibility of mental and behavioral health resources and services across the state (such as: shortened psychiatric residential treatment facility stays, lack of agency resources, lack of specialized or therapeutic	<ul style="list-style-type: none"><li>• Workgroup will be convened and will begin meeting regularly.</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• Improved Performance on OSRI Item 18</li><li>• Case review results</li><li>• Qualitative Surveys</li></ul>	<ul style="list-style-type: none"><li>• Administrative support to maintain accurate notes of meetings.</li><li>• Trainings to highlight the availability of services through MRSS or 9-8-8 (the national text line).</li><li>• Explore the opportunity to access grant funding to</li></ul>

	foster homes, mental health waiting lists, siloed information systems, etc.) The workgroup will develop a system response plan that outlines opportunities to strengthen accessibility and availability and supports greater awareness and a protocol for solutions for continued challenges or barriers.			improve communication with staff and stakeholders regarding resources.	
2.2.3.2	DFS Foster Care Team will collaborate with DPBHS to develop and implement a plan (social media, training, or database development) that leverages existing training, databases, dashboards, or service brochures, to increase awareness and educate staff, providers and families about mental health supports available to families and youth. This plan will include a method for evaluating awareness (such as: periodic surveys, focus groups or town hall discussions.)				
Strategy 2.2.4	Delaware will develop and maintain a centralized registry of available service providers.			Alignments	CFSR PIP 4.1
				Time Frame	Year 1
Justification and Rationale	Delaware has a vast array of community services available for children and families. Delaware also has various contracted services available across the divisions (PBH, YRS, DFS). Although services may be available, families and child welfare workers are not aware of the available services. By increasing awareness of service availability, families and child can have more accessible services that may meet their individualized needs.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
2.2.4.1	The Department's Family Informed Resource Support Team (FIRST) will develop a comprehensive community dashboard listing all known available community services across the state of Delaware.	<ul style="list-style-type: none"> <li>Updated Community Dashboard will be available on DSCYF public facing website.</li> <li>Contracted Service dashboard will be available on DSCYF internal website.</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative surveys; Supplemental Survey</li> <li>Item 12</li> <li>DLC attendance records.</li> <li>Increases in contractual spending by DMSS.</li> </ul>	<ul style="list-style-type: none"> <li>Lunch and Learn training for staff around accessing the community dashboard.</li> <li>Communication with staff to identify the location of the community dashboard.</li> </ul>	
2.2.4.2	FIRST will provide demonstration to all staff on how to utilize the community dashboard.				
2.2.4.3	FIRST will publish the dashboard on the department's public facing website to support access and use by the community.				

2.2.4.4	FIRST will develop a comprehensive dashboard listing available DSCYF contracted services.		<ul style="list-style-type: none"><li>Increases in referrals to community agencies by the Department.</li></ul>		
2.2.4.5	FIRST will provide demonstration to all staff on how to utilize the contracted dashboard.				
2.2.4.6	FIRST will publish the dashboard on the department’s internal website to support access and use by staff.				
2.2.4.7	FIRST will monitor and maintain dashboards to ensure information is up to date.				
2.2.4.8	DFS Program Team will collect and analyze utilization data for the department contracted services included in the dashboard to demonstrate successful awareness and increased utilization.				
Strategy 2.2.5	Delaware will expand and enhance access to services statewide, with particular emphasis in Sussex County.			Alignments	CFSP PIP 4.2
				Time Frame	Year 1
Justification and Rationale	The Statewide Assessment and stakeholder interviews with judges, parent attorneys, child attorneys, caseworkers, supervisors, foster parents, and caregivers cited impediments to timely delivery of quality services to youth and families. Specific concerns include statewide waitlists; lack of services (particularly in Sussex County); and widespread staffing challenges within DSCYF/DFS, the provider network, and community-based agencies. Services impacted include transportation, housing/shelter, substance abuse treatment, and mental health. Language barriers impact access to individualized services to meet the cultural, linguistic, and cognitive needs of children and families. Concerns were shared regarding lack of access professionals who are able to communicate in the family’s native language, and a lack of services and documents in their native language.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
2.2.5.1	Treatment Program Manager will implement new contracts with substance misuse providers.	<ul style="list-style-type: none"><li>Implementation of new contracts.</li><li>Referrals to new providers will reflect access to needed services.</li></ul>	<ul style="list-style-type: none"><li>Qualitative survey</li><li>Supplemental Survey</li><li>DLC attendance data.</li><li>Case review data.</li><li>Utilization Data</li></ul>	<ul style="list-style-type: none"><li>Bite sized training to introduce staff to new providers.</li><li>Create a sheet that is maintained online that</li></ul>	
2.2.5.2	Treatment Program Manager will implement new contracts with housing case management providers.				
2.2.5.3	Treatment Program Manager will implement new contracts for mental health evaluations and treatment services				

2.2.5.4	Treatment Program Manager will work with existing contracted and non-contracted community providers to identify or expand available services related to substance misuse, housing, and mental health in Sussex County.	• Regular meetings between Treatment Program Manager and staff in Sussex County.		details providers and the referral process for each. <ul style="list-style-type: none"><li>• Bite sized learning for staff on other ways to access services (i.e. care coordination through MCOs)</li></ul> Periodic Lunch and Learn sessions by contracted substance abuse providers to educate staff and for them to become familiar with providers.	
2.2.5.5	Treatment Program Manager will periodically meet with Sussex County Staff to monitor their access to services and identify gaps or problems obtaining needed services.				
2.2.5.6	Treatment Program Manager will engage new and existing providers to present services offered to regional staff during Lunch and Learns or staff meetings.				
2.2.6	Delaware will provide relatives and kin providers with resources to enhance their ability to ensure a child's safety, permanency, and well-being needs are met.			Alignments	CFSP PIP 2.8
				Time Frame	Year 2
Justification and Rationale	Analysis of case review data shows that Delaware is not putting services in place for safety participants acting as caregivers. When relatives step in to help their families, DFS does not always support the needs of relatives to ensure child safety or strong planning with family. Case review data for Item 2 indicated that while family was available to prevent entry into foster care, the agency did not consistently provide adequate services to support them in maintaining children in their homes. In relation to children placed with relatives, analysis of case review well-being items also found that a lack of support to relative and kin placement resources resulted in children to at times not having their medical, dental, mental health, or education needs met. Stakeholder interviews supported this data and added that relatives lacked information regarding medical care, navigating the educational system and social services, or obtaining supplies and/or assistance to meet the basic needs of additional family members. Relative caregivers also reported feeling that caseworkers did not follow up with them regarding concerns or recommendations after children were placed in their homes.				
Activities		Benchmarks	Progress Measures	Implementation Supports	



2.2.6.1	DFS Foster Care Team will collaborate with FIRST, CQI groups, Kinship Navigator program, community partners and stakeholders to include, update or refine resources relevant for DFS kinship families on the FIRST Community Dashboard.	<ul style="list-style-type: none"> <li>• Kinship Resources will be available on the FIRST Community Dashboard.</li> <li>• Training will be developed.</li> <li>• Resource guide will be developed.</li> </ul>	<ul style="list-style-type: none"> <li>• Item 2, and 3, Item 4, Item 6,</li> <li>• Item 12a, 12c,</li> <li>• DLC attendance reports.</li> <li>• Case review data.</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of mandatory training in the DLC by Department staff.</li> <li>• Creation of a document to be used to assist staff in navigating available kinship resources for families.</li> </ul>
2.2.6.2	CQI Manager and Kinship Navigator Program Coordinator will coordinate the development of a training, "How DFS staff can support relative and kin providers in planning for youth."			
2.2.6.3	Training will be assigned and provided to DFS staff and recorded in Delaware Learning Center.			
2.2.6.4	CQI Manager, DFS Foster Care Team, and Kinship Navigator Program Coordinator will coordinate the development of a kinship/relative caregiver resource guide to include such information as obtaining medical insurance, enrolling youth in school, financial assistance available, affidavits for medical and mental health care, roles and responsibilities, etc.			

### Goal 3: Exit

Young adults who are exiting foster care will have met their educational goals and/or will be working to further their education by attending a post-secondary education or training program in order to become financially self-sufficient. Young adults will be aware of available services, such as continuing to receive Independent Living services until the age of 23 and will be connected to other services to help them to meet their needs, such as Medicaid and housing.

Strategy 2.3.1	Delaware will support youth and young adults in becoming employable (HS grads, job shadowing, post-secondary education.	Alignments	CFSP
		Time Frame	Year 3
Justification and Rationale	Responsible and self-sufficient young adults are those youth equipped to meet their own needs using natural supports and community resources. Graduating with a diploma or certificate is the first step to obtaining a job and self-sufficiency. Job readiness training and employment counseling prepare youth for entering the workforce. 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 high school graduation and post-secondary participation and employment rates for youth receiving independent living services.		

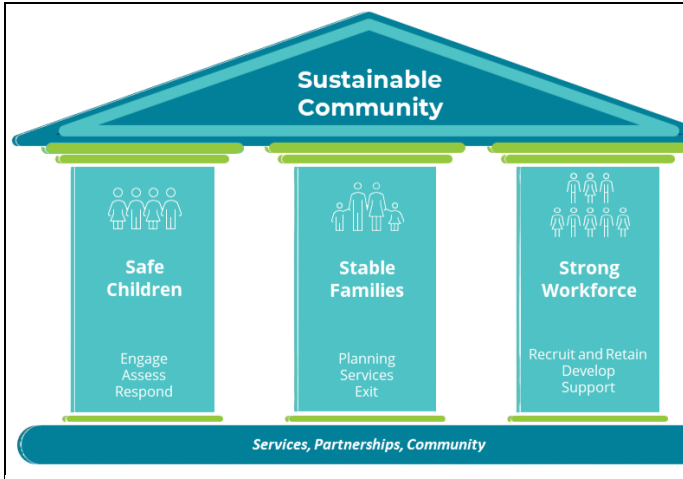
Activities		Benchmarks	Progress Measures	Implementation Support	
2.3.1.1	The Independent Living Program Manager will continue partnership with Jobs for Delaware Graduates to provide employment support services.	<ul style="list-style-type: none"><li>• JDG will provide regular data on number of youth served and services provided.</li><li>• Information sheet will be developed.</li><li>• Job shadowing protocol will be developed.</li></ul>	<ul style="list-style-type: none"><li>• IL Outcome report</li><li>• NYTD survey results.</li><li>• Case review data.</li><li>• DLC attendance reports.</li></ul>	<ul style="list-style-type: none"><li>• Contracted IL workers need to ensure that eligible youth are referred for the JDG service.</li><li>• Training will be conducted for all IL staff on the job shadowing program when it is implemented.</li><li>• Annual presentations by OCA at HOPE meetings regarding the DLI program.</li></ul>	
2.3.1.2	Presentation at HOPE events (i.e., monthly meeting or annual conference) to highlight the service to youth.				
2.3.1.3	Creation of an information sheet to share with youth that do not regularly attend HOPE.				
2.3.1.4	The Independent Living Program Manager will lead efforts to develop a year-round job shadowing program. This will include drafting a proposal for the leadership team approval, forming partnerships with community agencies, and developing procedures for both youth and employers based on collaborative workgroup direction.				
2.3.1.4	The independent living team will train independent living contracted providers, employers, and caseworkers on the approved job shadowing program protocol. In addition, the independent living team will develop promotional materials targeting youth.				
2.3.1.5	Expansion of the Driver’s License and Insurance (DLI) Program for youth who experienced foster care in Delaware that is captured under 29 Del. C. § 9011 and is managed by the Office of the Child Advocate (OCA).				
Strategy 2.3.2	Improve the utilization and compliance of the state ASSIST program to improve transition to independence of youth transitioning out of foster care.			Alignments	CFSP
				Time Frame	Year 1
Justification and 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 component of the stipend program teaches budgeting and accountability.				

