

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

Outcome: Safety

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

Performance Measures and Goals:

Quality Assurance: Measurement for child safety is a composite of questions in investigation and treatment assessing safety in the child's residence. Goal is 100% will be assessed as safe.

During the twelve month period ending March 31, 2011:

Investigation- 99.2% of the children were assessed as safe.

Treatment- 94.0% of the children were assessed as safe.

National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.

For the twelve month period ending March 31, 2011, 96.1% of the victims did not have a recurrence of abuse or neglect.

National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.

For the twelve month period ending March 31, 2011, 100% of children were not maltreated in foster care.

Activities:

1. Provide and support training and education.

Abuse and neglect Report Line response training was developed for all three weekday shifts and the weekend/holiday shift to increase consistency of response by the Division of Family Services' (DFS) Report Line staff. Scripts were developed for the purpose of providing positive responses to reporters and avoiding use of the word "reject" that has produced negative feedback over the years from mandatory reporters. The training sessions were provided by Michael Sullivan, Statewide Services Administrator, and Linda Shannon, Program Manager for Intake and Investigation, at the following locations and dates:

- Milford February 9, 2011
- NCCPD February 9-10 and March 22, 2011.

(See Safety Activity 1, Attachment A - DFS Intake Protocol)

The Mandatory Reporting Form was updated to conform to changes in the statute. It is also now possible to type the information into the form online and print it out:

http://kids.delaware.gov/pdfs/FillSave/fs_CAN_MandatoryForm_Format1_FS.pdf.

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The Professionals Guide to Reporting Child Abuse & Neglect brochure was updated to conform to statutory revisions. It is available online at:
http://www.kids.delaware.gov/pdfs/broch_GuideReportChildAbuseNeglect.pdf.

The Child Protection Registry Guidebook brochure was updated in English and Spanish. It is available online at: http://www.kids.delaware.gov/pdfs/broch_fs_GuideToChildRegistry.pdf and http://www.kids.delaware.gov/pdfs/broch_fs_GuideToChildRegistry_sp.pdf.

The Department has identified a nationally renowned educator, Dr. Ina Page, in the area of Inappropriate Sexual Behaviors (ISB), to train DFS staff and foster care contractors to improve the protection of children by giving workers tools and awareness in assessing and providing the support when a child is suspected or identified as having Inappropriate Sexual Behavior (ISB); training goals are:

- Improve upon their existing staff training curriculum to include topics specific to working with youth and their families with ISB issues;
- Ensure that DFS and Center for Professional Development (CPD) staff training recipients under this contract are provided a training module (i.e. PowerPoint presentation, handouts, speaking points, etc.) to easily disseminate this information to a broad array of staff. This training shall be utilized by the department to assist agency staff and contracted providers to develop and/or improve their ISB related knowledge, skills and abilities in working with youth and their families under the supervision, care or custody of the DFS;
- Increase the general ISB knowledge base for alternative care givers and parents/guardians caring for youth with ISB issues; To assist the department to increase DFS placement resources for youth with ISB issues by educating foster parents who may be considering placement but need additional information and support; and
- Assist the department to increase safety for all youth in alternative placement settings where youth with ISB issues reside.

K-5 Early Intervention Family Crisis Therapists (FCTs) are based in 51 elementary schools throughout 13 school districts and 3 charter schools within the state. Parenting education groups were held in 11 of the 13 school districts from January 01, 2010 through December 31, 2010. The FCTs provide training and education to parents and staff regarding child safety. FCTs also provide training and support to staff and parents regarding child abuse and neglect issues.

In collaboration with Public Health's Birth to Three Program, Child Development Watch (CDW) workers act as a liaison to DFS as well as an assertive case manager. The function of these workers is to support, educate and connect parents/caregivers regarding the nature of the assessment. Workers also identify the child's needs, management of the child's needs, and parent skills necessary to effectively parent a child with developmental challenges. These workers average a caseload of about 54 cases; safety in the child's setting is assessed. The goal is that 100% of the cases will be assessed with recommendations /report to DFS should the residence not be safe.

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During this reporting period, the Department combined the Office of Prevention and Early Intervention and the Division of Child Mental Health Services to form the Division of Prevention and Behavioral Health Services (DPBHS). The DFS Consultation Project is a collaborative agreement between Family Services and DPBHS designed to provide a behavioral health evaluation of all children entering care, and any child in foster care with behaviors that may disrupt the placement. In addition, this project provides education for foster parents on any diagnosis that the child may have, expected behaviors and parenting or behavioral management skills that address the problems presenting in the placement. The DFS Consultation staff (clinicians) complete a summary report on their visit and assessment with recommendations for treatment services or other services/resources that will support success in the placement, and facilitate access and admission to the services recommended. In regard to safety issues, the DFS consultants will assess and identify risks, develop safety plans and work with the DFS worker, foster care provider and other service providers to address immediate and on-going safety issues. The goal is to assess 100% of children in first time foster placements.

Through DPBHS' Promoting Safe and Stable Family Consultation and Support Services (PSSFCS) program, the community based family consultants are trained in a strength-based and family support approach combining family preservation and family support principles and practices together maintain the fidelity of the consultation and support model implemented to help families to stabilize and remain intact. The family consultants receive annual refresher training in the consultation process of the program design and critical assessment to assure the enhancement of a family's ability to assess and address their concerns, increase their decision making and planning skills. The consultants also receive ongoing training in the support service component of the program, which seeks to improve the family's ability to identify appropriate informal and formal supports and increase the ability of the support systems to meet the family's needs. Through ongoing community presentations and the family consultants efforts to maintain good public relations throughout the community the family consultants, remain knowledgeable of the community services available to assist the program participants.

On August 7, 2010 in partnership with the Delaware Prevention Network Alliance (DPBHS) presented the 3rd annual Teen Summit at the Doubletree Hotel in Wilmington, Delaware. This event was an opportunity for teens and their families (parents/guardians) to be exposed to current issues and risk factors facing today's teens. The Summit provided a forum to discover positive outlets and protective factors for teens to avoid these risk factors and build resiliency. Teens learned how to reach their goals for successful futures by living safe and healthy lifestyles through participation in workshops on various topics including healthy relationships, marijuana and prescription drug abuse and HIV and AIDS and attending a celebrity panel discussion. The 2010 Teen Summit workshops were planned and executed by a core group of 15 – 20 youth and presented to over 650 of their peers, families and community members. Planning for the 2011 Teen Summit is currently underway. Through a contract with the Edgemoor Community Center

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and the Delaware Prevention Network Alliance, Teen Summit 2011 will strive to achieve statewide and culturally diverse participation and attendance.

A Selected/Targeted prevention program provided by DPBHS is Families and Centers Empowered Together (FACET). The FACET program creates an environment that provides opportunity for parent and teachers to have access to educational, parenting, resource connections and family supports. FACET continues to provide and support staff training and parent education and enrichment. FACET has incorporated a core curriculum and competencies staff profile which is accompanied with a training manual and monthly training sessions on components of the program's core competencies and other topics identified as needed. Through the use of this curriculum and training the FACET Coordinators are able to improve their job performance and their performance can be evaluated more efficiently.

I Can Problem Solve (ICPS), a nationally recognized science and research based violence prevention program for preschoolers, is being used in the FACET early childhood education programs. FACET coordinators have been trained in the program model and have completed a "train the trainer" course in the ICPS's parent piece "Raising a Thinking Child". This training will be used to train the parents of the children in the Early Care Centers participating in the FACET Program. This 6-8 week individual training uses the "Raising A Thinking Child" work book which provides activities for parents and children to help parents teach children how to solve problems. Children learn how to solve problems in the family environment, increase pro-social skills and decrease social withdrawal and impulsivity. Problem-solving has been researched as one of the major techniques that prevent family and community violence, including child abuse and neglect.

Youth suicide prevention toolkits are provided to the community on an on-going basis. The contents of the toolkits, developed by the Office of Prevention and Early Intervention, Division of Family Services and Prevent Child Abuse Delaware included:

Introduction

- Letter to Parents and Colleagues engaging them in the promotion of child abuse and neglect prevention activities
- How to Use the Packet
- Resource Brochures
- Survey of the Packet

About Abuse and Neglect

- Recognizing Child Abuse and Neglect
- Sexual Abuse Information
- Shaken Baby Syndrome Prevention
- When a Child Discloses Abuse

Keeping Kids Safe

- Talking to Kids About Personal Safety
- Be a Nurturing Parent

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- Abuse in Public Places
- A Promise for Parents Pledge to Make a Difference in a Child's Life
- April's Child Abuse and Prevention Month Calendar of Activities for Parents and Families

Learning Activities for Children

- Pinwheel Coloring Sheet
- Making Your Own Pinwheel
- Instructions for Teachers – “You Are Special”
- Draw a Picture of a Safe Person – Who Can You Go To When You Are Feeling Sad Or Scared?
- Tips for Kids – What to Do If You Have Been Abused Or Neglected
- Pinwheels for Prevention Stickers

Through Delaware's Family Court Administration, Court Improvement Program funding was leveraged to afford judicial officers the following training and education opportunities:

- October 2009: Judicial Summit in Austin, Texas. Delaware's team including the Chief Judge of Family Court, additional Family Court Judge active on child welfare agency's APPLA workgroup and cabinet secretaries of Education and Services for Children, Youth, and Their Families.
- March-October 2010: CIP Process Training for judges new to dependency work.
- May 2010: Judges with Department Leadership:
 - Shay Bilchik on Crossover Youth
 - National Council of Juvenile Family Court Judges (NCJFCJ) presentation by John Myers on:
 - Investigation and Interviewing – Children as Reporters of Events
 - Update on Hearsay, Crawford and Forfeiture by Wrongdoing
 - Expert Testimony in Physical and Sexual Abuse Cases
 - A Potpourri of Recent Developments Relevant to the Family Court
- June 2010: Multidisciplinary Conference including sessions on:
 - Judges Guide to Child Safety
 - Health of Court-Involved Infants and Toddlers
- June 2010: Judges to National Council of Juvenile and Family Court Judges Child Abuse and Neglect Institute (NCJFCJ CANI)
- July 2010: Judges to National Council of Juvenile and Family Court Judges (NCJFCJ)
- September 2010/April 2011: Multidisciplinary conference on permanency for older teens
- October 2010: Child and parent Attorneys to National Association of Counsel for Children (NACC)
- April 2011: Multidisciplinary Conference on Child Safety

During this fiscal year, education and awareness became a central focus for several of the Child Protection Accountability Commission's (CPAC) Subcommittees. For instance, the Abuse Intervention Subcommittee has continued to develop and facilitate mandatory reporting training

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for various professionals in the community. From April through December 2010, the Child Death, Near Death, and Stillbirth Commission acted as the facilitator for the training for medical personnel, *Child Abuse Identification and Reporting Guidelines for Delaware Medical Providers*, and trained 237 physicians, nurses, and other medical professionals. This was accomplished through fourteen separate on-site trainings. As of January 2011, the Office of the Child Advocate (OCA) began facilitating the training on behalf of CPAC. From January through April 2011, 81 additional medical professionals were trained during five on-site trainings. Further, the same presentation was used to train over 800 medical, legal, social service, and law enforcement professionals at the Delaware Child Abuse Recognition and Reporting Summit on February 1, 2011. At the same time, the training became available online as part of the Office of the Child Advocate's Child Protection Accountability Commission Trainings. Additionally, the training was accepted by the Division of Professional Regulation as the approved program to satisfy the recent mandatory training requirements for all licensees of the Delaware Board of Medical Licensure and Discipline. As of March 31, 2011, over 5,000 physicians, physician's assistants, respiratory care practitioners and paramedics licensed to practice in Delaware participated in the online training to comply with license renewal application requirements.

More recently, OCA received several requests to provide mandatory reporting training to audiences consisting primarily of nurses. As a result, the medical training was modified with the help of Pediatric Hospitalist, Dr. Amanda Kay, to accommodate nurses, and the new training, *Child Abuse Identification and Reporting Information for Delaware Nurses*, will be piloted throughout the summer with the Delaware Nurses Association, Nurse Family Partnership, Westside Family Healthcare, and the Delaware Nurse Educator Conference.

However, the most widely attended training session thus far has been *How to Identify and Report Child Abuse and Neglect in Delaware*, which is designed for a wide variety of audiences. The need for this training came about following multiple reviews by CDNDSC's Child Abuse and Neglect Panel that had a reoccurring theme, which was the failure of professionals to report child abuse and neglect. As a result, the first objective of the training was for mandated reporters to understand the law and their reporting requirements, while the second objective was to assist them in the identification of abused, neglected, and dependent children. Additionally, recent legislation increased the need for the training statewide. The training was unveiled in June 2010, and several Train-the-Trainer sessions were offered to various professionals in the child welfare community. Despite the Train-the-Trainer sessions, the trainings for the most part have been provided by staff at the Division of Family Services and the Office of the Child Advocate. Since June, thirty one on-site training sessions have been held and 2,164 professionals were trained. The professionals have been comprised of teachers, early childhood education staff, childcare staff, substance abuse counselors, crisis counselors, sexual and reproductive healthcare providers, and non-profit social service agencies.

In 2009, following the finalization of the Memorandum of Understanding (MOU) between Department of Services for Children, Youth and Their Families, Delaware Children's Advocacy

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Center, Department of Justice, and Delaware Police Departments, the Abuse Intervention Subcommittee prioritized the creation of a thirty minute MOU training video for law enforcement. However, rather than creating a video, Abuse Intervention Subcommittee members, Janice Tigani and Patricia Dailey Lewis from the Department of Justice, began to provide on-site training to law enforcement agencies throughout the state. Since October 2010, almost 2,000 officers in the Delaware State Police, New Castle County Police, Middletown Police, Dover Police Department, and the Wilmington Police Department have received the training, which included an overview of the MOU and recognition of child abuse and the mandatory reporting obligations pertaining to child abuse and unprofessional conduct.

The Office of the Child Advocate on behalf of CPAC also assumed administrative responsibility for facilitating the Child First Forensic Interviewing Training to child abuse and neglect investigators. In addition to teaching a standard interviewing protocol, the training emphasizes the multi-disciplinary team approach for child abuse investigations and increases collaboration amongst child welfare partners. The last training session occurred on October 11-15, 2010, and the next sessions are scheduled for April 11-15 and October 3-7, 2011.