Activities		Benchmarks	Progress Measures	Implementation Supports	
2.3.2.1	Independent Living Program Manager to oversee administration of ASSIST programming for young adults active with independent living services. This oversight will ensure that the approval for ASSIST funds is applied consistently by all providers by ensuring that providers and young adults know the rules related to ASSIST.	Review of the distribution of Chafee funding to support higher ASSIST subsidies.	• Data on utilization of ASSIST funds.	• Annual mandatory training for all IL staff on the ASSIST policy.  • Development of a fact sheet for young adults and stakeholders regarding the ASSIST program.  • DSCYF Fiscal and Grant teams.	
2.3.2.1	Independent Living Program Manager will explore ways to increase the ASSIST stipend for young adults by reviewing the current use of funds to pay for housing that is provided by contracted IL providers.				
Strategy 2.3.3	Delaware will make efforts to increase high school graduation rates and to increase youth attending post-secondary and nontraditional educational institutions			Alignments	CFSP
				Time Frame	Year 2
Justification and Rationale	Level of education is an important contributor to the quality of life that is experienced by a young adult. Delaware’s high school graduation rate for foster children is 54%. As of 6/14/24, there are 357 active referrals for formal independent living services. Of the 273 youth that were over the age of 18 and had a service outcome record entered in 2023, 168 or 62% achieved either a high school diploma, Associate/Bachelor’s degree, or vocational certificate/license.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
2.3.3.1	The Independent Living Program Manager will act as an advisor for the Office of Services for Youth Advancement. As such, the program manager will meet regularly with the Director and will be a participant on scholarship interview panels.	• Increase in the number of community partnerships to support youth and young adults.	• Data regarding high school graduations; post-secondary enrollments and graduations; and vocational program enrollments and graduations.  • .NYTD data	• Independent Living providers, as well as DFS staff, should provide information to high school-aged youth regarding HB 123.  • HOPE meetings to focus on topics such as how to	
2.3.3.2	The Independent Living Program Manager will support community-based partnerships with programs such as Independent Living for Young Adults (ILYA) and UGrad in order to provide additional support opportunities for youth and young adults.				

2.3.3.3	Independent Living Program manager will ensure training for Steps to Encourage Personal Success (STEPS) will take place annually to educate staff and to increase the number of STEPS facilitators.		<ul style="list-style-type: none"><li>• ETV and Ivy Davis award data that is shared annually by OCA.</li><li>• STEPS meeting data.</li><li>• DLC attendance data.</li></ul>	complete a FAFSA and how to apply for ETVs and scholarships.	
Strategy 2.3.4	Delaware will collaborate with state universities and community partners to provide housing opportunities for youth aging out of foster care.			Alignments	CFSP
				Time Frame	Year 1
Justification and Rationale	Children aging out of care are a vulnerable population who are most likely to experience homelessness. Many of youth age out of care without any concrete plans and end up experience homelessness. Our strategy is to increase the usage of the vouchers, and which will decrease homelessness and give our youth more stability.				
	309 youth exited foster care in FY23. Of these, 56 youth (18%) aged out of foster care. For the first quarter of 2024, of all youth exiting care, 21% of the youth aged out of care. Youth who have aged out of foster care are at a particularly high risk of becoming homeless. Studies have found that 22% of youth experienced homelessness at least one night within the first year of exiting foster care and 5% had experience homelessness within a week of exiting foster care. To avoid youth aging out of care experiencing homelessness, Delaware will make efforts to work with state universities and community organizations to provide housing opportunities for exiting youth.				
	As of 6/14/24, there are 357 active referrals for formal Independent Living services. Of these, 173 are still in care and 35 have aged out of care and are currently being served in transitional living programs. Of the 273 youth over the age of 18 with an IL service outcome record entered in CY2023, of the same time and population, 168 achieved either a high school diploma, Associates/Bachelor's degree or vocational certificate/license (62%).				
Activities		Benchmarks	Progress Measures	Implementation Supports	
2.3.4.1	Delaware will strengthen their relationships with Public Housing Authorities (PHAs), the Delaware State Housing Authority and the Wilmington Housing Authority, to ensure full utilization of available FYI vouchers. The Independent Living Program Manager will engage in regular meetings with the PHAs that will also include the IL contractors.	<ul style="list-style-type: none"><li>• Regular meetings with PHAs.</li><li>• Regular meetings with DSU and UD.</li></ul>	<ul style="list-style-type: none"><li>• Utilization of FYI vouchers.</li><li>• NYTD results.</li><li>• IL Outcome Report</li></ul>	<ul style="list-style-type: none"><li>• Review of existing MOUs with PHAs.</li><li>• STEPS meetings for youth at age 17.8 that document housing plans.</li></ul>	

2.3.4.2	Independent Living Program Manager, along with the Director of Services for Youth Advancement from OCA, will meet regularly with administration from the University of Delaware and Delaware State University to ensure that the year-round housing needs of students attending their institutions through HB 123 are met.	<ul style="list-style-type: none"> <li>• Increase in available landlords to support young adults' housing needs.</li> </ul>		<ul style="list-style-type: none"> <li>• Community Providers</li> </ul>
2.3.4.3	Contracted providers will conduct community outreach to landlords to build relationships to increase housing opportunities for young adults.			

## Priority 3: Strong Workforce



### Priority 3: Strong Workforce

The Child Welfare Agency and provider and partnering agencies must have a strong workforce where staff are competent and confident in performing their job responsibilities.

The State and provider partners will hire, retain, educate, and support staff to carry out the mission of helping to protect and support children and families. Strengthening the Workforce will require focusing on recruitment and retention of dedicated staff, training, and guidance regarding best practices, and providing appropriate support with strong supervision, tools, and communication.

### Goal 1: Recruit and Retain

Hire quality personnel, retain invested staff and recognize good practices to support appropriate staffing for child welfare work.

Strategy 3.1.1	Explore federal support around Child Welfare Education reimbursement to encourage current and prospective staff to pursue higher education related to child welfare.			Alignments	CFSP
				Time Frame	Year 2
Justification and Rationale	It is likely that every child welfare jurisdiction in the country has experienced staffing issues following the Covid-19 pandemic. Delaware is not immune to high vacancy rates related to turnover and difficulty in attracting new staff. There are a variety of reasons for these struggles, but the most prevalent issues surround low pay (starting and ongoing), lack of support, including limited training opportunities, and a general lack of interest in doing child welfare work with families. One of the ways to make improvements in this area is through an investment in the workforce.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
3.1.1.1	Meeting with CB to get more information on the Child Welfare Stipend program.	<ul style="list-style-type: none"><li>• Identification of appropriate colleges and universities.</li><li>• Decisions for next steps.</li></ul>	<ul style="list-style-type: none"><li>• Minutes of exploratory meetings.</li><li>• A reduction in vacancy rates reported monthly to CPAC</li></ul>	<ul style="list-style-type: none"><li>• CB Regional office support.</li><li>• College partnerships.</li><li>• State DHR support.</li></ul>	

3.1.1.2	Meet with local college or universities to partner and to find ways to leverage education and training with a communication plan that highlights resources,	• Advancing internship and employment opportunities through the Talent Acquisition unit of DHR.	(Child Protection and Accountability Commission). • A reduction in the turnover rate that is reported by DHR. • An increase in employee satisfaction as reported in Department satisfaction surveys.	• Collaboration with the Department's Communication Director. • Development of an implementation plan for the Child Welfare Stipend program, should Delaware adopt the program.	
3.1.1.3	Explore expanding network of colleges and universities beyond the tri-state area (DE, PA, MD).				
3.1.1.4	Explore with State DHR (Department of Human Resources) and Department for support.				
Strategy 3.1.2	Implement a Divisional Staff Recognition Committee to promote staff recognition through events, awards, and appreciation opportunities.			Alignments	CFSP
				Time Frame	Year 1
Justification and Rationale	For several years, DFS staff through Department satisfaction surveys have reported a general lack of recognition by leadership at the regional, Divisional and Department levels. Recognition of staff will lead to an increased level of satisfaction, which will reduce turnover.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
3.1.2.1	Form a statewide recognition committee.	• Recognition items on intranet. • Event calendar. • Awards Department satisfaction surveys.	• Minutes of meetings. • Ongoing distribution of electronic and print communication • Staff survey results regarding staff appreciation, recognition,	• Statewide and regional. Discussions • Lunch and Learn training. • DFS Leadership including regional office leadership. • Town Hall meetings with Division and Department leadership.	
3.1.2.2	Promote nominations for employee and team of the quarter and select quarterly award recipients.				



3.1.2.3	Develop a standing space for recognition events and award announcements on agency intranet site		and morale (DSCYF or Divisional surveys)	• Collaboration with Department Communications Director.	
3.1.2.4	Organize and execute at least one staff recognition event per year.				
Strategy 3.1.3	Delaware will strengthen internship opportunities			Alignments	CFSP
				Time Frame	Year 2
Justification and Rationale	Delaware has had great success in recruiting staff from students that complete internships as a part of their post-secondary educational programs. Bringing in the future workforce as they further their education is a benefit to both side as students get experience and the agency will be able to hire trained staff.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
3.1.3.1	Meet with local college or universities to partner.	• Identification of appropriate colleges and universities. • Decisions for next steps. • Advancing internship opportunities through the Talent Acquisition unit of DHR.	• A reduction in vacancy rates reported monthly to CPAC (Child Protection and Accountability Commission). • Increased attendance at college job fairs.  • Meetings with DHR/Talent Acquisition to develop an formal internship program.	• College partnerships. • State DHR support • Collaboration with the Department's Communication Director.	
3.1.3.2	Explore expanding network of colleges and universities beyond the tri-state area (DE, PA, MD)				
3.1.3.3	Partner with State DHR (Department of Human Resources) and Department for guidance and support in developing a internship application and onboarding protocol.				
Strategy 3.1.4	Delaware's Center for Professional Development will team with DFS and Coaching Supervisors to hire competent and confident staff.			Alignments	CFSP
				Time Frame	Year 2

Justification and Rationale	Hiring (and retaining) the right people for child welfare casework is a top priority for DFS. According to the Children's Bureau <sup>1</sup> , "recruiting talented people to work within public and tribal child welfare programs has always been a challenge and is now a crisis" and potential candidates are looking for "inspiring role models and mentors" and "opportunities for professional development and growth." CPD can provide information about NET, mentoring, and the professional development opportunities available to staff during the interview process. Harver.com explains that "finding talented people that are well-suited to the position and company can lead to dramatically better performance both in the short-term and long-term."  <sup>1</sup> "Rethinking Child Welfare Recruitment" (Child Welfare Recruitment Brief, Children's Bureau, NCWWI.org)				
Activities		Benchmarks	Progress Measures	Implementation Supports	
3.1.4.1	CPD staff will participate on interview panels with DFS during the interview process every quarter.	<ul style="list-style-type: none"><li>Materials for new hires will be available for viewing.</li></ul>	<ul style="list-style-type: none"><li>Documentation of participation in interviews</li><li>Vacancy rate reviews to determine if hiring is more successful</li></ul>	<ul style="list-style-type: none"><li>CPD will collaborate with the statewide coaching team.</li></ul>	
3.1.4.2	CPD staff will attend and participate in DFS Job Fairs and Recruitment events, when possible.				
3.1.4.3	CPD staff will develop printed and online materials that outline training opportunities and resources that can be shared and posted for potential hires.				
3.1.4.4	CPD staff will consider the development of consultations with Coaching Supervisors to explore ways to restructure the hiring process of qualified staff.				
Goal 2: Develop: Delaware will provide high quality training, mentoring and relevant practice experiences to ensure staff feel confident and competent in their work.					
Strategy 3.2.1	Delaware will launch new user-friendly combined policy and user manual.			Alignments	CFSP
				Time Frame	Year 2
Justification and Rationale	A repetitive narrative from staff, from front line staff to administrators, is that accessing the policy and user manuals is challenging. Staff in the program team need an easy pathway to update policies to ensure that compliance is met, which will improve overall performance on all measures.				
Activities		Benchmarks	Progress Measures	Implementation Supports	