Our community partners are also involved in the effort to provide training. In particular, Prevent Child Abuse Delaware (PCAD) has initiated a training endeavor to protect children from sexual abuse. Stewards of Children, a nationally utilized, evidence-based training program, uses an adult-based training curriculum to help adults prevent, recognize and react to child sexual abuse. In five years, the goal is to train 5% of Delaware's adult population or 35,000 Delawareans. Currently, the coalition is in its planning stage; therefore, a funding strategy is being developed and facilitators for the training program are being recruited in each county to accomplish this goal.

To complement the training initiatives in the state, CPAC and CDNDSC partnered to develop a Mandatory Reporting Media Campaign to increase awareness about reporting child abuse in Delaware. First, the Subcommittee established a logo, Stop Child Abuse: See the Signs, Make the Call. Next, the Subcommittee created the website, iseethesigns.org, which provides resources for reporting child abuse and neglect in Delaware. Public service announcements were also recorded by the Cabinet Secretary for the Department of Services for Children, Youth and Their Families, Vivian Rapposelli, and Attorney General Beau Biden. Lastly, the Subcommittee has partnered with the Blue Rocks to develop a billboard in the stadium and host a promotional night, which is scheduled for June 7, 2011.

2. Support the ability of Delaware families to stabilize and remain intact.

It is the policy of DFS that Safety Assessments must be completed on all children in the family at various points throughout the life of a case. Those points in time include the initial face-to-face contact, any time there is a significant change in the family's circumstances, prior to reunification, and prior to case closure. In addition to this formalized process, DFS staff is

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directed to assess for safety during every contact with the family. In the event that a safety concern should arise, DFS staff will complete a safety plan if safety in the home can be assured thru the provision of external supports. If DFS cannot assure safety thru the provision of external supports, DFS will petition for custody and remove the child from the home.

Policy requires workers to complete a criminal background check every time a formal Safety Assessment is completed. By doing so, the caseworker will stay abreast of any criminal charges that any adult in the home may have incurred. During regular case conferences between social workers and their supervisors, the focus is on the safety of children in the family, regardless of where they may be living. To ensure that workers and supervisors routinely discuss safety, the Directed Case Conference tools were revised to include emphasis on safety, efforts to assess and plan with both parents for a child, and to determine the progress that a family is making on their Family Service Plan. DFS continues to monitor the timeliness of both initial and on-going contacts in treatment cases. Once a case is transferred to treatment for on-going service, the worker must make their initial contact within 10 working days. Treatment workers are required to meet with the family a minimum of three times prior to completing the Family Assessment Form (FAF) and developing the Family Service Plan. Once the FAF is completed the contact schedule is changed based on the needs of the family but is never less than monthly. The supervisor reviews and evaluates casework at each decision point in the case (i.e. assessment, monthly case conferences, quarterly case reviews, and case closure). This review focuses on the family's needs and child safety and assists the worker in identifying specific areas requiring additional action. The contact schedule is determined by the supervisor as a result of the information gathered from the monthly case reviews. Families with a higher degree of risk are assigned a more frequent contact schedule than families with a lower level of risk. DFS implemented a contact template that all treatment workers are required to use when documenting their contact with anyone in the family. By requiring all workers to use this template, it ensures that all workers are documenting the same key items during contacts: who was present for the contact, the safety of the children, progress on the case plan, and any next steps that may need to be taken. All contracted treatment services available to families active with DFS are provided in the family's home. Home-Based services are geared towards families with an elevated level of risk but for which placement is not imminent. DFS family support contractors are required to meet with the family within 10 working days of receiving the case. Prior to services beginning with the home-based provider, a joint meeting between the family, the contractor and DFS takes place so that all parties are aware of concerns and expectations. It also helps the contractor establish a contact schedule. The on-going contact schedule is based on the needs of the family and agreement between the family and the DFS social worker. Under this contract, counseling services are provided to the family on a weekly basis by a therapist with the goal of preventing placement.

Workers are also able to refer families for parent aide services. Parent aide services are provided in the client's home as well. The focus of the parent aide is to help families address areas of concern that might place their children at risk. The parent aide service was modified to include

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enhanced service to families. The enhanced parent aide service is available to families whose children have been removed from their care. The parent aide assumes responsibility for the coordination, transportation and supervision of visits between children in foster care and their parents. During the actual visitation time the parent aide will use that opportunity to address issues that may have resulted in the removal of the children from the home.

All contracted providers are aware that they must assess for safety at every contact with the family. In addition to any training the agencies require their employees to attend, DFS also requires contracted employees that will be working directly with DFS clients to complete relevant portions of the DFS new worker training.

In 2010-2011, one home-based contractor was eligible for performance based incentives if the DFS worker referred the family to the contracted agency to prevent placement. The Performance Based Incentive was earned if the family remained intact, with no entries into foster care 12 months after the contracted agency closed the family's case. In FY10, 47% of the cases referred for in-home services qualified for the incentive.

In addition to contracted in-home services, DFS also contracts with a licensed psychologist to complete mental health evaluations of parents. The psychologist provides evaluations to clients throughout the state. To refer clients, DFS workers provide historical information to the psychologist as well as a list of questions they would like to have answered. The psychologist completes the evaluation and recommends what services would be most beneficial to the family. This information is then incorporated into the family's Service Plan. DFS staff also have access to two other psychologists willing to see DFS clients and testify in court when needed.

Other DFS contracted community based contracts include substance abuse liaisons that assist in screening and substance abuse referrals for families in investigation and treatment cases. DFS also contracts for transportation and translation services statewide.

K-5 Early Intervention Family Crisis Therapists opened 514 new cases from January 01, 2010 through December 31, 2010. During the 12 month period from January 01, 2010 through December 31, 2010, the K-5 Early Intervention Program had an average of 611 cases open each month. During each of these months, the cases loads averaged 1,504 students per month and 1,081 adults per month. The FCTs provided 71,064 individual counseling sessions, and 10,152 group counseling sessions with caseload children in 51 elementary schools state-wide. The FCTs also provided 7,896 family counseling sessions in families homes during the rating period.

Additionally, K-5 Early Intervention FCTs had interactions with non-caseload children 10,891 times from January 01, 2010 through December 31, 2010. These same FCTs also interacted with non-caseload adults 4,418 times.

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While working to stabilize families before the families enter deeper end services, the K-5 Early Intervention Program conducted 11 parenting groups with concurrent children's groups based on the Carolyn Webster-Stratton Model, an empirically tested and nationally recognized parenting and children's program. These groups were held throughout the state and covered 11 school districts.

The DSCYF Child Development Watch (CDW) workers help families to understand the Public Health full assessment and the recommendations when the family is screened and determined to meet the threshold for this assessment. These staff have access to a wide range of DSCYF services (prevention, early intervention and treatment, family services, and on rare occasion juvenile justice services—for the child as well as for siblings) as well as knowledge and access to community resources appropriate to meet the support, training and treatment needs of the family. This intensive case management and support assists the families in better understanding, preparing for and adjusting to the needs of a child with developmental challenges; CDW staff also assist the family in understanding, preparing for and adjusting to parenting a developmentally challenged child while attending to the needs of the parents/caregivers and siblings in the family. Developing an integrated plan that addresses the identified child's needs and the needs of the family better supports the family to remain intact and stabilize following the identification of developmental issues in their child. A crosscheck of cases served indicates absence of maltreatment recurrence in 95% of the residences.

The selective prevention program, Separating and Divorcing Parent Education (SDPE) is a state Family Court mandated program. Family Court mandates divorcing parents with children up to age 17 to attend an education program on co-parenting successfully. Parents filing for custody or wanting visitation are also required to take these classes. The goal of SDPE is to educate parents about the effect and impact divorce and separation has on their children and to minimize the harmful effects. The SDPE program has 2 components: Basic (6 hrs.) and a Domestic Violence component (2 hrs.). Effective January 1, 2008 Family Court no longer mandated the completion of the Children's components of the Separating and Divorcing Parent Education Seminar. A committee composed of members of the Delaware Bar Association, a child psychologist, representatives from the Department of Services for Children, Youth and Their Families, educators, counseling providers and a Delaware Family Court judge, reviewed the course curriculum and best practices on the subject and concluded that the present one time session being offered could be harmful to a child by opening up complex issues with no opportunity for follow up.

A Selected/Targeted prevention program provided by DPBHS is Families and Centers Empowered Together (FACET). FACET was recognized as a Reported Effective Program in the Emerging Practices for Child Abuse and Neglect project. FACET is a family support and empowerment program located within four Early Care and Education Centers with children from birth to five years of age. The program's primary goal is to build and enhance protective factors of children enrolled in Early Care and Education Centers and their families. The program

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achieves these goals by providing various strength-based family educational activities, family social events and other supportive service. The objectives of the program are to (1) develop and sustain an environment of family support and empowerment within Early Care and Education centers in high-risk neighborhoods; (2) provide a range of services on-site in the Early Care and Education center for all families whose children are enrolled in the center; and (3) establish and maintain Parent Councils who select programs and activities which reflect the specific needs and desires of the families to promote health and parent participation.

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

DPBHS Prevention Unit continues to provide low intensity services for large groups of people at low cost per-person and operates programs with progressively increasing intensity for fewer persons at progressively higher cost. DPBHS Prevention Unit continues to provide community-based programs designed to support the safety of children, improve the functioning of families and communities to increase stability, improve both youth and parental self esteem and provide an environment that fosters a sense of hope among participating children and families. DPBHS Prevention Unit remains committed to programming that is child-centered and family focused and assures effective, timely and appropriate support for Delaware's children. Through a variety of programs, DPBHS Prevention Unit continues to provide both direct service and manages community service contracts. DPBHS Prevention Unit seeks to implement a range of prevention and early intervention services targeted to the general public, sub-groups, individuals, families and communities. Programs services are holistic in their approach, employ a variety of strategies all designed to help children and families reach their fullest potential. DPBHS Prevention services are statewide serving children (0 – 18), caretakers and the communities.

The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) combined the effort of its family preservation and family support components thus providing universal/targeted/indicated approaches in the continuum of service. This program focuses on providing supportive services which are intended to reduce the occurrences of child maltreatment by addressing the four associated risk factors which are: (1) parental characteristics; (2)

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developmental and behavioral characteristics of children; (3) absence of resources and services; and (4) crisis and stress, when safety is assured. Promoting Safe and Stable Families Consultation and Support program (PSSFCS) contracts with four community-based organizations to: increase formal and informal support networks, address concerns, increase family's advocacy efforts to address their need for services, empower families to make the connection to appropriate services and resources, assist families in designing an intervention plan, and increase a family's awareness of how to reduce stress in the future through this planning approach. The program issued a community Request for Proposals (RFP) for the FY11 - FY15 program service years. Five community services providers were selected through the RFP. This selection of community based contract provider will provide a total of three service sites in Sussex County, one site in Kent County and 5 sites in New Castle County.

The Promoting Safe and Stable Families Program Resource Connection Only contract services provided to the Sparrow Run Community - Route 40 corridor in an effort to maintain community and cultural connections concluded services in August 2010. The support services available to the Sparrow Run Community has increased and stabilized in their ability to engage and retain the residents of this community into services, thus addressing the needs of this once limited service community. The second tier of services through the PSSFCS program is the Intensive Family Consultation and Support program. This service is targeted to families who are experiencing more complex family issues and or behavioral difficulties with their children/youth. A referral is made to the PSSFCS Intensive Family Consultants to provide Family Consultation and Positive Behavior Intervention (PBI). The service continues to be offered by Psychiatric Social Workers.

Universal intervention services are provided through the Delaware Prevention Resource Center (DEPRC), pamphlets and booklets continue to be available free of charge to individuals and organizations across the state. The Resource Center continues to house up-to-date information on child development, stress management, parenting tips, fatherhood, budgeting, marriage, separation and divorce, drug and alcohol prevention, budgeting, other resources and a host of other topics, including prevention child maltreatment. Videos, books, prevention curriculums and software may be borrowed also without charge. The Child Abuse and Neglect Campaign (CAN) is another universal intervention approach designed to reach the masses through "booster shots" of information geared to educate the public about child maltreatment. The CANC implements prevention information/dissemination strategies to engage the community and increase awareness of individuals in the community despite their economic situation, educational and/or cultural background. Each April, there is a child maltreatment prevention campaign that takes place across different venues. DPBHS makes a concerted effort to promote awareness and subsequently change high-risk behaviors through organized and coordinated outreach initiatives.

Another universal prevention program is the All Stars Program through a contract with the Edgemoor Community Center as the lead agency for the Delaware Prevention Network Alliance. It is a consortium of ten non-profit and governmental agencies geographically located throughout the State of Delaware that provide multifaceted services in their respective communities and

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neighborhoods. All Stars is a universally approached school or community-based program designed to prevent youth from engaging in behaviors that will put their health and well-being at risk. The program provides a community-based format, delivered in any after-school or community setting. Parents are indoctrinated through the youth participant take-home assignments and the sharing of information about parenting strategies. Throughout the program youth meet and engage in small group activities, group discussions, worksheet tasks, videotapes, games and art activities. Some strategies include bonding, commitment, parental attentiveness, social norms and abstinence.

All Stars Core consists of 14 sessions, All Stars Booster consists of 10 sessions, and All Stars Junior consists of 15 sessions. Fifteen to twenty students participate in an All Stars cycle. All three curricula share common goals and objectives yet supplement each other to achieve continuity of service. These goals and objectives are designed to prevent, reduce or eliminate negative behaviors and promote positive behaviors. The All Stars program addresses five important topics to developing a positive character in youth: Developing Positive Ideals; Creating a Belief in Conventional Norms; Building Strong Personal Commitments and Bonding with School and Family

The University of Delaware Cooperative Extension implements the evidence-based Life Skills Training (LST) program statewide to youth ages 11-15 in community centers and middle schools located in the New Castle, Kent and Sussex Counties. The program is implemented to middle school students in Delaware. LST address three domains (youth, peer and school) which are critical in the prevention of tobacco and drug use. These components include: drug resistance skills, self efficacy and social skills. Research has shown that students who develop skills in these three domains are far less likely to engage in wide-range of high risk behaviors.

The Strengthening Families Program (SFP) is an indicated intervention offered to provide parent education and skill building to meet a specific requirement of a client's overall case plan established by the Department's Office of Children Services. Oftentimes, these parents are court-ordered to attend as a condition for their children to be returned to their care. The curriculum is structured for parents in a 16-week format, with the children attending as appropriate. SFP supports safety by teaching parents skills to parent more effectively.

3. Incorporate external and internal QA case reviews to strengthen child safety.

The DFS Quality Assurance tools have a specific emphasis on safety. All reviewers are required to review their randomly assigned cases to determine if the reviewers agreed with the caseworker's assessment of safety. In the event that the reviewer disagrees with the caseworker's safety assessment, procedures are in place to provide immediate feedback to the caseworker's supervisor as well as the regional administrator.

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Supervisors discuss the worker's on-going assessment of safety during their monthly case conferences. This discussion is captured in both the Directed Case Conference and in the regular monthly case conference notes.

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In addition to the supervisory emphasis on safety, the Division's own internal quality assurance tool emphasizes safety. The quality assurance tool used in both treatment and placement cases contains a series of questions that allow the reviewer to determine whether or not the safety assessment completed by the assigned caseworker was accurate. If the reviewer feels that the safety assessment wasn't accurate, the Division has a mechanism in place to notify the regional administrator.

Child Development Watch staff participate in on site multi-disciplinary team meetings as well as clinics to review and discuss the status of cases, progress, continuing needs and any gaps in services. Internal review of DFS screening resulting in referral, review of cases in supervision with DSCYF supervisor as well as regular meetings of Birth to Three Program Director, Public Health supervisors, DSCYF CDW staff and the DSCYF CDW supervisor. This meeting addresses information dissemination (discussion of the new public health data system, other data needs), quality assurance (timeliness, effectiveness of the identification and referral process), case review, staff and provider trainings (DSCYF CDW staff trainings for community and state agencies), performance measures, other activities and strategies to improve services. The absence of maltreatment in foster homes goal is 100%.

The Child Placement Review Board (CPRB) conducts reviews of Delaware's children in out of home placements once a year. The CPRB is an independent citizen foster care review body made up of individuals who have worked directly with children and who have been appointed by the Governor of the state of Delaware. Child safety is always discussed and assessed during CPRB reviews. Recommendations to address any concerns identified by the review committee are included in the report generated following the review. Additionally, the Board has the authority to identify concerns through direct advocacy on behalf of the child.

The Department Safety Council (DSC) plays an integral role in the Department's quality assurance efforts and goal to be a self-correcting agency. The DSC reviews each incident that meets the definition of a Department Critical Incident (Child Death, Hospitalization, Escape from a Level V Program and Institutional Abuse or Child Abuse Resulting in an Arrest) and applies a systemic approach to determine potential system issues. If issues are identified, the DSC will make Department recommendations intended to improve the quality of services provided to children and families. There were 71 critical incidents reviewed by the Department Safety Council during calendar year 2010. As a result of these reviews, 10 recommendations

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were forwarded to the Divisions for implementation. System issues identified included communication and sharing of information, safety practices, assessment process, and policy compliance and review.

In addition to the internal reviews completed by the Department Safety Council, DSCYF/OCM case reviewers review all child deaths/near deaths as a requirement of the Child Death, Near Death, and Stillbirth Commission, CDNDSD, (legislated, multidisciplinary panel reviews of all Delaware child deaths). This process involves a multidisciplinary, retrospective system review intended to provide meaningful, prompt, system-wide recommendations in an effort to prevent future deaths and to improve services to children. In 2010, there were 13 child death/near death cases reviewed that had DSCYF involvement.

The Office of the Child Advocate (OCA) received a total of 173 referrals regarding private custody matters alleging child welfare system concerns which place a child at risk or alleging a child was at risk with a custodial parent or guardian and requires legal representation. The referents in these matters were family members, attorneys, probation officers, teachers, medical professionals, and other professionals. Upon receipt of these referrals, OCA completes a retrospective case review of the Children's Department and Family Court records to ensure the child welfare system was adequately protecting those children. In few cases, OCA has determined that a child needs guardian *ad litem* representation. However, in the majority of those cases, the child welfare policy concerns were documented in OCA's Child Protection Policy Concern database, and the case was closed if risk factors were minimal. Lastly, any safety issues or concerns were brought to the immediate attention of the Division of Family Services.

In addition to its internal policy reviews, the Office of the Child Advocate participates on CDNDSC's Child Abuse and Neglect Panel along with professionals from various disciplines. Following a referral of a child near death or death, the panel meets monthly to conduct a comprehensive review of the history and circumstances surrounding the incident. The panel is also charged with determining whether system recommendations are crucial to prevent future deaths or near deaths. Disclosure of the circumstances of the child's death or near death is required by the federal Child Abuse Prevention and Treatment Act (CAPTA). Ten CAPTA reports have been promulgated since April, which included a total of sixteen system recommendations. These recommendations are then added to OCA's "Compilation of Delaware's Child Protection Issues and Recommendations from Child Abuse/Neglect Death and Near Death Case Reviews." The purpose of this compilation is to identify future initiatives for CPAC and CDNDSC to address, as well as to track progress towards accomplishing the recommendations.

4. Research, review, improve and implement safety and risk management practices.

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DFS and foster care contractors developed a tool to be used prior to any placement in order to screen for possible inappropriate sexual behavioral (ISB). The screening tool is completed for all children entering care or who are re-placed to determine the level of inappropriate sexual behaviors. The ISB risk assessment provides a measure of safety for children in the caregiver's home. (See Safety Activity 4, Attachment B: Placement ISB Screening Tool). In addition, foster families with children identified with ISB will receive information to heighten their awareness to ensure safety of all members of the foster family household.

A Joint Commission of the Child Protection Accountability and Child Death, Near Death, Stillbirth Commissions created a Risk Assessment Subcommittee to study whether a different risk assessment process should be implemented. The Subcommittee met six times between August 2010 and February 2011 to review different risk assessment models in literature and with invited guests. A recommendation was made by the Subcommittee and approved by the Joint Commission to utilize the Structured Decision Making tool. The timing of this recommendation is ideal to coincide with the development of FACTS II, the next version of the Department's automated case management system.

Following the creation of the CPAC Risk Assessment Subcommittee, the members set forth a goal of identifying the most effective risk assessment tool available for use within Delaware's child welfare system. The ideal risk assessment tool is one that is objective, unbiased, and that cannot be manipulated by opinion or human emotion. Such a tool can then be used to determine, for example, whether or not an incident of suspected child abuse or neglect will be substantiated, whether or not risk of future harm to a child exists, and whether or not a case will be transferred to treatment. In researching best practices of risk assessment tools used by other states, it was determined that over 20 states are utilizing the Structured Decision Making (SDM) Model of assessment tools developed by the Children's Research Center. Following a request to the Children's Research Center, the Subcommittee was privy to a full day presentation on the SDM Model on December 20, 2010. Following further research, re-evaluation of Delaware's current tool, and a subsequent presentation by the Philadelphia Department of Human Services on its Safety Assessment and Management Process, the Subcommittee recommended that the Department of Services for Children, Youth, and Their Families adopt the Structured Decision Making Model in its entirety and as properly tailored for our state. Further, the creation of a separate subcommittee on differential response was recommended as well.

The Division drafted a plan to implement a structured differential response called Family Assessment and Services Response. The Cabinet Secretary was briefed in February 2011 and the draft plan will soon be unveiled in a meeting with key partners to obtain their feedback.

Implicit in the function of the DSCYF CDW staff is the focus on creating service team members who are expert in the issues, systems, and research and safety/risk management practices relative to child and family services. The role of the DSCYF CDW staff includes training community and state agencies and organizations about the Birth to Three Program. Through this

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performance expectation, there is a structured mechanism for dissemination of research, effective models for managing risk and supporting safety practices. This goal is enhanced by the support of all three divisions' services that are focused on safety and risk management—whether it is issues of abuse, neglect or dependency, behavioral health risks or legal/court issues.

Collaboration with departmental staff and Public Health or other agencies/programs within the state will result in 95% of clients being connected with appropriate and necessary services.

The Office of Child Care Licensing (OCCL) continues research for developing rules regarding Family and Large Family Child Care Homes, Early Care and Education and School Age Centers, Child Placing Agencies and Residential and Day Treatment Programs. The research is extensive and utilizes “Caring for Our Children”, American Academy of Pediatrics, Center for Disease Control, US Consumer Product Safety Commission and local subject experts to highlight a few sources.

The Office has been nationally recognized for its regulations and monitoring by the National Association of Child Care Resource & Referral Agencies (NACCRRRA). The revised Rules for Centers moved Delaware's standing in the nation from #25 to #13 in its 2010 report. An update of that Report, “Leaving Children to Chance”, was issued in 2011 and upgraded Delaware's ranking to 11th of the fifty States, D.C. and Department of Defense.

NACCRRRA'S State Standards and Oversight of Small Family Child Care Homes issued in May 2010 have not been revised and so Delaware retains its # 11 ranking. This was a major jump from the prior ranking of 38th.

Delaware is recognized in a report by the National Resource Center for Health and Safety In Child Care and Early Education “Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010” issued January 2011. Among states leading the nation in overall treatment of obesity prevention terminology, Delaware and Mississippi scored the highest overall means and also were two of three states that ranked in top quartile for each of the three content areas. Delaware is one of two states whose recently strengthened regulations fared well in this assessment. The comprehensive work underway in Delaware, championed by Nemours, a Delaware-based children's health system, is a model of statewide collaboration and coordination (Gabor, Mantinan, Rudolph, Morgan, & Longjohn, 2010; Chang, Gertel-Rosenberg, Drayton, Schmidt, & Angalet, 2010). One facet of the project has been obesity prevention in child care settings addressed in new regulations adopted in 2007. The comprehensive Delaware model may be instructive for other states rising to the challenge of preventing childhood obesity in child care and/or in multiple sectors.

In “We Can Do Better: NACCRRRA's Ranking of State Child Care Standards and Oversight” 2009 report Delaware also ranked relatively high on regulations (8th in the Nation). Their update issued in 2011 moved Delaware from an allover rating of 13th to 11th based on making provider non-compliances available electronically on the OCCL website. Centers are required to have at

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least one first-aid and CPR certified staff on the premises, requires all center staff to undergo a background check that includes a check of state and federal criminal history records using a fingerprint, checks of child abuse and neglect registries and requires program activities to address all six developmental domains (social, physical, language/literacy, cognitive/intellectual, emotional and cultural). Health and safety standards address all 10 basic standards (immunizations, guidance/discipline, diapering/hand washing, fire drills, medicine administration, incident reporting, hazardous materials, playground surfaces under outdoor equipment, emergency preparedness and placing infants on back). Delaware regulations have requirements regarding parent involvement and communication, and allow parental visits.

The Office of Child Care Licensing embarked on a revision of Delaware rules for Child Placing Agencies (CPA) in 2010. A draft of the revision is under review with anticipated implementation in calendar year 2011. This process has been delayed by the unexpected vacancy of the rule development position. The completion of the CPA Rules will be the first priority of the.

The revision process has been extensive and input has been sought from a broad section of stakeholders. All CPAs were asked to complete a survey to identify areas for revision and to “test the water” on certain items that were being considered for inclusion in a revised set of Rules. This included the following topics: CPA Staff Orientation hours, CPA Staff Annual Training-Professional Development hours, Foster Care Orientation topics/hours, Adoption Applicant Training, Foster Care Annual Training hours, Foster Care Home Study requirements, Adoptive Applicant Home Study requirements, Requirements for Updates and Addendums to Adoptive Home Studies, Post Placement Service requirements, Prohibition of Smoking in a Foster Home, Administration of Medication Training for Foster Parents, Pool Safety requirements in Foster Homes, and Firearms Safety in Foster Homes.

A focus group was also conducted among current and former foster care youth. These youth addressed issues of: what are the characteristics/behaviors of the “best” foster parent, how frequently should foster care workers visit or have contact with foster care youth, what actions should be taken to prepare or during a move of a child to/from foster home or other placements, what should be included in a child’s service plan and what preparation should be provided to foster parents. Surveys were also conducted among foster parents and adoptive parents; the results of which are contained in the attachments (See Safety Activity 4, Attachment C: CPA Rule Revision Youth Focus Group 10-20-10; See Safety Activity 4, Attachment D: CPA Survey Results 9-2010; See Safety Activity 4, Attachment E: CPA Survey Results 11-2010)

Input was also obtained from the Courts, Office of the Child Advocate and Division of Family Services staff. The goal is to write regulations that reflect best practice, ensure that families are provided with appropriate services and a written plan prior to placement of a child in care, strengthen services, planning and monitoring of children throughout all stages of placement, ensure that there are plans to respond to the need for post-placement services and to ensure that

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services to all children, regardless of their country of origin or circumstances leading to placement are available and in each child's best interests.

Two major training initiatives began in 2009 and continuing into 2011 aims at licensed Family Child Care Providers and all licensed Child Care Providers respectively. The first initiative offers free training sessions in the topic of "Emergency Planning". This session 2.5-3 hours in length provides the Emergency Plan template, information/resources to develop the plan and instruction in completing the plan. The hours of training help Family and Large Family Child Care Providers to fulfill their annual training requirements. This topics fall under the core competency area of "health and safety". During the session providers gain information to develop a best practice plan that meets or exceeds Delacare rules. The training was developed by Delaware Emergency Planning Agency, Delaware Citizens Corps, New Castel County Emergency Management, RSVP, American Red Cross in conjunction with the Office of Child Care Licensing. Emergency planning training sessions continued through 2010 and 2011. During those years a total of 214 persons were enrolled in these sessions. The second topic was "Safe Sleep and SIDS Risk Reduction". The Delaware Child Death, Near Death and Stillborn Commission is statutorily charged with reviewing every child death in the State of Delaware and will often make recommendations to state agencies or entities in an effort to prevent future deaths. The Office of the Child Care Licensing has been a willing proactive partner in helping us fulfill that mandate. The Commission reported to the Joint Sunset Committee of the Delaware General Assembly that "within the last few years, it is dramatically apparent that safety and well-being of children has become their (OCCL) number one priority."

In a letter to that same Legislative Committee the Commission stated further, "The Commission was very pleased with the swift response and implementation of two recommendations. The first recommendation was "Delaware citizens should easily be able to obtain access to information regarding licensed childcare, including access to history of substantiated complaints of abuse and/or neglect against a particular employee, home and/or center". OCCL developed a comprehensive database on all licensed child care homes and centers, including enforcement actions, substantiated complaints and non-compliance history. This is one more tool to keep Delaware's children safe and give the community the ability to adequately screen where they place their child for childcare.