3.2.1.1	Migrate existing policies to the updated stand-alone format.	<ul style="list-style-type: none"> <li>• Policies will be published online.</li> <li>• DLC to load as a training for acknowledgment.</li> </ul>	<ul style="list-style-type: none"> <li>• Policies will be published online.</li> <li>• Results of CPD training surveys.</li> <li>• Results of a DFS Employee satisfaction survey.</li> </ul>	<ul style="list-style-type: none"> <li>• MIS and DSCYF support to load policy to the website.</li> <li>• MIS support to load to the website.</li> <li>• Department approval to post.</li> <li>• DFS Leadership including regional office leadership.</li> <li>• Lunch and Learn training to introduce new online platform.</li> <li>• Initial notification to staff of, "Go Live" status of online policies.</li> <li>• Ongoing notifications to staff of policy updates.</li> </ul>	
3.2.1.2	Develop a procedure for annual review of each policy for accuracy and alignment with currency expectations.				
Strategy 3.2.2	Delaware will implement a comprehensive training plan structure that addresses all levels of staff, focused on assessments, planning and service delivery, to support outcomes for children and families and includes the enhancement of hands-on training and training specific to all program areas.			Alignments	CFSP PIP 5.1
				Time Frame	Year 1
Justification and Rationale	Despite requesting more training opportunities, staff do not consistently complete required training hours. In CY2023, 50% of DFS staff achieved the required 28 hours of training. Workers and Supervisors report they do not have sufficient time to attend the required hours due to high caseloads and competing priorities. Additionally, completion of mandatory training expectations is not consistently enforced across regions, programs, and supervisors, with no repercussions for failing to meet the expectation. Delaware will develop a comprehensive training plan structure that will outline training requirements for each level of the Career Ladder.				
Activities		Benchmarks	Progress Measures	Implementation Supports	

3.2.2.1	Training Plan developed by Strategic Leadership Team (SLT) Training Subcommittee will be vetted by SLT.	<ul style="list-style-type: none"><li>• Attendance record of trainings</li><li>• Satisfaction surveys of staff</li><li>• Performance Plans and promotion packets will reflect new training requirements and competencies</li><li>• Training for supervisors will be developed around the use of the DLC.</li></ul>	<ul style="list-style-type: none"><li>• Employee satisfaction survey?</li><li>• CPD training surveys and reviews.</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• Collaborate with the Communications Director to help with the roll out of the elements of the communication plan.</li></ul>	
3.2.2.2	SLT Training Subcommittee will revise the checklist for promotions to include training requirements aligned with competencies.				
3.2.2.3	SLT Training Subcommittee will collaborate with DHR about changes to the SLT training plan and connecting it to Performance Plans and promotions.				
3.2.2.4	SLT Training Subcommittee will develop a communication plan and training for staff on the SLT Training Plan prior to implementation.				
3.2.2.5	Delaware CPD will provide training to supervisors on using the Delaware Learning Center for reporting and accountability.				
Strategy 3.2.3	Delaware will enhance the use of real-life scenario and program specific training in staff development.			Alignments	CFSP PIP 5.2
				Time Frame	Year 1
Justification and Rationale	Delaware requires new employees to complete 15 courses over 4 to 5 months. The Statewide Assessment indicated that in a 2022 Comprehensive Survey, 50% of existing DFS staff (n=80) agreed or strongly agreed that family service training provided new caseworkers the basic skills and knowledge required to do their jobs. During the stakeholder interviews, it was learned that staff felt that initial training focuses on job duties related primarily to investigation and workers going to other departments, such as treatment or permanency, must learn their job duties once training is complete and they have a caseload. Staff also indicated that initial training focuses on theory versus offering an abundance of hands-on learning opportunities. In addition, all new employees are supposed to be assigned a mentor, but due to worker shortages, there are not enough mentors to go around.				

Activities		Benchmarks	Progress Measures	Implementation Supports
3.2.3.1	Continuous Quality Improvement (CQI) and Treatment Program Managers will continue to coordinate Lunch and Learn and/or Morning Buzz training opportunities related to program specific trainings and use of real-life scenarios.	<ul style="list-style-type: none"> <li>• Permanency-specific FOCUS training will be offered to staff.</li> <li>• Real-life scenario training will be included in new worker and ongoing training.</li> </ul>	<ul style="list-style-type: none"> <li>• Midpoint Evaluation data</li> <li>• DLC Training data on training offerings and completions.</li> <li>• Qualitative survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Practice Coaches can be used to support ongoing training needs of staff, including mentoring.</li> <li>• CB/Center for States</li> </ul>
3.2.3.2	Quarterly Center for Professional Development (CPD)/Coaching meetings will examine training gaps, gather feedback, and work to identify additional opportunities for hands-on practice and program specific training for new workers.			
3.2.3.3	Strategic Leadership Team (SLT) Training Subcommittee will organize a team tasked with developing strategies to formalize and enhance Delaware's mentoring and coaching programs.			
3.2.3.4	FOCUS team will develop Permanency-specific FOCUS training.			
3.2.3.5	CPD will explore including Practice Coaches and Coaching Supervisors in role play scenarios during new worker training.			

3.2.3.6	CPD will institute a Midpoint Evaluation to collect data about the entire onboarding experience including training, mentor engagement, supervisory support, and functional responsibilities. The Midpoint Evaluation will be distributed to new hires at the midpoint of their NET.			
3.2.3.7	Explore the possibility of supports provided by CB/Center for States to support training opportunities for staff.			
Strategy 3.2.4	Delaware will develop the ability to track and monitor foster parent training completion to ensure all foster parents have access to and are trained in topics relevant to the youth they support.			Alignments
				CFSP PIP 5.4
Justification and Rationale	Since the deployment of FOCUS in 2018, tracking required annual training compliance for foster parents licensed by the State of Delaware has been challenging as entry and export of training lists is not user friendly. Delaware can review individual training transcripts for each foster parent at the time of license renewal but is unable to provide comprehensive data regarding licensed foster parents as a whole. As a result of this, analysis of compliance requirements for in-service training is incomplete. To address this problem, Delaware will develop the ability to track and monitor collective data regarding foster parent training completion to ensure that all foster parents have access to and are trained in topics relevant to the youth they support. Delaware will document training, monitor compliance, and address training needs with providers on an ongoing basis.			Time Frame
				Year 2
Activities		Benchmarks	Progress Measures	
3.2.4.1	The Foster Care Program Team and FOCUS Report Team will develop a report in FOCUS that shows data on DFS foster parent completion of training requirements.	<ul style="list-style-type: none"> <li>Foster Parent training will be recorded and tracked in FOCUS.</li> </ul>	<ul style="list-style-type: none"> <li>Foster Parent training compliance reports</li> <li>Foster parent satisfaction and youth surveys related</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration with PCAD to connect with a provider, potentially PFLAG, to</li> </ul>

3.2.4.2	The Foster Care Program Team will establish baseline data from report.		to training and ability to care for youth, possibly survey from SWA.	provide training around the needs of LGBTQIA+ youth.
3.2.4.3	Foster Care Program Team will develop a plan to track various aspects of the curriculum and trainings offered to foster parents (such as attendance, location, topics, foster parent feedback, matching needs of foster youth).		<ul style="list-style-type: none"> <li>• DLC attendance data for trainings that are completed by foster parents.</li> </ul>	
3.2.4.4	Foster Care Program Team will collaborate with contracted provider agencies to track and monitor foster parent training compliance.			
3.2.4.5	The Foster Care Program Team will implement a procedure for foster home coordinators to review data related to training requirements on a semi-annual basis and provide feedback during contacts with foster families.			
3.2.4.6	The Foster Care Program Team will revise and re-issue foster care policies accordingly to incorporate the required foster parent training plans into the contact requirements and annual review process.			
3.2.4.7	Foster Care Program Team will incorporate routine reviews of the foster parent training report into supervisory practices.			



3.2.4.8	Foster Care Program Team will develop a mechanism for ongoing monitoring and evaluation of trainings which may include quarterly surveys to foster parents regarding training requests, working with community providers to develop additional trainings, revisiting the curriculum, etc.			
3.2.4.9	Foster Care Program Team will provide a template to include training data in their contractually required mid-year and end of year reports.			
3.2.4.10	Foster Care Program Team will document the training requirement report analysis in FOCUS.			
3.2.4.11	The Foster Care Program Team will explore more training opportunities being offered to foster parents through the Delaware Learning Center (DLC).			
Strategy 3.2.5	CPD will collaborate with DFS to enhance the existing onboarding program for DFS new hires to create a sense of connectedness with the Division, deliver valuable off-the-job pre-service training, provide insightful on-the-job experiences, and ensure quality feedback and evaluation throughout the program.	Alignments	CFSP	
		Time Frame	Year 2	
Justification and Rationale	<p>An organization's investment in onboarding shows new staff that they are valued and appreciated. New employees feel more engaged, understand the expectations placed on them, and have opportunities to develop, grow, and advance. A comprehensive onboarding experience demonstrates the Division's commitment to be a learning organization that supports personal mastery, shared vision, and team building. According to recent research, "great employee onboarding can improve retention by 82%"<sup>1</sup> and "employees with good onboarding experiences are 18x more committed to their employer"<sup>2</sup>. A robust onboarding process should increase retention rates of qualified staff who are committed to the Division and child welfare work.</p> <p>1: "The True Cost of a Bad Hire" (Brandon Hall Group, 2015) 2: Bamboo HR</p>			

Activities		Benchmarks	Progress Measures	Implementation Supports	
3.2.5.1	CPD will actively participate in the CPD/Coaching Workgroup quarterly to discuss trends, concerns, retention efforts, and to generate ideas to improve the overall onboarding process	<ul style="list-style-type: none"><li>• SOP Mentor training conducted</li></ul>	<ul style="list-style-type: none"><li>• Documentation of workgroup participation.</li><li>• Documentation of TOL distribution.</li><li>• Documentation of SOP Mentoring schedule and attendance.</li><li>• Documentation of MidPoint Evaluations</li><li>• New Employee System Survey results</li><li>• Documentation of research, identification, and inclusion of experiential experiences in the onboarding process.</li></ul>	<ul style="list-style-type: none"><li>• No additional supports</li></ul>	
3.2.5.2	CPD will provide all new staff and their direct supervisor with the Transfer of Learning (TOL) Brief to orient them to the onboarding process and the expectations of them as learning partners				
3.2.5.3	CPD will facilitate Safety Organized Practice Mentoring training for experienced staff at least once a year to maintain an adequate number of mentors for new staff				
3.2.5.4	CPD will survey new staff about their onboarding experience using the Mid-Point Evaluation and the New Employee System Evaluation				
3.2.5.5	CPD will explore methods and techniques to incorporate experiential learning opportunities into the onboarding process, including Virtual Reality, role-play, demonstration, simulated court rooms, and mock houses				
Strategy 3.2.6	CPD staff will ensure the DFS New Employee Training (NET) curriculum complements the existing policies, practices, and initiatives of the Division and supports best practices and integrated service planning. Embedded in the NET will be the values, knowledge, and skills necessary for quality child welfare casework and first-rate safety decisions.			Alignments	CFSP
				Time Frame	Year 2

Justification and Rationale	Child welfare work is ever-changing as new research and evidence informs policy and procedural changes at the Federal and State level. It is important for new employee training to reflect those changes and best practices in a timely manner. A responsive training unit can update training materials dynamically to ensure policy and procedural changes are incorporated quickly and seamlessly.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
3.2.6.1	CPD will participate in meetings, conferences, and workgroups to remain current on the DFS policies and initiatives, as well as trends in child welfare practice	• Curriculum updates will be distributed	• Documentation of participation in workgroups, meetings and conferences.  • Documentation of curriculum updates.  Documentation of Level I evaluation and results.	• No additional supports needed	
3.2.6.2	CPD will review and update the NET curriculum on a regular basis to ensure consistency between training and the DFS policies, practices, and procedures				
3.2.6.3	CPD will evaluate the NET curriculum through Level 1 course evaluations, and modify training content, as needed				
Strategy 3.2.7	CPD will ensure that new staff and supervisors complete the required pre-service NET courses and demonstrate achievement of the burgeoning knowledge and skills necessary for effective child welfare casework and/or supervision.			Alignments	CFSP
				Time Frame	Year 2
Justification and Rationale	While compassion, empathy and respect for children and families may be inherent in those seeking positions in child welfare, knowledge of evidence-based tools, trauma-informed care, engagement strategies, and collaboration techniques may need to be introduced, practiced, and reinforced throughout the onboarding process. A comprehensive onboarding process, including a robust series of NET courses, is an important element in preparing new child welfare caseworkers and supervisors to be successful.				
Activities		Benchmarks	Progress Measures	Implementation Supports	

3.2.7.1	CPD will enroll new staff in their required NET courses in the DLC and provide new staff and their supervisors with the training schedule	<ul style="list-style-type: none"><li>• Creation and implementation of Post Test.</li><li>• Semi-annual distribution schedule for compliance reports established.</li><li>• Meetings with DFS staff to improve monitoring of skills learned in NET.</li></ul>	<ul style="list-style-type: none"><li>• Documentation of attendance in NET.</li><li>• Documentation of techniques used for on-the-job learning.</li><li>• Documentation of a new NET post-test.</li><li>• Documentation of course post-test results and pass/fail rate.</li><li>Documentation of DFS NET Compliance report distribution.</li></ul>	<ul style="list-style-type: none"><li>• No additional supports needed</li></ul>	
3.2.7.2	CPD will collaborate with Coaching supervisors, direct supervisors, and mentors on techniques to ensure quality on-the-job experiences that include observation, practice, and reinforcement of the skills and theories learned in NET				
3.2.7.3	CPD will create a comprehensive post-test of the entire NET series to demonstrate new staff have learned the important theories of child welfare practice and the policies and procedures of the Division				
3.2.7.4	CPD will administer Level 2 post-tests for the individual NET courses to measure knowledge retained by staff after training.				
3.2.7.5	CPD will distribute DFS NET Compliance Reports to DFS leadership twice a year to provide oversight and ensure new staff have completed the required NET courses.				
Strategy 3.2.8	CPD will collaborate with DFS to ensure caseworkers and supervisors have a variety of in-service learning opportunities to encourage personal/professional growth and to support the initiatives of the Division.	Alignments		CFSP	
		Time Frame		Year 2	
Justification and Rationale	Child welfare work is complex and challenging. In-service training is paramount to maintaining or increasing the effectiveness of child welfare workers. Changing laws, policies, and initiatives create ongoing demand for staff to learn new information and skills. Regular refreshers of existing policies and procedures are also necessary to address the 'learning drift' that commonly occurs over time.				