The second recommendation was "The Office of Child Care Licensing and the Division of Family Services should continue to include the most updated information available on safe sleeping practices as part of the Department's core curriculum for foster care training and child care providers." OCCL consulted with CDNDSC to develop the revised rules for family child care homes and large family child care homes in regards to safe sleeping practices as supported by the American Academy of Pediatrics.

The Child Death, Near Death and Stillbirth Commission (CDNDSC) and the Office of the Child Care Licensing have also collaborated on the following issues:

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- OCCL and CDNDSC distributed Infant Safe Sleeping Posters to all licensed daycare providers. OCCL also did an additional mass mailing to all licensed providers on the “Back to Sleep” campaign.
- OCCL provided email notification to all licensees regarding safety recalls involving cribs, and other products that would pose a threat to a child.
- OCCL has been an active member of the Infant Safe Sleeping Community Action Team (as developed by the Child Protection Accountability Commission and the CDNDSC).
- CDNDSC provided free training to OCCL licensees on infant safe sleeping.

A directive by the Consumer Product Safety Commission (CPSC) prohibits the use of certain cribs in child care by December 28, 2012. When the first notice of this change was issued by the CPSC, OCCL sent out a notice to all child care Providers. OCCL is working with the Infant Safe Sleeping Community Action Team to plan educational efforts and explore resources to assist Providers in the Purchase of cribs that meet the new standards.

By having an educated child care workforce and, by Delacare rules requiring provider-parent communication, knowledge gained in training sessions and through various types of communication by OCCL can be passed on to families so that children can benefit from this best practice both while in child care and at their family home.

5. Assess, plan, monitor, analyze and enhance service array to promote positive outcomes.

For the 12 month period ending June 2010, the most recent available annual file, the Division of Family Services received 11,222 reports of abuse, neglect and dependency in FY10 and accepted 6533 or 58% of those reports. Compared to FY09, the number of reports received increased by 18% while the number investigated increased by 10%. Of all cases investigated 1386 or 21% were substantiated, a decrease of 3% over the number of cases substantiated in FY09. In FY10, a total of 2,263 families and children received treatment services compared to 2,395 in FY09, a decrease of 6%. The average monthly placement (DFS out-of-home care) population in FY10 was 692, a decrease of 15% over an average of 813 in FY09. Four hundred and seventeen (417) children entered initial DFS placements and 719 children exited placement in FY10. At the end of the fiscal year, there were 672 children in DFS out-of-home care, a decrease of 10% from 743 children in care at the end of FY09. At the end of FY10, the Office of Child Care Licensing’s total count of licensed facilities in Delaware was 1,609. These facilities have the capacity to serve 53,161 children.

DFS staff has access to certified substance abuse liaisons co-located in each regional office. All substance abuse liaisons are required to complete the DFS New Worker Training offered by the Professional Development Unit. By doing so, the liaisons are also able to assess the safety of the children during every contact they have with the family.

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The substance abuse liaisons are linked to a client during the investigation phase of the case if the DFS worker suspects that substance abuse is a problem. The liaison completes an initial assessment of the client, reviews DFS case history and talks with the DFS caseworker about the current allegation. If the liaison feels that the client needs an assessment, they make arrangements for the client to complete a formal evaluation at a community-based substance abuse treatment agency. They then help the client to complete the necessary steps to be admitted to an appropriate program. If for some reason the client is unable to attend a community-based agency to have a formal substance abuse evaluation (work schedule, transportation needs, day care issues, etc), the liaisons now have the ability to complete the formal substance abuse evaluation (The Addictions Severity Index – ASI) either in the client’s home or in the DFS office. The substance abuse liaisons also developed a Women’s Empowerment Group for clients active with DFS that have a confirmed substance abuse problem. The group meets on a weekly basis. This group does not replace any substance abuse treatment that the client might be receiving but instead, supplements what their treatment program is providing. To date, over 100 women have attended the Women’s Empowerment Group.

For each of the 514 new cases opened between January 01, 2010 and December 31, 2010, by K-5 Early Intervention Family Crisis Therapists, there were two initial assessments completed. The first is an Initial Assessment consisting of 19 questions. This form helps FCTs assess risk behaviors, significant clinical issues, determine differentiation between attention difficulties from other behavioral difficulties, and assesses the appropriateness of the K-5 Early Intervention Program to meet the needs of the referred child. The second assessment is the Child and Adolescent Functional Assessment Scale (CAFAS). This assessment is conducted within 30 days of a family entering the program. After the first CAFAS is completed, an additional CAFAS is completed every three months until the case is closed. For each open case within the K-5 Early Intervention Program, a service plan is completed within thirty days of the family entering the program. Service plans are updated monthly and a summary of each case is provided to the assigned supervisor. The plans mirror the CAFAS and address issues in the following areas: school/work, home, community, behavior towards others, moods/emotions, self-harmful behavior, substance use, thinking, material needs and family/social support. Services provided by the K-5 Early Intervention FCTs include: one on one counseling, group counseling, consultations, family counseling and home visitation.

The CPRB review is designed specifically to assess the plan for the child and to monitor the progress of its implementation and to make recommendations regarding any additional services or supports that are necessary.

Through the regular meetings of the Birth to Three Program Director and direct service/supervisory staff, as well as the larger Interagency Children’s Council (ICC) meetings, the team is updated on the growing number of new services available to support families dealing with a child with developmental challenges. The team meetings analyze data, monitor

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effectiveness of services, assess gaps in service, plan for capacity building, effectively coordinate services, and improve management of issues related to safety. The team's goal is for identified gaps, 95% will be addressed and resolved through the multi-disciplinary team.

The DFS Consultation Project is a collaborative agreement between the Division of Family Services and the Division of Prevention and Behavioral Health Services designed to provide a behavioral health evaluation of all new foster care children, and any child in foster care with behaviors that may disrupt the placement. In addition, this project provides education for foster parents on any diagnosis that the child may have, expected behaviors and parenting or behavioral management skills that address the problems presenting in the placement. The DFS Consultation staff (clinicians) complete a summary report on their visit and assessment with recommendations for treatment services or other services/resources that will support success in the placement, and facilitate access and admission to the services recommended. In regard to safety issues, the DFS consultants will assess and identify risks, develop safety plans and work with the DFS worker, foster care provider and other service providers to address immediate and on-going safety issues. The goal is to assess 100% of children in first time foster placements.

The DFS consultants work with DFS as a team to assess the risks presented by mental health or substance use/abuse issues, plan with DFS to monitor safety and to access the appropriate mental health or substance abuse services, support the implementation of the plan and provide support for success of the plan or to amend the plan to better meet the safety needs of the child and the foster care family. The goal of this program is to support absence of maltreatment in foster care at the national standard of 99.68% or higher.

The Promoting Safe and Stable Families Consultation and Support Program focuses on families in crisis, but where extenuating risks may lead the family to enter or re-enter into deeper end services. Every effort is made to engage and retain adult, children and teen participants into service. Contact is made with all referrals within 48 hours from the date of the referral. The PSSF waiting list protocol has been in practice for four years established to identify families who could not be seen within five working days due to a scheduling backlog. The PSSF community based provider continues their effort to provide seamless services to allow for all participants referred to the PSSFCS to be seen within 5 working days. During the FY10 reporting period no program participants were placed on a waiting list. This is a significant decrease from FY09's reported 182 waiting list participants. The decrease in waiting list participants was impacted by the number of PSSF provider sites that were in full operation during the 12 month period of review. Two PSSF provider sites were without trained Family Consultants for 4 to 6 months. Services were being to those sites were being addressed by program providers within the county. The program sites that were without a family consultant for this period of time monthly referrals decreased tremendously. While other PSSFCS providers serviced participants of the two sites that were without a family consultant for 4 to 6 the amount of referrals for the sites did not average the amount of the pervious reporting period. The PSSF Intensive Family Consultation services implemented the program waiting list protocol to begin to identify families who cannot

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be seen within five working days of assignment due to scheduling backlog of the DPBHS – PSSF- Psychiatric Social Worker IIIs that provide direct service. The frequency in which a family meets with a Family Consultant depends solely on the needs of the individual family. Based on the analysis of the average program closure timeframe according to data of service provided, the average timeframe for program participation during the report period was 7.00 to 8.5 weeks. This length of service has increased slightly to 6.26 weeks compared to the last reporting period's 6.00 weeks.

PSSFCS continues to provide an array of supportive services to families active and not currently active with Departmental core services. The family consultation process uses family support practices and promotes a system of care approach in the delivery of services for families who are at-risk of child maltreatment. The family is supported to participate and takes a lead role in the process. Using a strength-based approach to empower families, they are encouraged to determine their own needs and services. Families develop informal and formal support systems to assist in resolving the family's needs and concerns. The outcomes achieved from participation in the program are that families connect to appropriate services and gain and/or enhance their ability to be proactive in identifying and addressing their needs before they become a crisis.

The PSSFCS model is set up to increase resiliency in families, thus reducing the likelihood of departmental child entering into deeper end services. PSSF builds resiliency in four areas that prevent child maltreatment: (1) parental characteristics; (2) developmental and behavioral characteristics of children; (3) absence of resources and services; and (4) crisis and stress, when safety is assured. These stressors are evaluated to determine if there has been a positive change from the pretest - Family Stressor & Resource Assessment (FSRA) to the post test-FSRA. Referrals for the reporting period were: 13% of families were self-referrals, 19% were referred by a community agency, 10% were referred by other source, 8% were referred by another state agency, 4% were referred by the operating divisions of the department, 1% were referred by the courts and 53% unidentified referral source. The family participants prioritize their concerns on the Family Needs and Social Support Scale (FNSS) which is where the participant is able to turn their concerns into defined needs. The FNSS measures the need for crisis services to stabilize PSSF families. The program is unable to report this year on the number of participants and other program measures. DPBHS is working to address the data base and reporting needs of the Prevention Unit. It is the intent of the Division to be equipped to report program outcomes in FY11 report.

PSSFCS continues its collaborative effort, to raise awareness of opportunities to support other service providers in the field as well as how to create and sustain a father-friendly environment in child care programs and family support services both formal and informal. As an extension of the Promoting Safe and Stable Family Responsible Fatherhood Initiative, in the year of 2006, the Delaware Fatherhood/Family Coalition (DFFC) was established in collaboration with the Office of Child Support and other community groups and organizations. The DFFC mission is to strengthen collaboration among stakeholder, engage the involvement of non-residential fathers in

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the lives of their children, build healthy adult relationships, and decrease the barriers that may challenge these efforts. The Prevention Unit employs four (4) Prevention Strategies (Information Dissemination, Community Coalition Building, Educational Opportunities and Intervention Service Activities). The Delaware Fatherhood/Family Coalition promotes the healthy development of children by strengthening and preserving families in a caring community, when safety can be assured.

As a result of the “2007 Responsible Fatherhood Survey” conducted by the (DFFC) PSSFCS formalized a steering committee to formalize a strategic plan supporting community initiative addressing the findings of the 2007 Fatherhood survey. The DFFC strategies initiatives are:

1. Information dissemination through increased awareness of the importance of father involvement in the lives of their children and effectiveness of positive parenting and co-parenting through the dissemination of educational information.
2. Community coalition building by stimulating a broad-based positive social movement to combat father absence and promote responsible fatherhood.
3. Education opportunities by providing educational opportunities for professionals, laypersons and parents on the subject matter of Fatherhood and Healthy Adult Relationships.
4. Intervention service activities that infuse responsible fatherhood and healthy adult relationship components into existing services.

The Prevention unit of the DPBHS continued its efforts to ensure the effective monitoring of the programs of its contracted providers; through the use of the Prevention Unit Contract Monitoring Tool and program specific fidelity monitoring tool. The Prevention Unit contract monitoring tool provided structure, uniformity and consistency in the monitoring process, and increases the transparency of contracted provider accountability for the valuable community-based prevention programming they provide for children and families throughout Delaware. The individual program fidelity assessment/monitoring tool complements the office-wide contract monitoring instrument. The fidelity tool was designed to monitor the implementation of the program model, adherence to practice and program standards are being followed. At the end of the contract year the fidelity assessment/monitoring tool scoring was used to support the ratings of contractual compliance. The Prevention Unit contract monitoring tool is conducted at the end of each program contract year to ensure the effective monitoring of contracted program service providers. Application of the programs fidelity assessment/monitoring tools varies based on the program service design and contributes to an office-wide contract monitoring report. It is expected that contracted providers maintain substantial to full compliance. During the FY10 contract year the contracted providers of the PSSFCS program obtained an overall rating of full compliance.

Mini-grants continue to be offered throughout Delaware by the PSSFCS Program Community Advisory Board (CAB) during the contract period. These are grant opportunities to empower, strengthen and enhance the array of services in the community. Through this effort, the PSSFCS

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CAB becomes a community partner with other organizations. The PSSFCS CAB members conducted community needs assessment to identify the type of support services of interest to the communities served by PSSFCS. The availability of the Mini Grants is announced through newspaper advertisements, internet and community news papers. During the 2010 fiscal year, Promoting Safe and Stable Families (PSSF) Community Advisory Board (CAB) implemented and supported: Healthy Marriage, Fatherhood Initiative, Parent Education, Child/Teen Developmental Characteristics and Substance Abuse Prevention and Early intervention community activities. In support of these initiatives, PSSF CAB's awarded 11 mini grants to community based organizations that provided educational and supportive services. A total of 1,400 plus individuals participated in the 11 community initiatives funded. These mini grants were awarded to empower and strengthen community skills to help develop and provide appropriate support for needy families. The PSSF community based service providers funded programs supporting each propriety service initiatives are as follow: Healthy Adult Relationships and Healthy Marriages (1), Fatherhood Initiative (5), Children's Health and Parenting (1), Youth Behavior/Self Esteem (3), and Substance Abuse /Intervention (1).

The Delaware Fatherhood/Family Coalition (DFFC) Mini-Grant initiatives awarded 15 grants sponsored by the Promoting Safe and Stable Program. Although there was a decrease in the total number of grants awarded this year, there was an overall increase in the total number of adult males and children who participated in the DFFC Mini-Grant programming activities. The programs serviced a total of 353 adult males and 562 children participated in programming services and activities; resulting in an increase of 83 males, and 193 children over the previous year's reporting period. A total of 51 males were not fathers, 56 males were fathers but not the primary caretaker. A total of 209 males were fathers and the co/primary caretaker, 103 participants were relatives or mentors and 10 participants with unknown parental status. The programs varied from single men and father only activities, to programs with father/relative/mentors involvement with children. A total of 190 men participated in father only activities, 200 fathers participated in activities with their children, and 47 men served as mentors of children. The data supports the fact that by infusing fatherhood components into existing services and engaging father/mentor participation, a significant number of fathers identified themselves as involved primary caretakers.