Activities		Benchmarks	Progress Measures	Implementation Supports
3.2.8.1	CPD will partner with DFS on initiatives important to the Division by participating in planning sessions, research, training development, scheduling, and Train-The-Trainer courses	<ul style="list-style-type: none"> <li>• Creation of a variety of training delivery methods by CPD.</li> <li>• Meetings between CPD and SME trainers to ensure that staff are attending required training.</li> <li>• Collaboration to create a robust DSCYF Training Plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of participation/development of in-service training on initiatives.</li> <li>• Reports of staff attendance/completion.</li> <li>• Documentation of courses available in the DLC.</li> <li>• Documentation of Training Hour report distribution and updated Training Plan.</li> </ul>	<ul style="list-style-type: none"> <li>• No additional supports needed</li> </ul>
3.2.8.2	CPD will administer staff training in the DLC to provide a variety of elective courses in numerous formats (synchronous and asynchronous) on job-related topics			
3.2.8.3	CPD will collaborate with SME trainers and Program Managers to ensure development and tracking of required training in the DLC			
3.2.8.4	CPD will update the DSCYF Training Plan yearly to reflect staff and stakeholder input, new State, Department, or Division requirements, and changes in practice			

**Goal 3: SUPPORT: Provide strong support, competent supervision, effective tools to complete job functions, and improved communication and engagement to bolster system improvement.**

Strategy 3.3.1	Develop supervisor competencies supported by the SLT training plan to strengthen supervision skills and help guide frontline caseworkers in successful case management.	Alignments	CFSR PIP 5.3
		Time Frame	Year 2
Justification and Rationale	Feedback from the Statewide Management meetings, Strategic Leadership Team meetings, CQI committee meetings, stakeholder interviews, and supervisor focus groups share concerns related to inconsistencies of supervisory skillsets across the state. Delaware Supervisor Training focuses on theory and lacks sufficient guidance related to day-to-day aspects of supervisory tasks. Supervisors report needing more every day, hands on applicable training to the job. Supervisors report there is no FOCUS		

	training for supervisor specific events. Although numerous reports are provided to inform supervisors on worker performance, supervisors indicate that they lack knowledge of how to use the reports or how to interpret the data as a supervisory tool.			
Activities		Benchmarks	Progress Measures	Implementation Supports
3.3.1.1	SLT Training Subcommittee will incorporate core supervisor competencies into the SLT Training Plan.	<ul style="list-style-type: none"> <li>• Supervisor competencies will be reflected in Performance Plans</li> <li>• FOCUS training on supervisor functions will be offered</li> <li>• Ongoing Bite Sized Learning Opportunities regarding utilization of FOCUS reports</li> </ul>	<ul style="list-style-type: none"> <li>• Employee satisfaction surveys.</li> <li>• CPD evaluations/surveys</li> <li>• Initial and ongoing contact reports in FOCUS.</li> <li>• Delinquency reports in FOCUS.</li> <li>• DLC training reports will reflect completion of supervisory training.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff will be notified of upcoming Lunch and Learn (bite sized learning) in advance and on the day of training.</li> </ul>
3.3.1.2	SLT Training Subcommittee will collaborate with HR to connect the supervisor competencies to the supervisor Performance Plans.			
3.3.1.3	Delaware will include training opportunities in the SLT Training Plan to develop supervisory skills.			
3.3.1.4	Delaware FOCUS Trainers will develop a FOCUS training for supervisory functions.			
3.3.1.5	SLT Training workgroup will strategize with Operations to enhance capacity for supervisors to complete training.			

3.3.1.6	SLT Training subcommittee will organize a team tasked with developing strategies to strengthen and enhance Delaware's mentoring and coaching program for supervisors. This includes formalizing mentoring opportunities (learning circles, group coaching, peer-to-peer).				
3.3.1.7	FOCUS Team will continue to provide Bite-Sized Learning Opportunities to supervisors and managers regarding the use of specific reports in performance monitoring.				
Strategy 3.3.2	Revise Investigation Case Conference event in FOCUS to be more user-friendly and aligned with best practices.			Alignments	CFSP
				Time Frame	Year 2
Justification and Rationale	The investigation case conference is a crucial tool in the successful navigation and completion of a DFS investigation. Through case conferencing, supervisors receive information from front line workers about interactions with families and community partners, provide feedback and direction to workers, and guide case decisions through the use of various supervision models and tools. Case conferences are invaluable for developing critical thinking skills in staff through the use of such methods as reflective supervision, for helping staff make important child safety decisions, and for navigating the many complexities of child welfare work. Equally important is having a tool and a guideline for documenting case conferences, both to assist the supervisor in remembering to discuss relevant case elements and for later reference by the case worker. The Treatment Program Manager recently updated the Treatment Case Conference event in FOCUS to better meet the needs of staff, and now a similar revision process will be applied to the Investigation Case Conference event.  <i>Justification:</i> The existing Investigation Case Conference event in FOCUS is outdated and in need of revision to conform with best practice. Additionally, updates to FOCUS have been made since the event was first created, which will allow for a more user-friendly layout and greater ease of use.				
Activities		Benchmarks	Progress Measures	Implementation Supports	
3.3.2.1	Form a workgroup to consider and decide what elements should be included in a case conference event.	<ul style="list-style-type: none"><li>• Workgroup recommendations will be delivered to the FOCUS team.</li></ul>	<ul style="list-style-type: none"><li>• Qualitative survey with supervisors/workers</li></ul>	<ul style="list-style-type: none"><li>• FOCUS support training for supervisors will be needed when the new event is launched</li></ul>	

3.3.2.2	Work with the FOCUS team to write a user story for the updated case conference event. Borrow from the Treatment Case Conference event for layout and functionality.	<ul style="list-style-type: none"><li>• Successful launch of an updated Investigation Case Conference event in FOCUS</li></ul>		
Strategy 3.3.3	Improve engagement, communication and feedback with stakeholders related to strategic performance and improvement planning.		Alignments	CFSP
			Time Frame	Year 3
Justification and Rationale	Delaware needs to improve engagement with stakeholders, including parent attorneys, foster/adoptive parents, and internal DSCYF staff to foster ongoing consultation regarding CFSP activities. Delaware will develop a communication plan that addresses how stakeholder input affects, informs, or modifies CFSP goals/strategies where necessary.			
Activities		Benchmarks	Progress Measures	Implementation Supports
3.3.3.1	Develop a communication plan to share regular updates, feedback and other information with stakeholders who participate in CFSP/APSR activities.	<ul style="list-style-type: none"><li>• Completion of Communication Plan</li><li>• Completion of stakeholder events</li><li>• Lessons Learned meetings conducted</li><li>• Completion of stakeholder survey</li><li>• Supplemental Survey results published online</li></ul>	<ul style="list-style-type: none"><li>• Minutes of meetings</li><li>• Event Calendar</li><li>• Attendance Logs</li><li>• Stakeholder Survey Results</li></ul>	<ul style="list-style-type: none"><li>• DFS Leadership including regional office leadership</li><li>• Collaboration with the Communications Director.</li></ul>
3.3.3.2	Host biannual stakeholder events to provide updates, share feedback and engage participants in planning or monitoring of CFSP, PIP and other Strategic Planning Development.			
3.3.3.3	Develop and hold a quarterly “Lessons Learned” management meeting to share and discuss findings from various process improvement committees including CAN panel, Safety Council, Internal Reviews, and Root Cause Analysis, etc.			
3.3.3.4	Conduct annual stakeholder survey (previously used for self-assessment) and share results with stakeholders, including publication on the agency website.			



3.3.3.5	Report out results of supplemental surveys completed by the case review team quarterly, including publication on the agency website.			
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## IV. Services

### A. 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 childcare 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 Education and DFS partner to administer Birth to Three 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.

The Division of Prevention Behavioral Health Services', Promoting Safe and Stable Families Program receives Title IV-B subpart II, Family Support and Family Preservation funds. The funding is utilized to coordinate individualized comprehensive services that builds on the strengths of individuals, families, and communities; emphasizing collaborative approaches to identification of risks factors and increasing protective factors, services promote a family's ability to function; preventing child abuse and neglect and it's contributing factors.

The statewide identified geographical service areas that have higher rates of families prone to entering or re-entering services through the Division of Family Services. Service areas often experience high-level environmental occurrences of trauma. Additionally, service areas also have higher reported cases of children and adult receiving SNAP and TANF benefits. The program also targets non-residential and non-custodial fathers as a protective factor to reduce stressors incurred by single mothers and to increase child resiliency through positive father involvement.

Individuals to be served are any caregiver and at-risk families with children 17 and younger. Families served also include parents experiencing housing insecurities, non-residential fathers, foster parents, and young adults who have a child 17 years or younger or seeks to gain a relationship with their child. Families must have one or more risk factor, a demonstrated need for prevention intervention. Prior or current involvement with the Division of Family Services is not a disqualifying characteristic for involvement in the program.

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.
- The second track is traditional investigation conducted by DFS staff. Due to staffing limitations, the DFS track for assessment is currently suspended. When capacity returns, the internal FAIR program will resume.
- 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 and a new service to include contracted case management providers.
- 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.
- 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, childcare facilities, the Delaware Maternal and Infant Early Childhood Home Visiting (MIECHV) program, Birth to Three, 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 childcare, training, and approvals.

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 is expanding licensing for kinship families to better support those family with board payments, training, and case management. Delaware has also successfully implemented a Kinship Navigator program through a contract with Children's Choice. The KIN-Tech™ model is used in the program and has shown very successful outcomes for families. Delaware is also in the early stages of a partnership with the Division of State Service Centers to help families to connect to their kinship support program.

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, Wendy's Wonderful Kids and local DelAdopt listing to match adoptive resources. In 2023, Delaware expanded their recruitment efforts for youth with a goal of adoption through the use of the "Heart Gallery", at a local shopping mall. This wall, along with social media messaging, highlighted children who were legally free for adoption. This process was well received in the community and is still in place today. 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 23; 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 (ETV) 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, called Helping Our Peers to Evolve (HOPE). Youth are also able to connect to educational opportunities that will allow them to attend one of three Delaware colleges or universities (Delaware Technical and Community College, Delaware State University or University of Delaware) tuition free. At Delaware State University and University of Delaware, youth are also provided with year-round housing as well as a year-round food plan. Youth are also able to connect with the Aspire529 plan to request financial assistance for post-secondary education or training programs.

## **B. 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. The Child Protection and Accountability Commission (CPAC), which also serves the function of being the Citizen Review Panel for CAPTA, 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. Childcare for eligible foster children and intact families is coordinated with the Division of Social Services. Birth to Three programming for children aged 3 and younger is coordinated with the Department of Education. 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. Vision and 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 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. If an Indian child is taken into custody, the tribal leadership is contacted for notification and placement assistance. Indian children and families have access to 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.