The evidence-based Strengthening Families Program (SFP) was provided statewide to the Office of Children Services target population through a contract with Children and Families First. Evaluation of the program is based on an evaluation tool designed by developer Karol Kumpher. The responses from this instrument will be assessed by a contracted evaluator from the University Delaware. For FY2010 the Strengthening Families Program (SFP) served 321 individuals with 139 youth participating in the program and 182 adults or care givers. Of the adults participating in the program there were 80 successful completions between July 2009 and June 2010. The number of successful completions for July 2010 through September 2010 is not documented as the cohorts were not complete at the time of reporting. Out of the adults who did complete the program, 35 or 28%, had post completion involvement with Family Services.

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Transportation in the rural areas for program participants still presents a challenge due to distance and reliable transportation providers. Program data will be assessed again to monitor the effectiveness of this program.

The All Stars, Too Good for Drugs and Violence, and Strengthening Families were three of the five evidence base programs that used the fidelity tools to document program compliance to practice. The fidelity monitoring tools was implemented twice during the contract year. The fidelity tool was designed to monitor the implementation of the program model, adherence to practice and to determine if program standards are being followed. The Office of Prevention expects full compliance from contracted providers. During the FY09 contract year, providers of the PSSFCS program and FACET program obtained an overall rating of substantial compliance. Five out of ten All Star Program providers met substantial to full compliance. The Strengthening Families program received a substantial compliance rating. The Too Good for Drugs and Violence program received substantial compliance rating.

In efforts to enhance service array to promote positive outcomes The Separating and Divorcing Parent Education (SDPE) program continues diligently to increase the number of Spanish Speaking sites statewide. Historically, the only Spanish Speaking SDPE site was in New Castle County. In 2007, a new Spanish Speaking site was established in Sussex County, and an additional Spanish Speaking site was established in Kent County in 2008, which makes this service currently available statewide. Basic course sessions were held at 23 program sites throughout the state of Delaware. In 2010 a new site was added that caters exclusively to military families at the Dover Air Force Base.

6. Support out-of-home care providers to maintain safe and stable placements.

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

Prior to placing a child in a relative or non-relative (non-foster home) placement, DFS must complete a home assessment. Individuals interested in becoming a placement resource for a

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child must provide DFS with a current copy of a valid driver's license as well as a listing of any state the caregiver may have lived in during the previous five years. If the individual has resided in a state other than Delaware, a national criminal background check must be completed.

DFS will be trained by Dr. Ina Page to improve safety and stability of children in care. Division of Prevention and Behavioral Health provides support to foster families. Through the Consultation Project, a behavior consultant visits foster homes after placement to screen for any behavioral health needs, and, if needed, recommend referrals for a full mental health assessment. When there is a potential for placement disruption in a foster home the behavioral consultant will visit with the foster family to provide behavioral management techniques to support stability of placement and to avoid disruption.

Over the last fiscal year, our contractor trained 324 foster parents in 37 training classes that included, brain development, sexual abuse, how we can help, grief and loss, depression and suicide, what foster parent need to know about psychotropic medication, working with birth parents, understanding temperament, becoming a love and logic parent, CPR/first aid, fetal alcohol spectrum disorders in children, sexual abuse prevention classes, working as a member of a treatment team, street drugs and adolescent sexual abuse ,and permanency.

The services rendered in the Birth to Three Program are geared toward the child's family and/or caregivers. The case management, consultation and home visits are available to all child caregivers to support safety and stability in the home whether it is the family home, kinship home, or foster home. Training and educational aspects of this program are available to support out-of-home caregivers either in preparation for receiving a child with developmental challenges, or in working to build skills to parent and manage behaviors associated with these challenges. The goal here is to work in collaboration with other department programs (e.g. DFS Consultation Project) to provide effective training and education to families and foster families in order to support services and to manage risk in 95% of high risk situations.

The DFS Consultation Project is designed to provide psycho-education, behavior plans, crisis support and an array of treatment, early intervention and prevention services in order to support foster care providers in gaining the skills and supports necessary to maintain safe and stable placements. The goal is that 99% (or higher) of children presenting with a significant safety risk due to behavioral health issues receives the most effective services in a least restrictive environment.

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

Performance Measures and Goals:

1. *Caseworker foster care contacts. There are two established measures for foster care contacts: percent of foster children visited each and every month; and, percent of those visits occurring in the child's residence. Goals for measure one are 75% by October 1, 2010, and 90% by October 1, 2011. Goal for measure two is 50.5%.*

The most recent available data for these measures was the Federal Fiscal Year (FFY) 2010 results. The target goal for FFY10 was established at 75% of children in foster care will receive a face to face contact 100% of the time. DFS met that target, achieving a 75% contact performance. For the second measure, of the contacts that did occur, 86% occurred in the child's out of home setting.

2. *National Standard: Permanency Composite #4 with component scores.*

- *Scaled state composite score. Goal is 101.5 or higher.*

For the period under review, the scaled outcome for this composite was 96.0. (All permanency measures are for the 12 month period ending March 31, 2011)

- *Of those children in care less than 12 months - percent with 2 placements or less. Goal is 86% or higher.*

84.0% of the applicable children had 2 placements or less.

- *Of those children in care for 12 but less than 24 months - percent with 2 placements or less. Goal is 65.4% or higher.*

Of the applicable children 64.3% had 2 placements or less.

- *Of those children in care 24 or more months - percent with 2 placements or less. Goal is 41.8% or higher.*

26.4% of the applicable children had 2 placements or less.

National Standard: Reunification within 12 months from the most recent removal from home Goal is 75.2% or higher.

Of the applicable children during this period, 70.1% were reunified within 12 months.

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National Standard: Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.

Of the children exiting to adoption, 31.5% did so in 24 months or less from last home removal.

Quality Assurance: Measurement is the percent of placement and permanency case reviews agreeing with APPLA (Another Planned Permanent Living Arrangement) goal selection. Goal is 95% or higher.

Of the 60 children reviewed who had a goal of APPLA, 98.3% of the reviewers agreed with this goal.

Activities:

- 1. Assess, support and enhance the ability of Delaware families to stabilize and remain intact.**

In 2010, DFS partnered with the Delaware State Housing Authority (DSHA) to provide 20 unification vouchers to eligible families active with DFS. Six of the vouchers are available to families in Kent County, six vouchers are available to families in Sussex County, and eight vouchers are available to families residing in New Castle County. To be eligible for the vouchers, the family must meet specific criteria. Some aspects of the eligibility criteria include having an active case with DFS and housing is the last remaining barrier preventing reunification. Families are also eligible if they are active with DFS and the lack of housing is likely to result in the children being placed in foster care. The caregiver(s) must also be employed a minimum of 20 hours per week. Once clients receive the voucher, they are able to remain in the home for 5 years. During that time, the DSHA will help the family move towards eventual home ownership. Eligible clients are prohibited from the program if they have a criminal history involving drugs or crimes of violence. As of March 2011, all 20 of the housing vouchers have been utilized. In 2010, DFS partnered with the Delaware State Housing Authority to establish an additional 25 housing vouchers for families active with DFS. If this initiative is approved by the General Assembly, these additional 25 housing vouchers will be available for families beginning in July 2011.

DFS staff was provided with an updated comprehensive list of emergency and subsidized housing resources for families that were ineligible for the housing voucher program or who may need assistance with housing now that the vouchers are all filled.

In November 2010, DFS staff identified the need for additional parenting classes in Sussex County. As a result of their expressed need, DFS partnered with a community-based agency to provide an additional series of parenting classes. The two new series of classes are available for parents and children residing in Sussex County. The classes are interactive, being comprised of a parenting module as well as a simultaneous children's model. After the instructional period of

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the class each week, the children and parents use the last portion of the class to demonstrate the skills that were taught during that particular session. So far, the classes have been met with much success by both the DFS workers and the families.

The K-5 Early Intervention Program stabilizes families by providing a range of interventions helping remove barriers to academic and social success. From January 1, 2010 through December 31, 2010, K-5 Early Intervention Family Crisis Therapists provided 71,064 individual, 10,152 group, and 7,896 family counseling sessions; 11 child and parent support groups; 9,024 home visits for reinforcement training; social skills workshops; and conflict resolution classes to an average of 663 families per month. Additionally, K-5 Early Intervention FCTs in each county routinely make referrals to community-based services. These services include mental health agencies, housing agencies, food and clothes closets, domestic violence agencies, homeless shelters, drug and alcohol counseling agencies, job assistance programs, and child care providers. By accessing necessary resources before a crisis arises, the FCTs support the family and help ensure through home visits that they are getting the help that they need to remain intact and functional. While working to stabilize families before the families enter deeper end services, the K-5 Early Intervention Program conducted 11 parenting groups with concurrent children's groups based on the Carolyn Webster-Stratton Model which is an empirically tested and nationally recognized parenting and children's program. These groups were held throughout the state and covered 11 school districts. In 2010 the FCTs received additional training in the Positive Parenting Practices model, which is another top 5 nationally recognized and empirically validated parent education program. The parenting and children's groups increase the chances of children remaining in their homes. Additionally, Early Intervention FCTs continue to refer clients to community and state based agencies with the goal of strengthening the family unit.

In support of goals around permanency, the DSCYF CDW staff work with the families and community agencies to develop a plan that includes building a support network for children and their families. This would include working with children in care, and when the plan is reunification providing appropriate services to the biological parent that supports return to home; when the plan is APPLA, assuring that the support network is in place to support the planned permanency living arrangements effectively so as to assure stability. The DSCYF CDW staff are responsible for contacts and that those contacts include the goal of at least 50% of visits occur in the home.

As the DFS Consultation Project is established and as resources allow, the goal is to expand some of the services provided to include support, coaching and access to prevention, case management and treatment services to both foster and birth parents when reunification is the plan. This project will support the national standards noted above by collaborating with DFS colleagues to develop effective plans, implementation and support. Ongoing case review through a collaborative process will allow for tracking progress and making changes to ensure the most effective interventions and positive outcomes.

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Promoting Safe and Stable Family Support and Family Preservation have been combined to create another early intervention strategy within the Division of Prevention and Behavioral Health Services. OPEI continues to provide contractual services that maintain community and cultural connections for children and their families. The PSSF Consultation and Support model successfully employs family support practices and promotes the system of care approach in its service delivery. PSSFCS continues to employ a strength base family support intervention strategy to address the contributing risk factors and encourages families to become the lead decision makers behind a planning process with the assistance of a PSSFCS Family Consultant. Through a strength-based approach, family tools are used to empower families who are active or not active with the Department.

PSSF continues to employ community-based family consultants and internal program intensive family consultants to implement the family consultation, the intensive consultation and support process provided to families. Through the tools used in the family consultation and intensive family consultation process to empower families, they begin to take the lead in the decision making. Families build, and or enhance their skills to in assess and identify their concerns, address their needs, increase their informal and formal support systems, and develop a plan on how they want to meet their needs. The Family Stressor and Resource Assessment (FSRA) helps the family member and the Family Consultant focus on the following: isolation issues, coping skills, relationship with their children, the child's behavior, the resource needs of the family and the barriers in seeking and acquiring assistance around substance abuse, parenting, and marriage/relationship issues. The FSRA also helps the family prioritize these concerns and identify additional concerns that may turn into a crisis. The family lists their concerns on the Family Needs and Social Support Scale, (FNSSS) which changes the family "concern" into a defined "need". By defining the need, the participant can establish goals to resolve the concerns with the support of formal and informal networks. Upon completion of the FNSSS, the Family Assessment and Intervention Plan (FA&IP) is completed detailing the steps needed to accomplish the goals using supports and resources. As a result, families are empowered to take the lead in the planning process to reach identified goals, reduce certain life stressors increasing their ability to meet the needs of their families and children.

PSSFCS program services are also designed to work with families who fall into all prevention strategies. The families who have moved past risk and begun to engage in negative or undesirable behaviors receive the PSSFCS Intensive Family Consultation (IFC) and the Positive Behavior Intervention (PBI) services. The Intensive Family Consultation process is the second tier of the PSSF Family Consultation and Support process. The Intensive Family Consultation process has been designed to work with families building from the family consultation process who exhibit common risk factors that may contribute to child maltreatment. Through a critical assessment process, skilled interventionists provide supportive services that will address high levels of concerns. These risk factors may be limiting the family's ability to successfully work through the issues or challenges their ability to move forward to resolve their core concerns.

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The Intensive Family Consultation provides a collaboration of both formal and informal social supports that can have health-promoting and competency-enhancing effects on individual family members as well as the family unit. The Intensive Family Consultation process seeks to work with the family and incorporate team participants that have been identified. The team participants provide support to the family in examining their core concerns instead of simply addressing their symptoms by utilizing person centered planning tools such as the Making Action Plan (MAP), and Planning Alternative Tomorrow with Hope (PATH).

A total of 123 families were served through the IFC services throughout the state in FY09-10. Out of the 123 families engaged and received serves, 45 of these 123 families remained engaged and completed the IFC process. Although the length of service varies according to the need and complexity of each family, on average, the length of service for an IFC case is approximately 3-4 months. Additionally, case consults and technical assistance is provided to PSSF Community Family Consultants in through the IFC service. For FY09-10, a total of 103 cases consults were provided to the eight communities based PSSFCS Family Consultants. Case consults vary in nature from reconciliation of tracking sheets, discussion surrounding participant and /or families' intervention plan barriers and immobility, determining the family's need for additional IFC services via collaboration meetings, IEP Educational support, truancy, mobilization of program FA&IP and the implementation of either a MAP or PATH. Family Consultants also assisted when necessary during an initial consultation with families to determine if additional services are in place for the family through the DSCYF system.

Within the last seven years, the PSSFCS program has focused more attention on referrals made by the abuse and neglect report line, Behavioral Health Services and Youth Rehabilitation Services, providing specific services directed for these disciplines. The growing numbers of families referred from the Department and community is a direct result of the success families have experienced from participating in the program. Over the last seven years the program has serviced a total of 18,664 participants and 5,965 families, surpassing the program service expectation. PSSFCS offers family preservation and support services to at-risk families and youth participating in Independent Living (IL) programming and to DFS foster care (FC) youth aging out of service. The IFC serves as a building block to support the development of skills that support their efforts to: identify concerns, how to utilize informal and formal network support, design and implement a intervention plan, develop self advocacy skills to address their need for services, empowering the IL and FC youth to make the connection to appropriate services and resources and increase the IL and FC youth's awareness of how to reduce stress in the future through the consultation planning approach.

The PSSFCS Community Advisory Board (CAB) is yet another venue within Prevention Unit used to disseminate information; the CAB continues to award mini-grants throughout the year to empower and strengthen the community's skills to develop appropriate supports for families. Through this effort, the PSSFCS CAB remains a community partner with other organizations. The PSSFCS five priority programming services implemented and supported through the CAB

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are: Healthy Marriages/Fatherhood Initiative, Parent Education, Children/Teen Developmental Characteristics and Substance Abuse Prevention and Early Intervention.

PSSFCS continues to make concerted efforts to engage more fathers. The PSSFCS providers' family consultants receive annual training on the importance of engaging and retaining fathers to strengthen father –friendly environments. The PSSFCS Family Consultation and Support process initiated into practice the identification of fathers or male partners in the household as support participants in the family plan. By involving fathers in services, the programs hope to reverse the rise in father role model absence, improve child well being, improve healthy adult relations and increase supports to fathers.

PSSFCS continues its collaborative effort, to raise awareness of opportunities to support other service providers in the community as well as how to create and sustain a father-friendly environment in family support services, both formal and informal. Established in 2006, the PSSF sponsored Delaware Fatherhood/Family Coalition (DFFC) continues collaboration with the Office of Child Support and other community groups and organizations to provide resources and events for fathers. The purpose was to build upon the efforts of the community to increase community collaboration and strengthen resources which support the involvement of residential and non-residential fathers in the lives of their children, build upon healthy adult relationships, and decrease the barriers that may challenge these efforts. In 2008 PSSFCS formalized a steering committee that formalized a strategic plan supporting the community initiative addressing the findings of the 2007 fatherhood survey. In support of the findings of the fatherhood survey PSSFCS supported the development and implementation of the DFFC strategic plan. The DFFC strategic initiatives and activities that were established are:

1. Information dissemination through increase awareness of the importance of father involvement in the lives of their children and effectiveness of positive parenting and co-parenting through the dissemination of educational information.
2. Community coalition building by stimulating a broad-based positive social movement to combat father absence and promote responsible fatherhood.
3. Education opportunities by providing educational opportunities for professionals, laypersons and parents on the subject matter of fatherhood and healthy adult relationships.
4. Intervention service activities that infuse responsible fatherhood and healthy adult relationship components into existing services.

Again the purpose was to build upon the efforts of the community to increase community collaboration and strengthen resources which support the involvement of residential and non-residential fathers in the lives of their children, build upon healthy adult relationships, and decreasing barriers that may challenge these efforts. The Coalition strategic initiatives are designed to enhance the collaborative efforts of the community to infuse fatherhood components into new and existing services to create supports for fathers and strengthen co-parenting relationships for the well-being of their children. The collaborative efforts of the DFFC are

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working to expand the community's capacity to develop and sustain collaborative partnerships in an effort to participate and take a leadership role in the mission and vision of the Delaware Fatherhood/Family Coalition. It is expected that the outcome of the work of DFFC and its community partners will increase positive involvement of fathers with their children while reflecting an increase in child resiliency against negative factors which may cause child negative behaviors, thus decreasing parental conflict and lessen the stressor for parental care of their children.

The Delaware Fatherhood/Family Coalition (DFFC) Mini-Grant initiatives awarded 15 grants sponsored by the Promoting Safe and Stable Program. Although there was a decrease in the total number of grants awarded this year, there was an overall increase in the total number of adult males and children who participated in the DFFC mini grant programming activities. A total of 353 males and 562 children participated in programming services and activities; resulting in an increase of 83 males, and 193 children over the previous year's reporting period. A total of 51 males were not fathers, 56 males were fathers, but not the primary caretaker. A total of 209 men were fathers and the co/primary caretaker, 103 males participants were relatives or mentors and 10 participants had unknown parental status. The programs varied from single men and father only activities, to programs with father/relative/mentors involvement with children. A total of 190 men participated in father only activities, 200 fathers participated in activities with their children, and 47 men mentored children. The data supports the fact that by infusing fatherhood components into existing services and engaging father/mentor participation, a significant number of fathers identify as the primary caretaker, and are engaged with their children.

Of the 562 children who participated in activities, 129 children participated in activities with relatives or mentors. 433 children participated in activities with their fathers. The data not only reveals the presence of relative and mentor involvement, it also revealed an increase of more fathers engaged in activities with their children. The demographics indicate the population served was African American (81%), Caucasian (11%), Hispanic (6%), American Indian (1%), and other (2%). The highest range of income was between \$20,000 and \$30,000, \$0 to \$10,000 ranked second; and \$30,000 to \$45,000 ranked third. The age groups of fathers participating in the programs are ranked from the highest to lowest: 25-35 was the highest age group participating, ages 35-45 ranked second, ages 18-24 was the third highest age group, and ages 45-60 ranked fourth. Education levels are: 55% of the fathers received their high school/GED diploma, 32% indicated higher education, 6% did not complete high school, 5% received other job training and 2% completed elementary school only. The demographics indicate a need for diversity and stresses fatherhood involvement crosses all economic and educational levels.

Out of 562 child participants, young males between the ages of 12 -14 ranked the highest in participation, followed by ages 9-11. Participation dropped significantly with children 0-11. Female youth highest age groups were 15-18 and 9-11. Although there was a slight increase in the numbers for 0-8, there is still a significant difference in comparison to the other age groups. The type of program activities may influence the age participation but this data begs more

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research to ensure that fathers are focusing on children from birth. Overall, the program initiative is a success in process. Data will be used to enhance the strategic plan to engage fathers, enhance parenting and relationship skills.

DPBHS's indicated prevention approach focuses on specific high risk groups that have frequent contact with more intensive departmental services. The evidence-based Strengthening Families Program (SFP) was provided statewide to the Department's Office of Children Services target population through a contract with Children and Families First. Strengthening Families program is a 14 week family skills training program proven to significantly reduce problem behaviors, delinquency, alcohol and drug abuse, improve social competencies and school performance in children, and decrease child maltreatment. Strengthening Families is available in all three counties of Delaware. The program's target population was children/youth ages 3-17 identified by the Office of Children Services, as being substantiated for child abuse and neglect, and dependent children with an open/active case. Parents and children participated in the 14 week sessions both separately and together. Participants were placed in groups that included families with custody of a child between the ages of 3-5, 6-12, 12-16 years, and families without custody of children between the ages of 3-12 years. Skill-building exercises were provided on parent, children and family social skills, behaviors and targeted interventions, drug and alcohol awareness, and problem solving. A family meal, transportation and information dissemination of available community resources were provided as program incentives. The program seeks to reduce incidents of child abuse and neglect, enhance parent-child and family relationships, maximize opportunities for both parent and child development, and strengthen capabilities of parents to draw upon formal and informal resources. The Strengthening Families Program is frequently a specific requirement of a client's overall case plan established by the Office of Children Services. Oftentimes, these parents are court-ordered to attend as a condition for their children to be returned to their care. Currently, the Strengthening Families program does not have the capacity to report the number of children reunified with their families. Children and Families First continues to provide reunification classes based on the number of referrals received from the Department. The classes are provided in age appropriate groups (3-5, 6-12 or 13-17); assuming parents attend with their child.

The Division of Prevention and Behavioral Health Services evidence-based All Stars program is designed to delay the onset of alcohol, tobacco, and other drugs, as well as early sexual activity and violence. There are five objectives of All Stars to achieve this outcome:

- Reinforce the belief that risky behaviors are not normal or acceptable by the adolescent's peer group.
- Cultivate the belief that risky behaviors do not fit with the youth's personal ideals and future aspirations.
- Create strong, voluntary, personal, and public commitments to not participate in risky behaviors.
- Strengthen relationships between the adolescent, social institutions, and significant adults.

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- Help parents or another significant adult to listen to their children, communicate clear no-use expectations about alcohol and other drugs, and support their children in working towards positive life goals.

The Media Matters program is a hands-on media workshop in which youth translate the content and attitudes of University of California's Project Towards No Drug Abuse (TND) into public service videos for presentation to an audience of their peers. The program goals for TND and Media Matters are to: reduce the use of cigarettes, alcohol, marijuana, and hard drugs, decrease violent behavior, and provide accurate information about environmental, social, physiological, and emotional consequences of drug use and abuse. Students completing these programs are able to demonstrate behavior and cognitive skills to make a personal commitment to avoid drug use.

The Families and Centers Empowered Together (FACET) program is in its 18th year of service. FACET is a recognized *Reported Effective Program* in the Emerging Practices for Child Abuse and Neglect project conducted by the Administration for Children and Families' (ACF) Office of Child Abuse and Neglect. Through participation in the program, parents are expected to achieve goals related to: increasing skills to care for oneself and children, motivating, nurturing, and guiding healthy, well-developed children, developing new skills in communication, decision-making, conflict management, stress management, and leadership. Additional goals are: developing program partnerships with schools in the center's feeder pattern and other community organizations, recognizing and using community resources, learning how to plan, spend, save, and invest resources to meet their family's changing needs, and to participate in decisions about public issues. Parents in the four Early Care Centers have been participating in trainings to develop their leadership skills to a level where they will be able to participate in statewide parent leadership training, conferences and meetings. FACET seeks to affirm and strengthen the families' cultural, racial and linguistic identities while enhancing their ability to function in a multicultural environment through program principles, training, planning, activities and staff composition.

During 2011, DFS entered into a post-adoption services contract with Upper Bay Adoption and Counseling Services to provide support for adoptive families after finalization. Upper Bay expands their existing support and services to adoptive families throughout the state. The goal of this program is to prevent adoption disruptions. Upper Bay provides case management and crisis management to at risk adoptive families. Additionally, Upper Bay provides training and programs that teach families how to enhance their family environment by dealing productively with negative behaviors. Through this program Upper Bay is able to provide support groups in the southern part of the state which complements the support groups provided in northern Delaware by Adoptive Families with Information and Support (AFIS).

Upper Bay also provides an innovative program named "Rec and Respite". Through this program, a day of respite is provided for adoptive families two Saturdays each month. Families

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commit to a full year of respite day programming. Upper Bay has found that families who utilize this program are better able to deal with crises and promotes stability. None of the children who participate in the group – although they are all enormously emotionally challenging – have disrupted from their adoptive family.

2. Families will be reunited in a timely and permanent manner, through assessment and support services.

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

In March and April 2010, all DFS social workers, supervisors and administrators were required to attend treatment refresher training. This purpose of the training was to clearly and concisely provide an update to all staff regarding policy changes related to a variety of topics including planning with both parents, assessing safety, concurrent planning efforts, and helping children understand and work thru any confusion regarding concurrent planning. The training was comprehensive, and was provided to all DFS staff as well as contracted foster care agencies.

Policy revisions related to closing cases when working with resistant clients was finalized on March 30, 2010. Training regarding this policy revision was provided to staff on the following dates:

- March 9, 2010 – Beech Street – New Castle County
- March 23, 2010 – Sussex County
- March 24, 2010 – University Plaza – New Castle County
- March 30, 2010 – Kent County
- April 1, 2010 – Sussex County

This training was mandatory for frontline workers, supervisors and administrators.

DFS also modified policy regarding effort to locate parents. According to DFS policy, if a parent's whereabouts are unknown, workers are required to:

- Determine if the parent is listed in the current telephone and cross-reference street directories
- Contact the school, if applicable, where the child(ren) last attended
- Contact all significant relatives, if known

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- Complete Delaware Justice Information System (DELJIS) search
- Complete a search of DHSS Programs (TANF, Medicaid, Child Support)
- Complete a Department of Motor Vehicle search
- Send an Address Information Request form to the Postmaster of the last known residence of the parent
- Utilize the Division's Special Investigators to see if they can locate the missing parent
DFS has the most success in locating missing parents by contacting relatives and by utilizing Special Investigators.

In an effort to locate relative and non-relative resources for children, and to ensure compliance with the Fostering Connections Act, DFS developed two different letters for workers to send to relative and non-relative resources to solicit support. The first letter is sent to all relative and any non-relative resources identified by the parents within 30 days of the child being removed from the home. This letter advises relatives that the child has been removed from the home and identifies the steps necessary to be considered as a placement resource. Workers then have a responsibility to follow up with those relative and non-relative resources to determine if they are a viable placement option. The second letter that was developed for staff is sent to all relative and non-relative resources every six months after a youth has been removed from their home. The intent of this letter is to determine if the resource is able to provide any type of support. Support can include things such as: placement, visitation, holiday visits, birthday visits, phone calls, and letters. Because an individual's circumstances or interest change over time, this letter is sent to relative and non-relative resources every 6 months after a child enters foster care to determine if they are willing to change their contact or level of involvement with a child. In the event that the Division is able to locate relatives interested in caring for the children, DFS ensures that relatives understand their responsibilities and ability to protect the child from the parents and to discuss their willingness to care for the child both long and short term. If workers want to place a child in a relative or non-relative placement, before placement can be made, the worker must complete a home assessment, and complete a criminal background and Child Protection Registry check.

Policy was revised to require workers to continue to involve parents in the development and review of the youth's Plan for Child in Care. The only time DFS is not required to continue to engage the parents is when Family Court has ordered that parental rights be terminated. This same practice applies to visitation between youth in foster care and their families. It is now policy that visitation will continue until parental rights have been terminated, or a determination has been made that continued contact between a youth and their family is not in the best interest of the youth. If DFS makes the decision to terminate contact, the worker must clearly document why that decision was made.

Workers have access to an array of support services for clients. Those services include transportation, language translation, deaf interpretation, substance abuse assessment and

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counseling, domestic violence intervention, home-based services and prevention and early intervention programming.