### **C. Services 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.

### **D. Stephanie Tubbs Jones Child Welfare Services Program**

*(Title IV-B, subpart 1)*



DSCYF has sustained the formal child welfare continuum of services from intake and investigation, treatment and ongoing case management through adoption and independent living services. Family support services are coordinated with multiple community partners using community-based interventions. DFS sustains a cluster of initiatives under the 'Outcomes Matter' banner including Safety Organized Practice, Structured Decision Making®, Team Decision Making and family teaming, all using family focused approaches to strengthen family voices in assessment, planning and service delivery. While infrastructure enhancements have been added, staff turnover has resulted in the need for frequent training to ensure that new staff understand the approaches in each program that was introduced through Outcomes Matter. Additionally, checks to ensure that staff are using SDM® to fidelity are planned through case reading events with Evident Change. Embedding continuous quality improvement principles to daily work and larger areas needing improvement matured over the past five years, but opportunities still exist to improve practice. To this end, the increased monthly case reviews by Delaware's CQI team has provided a feedback loop for administrators, supervisors and frontline workers that not only highlights areas needing improvement, but areas where practice exceeds expectations.

*(See Section II, Service Array for description of child welfare services. As for progress reports on child welfare services, see Section IV, Child and Family Services Continuum; also see CFS-101 for populations and locations; and Section VI, Grant Applications, Stephanie Tubbs Jones Child Welfare Services)*

#### *Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)*

Post Permanency support services are available to all children and families in the State of Delaware who have achieved permanency through adoption and permanent guardianship. This includes children adopted from other countries.

Currently there are contracts in place with A Better Chance for Our Children (ABCFOC), Children and Families First (CFF) and Children's Choice to provide post permanency services for children who reside in Delaware and have achieved permanency through guardianship, permanent guardianship, or adoption.

The three agencies have 24-hour hotlines for families in crisis. The activities include information and referral, crisis assistance, parent coaching, supporting birth family connections, sibling support, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children and youth, Love and Logic parenting, parent retreats, Rec N Respite, Respite, and parent/ child bonding workshops.

Some of these support groups and activities are in conjunction with referrals from DFS foster care, private agency adoptions, other state adoptions, international adoptions and



the families themselves seeking post adoption training and support services. Referrals for post-permanency services have continued to remain steady.

Additionally, the Interagency Committee on Adoption continues to collaborate with Springfield College to offer an adoption certification program for master's level therapists with degrees in counseling, social work, or related fields. The Interagency Committee on Adoption will maintain a public list of therapists who have completed this program to work with all adopted children, youth, and families in the state of Delaware.

#### *Services for Children Under the Age of Five (section 422(b)(18) of the Act)*

Delaware continues to work closely with the Department of Public Health to encourage utilization of Delaware's home visiting programs, which include Nurse Family Partnership, Healthy Families America, Parents As Teachers, and Delaware Head Start/Early Head Start. The Treatment Program Manager and Intake and Investigation Administrator participate in the Home Visiting Community Advisory Board. The Treatment Program Manager also participates in the Help Me Grow workgroup.

The Multisystem Healthy Action Committee (MSHAC) meets quarterly in all three counties. MSHAC in Sussex County has been meeting regularly. There was a pause in the NCC and Kent County meetings due to transition of chairs. This committee focuses on services for children under the age of five, especially, those children who were substance exposed. Several early childhood community agencies, including DFS caseworkers/managers, hospital social workers, home visiting managers, and many other community agencies meet to discuss services, referrals, data, trends, etc.

Highmark Health Options and AmeriHealth have been Delaware's two Medicaid MCO contractors. In 2023, Delaware First Health became a new Medicaid MCO provider in DE. Delaware has a great relationship with these providers. Delaware provides a monthly report to the providers about children who exit and enter foster care. The Care Coordinators reach out to DFS case workers to help coordinate services. This partnership helps ensure children in foster care are receiving recommended medical services and screenings.

The Division of Family Services, Prevention and Behavioral Health, and Division of Public Health have a liaison for the Delaware's Birth to Three program (B23). Data is shared between The Division of Family Services and B23 program that includes a monthly list of children who enter DFS custody. The list of children is cross-referenced with a report of children who were referred to B23. If a child is under the age of three and entered DFS custody but was not referred to B23, then the Treatment Program Administrator sends an email to the assigned DFS worker and supervisor. This email reminds the caseworker to screen the child for developmental needs and refer to B23 if appropriate.

These existing programs will continue through the 2025-2029 Child and Family Services Plan cycle:

#### Delaware Thrives

Delaware offers resources to parents and providers through Delaware Thrives. Delaware Thrives is the statewide, multi-agency initiative to identify 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, quality time with children, safe sleeping 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 through 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 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. Collaboration continues

between DFS and Delaware's home visiting partners across the state. There is a Universal Referral Form (through HMG 211) to streamline referrals.

#### 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 <https://www.cffde.org/hfa>.

#### Parents As Teachers

Parents as Teachers (PAT) is a free voluntary program serving families throughout Delaware. 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 \$tand By Me financial coach. PAT serves prenatal through 5 years old. More information can be located at:

[https://education.delaware.gov/families/birth-age-5/early\\_resources/parents\\_as\\_teachers/](https://education.delaware.gov/families/birth-age-5/early_resources/parents_as_teachers/).

#### 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 public assistance (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. More information can be found at: <http://www.deheadstart.org>.

#### Birth to 3 (B23), formerly known as 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. The statewide early intervention program for children ages birth to 3 was formerly called Child Development Watch and administered by the DHSS' Division of Public Health. To better align with meeting the educational needs of children in Delaware, the program is now administered by the Department of Education and is now called Birth to Three (B23). The program follows Part C of the Individuals with Disabilities Education Act (IDEA), and early intervention

services are provided for eligible children with developmental delays or disabilities. The goal of B23 is to help families and caregivers to improve their child's learning and growth while enhancing the capacity of their families to meet the needs of their young children.

Participants are referred to B23 through the central intake office. DFS workers, pediatricians, parents, and caregivers make referrals. Delaware has created a special partnership in which dedicated B23 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 B23 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.

B23 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.

B23 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 B23 staff.

The CDW Program partners with DSCYF and many other providers across the state. B23 is monitored by an advisory council, the Interagency Coordinating Council (ICC) that advises and assists in the implementation of Part C of IDEA; advises DOE regarding the transition of toddlers with disabilities to preschool and other appropriate services; and advises on the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families. Membership in the ICC is statutorily defined and

the Director of DFS is a member. More information can be found at: <https://www.b23de.org/>

#### 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 (section 422(b)(19) of the Act)

Delaware's Child Protection Accountability Commission (CPAC) is the state entity responsible for compiling child maltreatment fatality data from multiple agency sources. CPAC was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility transferred from the Child Death Review Commission to CPAC on September 10, 2015.

CPAC serves as the federally mandated Citizen Review Panel, and the Child Abuse and Neglect Panel with oversight from the CAN Steering Committee conducts retrospective reviews on all death and near-death cases of abused and neglected children, assessing for strengths and weaknesses across seven system areas. CAN Panel is comprised of the



DFS Intake and Investigation Program Manager, as well as members from the OCA, the IC's office, law enforcement, the DV community, hospitals, schools, Child Development Watch (Delaware's part C program), Family Court, the DOJ, and the medical examiner's office, who meet monthly to make recommendations to the CAN Steering Committee. The Steering Committee reports to the Governor of Delaware with findings and recommendations. A copy of this report can be accessed at:

[https://courts.delaware.gov/childadvocate/cpac/cpac\\_reports.aspx](https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx)

In FY2023, CPAC approved the retrospective reviews conducted by the Child Abuse and Neglect Panel between July 2022 and June 2023. During this period, the Panel reviewed 93 child maltreatment deaths and near-death cases, which resulted in 123 strengths and 188 findings. The findings and recommendations resulting from the reviews of child deaths and near deaths due to abuse or neglect are available at the following link:

[https://courts.delaware.gov/childadvocate/cpac/cpac\\_reports.aspx](https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx)

These strengths and findings are distributed in draft form to intake and investigation staff, as well as upper divisional and departmental management, for purposes of enhancing quality of work, encouraging adherence to policy, and strengthening policies to be more collaborative and preventative.

Child maltreatment fatalities reported to NCANDS are derived from substantiated investigations resulting in findings of death neglect or death abuse. The state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies, or medical examiners' offices when reporting child maltreatment fatality data to NCANDS because these agencies do not interface with Delaware's Child Welfare information system nor determine deaths as a result of abuse or neglect in the same manner as the Division.

## **E. MaryLee Allen Promoting Safe and Stable Families (PSSF)**

*(Title IV-B, subpart 2)*

### **Family Preservation and Support**

In FY 2020-2024, DPBHS provided Family Consultation and Support Services under Family Support and Preservation components of Title IV-B subpart 2 statewide through two community-based agencies over 5 sites that utilized a family support approach with family-centered practices. The PSSF consultation and support case management model incorporated trauma-informed practices in the service delivery. Assessment and planning tools were utilized to empower and stabilize families by addressing the risk factors and core stressors of caregiving that often lead to child maltreatment. Well-supported practices were aimed to improve parenting skills, family needs management, parent to parent, and parent to child healthy relationship skills that promote healthy, safe, nurturing, and stable environments. While the original intent was to provide Family

Consultation and Support Services in person in the participants home or other established community-based location due to COVID-19 services were provided virtually using Zoom or over the phone. Post the imminent threat of COVID-19 service providers were having challenges re-engaging families in the original model to its fidelity.

The plan in FY 2025-2029 is to reinstitute in-home and community-based family consultation and supportive services and including the hybrid or virtual option when needed. Ensuring services are provided in an area that is familiar to the family/ father being served will help the providers deliver individualized, culturally humble services. Family services are differentiated from fatherhood services in the upcoming years and staff is designated to provide services to their target populations. In addition, the length of the program has been extended to 12-14 weeks, evidenced to be an appropriate amount of time to see the increase and impact of protective factors. Designated services are also less prescriptive in 2025-2029 than in service years 2020-2024. Aside from measurement tools, providers have the autonomy to support and preserve families as their families require them. It is encouraged to truly look at the individual and family in their environment and build supports around them instead of placing them in a program that may not otherwise be realistic or meet their needs.

### Family Reunification

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
- Nurturing Parenting Partners

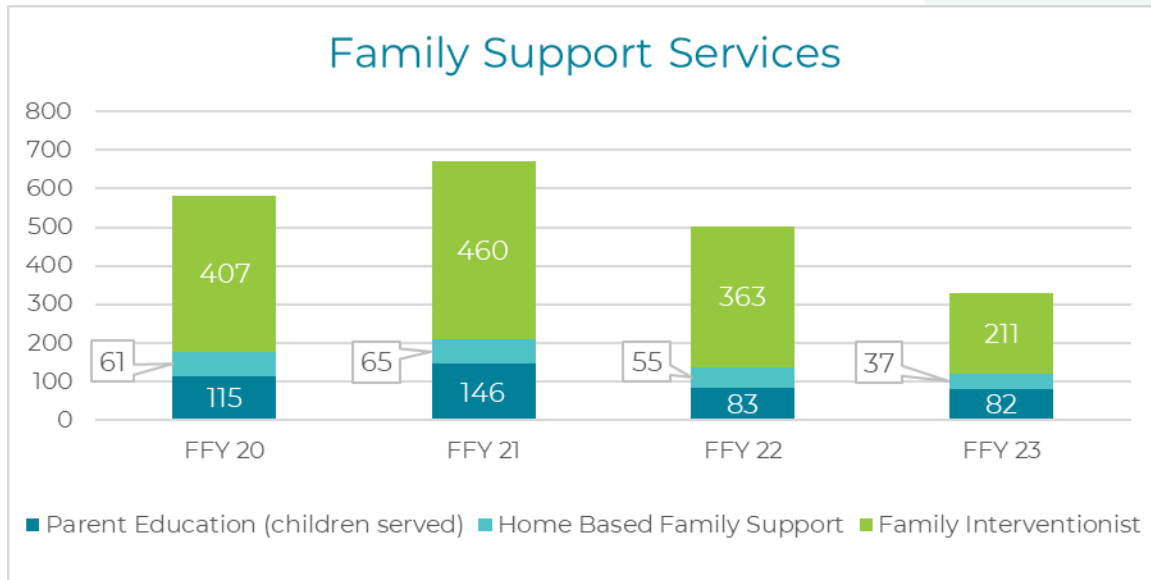
The family interventionist meets with the family at least weekly to conduct an assessment and set goals with the family. The family interventionist assists the family in meeting the goals on their Family Service Plan. Some of the activities include parenting, budgeting, assist in finding employment or 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 (45 CFR 1357.15(r))*

Family Support and Family Reunification funds in Delaware are combined to provide a continuum of services whose primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety can be assured. The services build on family strengths, increase family stability, provide opportunities to improve the parent's capacity to meet their children's needs with a focus on prevention and early intervention services that alleviate family crisis and stressors in an effort to reduce the likelihood of child maltreatment and enhance child well-being. The Division of Family Services contracts with four providers to serve intact families and those families who are separated and working towards reunification and currently in 2024 the service array is expanding to 6 providers. The purpose of these services is to provide intervention which will enable families to remain intact or to help resolve issues which resulted in children being removed from the home. The target population for the Family Interventionist, parent education, and Home-Based family support services are families who are considered high or very high risk for child abuse and/or neglect and they are involved with the Division of Family Services. These services are offered statewide. Families are referred to one of these agencies and services by the DFS caseworker.