The Division of Family Services has developed an array of services and protocols to provide timely reunification services. The Division has a continuum of home based services to work with families. The least intrusive service is parent aide services for intact families. Contracted parent aides address a wide variety of needs for families, including helping them develop appropriate expectations for their children and helping them learn how to budget and run their household. The concept calls for contractors to assume 100 % responsibility for coordinating, transporting and supervising visitation. They are responsible for ensuring that visitation occurs in accordance with the court order. The contracted worker is required to use the visitation time as an opportunity to provide a continuum of parent education services initially focusing on the behaviors and conditions which resulted in the child being removed from the home. These activities include teaching parents how to play with their children, how to set limits, how to discipline appropriately, what is developmentally realistic, and how to prepare and provide nutritious snacks. The expectation is that the input from the parent aide contributes to a more meaningful, sensitive visit while at the same time providing the parent with an opportunity to practice their skills. Once the children have been reunified, the focus of the contractors' services then shifts to continuing the educational process in the home and, ensuring that parents are able to utilize the skills they have been taught. DFS staff has found this service to be a welcome relief as they are now able to schedule more frequent, meaningful visitation between parents and their children. Contractors are required to complete a Visitation Observation Checklist for every visit. The Checklist is then forwarded to the assigned OCS caseworker for inclusion in the record. The enhanced parent aide service has become the most requested service by DFS caseworkers.

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

When the Family Service Plan is developed, if the children have been removed from the home, the visitation arrangements are always included in the plan. The worker will take into account

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the parent's work schedule, their transportation needs, their location, and any special conditions that may impact the visitation (supervised visitation, etc). The worker also takes into account the schedules of the youth as well as the foster family. If service providers are going to be assisting with the supervision, they are also included when the visitation plan is developed. DFS policy requires that visitation details be captured in both the Plan for Child in Care series and the Family Service Plan. On both documents workers include all details of the visitation including who will be present for the visits, the location, duration, and any special conditions. Families are required to sign both the PCIC series as well as the Family Service Plan indicating that they are in agreement with the proposed visitation plan. Policy also requires that DFS supervisors review visitation requirements and schedules during monthly supervision. This information is then captured in the Directed Case Conference notes that supervisors maintain for every case.

The Directed Case Conference (DCC) event that supervisors complete with their workers was modified. The modifications include an emphasis on safety as well as the workers efforts to locate and plan with both parents as well as other relatives for a child. The revised DCC provides the supervisor with an opportunity to discuss significant aspects of the case, including safety, progress on the case plan, efforts towards concurrent planning, and a discussion about next steps the worker should take with the client.

DFS policy requires the completion of the Plan for Child in Care (PCIC) series for every child placed in foster care. The PCIC II must be completed within 5 days of a child being placed in a new home. The PCIC III outlines the Division's plan to address the child's needs in the current placement throughout the year, as well as, the permanency goal for each child. The PCIC III must be completed within 30 days of a child being placed in a new foster home. The PCIC IV is completed every six months and reviews the needs of the youth.

Whenever children are in care for 9 consecutive months, workers are required to present the case to the Permanency Planning Committee (PPC). The PPC reviews the history of the case, Family Service Plans, and progress that the family has made. If the family is making progress, reunification remains the goal. However, if the family is not making sufficient progress on the Family Service Plan, then the PPC recommends that the change in goal be presented to court at the next scheduled hearing. The Deputy Attorney Generals are regular members of the PPC and offer legal advice.

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

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importance of communication between the DFS worker and the substance abuse treatment counselor.

Child Development Watch staff work closely with DFS workers as well as consulting with Public Health Birth to Three Program personnel on identified developmental needs of children in out of home care and coordinate supports the family will need to reunite in a timely and permanent manner.

The DFS Consultants will work closely with the DFS workers and foster care coordinators to ensure that the primary clinical and support services are in place to support successful and timely reunification. Joint assessment of the issues and services needed enhance the likelihood of not only the success of reunification, but the quality of family relationships that foster growth and achievement.

The Division of Youth Rehabilitative Services continues to plan for permanency with youth involved in our system in out of home treatment services. The majority of our youth in this category are those with inappropriate sexual behaviors who need residential treatment. They are adjudicated delinquent of a sexual offense, referred to the Division of Prevention and Behavioral Health Services for assessment and recommendations for the court. If they require residential services, they are then referred to our Division's contracted out-of-state residential programs who work with both the youth and their families, along with a local contractor who provides supports to the family and works with the residential program to ensure an appropriate safety and reunification plan. In the instances where youth cannot return to the family, concurrent planning occurs with another relative. DYRS refers youth to the DFS' permanency committee for goal approval, and cases are reviewed by the Child Placement Review Board, as well as the Family Court at 6 month intervals, to ensure permanency goal(s) are addressed and approved. In the event that the youth cannot return home, following their treatment, and there are no known relatives willing to plan for youth to reside with them, a dependency referral is made to the Division of Family Services. Permanency planning is transferred to DFS once they have obtained custody, with support from the DYRS worker.

The primary mission of the Child Placement Review Board is to monitor the state's efforts to achieve timely permanency for children in out of home placements. During every CPRB review, efforts to facilitate the achievement of a permanent home for the child is assessed and recommendations are made when concerns are identified. In addition, the Board is able to initiate advocacy on behalf of an individual child in pursuit of permanency for that child.

The Court has been successful in development of a database for collection, reporting and analysis of data regarding the dependency and neglect case process. In fact, Delaware is believed to be the first state to have a system designed to track all of the measures outlined in the Toolkit for Court Performance Measures. The Court shared information on the Key Court

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Performance Measures with the Child Protection Accountability Commission in January 2011.
(See Attachment Permanency Activity 1, F: Court Reports on Permanency).

3. Provide services to maintain out-of-home care stability.

Supporting child safety and placement stability, it is the policy of DFS to have a face to face visit within five days of a child being placed in a new foster home and to assess for child safety during every contact, regardless of where the child resides or where the contact occurs. Policy was updated to include the federal requirement that children in foster care be seen on a monthly basis and that the majority of the contacts occur in the child's placement. Policy very clearly outlines what information must be discussed with the youth and that the conversation must occur in private so that the youth feels free to discuss any issues, fears or concerns that they may have. FACTS includes a specific monthly foster care contact event. This event allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. Supervisors can track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. In addition to the policy and FACTS changes, DFS also instituted a monthly foster care contact template that all workers must use when documenting their contacts in the record. During Directed Case Conferences between workers and their supervisors, safety is always discussed. This discussion about safety includes an assessment of the child's safety in whatever home they are residing in.

Delaware reports monthly caseworker visits to ACF annually. To date, DFS has met annual benchmark goals on the path to 90% compliance for visiting every foster child every month in care. DFS exceeds the 50% compliance measure for visiting in the child's residence. Using FACTS as the source document, detailed visit spreadsheets listing the child, worker, supervisor and visit schedule. This method reminds workers to prioritize monthly contacts and make timely entries in FACTS.

DFS continues to be successful in finding adoptive homes for the children in foster care needing permanency. In FFY there were 67 children adopted from foster care. This was a decrease from the previous years. This is in part due to the fact that there are less children entering foster care and DFS has been reaching out to relatives more as a permanency option. Currently, the children who need a forever family are teens, minority children, and youth with challenging behaviors.

During this period, there were some changes in the medical coverage for adopted children. Medicaid does not require families to enroll a child adopted from the foster care system in their private insurance. Rather, each family can decide to be covered by both health insurance and Medicaid. As there may be differences in both programs, it is most important for each parent to determine what is most cost effective and medically appropriate for their child. A letter explaining this change was mailed to all adoptive families. (See Permanency Activity 3,

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Attachment G: Adoptive Parent Letter Regarding Medicaid/Private Insurance for Children Adopted from the Delaware Foster Care System).

Starting July 1, 2010, DFS contracted with an adoption agency to provide post-adoption services for children and families. This service has been extended to children that exited foster care via a permanent guardianship arrangement approved by the court. The services include information and referral, crisis assistance, statewide training on adoption related topics, support groups for parents, therapy and support groups for children, Love and Logic Parenting groups and parent/child bonding workshops. The goal is to keep families intact and functioning. A case management service is available for families in crisis and prevents children from re-entering the foster care system. Adoptive families and child advocates have been asking for additional resources for years. DFS is excited about this initiative and the new services that are available to adoptive families. (See Permanency Activity 3, Attachment H: Post Adoption Brochure).

In 2011, statewide training topics for adoptive families include March 9th - Understanding Fetal Alcohol Spectrum Disorder by Dan Dubovsky, April 5th - Maintaining Your Commitment to Your Kids During the Tough Times by Pat O'Brien, May 4th - Talking to Adopted Children About Sex by Dr Catherine Dukes, and June 14th - Enhancing Attachments with Older Kids, Who Have Been Adopted by Dr Lark Eshleman.

The DFS Consultation Project staff are capable of developing behavioral plans and training that will build skills for the foster parent that will enhance their ability to effectively manage difficult behaviors in the home. In addition, this collaboration includes the option of engaging the Child Priority Response (crisis services) services to coach, respond and support the foster care provider in the implementation of the plan or in accessing acute care services 24/7. The supports in total are individualized to each child and foster care provider with the goal of meeting national standards for placement stability outlined above.

The Division of Youth Rehabilitative Services secured a Comprehensive Approaches to Sex Offender Management (CASOM) training grant award, funded through the Delaware Criminal Justice Council by the U.S. Department of Justice, Bureau of Juvenile Justice in part to embed CASOM training into existing training for DFS workers and foster care providers. The rationale for including the foster parents in this training is to increase the general knowledge of those parents currently providing foster care for juvenile offenders, as well as to increase the DFS placement resources by educating foster parents who may be considering placement but need additional information and support. Training is currently in the development stages and will be discussed further in the Systemic Factors section of this report.

4. Collaborate with community partners to facilitate out-of-home care.

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DFS contracts with community providers to provide out of home care for about 300 children on any given day. They provide regular, medical, special and treatment family foster care, group care and shelter care. As partners they open at least one in-service training each year to allow any foster caregiver to attend. This expands foster care training possibilities for all statewide foster families. Quarterly meetings with contractors are held to address any areas of concern with the priority to keep children safe and ensure well-being.

The Foster Care Program Manager, John Bates, partners with a foster care contractor, Progressive Life, to facilitate support groups for teen girls and boys. These groups have been active for several years and focus on self-esteem, empowerment and relationship skills. Foster children and parents are supported by partnerships with community organizations. Kind to Kids, a grassroots organization supplies tickets for sporting and cultural events, teachers offer tutoring during summer months, and foster parent associations host holiday events. Another resource is the 21st Century Fund, managed by the Delaware Community Foundation. The 21st Century Fund for Delaware's Children is a public/private partnership to address the special needs of at-risk children in Delaware. The intent of the fund is to provide experiences that help children define their strengths, improve their self-esteem and build a sense of hope for the future. Examples include sports camps, music lessons, prom tickets and other opportunities to achieve a child's potential in a particular talent or interest otherwise not affordable or available to them.

The K-5 Early Intervention Program is an innovative partnership with the Department of Services for Children, Youth and Their Families (DSCYF) and the Department of Education (DOE). Through this partnership, K-5 Early Intervention's Family Crisis Therapists (FCT) provide voluntary services to Delaware's children and their families whose behavior puts them at risk of academic, social, emotional failure and ultimately the need for DSCYF deep end services. During this reporting period, FCTs have partnered with numerous agencies, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, Operation Warm, medical centers, and mental health providers for children and adults. This year, the K-5 Early Intervention Program has partnered with Operation Warm to provide 5,200 winter coats to children at participating elementary schools in the state. In 2010 the K-5 Early Intervention Program partnered with the Nemours Foundation resulting in more than 50 percent of the FCTs becoming certified in the "Triple P" Positive Parenting Practices parenting program. With the addition of this training, the FCTs have 2 of the top 3 nationally ranked empirically validated programs available for use with Delaware Families. The combined efforts of these governmental and non-profit organizations reduce child maltreatment throughout the state.

Representatives from DPBHS actively support the start up and implementation of the Strategic Prevention Framework – State Incentive Grant (SPF-SIG) in partnership with Delaware's Division of Substance Abuse and Mental Health. This large five-year grant is developing statewide, across the lifespan, community-based substance abuse prevention services with a focus on capacity building and sustainability. DPBHS also supports faith and community-based

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organizations in applying for grants, by both writing proposals on their behalf and/or supporting grant submissions through data and program development initiatives. These partnerships have created a continuum of care from the state system into the community, with sustainability and quality services being the goals.

DPBHS is also involved in creating the Substance Abuse Prevention and Treatment Block Grant's statewide and all-encompassing strategic plan. Federal and state dollars are being leverage well to ensure continuity and non-duplication of services and programming.

The Inter-Agency Committee on Adoption (IACOA) is a state-wide coalition of private and public agencies, as well as advocates, working together to enhance, support and sustain successful adoption outcomes for children who have been involved with Delaware's foster care system. The committee meets monthly to identify and address issues surrounding adoption for children through advocacy, education and inter-agency collaboration.

5. Strengthen adoption recruitment and support practices to promote positive outcomes for children and families.

DFS and the Interagency Council On Adoption (IACOA) held the annual adoption conference on November 20, 2010, "National Adoption Day", at Del Tech in Dover. There were approximately 270 people in attendance including children and families seeking information on foster parenting and adoption, Family Court judges, agency social workers and administrators, community partners and foster and adoptive families. This is an increase in attendance from the previous 2 years. This conference provides educational workshops and trainings as well as opportunities for families and services providers to network and interact.

All TPR'd children needing a forever family are placed on the AdoptUSKids web site. DFS continues to recruit for adoptive families by contracting with the National Adoption Center in Philadelphia. Newspaper articles, PSA's, flyers, videos and other information are available at all related National Adoption Center activities and events. Some of these children have been identified to participate in the Wendy Wonderful kids program on NBC10.

DFS continues to attend local community events or shows to recruit foster and adoptive families. DFS has an ad in the Wilmington Blue Rocks baseball team Playbill that is distributed to fans every home game during the baseball season. This publication reaches families from PA, NJ, MD and DE that attend these baseball games from April through September each year. In December 2010, the adoption program manager and a contracted adoption agency social worker participated in a local television show called Delaware's Perspective. The topic was recruiting adoptive families and the Heart Gallery. The show was aired the morning of December 25, 2010. (See Permanency Activity 5, Attachment I: Blue Rocks Baseball Program Advertisement)

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DFS participated in the Youth Pilot Project with AdoptUSKids along with Pennsylvania and Oklahoma. Kent County was the project site and 12 children participated. The program involved children in the identification and selection of an adoptive family. This time was spent on developing a life book with the child and most recently interviewing the child to see what they want from this pilot and in an adoptive family. Recently Darla Henry wrote a book called *The 3-5-7 Model, A Practice Approach to Permanency*. In this book, Ms Henry mentioned some of the work and feedback from this project. The information received from the interviews with the child was invaluable. One of the things learned from this project was that adults and social workers need to listen to the children as they have great ideas and have a lot to offer. (See Permanency Activity 5, Attachment J: *The 3-5-7- Model: A Practice Approach to Permanency*)

Upper Bay Adoption and Counseling, together with other private community partners, are working to prepare children for adoption, and when adoption is not appropriate, for life after foster care utilizing the 3-5-7 program. Agencies recruit families and other supportive resources, to prepare children for an adoption. Delaware's adoption network is creatively finding resources for our kids – mining files and learning about past people who were important in the child's life, finding ways to publicize waiting children, and giving children a voice in determining what might be a good "fit" in terms of a family.