DFS also uses a bidding process for contracted services supported by PSSF funds. Currently, four providers offer these services, however in August 2023 a Request for Proposals went out for these family support services. Six providers have been selected to provide for this service array. Community-based services provide family intervention for intact families and families with children in foster care.

#### *Populations at Greatest Risk of Maltreatment (Section 432(a)(10) of the Act)*

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 has a good working relationship with the MDT partners, including law enforcement, FBI, medical, CAC, OCA, and community providers to address identification and services for victims of sex trafficking. During the CFSP period, Delaware identified and approved (May 2021) the adoption of the CSE-IT screening tool to assist in the identification of risk for trafficking. A Juvenile Trafficking Oversight Team was formed to review all youth who have been or are at risk of trafficking on a monthly basis to

determine the MDT process and its strengths and needs. The Juvenile Anti-Trafficking Action Committee continues to meet quarterly and brings together law enforcement, courts, advocates, attorneys, DFS, FBI, schools, service providers, and those interested in fighting against juvenile trafficking. Delaware has reviewed best practices and is working with a provider to serve youth who have been trafficked and their families.

### Kinship Navigator Funding

*(Title IV-B, subpart 2)*

Delaware's statewide Kinship Navigator services are provided via a contract with Children's Choice of Delaware, a community-based private child welfare agency. The program started in October 2020 with a needs and readiness assessment and researching national kinship navigator models. This resulted in recommending to DFS the Kinship Interdisciplinary Navigation Technologically Advanced Model, aka KIN-TECH™. It is an evidence-based kinship navigator program designed to support kinship caregivers. DFS approved the model for replication in Delaware.

KIN-TECH™ was rated as evidence-based in September 2022 by the California Evidence-Based Clearinghouse for Child Welfare. A rating of 2 (Supported by Research Evidence) was obtained in 3 topic areas: Kinship Caregiver Support Programs, Placement Stabilization Programs, and Prevention of Child Abuse and Neglect (Primary) Programs. Each of those 3 areas was rated as having High Child Welfare Relevance. The evidence-based model was developed by Larry Cooper, MSW, LCSW, Vice President of Innovation, of Children's Home Network in Tampa, FL. Delaware has used this model since its roll-out on August 4, 2021.

A Fidelity Monitoring of the Children's Choice kinship navigator program began in the fall of 2022 completed by Larry Cooper of Children's Home Network and certified Children's Choice, Delaware as of May 1, 2023, as having a program that is meeting and maintaining model fidelity for KIN-TECH™. He completed another audit later in 2023 and re-certified Children's Choice for another year. He is auditing again in late summer/early fall to assess ongoing fidelity to KIN-TECH™.

The Delaware program currently covers full-time kinship positions as follows: one Supervisor, one Intake Coordinator/Support Group Assistant, two Caseworker Navigators, one full-time Peer Navigator, one part-time Executive Secretary, and a part-time Peer Navigator who begins employment at the beginning of July 2024. Also, the statewide Director, with overall responsibility for programs her agency provides in Delaware, continues to allocate much of her time to the kinship navigator program. All positions are full-time except for the Executive Secretary, which is a 20% position, and the incoming Peer Navigator, who will be part-time.

For the upcoming contract year effective 10-1-24, we hope to add funds to the contract to cover the expenses of licensing kinship caregivers through Children's Choice; this has been piloted, and we hope it will continue if adequately funded. We still would like additional funds to add a professional Family Finding Specialist to the contract in order to increase the placements of children with Formal and Voluntary kinship caregivers whether relatives or fictive kin.

The Kinship Navigator Program is funded through 9-30-24 using the Title IV-B, subpart 2 Kinship Navigator grant of \$200,000 and Applicable Child Savings funds to supplement the overall need for the program. The contract has expanded to \$580,078 since 10-1-20. In addition, Children's Choice was awarded a \$50,000 grant from a private foundation in Wilmington, Delaware in April 2022. The grant is allocated directly to Children's Choice for direct service/tangible items to kinship. This is not reflected on the DFS Spending Plan as it is not DFS' funds.

The program has steadily increased the numbers of caregivers served and has continued to provide formal Kinship services statewide to kinship caregivers of children active with DFS, whether or not the child is in DFS custody. Services include Psycho-social/Historical Assessment, Case Management, Family Support Plan, Navigation, including Inter-Disciplinary Team Advocacy, Community Outreach and Public Education, including Delaware Kinship Community Collaborative, Educational Workshops, Support Groups, Assistance With Referrals to other Services beyond the Kinship program such as Substance Abuse Workshops and Linkage to Service, Legal Services, Family Team Conferencing, Tutoring, Mentoring, Health and Wellness, Developmental Screening, Respite and/or Coordinated Child Care.

DFS caseworkers and/or Office of the Child Advocate CASAs and GALs are given a brief explanation of the program and complete a one-page referral form for the formal Kinship Navigator services for caregivers of children on their caseloads. Children's Choice has the kinship navigator program listed on its brochure and its website. The program has been so well received and needed that families not involved with DFS reach out and referrals are sometimes made by community members, Family Court judges, and caregivers themselves. If the family is not involved with DFS and in an effort to not turn anyone away from support, Children's Choice offers informal services that include Information & Referral services and invitations to either of the two existing support groups, depending upon where they reside. Children's Choice also includes the informal families in the distribution of donated gifts at Christmas time. Community partners are aware of the program via attendance at the Delaware Kinship Community Collaborative, established near the end of 2021. Children's Choice and DFS also participate in the DHSS-DSS-

Community Partner Support Unit bi-weekly resource calls that have over 400 names on the invitation list.

DFS and Children's Choice have also since February 2024 entered into two collaborative professional relationships with two other State agencies in order to facilitate services and benefits for our statewide kinship caregivers. We in the Kinship Navigator Program are seeing incremental improvements and tremendous willingness on the part of DHSS-Division of Social Services and DHSS-Division of State Service Centers to make the application processes smoother for staff and caregivers. It is a pleasure working with them at our monthly meeting with each.

Upon referral for formal services, Children's Choice follows up with the caregivers via an initial contact by the Intake Coordinator before they are assigned to a navigator based on their level of needs. Caregivers with one to three needs are assigned to a Peer Navigator for services for 1 -3 months; caregivers with more complex needs are assigned to a degreed Caseworker Navigator for services up to 6 months. The Intake Coordinator, Peer Navigator, and Case Worker Navigators explain the program in more detail. If the program is at capacity and the caregiver is put on a waitlist, the Intake Coordinator makes weekly contact for an update on their circumstances.

Children's Choice and DFS continue to build capacity to serve kinship caregivers of DFS children. A goal is to grow program capacity to a point at which kinship caregivers of all children active with DFS can access services upon referral by their DFS Caseworkers. The division continues to support kinship caregivers as regular case management procedures and refers caregivers that need added supports, because the Kinship Navigator Program does not currently have capacity to serve all kinship caregivers that are currently caring for children in DFS custody.

A long-term goal is to include increased prevention efforts to kinship caregivers of non-DFS children. Through various channels we network with community private and agencies, such as DHSS-Division of Services for Aging and Adults with Physical Disabilities , DHSS-Division of Social Services, Division of State Service Centers, and, as needed, with The Department of Education, to build community ownership and capacity to serve the caregivers of children outside of the child welfare system; the most current number of Informal kinship caregivers in Delaware is approximately 25,000. About 20,000 of those are grandparents; the other 5,000 are aunts, uncles, older siblings, and non-relative fictive kin, such as god-parents, school personnel, church contacts, family friends, etc. The number of the children they are raising is an unknown.

DFS is committed to supporting the Kinship Navigator program and to again support as needed Larry Cooper of Children's Home Network with a letter of support for a re-review

of the evidence-based KIN-TECH™ model with the Title IV-E Prevention Service Clearinghouse in the hope of it receiving a promising, supported, or well-supported rating and allowing Delaware to claim IV-E reimbursement at 50% for kinship services. DFS was successful in helping Children's Home Network to obtain a re-review, which is currently underway.

**TOTAL SERVED 10-1-20 THROUGH 5-31-24:**

**478 KINSHIP CAREGIVERS**

**1,226 CHILDREN**

**Adoption Promotion and Support Services**

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, AdoptUSKids and local DelAdopt listing to connect adoptive resources. The state of Delaware discontinued their contract with the Adoption Center in 2023 and entered into a contract with the Dave Thomas Foundation for Adoption and Children and Families First to offer the evidence based, child focused recruitment model, Wendy's Wonderful Kids, to Delaware's children and youth. Emphasis is placed on youth with a goal of APPLA, Guardianship Unknown and Adoption who are in danger of aging out of foster care with no relational permanency. Emphasis is also 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 3 contracted private agencies for statewide crisis intervention, case management, training, bonding workshops and other supports. Post-adoption services are for all families in Delaware who have achieved permanency through adoption, guardianship or permanent guardianship. These services are available for families who adopt from foster care or privately, including international adoptions.

**Adoption and Legal Guardianship Incentive Payments**

With federal approval, DFS applied adoption incentive funds to a program titled Parent Enrichment. The program reimburses adoptive caregivers to purchases made to normalize childhood experiences and enhance child well-being. This program has been well received and will continue in FY25. Funds may also reimburse adoptive parents for training conference expenses. Additionally, funds were used to purchase training for staff related to trauma, adoption connection, disruptions and FASD.

**Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits**

Caseworker visit grant funds are applied to contracted foster care services using a methodology targeting caseworker visit costs. Contracted providers have monthly, if not



more frequent, contact standards. Delaware policy on foster child visits is cited in Placement Chapter, Section G of the DFS User Manual that states children in out of home placements must be visited monthly. This is also established in placement agency contract language. For FFY2022, Delaware scored a 94.94% on the monthly caseworker visit report with 77.30% of visits taking place in the placement setting. For FFY2023, Delaware scored a 92.47% on the monthly caseworker visit report with 76.23% taking place in the placement setting.

DFS will submit monthly caseworker visit data for FFY2023 per Section 424(f) of the Social Security Act by December 15, 2024.

#### **F. John H. Chafee Foster Care Program for Successful Transition to Adulthood** *(Section 477 of the Act)*

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.

##### *Agency Administering Chafee (section 477(b)(2) of the Act)*

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.

HOPE (Helping Our Peers Evolve) 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 HOPE on how DFS is supporting youth in foster care, and how the Division might do this more effectively. In addition, staff from CIP attend HOPE meetings to gain feedback on how to improve family court hearings for youth. DFS gathers feedback from HOPE, 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 can 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** *(Section 477(b)(2)(C) of the Act)*

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 16-23. 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 18-23. The tool provides a reference for age-appropriate life skills development and focus areas. Each participant receives an individualized 'plan for independence'. 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. With the passing of HB 271 on 5/22/22, Delaware expanded the age of independent living supports from age 21 to age 23. DFS has expanded contracted services to support this additional population.

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

[Services Available for Youth Aged 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 Aged 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 Aged 18-23 (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 focus 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

*(Section 477(b)(2)(D) of the Act)*

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 grades 9<sup>th</sup> through 12<sup>th</sup> to connect with an educational advocate. This program, known as the UGrad program provides educational support for youth, and helps 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 (section 477(b)(2)(E) of the Act)*

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 (section 477(b)(2)(F) of the Act)*

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

## **G. Education and Training Vouchers (ETV) Program**

*(Section 477(i) of the Act)*

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)

#### *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.

#### *Consultation with Tribes (section 477(b)(3)(G) of the Act)*

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.

#### **Consultation and Coordination Between States and Tribes**

There continues to be no federally recognized tribes in Delaware, however there are 2 state recognized tribes- Nanticoke Indian Association and Lenape Indian Tribe. Chief Natosha Carmine of the Nanticoke Indian Association has participated in our annual stakeholder meetings in previous years. She has been favorable in working

collaboratively together although we have not had occurrence to share work with any particular youth or family. Chief Carmine agrees to assist the agency with foster home recruitment and placement should an Indian child enter state custody. Chief Carmine has acknowledged receipt of the Child and Family Services Plan. All APSR submissions are available to the Nanticoke Indian Association via the agency's web page upon final approval. The Lenape Indian Tribe lead by Principal Chief Dennis J Coker, was recognized in Delaware in 2016 and the agency has not had a family or child connected to the Lenape Indian Tribe and will need to work to engage that tribe in child welfare discussions including inviting him to stakeholder meetings. FOCUS was built with the capability to capture ICWA information to better identify and engage tribes. With the development of the updated AFCARS report, the data collection in the system was updated and enhanced staff training has occurred on data collection regarding Indian tribes. Current basic ICWA training is mandatory for new caseworkers and is available on the Delaware Learning Center. Delaware has a low population of identified Indian children, but for any that enter the system, they are afforded all available services via the State agency. The Family Court has standardized the practice of asking about Indian heritage in court proceedings. Family Court monitors individual case proceedings for ICWA eligibility and case activity per ICWA and the 2016 ICWA Final Rule (25 CFR Part 23). Chief Carmine continues as a child welfare stakeholder and will be invited to attend all stakeholder meetings to provide input on APSR progress as well as engage with the CFSR round 4. Delaware also plans to work toward improved engagement with the Lenape Indian Tribe. The agency has no agreement with a tribe to perform Titles IV-B or IV-E activities.

## **V. Targeted Plans within the 2025-2029 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*

Section 422(b)(15)(A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services.

Delaware's Health Care Oversight and Coordination Plan documents the required elements for meeting the medical needs of foster children. The Division of Family Services works closely with the contracted MCO providers, Highmark Health Options, and AmeriHealth regarding care coordination services for all children in foster care and collaboration for children not experiencing foster care. Delaware First Health is a new MCO provider in the state of Delaware, however, Delaware First Health did not begin offering services until 2024.

For CY 2023, 590 foster children received health services through either Highmark Health or AmeriHealth MCO. There was a total of 365 Highmark Health members and 209 AmeriHealth members.

The MCO providers receive a monthly report of all children who entered foster care. The children are assigned a Care Coordinator. The Care Coordinator collaborates with the DFS caseworker and the resource family. Training about care coordination services has been provided and continues to be available for staff.

Highmark Health Options and AmeriHealth have presented their respective programs during a Lunch and Learn. The purpose was to provide relevant information to Division staff and answer any questions regarding the program benefits, as well as Care Coordination services. (See attached: Health Care Services Plan 2024)

### *Disaster Plan*

In March 2020, the Governor of the State of Delaware issued a Declaration of a State of Emergency, related to COVID-19 and its potential impact on the health and safety of Delawareans. While this declaration did not close state offices, it had a profound impact on the way DFS and other entities within the state conduct business. DFS's Emergency Preparedness Plan was utilized as a framework for ensuring that communication with staff and with foster parents followed the appropriate channels and that all foster children were accounted and cared for safely throughout the duration of the emergency. The Governor's State of Emergency was lifted on July 13, 2021, but it was reinstated on January 3, 2022. It was again lifted on March 1, 2022.

At the beginning of CY2020, prior to the Declaration of the State of Emergency, the Intake and Investigation Program Manager organized a small workgroup, tasked with reviewing and updating the Emergency Preparedness Plan. Updates and adjustments were made and were reported in the 2021 APSR. No substantial changes have been made to the plan since that time. *(See Attachment: DFS Emergency Procedures April 2024)*

### *Training Plan*

Delaware's 2025-2029 CFSP includes a staff development and training plan supporting goals and objectives that address Title IV-B/IV-E programs. Training is continuous, includes content from various disciplines and knowledge bases relevant to child and family services policies, programs, and practices. Training supports cross-system coordination and consultation. The Center for Professional Development (CPD) provides state of the art training and professional development for DSCYF employees and their partners who work with children, youth, and families. Specific trainings for DFS caseworkers focus on best practices and strategies promoting family engagement, professional competencies, and multi-disciplinary collaboration. The DSCYF Training Plan details how the department trains all staff and the required training for various positions. The DFS Staff Training Chart provides the course information indicated which courses are funded by the IV-E programs. *(See Attachments: DSCYF Training Plan FY2025, DFS Staff Training Chart FY2025)*

## **VI. Financial Information**

### Payment Limitation: Title IV-B, Subpart 1:

Delaware had no expenditure of FFY2005 Title IV-B, subpart 1 funds for childcare, foster care maintenance or adoption assistance payments. Non-federal matching funds for FFY2005 Title IV-B, subpart 1, spent on foster care maintenance payments total zero. For FFY2024, Delaware will not spend Title IV-B, subpart 1 funds for childcare, foster care maintenance or adoption assistance payments. Non-federal matching funds for FFY2024 are not expended



for foster care maintenance payments, adoption assistance payments or child day care. The state affirms less than 10% of title IV-B, subpart 1 federal funds are expended for administrative costs.

#### Payment Limitation: Title IV-B, Subpart 2:

For FFY2024, the state affirms that the following percentage breakdown will be spent:

- Family Preservation: 20.3%
- Family Support: 34.4%
- Reunification: 23.3%
- Adoption: 21.3%
- Administrative costs: 0.7%

In the CFS-101, Part II, of title IV-B PSSF has allocated in administrative cost \$7,087 of which \$4,000 to be used to support two representatives in attending the annual grantee meeting in Washington, D.C.

For FFY2021, expenditures for matching Title IV-B, subpart 2 funds totaled \$335,079 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. FFY2021 expenditures were at least 20% of the grant for each of the four PSSF categories.

#### Chafee Program:

The Independent Living program confirms no more than 30 percent of the allotment of federal Chafee funds is expended for room and board for youth who have left foster care after the age of 18. DMSS tracks spending to ensure no more than 30 percent of Chafee funds are used for room and board.

#### Reallotments for FY 2024 (Current Year) Funding

*(See Attachment: Delaware FY24 Reallotment)*

#### FY 2025 Budget Request CFS 101 Parts I and II

*(See Attachment: Delaware FY24 CFS-101s)*

#### FY 2022 Title IV-B Expenditure Report- CFS 101, Part III

*(See Attachment: Delaware FY24 CFS-101s)*

#### Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report

## **Grant Applications**

**Child Abuse Prevention and Treatment Act (CAPTA) Application and Spending Plan**  
**FFY 2025 SPENDING PLAN**  
**Total Grant Request: \$332,586**

<b>Personnel</b>	<b>Salary</b>	<b>Fringe/Health</b>
0.5 FTE- Master Family Service Specialist: <i>Investigates allegations of child abuse and neglect, implements Child Safety Agreements when indicated. Makes findings of abuse, neglect, and risk of future harm.</i>	\$23,953	\$12,637
0.5 FTE- Family Crisis Therapist:	\$26,059	\$21,142
1.0 FTE- Family Service Specialist: <i>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.</i>	\$37,265	\$29,018
1.0 FTE- Family Services Program Support Administrator <i>Supports Intake and Investigation Program Manager to monitor Plans of Safe Care</i>	\$55,696	\$43,449
Subtotal Personnel Costs:	\$142,973	\$106,246
<b>Total Personnel Costs:</b>		<b>\$232,632</b>
<b>Contractual:</b>		<b>\$59,880</b>
Contract with Nemours Children's Hospital <i>For Emergency Department Care Coordination and sitter/companion staffing</i>		
<b>Travel/Supply</b>		<b>\$16,860</b>
<i>Training or Conferences at Local, Regional or National Levels and Supplies</i>		
<b>Indirect Costs</b>		<b>\$5,631</b>
Audit	\$998	
State Personnel Office Charges	\$3000	
SWICAP	\$2,631	
<b>TOTAL</b>		<b>\$332,586</b>

## **Child Abuse Prevention and Treatment Act (CAPTA) Application and Spending Plan**

### **APPLICATION FOR FFY2025 SPENDING PLAN DETAIL**

#### **Proposed Activity:**

Salary, OEC, and health for positions in DFS to investigate reports of child abuse, to work with substance exposed infant (SEI) cases, and to ensure child safety:

- 0.5 FTE – Master Family Service Specialist: Investigates and intervenes in family crisis situations related to the safety and well-being of child(ren)
- 1.0 FTE –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.
- 0.5 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.
- 1.0 FTE – Family Services Program Support Administrator: Supports Intake and Investigation Program Manager to monitor Plans of Safe Care and support FAIR and prevention contracts

**Amount of Federal Funding:** \$332,586

#### **Characteristics of Individuals to Be Served:**

Children at risk of abuse or neglect and their families.

Children and their families at risk due to prenatal substance exposure.

**Geographical Area Served:** Statewide

#### **Objectives:**

##### **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.

**Results Expected:**

Children are protected from repeat maltreatment.

Enhanced family capacity to meet their own needs.

**Measures:**

Recurrence of child maltreatment.

Completion of Plans of Safe Care.

**Proposed Activity:**

DFS will contract with Nemours Children's Hospital for Emergency Department Care Coordination and sitter/companion staffing

**Amount of Federal Funding:** \$59,880

**Characteristics of Individuals to Be Served:**

Children at risk of abuse or neglect, in need of forensic medical exams

Children at risk of abuse or neglect, in need of supervision in the Emergency Department

**Geographical Area Served:** Statewide

**Objectives:**

Ensure coordinated assessment of medical needs of children reported to DFS for alleged abuse or neglect

Ensure appropriate supervision of children identified as possible victims of abuse or neglect, while in the Emergency Department setting

**Results Expected:**

Children are protected from repeat maltreatment.

**Measures:**

Recurrence of child maltreatment

## TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES

### APPLICATION FOR FFY2025

#### SPENDING PLAN

#### Total Grant Request:

<b>Personnel</b>	<b>Salary</b>	<b>Fringe/Health</b>
Office of Children's Services		
1.0 FTE – Permanency Coordinator (PG 11)	\$47,322	\$25,064
1.0 FTE – Family Crisis Therapist (PG15)	\$50,841	\$33,396
1.0 FTE – Senior Family Service Specialist (PG11)	\$39,654	\$29,788
Subtotal Personnel Costs:	\$137,817	\$88,248
<b>Total Personnel Costs:</b>		<b>\$226,065</b>
<b>Contractual:</b>		<b>\$835,669</b>
Office of Children's Services will contract for family support services as part of its child protective service continuum		\$818,211
Administrative Support		\$36,148
<b>Supply</b>		<b>\$6000</b>
<b>Indirect Costs</b>		<b>\$5536</b>
Audit		\$2507
State Personnel Office Charges		\$3000
SWICAP		\$2536
Total Federal Funds		\$835,669
State Matching Funds		\$278,556
<b>Total State and Federal Program Funding</b>		<b>\$1,114,225</b>

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

**Proposed Activity:**

- Salary and fringe/health for positions in DFS to work with substance exposed infant (SEI) cases:
  - o 1.0 FTE – Family Crisis Therapist (PG 15)
  - o 1.0 FTE – Senior Family Service Specialist (PG 11)
- Salary and fringe/health for position in the Office of Children's Services (OCS) to promote and support achievement of permanency for children:
  - o 1.0 FTE – Permanency Coordinator (PG11) - works directly with the Adoption Program Manager

**Amount of Federal Funding:** \$226,065

**Characteristics of Individuals to Be Served:**

- OCS -Permanency - Children in the care and custody of the Division that cannot return to their own families and for whom permanency is needed.
- OCS - Investigation-
  - o Children at risk of abuse and neglect and their families.
  - o At risk children and their families due to prenatal substance exposure.

**Geographical Area Served:** Statewide

**Objectives:**

**OCS - Permanency**

- 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.

**OCS - Investigation:**

- Timely and quality investigations of child abuse and neglect allegations.
- Provide oversight and monitoring of interventions to ensure child safety.
- Apply child welfare best practices and evidence-based interventions.

- Timely and quality interventions with families where 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.

**Results Expected:**

- Foster children achieve timely permanency.
- Enhance family capacity to meet their own needs.
- Intact families are preserved and foster children are reunited with their families.

**Measures:**

- State Profile Permanency Measures
- Reoccurrence of child maltreatment

**Proposed Activity:**

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

**Amount of Federal Funding: \$604,454**

**Characteristics of Individuals to Be Served:**

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

**Geographical Area Served: Statewide.**

**Objectives:**

- Provide contracted family intervention and family support services to at risk children and families receiving services from the Office of Children's Services.

**Results Expected:**

- Enhance family capacity to meet their own needs.
- Intact families are preserved and foster children are reunited with their families.

**Measures:**

- Reoccurrence of child maltreatment.
- State Profile Permanency Measures.



## TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES

### APPLICATION FOR FFY2025

#### SPENDING PLAN

##### IV-B Subpart 2- Promoting Safe and Stable Families

Adoption	\$210,000
Family Preservation	\$200,238
Family Reunification	\$229,247
Family Support	\$339,602
Admin Charges	\$7087
<b>Total</b>	<b>\$986,174</b>

##### **Salary and OEC** **\$145,519**

OCS Staff Members

*8 staff members dedicating at least 25% of their time towards time-limited reunification services to families with children in placement*

##### **Contractual:** **\$1,314,899**

Division of Prevention and Behavioral Health Services

*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.*

Federal Funds	\$499,098
State Matching Funds	\$319,441

Division of Family Services Office of Children's Services

*Contract to provide reunification support services statewide* **\$105,426**

*Contracts to provide a continuum of adoption promotion/support services statewide* **\$210,000**

Monthly Caseworker Visits

*Caseworker contacts with foster children*

Federal Funds	\$62,337
State Matching Funds	\$20190

##### **Administration** **\$7087**

*Program administration, supplies and materials to support communication, education, training, and program management*

<b>Indirect Costs</b>			<b>\$3602</b>
Audit			
	Federal Funds	\$1972	
	State Matching Funds	\$986	
State Personnel Office Charges			\$2000
SWICAP			\$1602
Total Federal Funds			\$986,174
State Matching Funds			\$328,725
<b>Total State and Federal Program Funding</b>			<b>\$1,314,899</b>

## **TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES**

### **APPLICATION FOR FFY2025 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 principal 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:**

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).

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.

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.

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.

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.

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.

Expand partners to collaborate to provide services pertaining to fatherhood, co-parenting and adolescent and parent communication.

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.

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.

Provide additional staff to support training, community initiatives and assess adherence to practice of the family tools.

### **Results Expected:**

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.

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.

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 participant who does not complete a post-family assessment, however, completes their family goals.

A participant who does not complete two goals.

A participant who wants to receive resource referral services only.

**PSSF Measures:**

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.

Number of families, children and adults receiving services.

Number connecting to services and supports.

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 programming 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, oversight 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:**



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.

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.

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.

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.

Recruit fathers to participate in PSSF fatherhood initiative programing and service activities with the support of the programs fatherhood Project Coordinator-Trainer.

Provide non-traditional fatherhood parenting and co-parenting workshop opportunities and technical assistance to increase the capacity of the community to support fatherhood involvement.

Expand partners to collaborate around services and advocate for fathers and healthy families and effective co-parenting.

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:**

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.

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.

Build leadership skills for the CLC officers.

Continue to build upon the research based educational articles, tips, service, community and navigational information the DFFC website provides.

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.

Continue efforts to establish a pilot fatherhood webinar series.

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.

Must spend 20% in each category for service delivery (separate amount for planning and service coordination) or explain why:

Family preservation

Family support

Family reunification

Adoption promotion and support services

No more than 10% on administrative costs for both PSSF and MCV

May send a max of 5 reps to the annual grant recipient meeting in DC

**Monthly Caseworker Visit**

Caseworker contacts with foster children	62,337 Federal
(Monthly Caseworker Visits)	20,190 State Match

**Proposed Activity:** Monthly Caseworker Visits

For this budget application period, Delaware is requesting \$62,337 federal IV-B, subpart 2 funds supporting caseworker visits. The expected period of expenditure will be state fiscal year 2025; federal funds will be liquidated by December 31, 2025, 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:** \$62,337

**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 FFY2025  
SPENDING PLAN**

Chafee Federal Grant	\$540,000
Chafee 20% State Match	\$135,000
ETV Federal Fund	\$63,974
ETV 20% State Match	\$16,042
<b>TOTAL FUNDS</b>	<b>\$755,016</b>

<b>Personnel</b>	<b>Salary</b>	<b>Fringe/Health</b>
1.0 FTE Program Manager (PG 18) <i>Oversees statewide program operations</i>	\$65,087	\$30,815
1.0 FTE Master Family Service Specialist (PG13) <i>Provides administrative support to Program Requirements</i>	\$52,381	\$33,893
Subtotal Personnel Costs:	\$117,468	\$64,708

**Total Personnel Costs: \$182,176**

**Program Services**

**Contractual: \$414,265**

Five (5) agencies provide case management independent living services, two of which provide room and board to youth 16 to 23 years of age.

Federal	\$289,670
State	\$124,595

**ETV Awards \$80,209**

Federal	\$64,167
State	\$16,042

**Other: \$25,500**

Special Project (Credit Reports)	\$11,500
HOPE Annual Conference	\$7,000
Youth and Program Supplies	\$3,000
Grantee Travel	\$2,000
Training	\$2,000

**Indirect Costs \$4,161**

Audit	
Federal	\$1,215
State	\$405



State Personnel Office Charges	\$2000	
SWICAP	\$2161	
Facility & Admin	\$647	
<b>TOTAL</b>		<b>\$686, 856</b>

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM  
APPLICATION FOR FFY2023  
SPENDING PLAN DETAIL**

**Proposed Activity: Program Personnel**

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 statewide program operations.
- FTE Master Family Service Specialist (PG 13) 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 but have not reached age 23. Youth who leave care after age 16 for adoption or guardianship are eligible for Independent Living (IL) services. The IL Program Manager and Administrative Specialist coordinate and oversee statewide independent living policies, programming and community-based contracts. The IL team coordinates training for staff, foster parents and community partners. DFS will host statewide youth conferences and leadership development workshops. Members from HOPE (Helping Our Peers Evolve) will participate in National Youth Leadership Conferences. The Independent Living Program Manager collaborates with community partners and federal programs to strengthen the services and supports available to youth.

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 HOPE 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 Office of the Child Advocate 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: \$182,176**



**Characteristics of Individuals to be Served:**

The program provides services to foster youth and former foster youth between the ages of 14 to 23. Youth who leave foster care for adoption or kinship guardianship at age 16 or older are included in the service population.

**Geographical Area Served:** Statewide

**Objectives:**

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

**Results Expected:**

- Youth obtain the services necessary to obtain independence.
- Youth make healthy lifestyle choices.
- Youth make sound financial decisions.

**Measures:**

- Rate of eligible youth enrolled in independent living programs.
  - National Youth in Transition Database survey results for education, employment, housing and connections with caring adults.
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**Proposed Activity:** Contractual Services for Youth

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:** \$289,670

**Characteristics of Individuals to Be Served:**

The program will provide services for foster youth and former foster youth between the ages of 16 to 23. Youth who leave foster care for adoption or kinship guardianship at age 16 or older are included in the service population.

**Geographical Area Served:** Statewide

**Objectives:**

- Provide planning and services for money management, employment readiness, educational success and positive social interactions for foster teens ages 16 and 17.

- Provide financial, housing, counseling, employment, education, and other appropriate services and support to former foster care recipients between 18 and 23 years of age.
- Provide opportunities for youth to advocate for their own needs.

**Results Expected:**

- Successful transition from dependency to self-sufficiency.
- Youth achieve the highest level of education and training according to their personal goals and ability.
- Youth have employment choices supporting self-sufficiency and a reasonable standard of living.
- Youth have safe and appropriate housing.
- Youth have positive interactions with dedicated, caring adults.

**Measures:**

- National Youth in Transition Database survey responses for post-secondary education enrollment and level achieved.
- National Youth in Transition Database survey responses for employment.
- National Youth in Transition Database survey responses for housing arrangement.
- National Youth in Transition Database survey responses for connections to caring adults.

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**Proposed Activity: Education and Training Vouchers**

DFS partners with the Office of the Child Advocate to administer ETV programming. OCA allocates funds to colleges, training programs, in partnership with contracted independent living agencies or eligible youth. Funds are used 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.

Program provides 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:** \$124,568

**Characteristics of Individuals to Be Served:**

Young adults exiting foster care at age 18 and attending post-secondary education and vocational programs. Young adults adopted after age 15 and attending post-secondary education and vocational programs.

**Geographical Area Served:** Statewide

**Objectives:**

- Provide a user friendly ETV application process for eligible students.
- Provide financial aid to eligible post-secondary students.

**Results Expected:**

- Successful completion of post-secondary education and vocation programs.
- Youth making responsible, healthy lifestyle choices.

**Measures:**

- National Youth in Transition Database survey responses for post-secondary education enrollment and level achieved.

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**Proposed Activity: Special Project: Credit Reports**

The Division requests annual credit reports for youth in care ages 16 to 23 to plan for their financial future and to identify if there is any fraud that would present barriers to the youth securing housing and employment when they exit foster care. The Division will assist the youth in resolving issue on their credit.

**Amount of Federal Funding:** \$11,500

**Characteristics of Individuals to Be Served:**

The program will provide services for foster youth and former foster youth between the ages of 16 to 23. Youth who leave foster care for adoption or kinship guardianship at age 16 or older are included in the service population.

**Geographical Area Served:** Statewide

**Objectives:**

- To identify fraudulent activity on the youth's credit report before they apply for services and help youth resolve the issues, if any.
- Provide financial support to current and former foster care recipients between 16 and 23 years of age.

**Results Expected:**

- Successful transition from dependency to self-sufficiency.
- Youth credit issues are resolved with support of the team
- Youth have employment choices supporting self-sufficiency and a reasonable standard of living.

- Youth have safe and appropriate housing.
- Youth have positive interactions with dedicated, caring adults.

**Measures:**

- Clear credit reports
  - National Youth in Transition Database survey responses for employment.
  - National Youth in Transition Database survey responses for housing arrangement.
  - National Youth in Transition Database survey responses for connections to caring adults.
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**Proposed Activity: HOPE Annual Conference**

The Division organizes an annual conference for youth in or exited from foster care that provides key messages to youth and training opportunities, fellowship with other youth, young adults and supportive staff, networking with group and providers for opportunities for advancement toward independence.

**Amount of Federal Funding:** \$7,000

**Characteristics of Individuals to Be Served:**

The program will provide services for foster youth and former foster youth between the ages of 16 to 23. Youth who leave foster care for adoption or kinship guardianship at age 16 or older are included in the service population.

**Geographical Area Served:** Statewide

**Objectives:**

- Educate youth and young adults on independent living skills and opportunities.
- Provide community and networking for youth and young adults.

**Results Expected:**

- Successful transition from dependency to self-sufficiency.
- Youth credit issues are resolved with support of the team
- Youth have positive interactions with dedicated, caring adults.

**Measures:**

- Attendance

## VII. Attachments

### Targeted Plans

Foster and Adoptive Parent Diligent Recruitment Plan

Health Care Oversight and Coordination Plan

Disaster Plan

Training Plan

### Financial

CFS-101, Part 1 for FY 2025

CFS-101, Part II with planned expenditures for the use of FY 2025 funds

CFS-101, Part III with estimated and actual expenditures of FY 2022 grants for the title IV-B, and, at state option, the Chafee and ETV programs.