DFS strives to update portraits for the waiting children for the DFS Heart Gallery. The portraits are displayed in state offices throughout the state, at the National Adoption Day conference, at other various conferences and trainings and at a local children's theatre. Feedback has been positive. These portraits will continue to be used for various recruitment activities statewide throughout the year.

Finally, DFS worked with one of the contracted adoption agencies to do some additional recruitment activities for 8 of the older youth and sibling groups needing a forever family. These activities included newspaper articles, PSA's and brochures. This activity has helped match one child to date, but there were a number of other families interested in becoming foster and/or adoptive families.

DFS continues to place children for adoption in many other states. The monthly Deladopt list of waiting children is sent to over 50 adoption agencies throughout the United States. During this period, DFS placed 32 children in 7 different states for adoption. To date, Delaware children have been placed in 30 different states for adoption. Delaware was one of the 39 states receiving adoption incentive funds for FFY2010. The priority use of these funds support out of state adoption placements and agency supervision leading to finalized adoption. Adoption incentive funds are tracked monthly; DFS ensures the funds will be totally expended for adoption services prior to expiring September 30, 2012.

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As of the end of March 2011, there are 43 children in foster care for whom DFS is recruiting adoptive families. Of those children, 36 are legally free; 25 of those are ages 12 years and older and/or are part of a sibling group. This is a decrease from this period last year. DFS met with staff and community partners to determine what needs to take place to better prepare the children and families for permanency. There needs to be more intensive work with these children and the 3-5-7 model is a new tool to employ. Four of the five current adoption contract agencies have used this model or are familiar with it. This year, DFS amended the adoption contracts to include some child preparation and child recruitment activities for these older and challenging children. From the training by Pat O'Brien and new child preparation programming, Delaware plans to continue moving children to permanency via adoption.

There were 74 state agency adoptions and 93 private adoptions in Delaware during this period. This is a slight increase from the previous year for the number of private adoptions. During the period, there were 10 adoptions that disrupted with children entering state custody. There were 14 international adoptions. One international adoption disrupted resulting in the child entering state custody. Originally from Vietnam, the placing adoption agency is unknown. The child's behavior was out of control and explosive. After the child was charged with criminal mischief, the adoptive parents refused to take her home and no relatives were available as a placement resource. The child's plan is APPLA and she is active with DYRS and DPBH.

The revision of Delaware rules for Child Placing Agencies (CPA) has provided the opportunity to change required practice of all CPAs. This process will focus on setting equitable standards for CPAs providing DFS contract services and private agencies that do not. The difference is most striking in the practices of CPAs which do foreign adoptions, many of which are finalized in the child's country of origin prior to coming to the US. Specific cases of adoption disruptions brought to the attention of OCCL by the Courts, advocates and DFS emphasize the need to require all agencies to focus on the best interest of the child and sustained permanency. Revised Delaware rules will set standards for caseworker post placement visits and post-adoption finalization services. OCCL is taking the position that all children are entitled to equal protection.

In April 2011, the Family Court leveraged CIP training funds to support a session on commitment for adoptive families.

6. Continue efforts to identify and support lasting connections for youth aging out of care to enhance stability.

The DFS foster parent pre service training curriculum was reviewed and updated to emphasize the importance of preserving family connections, including sibling visitations. A document was produced that summarized how establishing and maintaining connections for foster children,

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especially teens leads to better outcomes. (See Permanency Activity 6, Attachment K: Fostering Teens Pre-Service Training)

DFS developed new policy and procedures for the case workers to strive for permanency for foster children with the goal of APPLA. When reunification has been ruled out, workers are required to document decisions and compelling reasons for a recommended goal change to APPLA to present to the court for approval. This goal will continue to be discussed at the quarterly supervisory conferences and at the annual permanency hearing until the child exits foster care. The policy was added to the on-line policy manual effective July 1, 2010. Training was provided to DFS staff, contracted adoption agencies and community partners. In collaboration with the Court Improvement Project and DFS, Pat O'Brien from You Gotta Believe provided training on September 16, 2010, April 5th and April 25, 2011. This training was for DSCYF staff, Family Court staff and judges, CASAs/GALS, contracted adoption agencies, and community partners. Over 300 people attended the April events. The information presented focused on the child's need to be connected to a responsible adult or family member as they prepare for independence. The presentation included a youth panel emphasizing the importance to be connected to family or other significant adult as foster youth leave state custody. The feedback from the training was very positive.

As a result of the Fostering Connection legislation, DFS policy and procedures have been developed for notifying relatives within 30 days of placement and for on-going contacts with relatives or non-relatives every six months who have a connection to the child in foster care. This activity continues until the child exits foster care or there is a compelling reason as to why this contact is not in the child's best interest. Even though the person may not be a placement option, they can be a respite resource or provide emotional and recreational support. Training was provided to DFS staff March and April 2010.

After consulting with the National Resource Center for Foster Care and Permanency Planning, the Division partnered with US Search to support identification of relatives who could potentially be a resource for children in care. An identified Child and Family Services Review-Program Improvement Plan (CFSR-PIP) activity, US Search finds lost family of children in care. The purpose of using US Search is to locate absent parents and extended family members who may be placement or support resources for foster children.

APPLA policy training was completed for DFS staff statewide in June and July 2010. This training was provided for statewide contracted foster care providers on June 17, 2010. The training focused on establishing and maintaining relationships with family and helping youth understand the concept of concurrent planning as well as other relevant changes that were made to the DFS policy manual.

DFS continues Stairways To Encourage Personal Success (STEPS) meetings for all youth in foster care once they turn 17. The purpose of the STEPS meeting is to help the youth establish

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(or re-establish) relationships with individuals who will be able to offer assistance to the youth and to develop a plan to address the youth's housing, educational, vocational, medical and transportation needs once they exit the foster care system. The youth determines who they want to invite to attend the STEPS meeting. The meeting is then lead by a neutral DFS facilitator. The STEPS plan is reviewed by the youth and their caseworker 90 days before the youth turns 18. To date, 295 youth have been eligible for a STEPS meeting. Of those 295 youth, 73% have had successful STEPS meeting, 3% of the youth have refused to participate in a STEPS meeting, and 20% of the youth still need to have a STEPS meeting scheduled.

DFS continues to promote lifelong connections with children and youth in foster. We encourage foster families to, whenever possible, develop relationships with the child's birth family. We ask them when this is not possible, to agree to commit to the children and youth in their home when other permanent option are not viable by signing a long term foster care agreement until the youth ages out of care and to remain a family link for the child forever. The goal is to have every youth who exits care to have a lifelong connection. Our consistent review of APPLA goals and cases, our implementation of STEPS conferences for youth in care turning seventeen along with the Fostering Connections Act requirements support these efforts.

Efforts to identify and support lasting connections for youth aging out of foster care have been continuous within the independent living program (ILP). Contracted providers engage youth to identify viable permanent connections. The use of social networks such as Facebook has proven to be a valuable resource to connect youth to relatives and other identified supportive individuals. Additionally, community resources are sought to develop new supportive relationships for the youth.

DFS continues its collaborative effort with the State Office of Volunteerism to implement a statewide mentoring program for current and former foster youth ages 16-21. This mentoring program, entitled the Delaware CHAMP (Creating Hopeful Adults Mentoring Program) Network has been developed and supported by AmeriCorps VISTA members. (See Permanency Activity 6, Attachment L: Delaware Champ Brochure) During 2010, the VISTA members conducted extensive research regarding best practice mentoring models. This research yielded a compilation of tools and resources from various mentoring programs which now comprise the proposed model for use in Delaware. Initial recruitment and promotional efforts began in November 2010 and continue to date. Thus far these efforts have produced an interest from approximately twenty individuals. It is anticipated that by the end of 2011, a total of 36 mentors will be trained and matched with mentees. The VISTA members will continue to serve as mentor site coordinators throughout the remainder of this year through 2012. A significant purpose of the VISTA members is to create a sustainable program. Amidst the planning and development of the program, research has been initiated to research funding opportunities which will support the continuation of the mentoring program.

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Extended Jurisdiction legislation was signed on July 15, 2010. This law provides continued oversight by the Family Court for aged out foster youth 18-21 and assesses the appropriateness of independent living services. An order for extended jurisdiction also allows for continued representation by a Guardian at Litem (GAL) or a Court Appointed Special Advocate (CASA). The individuals that serve as GALs or CASAs are an additional and durable support in the lives of youth who have aged out of foster care. (See Permanency Activity 6, Attachment M: Youth Extended Jurisdiction Brochure)

DSCYF CDW staff may be involved with youth aging out of care that have children identified with developmental challenges. CDW staff provide the described services in collaboration with independent living and other DSCYF services in order to support successful transition to adulthood and parenthood.

The Division of Prevention and Behavioral Mental Health Services' DFS Consultation Project staff two full time positions to support and consult foster parents with children at risk of disrupting their placement. The target population is youth in their first foster care placement. Staff provide on-site consultation to DFS staff around mental health and substance abuse issues on their caseload. If necessary, they facilitate access to treatment.

The DFS Consultation Project includes a pilot in Milford that assigns aging out youth to a Division of Prevention and Behavioral Health Services Clinical Services Management Team in order to evaluate any mental health or substance abuse treatment needs, collaborate with DFS to develop a strong transition plan, and to work with the adult divisions to access necessary services for a successful transition to adulthood. The pilot has capacity for 8 youth, and the Clinical Services Management Team provides case management and authorizes treatment services as needed. DFS and DPBHS work as a team to access an array of services that will support the youth in successful transition. The goal is to have a joint transition plan in place for 99% of the youth in this pilot.

Family Court requires families and DFS workers to report on extended family identified for children and youth. The Court leveraged CIP training funds for sessions on permanency for older teens in September 2010, and twice in April 2011, the latter two sessions provided workers with "how to" tools to achieve permanency.

7. Provide and support child welfare education and training.

In June 2010, DFS social workers, supervisors and administrators were invited to participate in a conference provided by the Child Protection Accountability Commission (CPAC). The conference was titled "Protecting Delaware's Children" and focused on engaging families, assessing safety and providing appropriate services. Speakers from through the country facilitated the various workshops.

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In collaboration with DYRS, DFS will be trained by Dr. Ina Page regarding foster children presenting inappropriate sexual behavior. This training uses a “Train the Trainer” model that prepares DFS staff to train foster families to improve safety and stability of children in care.

For the fiscal year ending June 2010, Prevent Child Abuse Delaware (PCAD), trained 324 foster parents in 37 training classes that included, brain development, sexual abuse, how we can help, grief and loss, depression and suicide, what foster parent need to know about psychotropic medication, working with birth parents, understanding temperament, becoming a love and logic parent, CPR/first aid, fetal alcohol spectrum disorders in children, sexual abuse prevention classes, working as a member of a treatment team, street drugs and adolescent sexual abuse.

Permanency work group meetings are held regularly throughout the year to support case management activities for adoption and APPLA youth. DFS caseworkers, supervisors and administrators attend these meetings. On October 12, 2010 all permanency workers and supervisors statewide met to discuss the Fostering Connections Act, implementation of the Independent Living Planning Guide, National Youth In Transition Database , exit planning for youth, STEPS meetings and updates, extended jurisdiction and extended board for children in foster care. Feedback from this meeting was very positive. As a follow up, DFS will study scheduling refresher training sessions for staff and community partners annually. The next scheduled training is tentatively scheduled for May 25, 2011.

K-5 Early Intervention’s Family Crisis Therapists (FCT) provide voluntary services to Delaware’s children and their families whose behavior puts them at risk of academic, social, emotional failure and ultimately the need for DSCYF deep end services in the future. The FCTs provided 11 Carolyn Webster Stratton parenting education groups in 11 school districts. In addition, in 2010 the K-5 Early Intervention Program partnered with the Nemours Foundation resulting in more than 50 percent of the FCTs becoming certified in the “Triple P” Positive Parenting Practices parenting program. With the addition of this training, the FCTs have 2 of the top 3 nationally ranked empirically validated programs available for use with Delaware Families During this reporting period, FCTs have partnered with numerous agencies, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, Operation Warm, medical centers, and mental health providers for children and adults. This year, the K-5 Early Intervention Program has partnered with Operation Warm to provide 5,200 winter coats to children at participating elementary schools in the state. The combined efforts of these governmental and non-profit organizations reduce child maltreatment throughout the state.

Currently the DFS Consultation Project provides information, psycho-education and consultation to both child welfare workers and the foster parent (or birth parent) that will assist in understanding the symptomatic behaviors in the context of a specific diagnosis, trauma history, or other etiology. This education and training is focused in a way that not only helps to manage difficult behavior, but builds the skill base of the foster care provider network.

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DFS sponsors post-adoption training and education programming through its contract with Upper Bay Counseling and Support Services, Inc.. This past year adoptive parents received training focused on Fetal Alcohol Spectrum Disorders, Maintaining Your Commitment to Your Child during Difficult Times, Talking to Your Adopted Child about Sex, and Enhancing Attachment with Older Adopted Youth. Additionally, they provided an all-day bonding workshop for families to help them learn strategies to enhance their relationship with their adopted child(ren). Next year Upper Bay plans to provide at least six trainings including 'Love and Logic' parenting classes for foster/adoptive families.

Beginning in 2010, the IACOA has instigated the practice of conducting a training workshop for all professionals in the state working in adoption. Named the 'Worker Invitational Meeting', this past year, workshops on using the internet as a recruiting tool, preparing child predication sheets and learning about Fetal Alcohol Spectrum Disorder (FASD) were conducted. To enhance participation in the FASD workshop, the Child Placement Review Board sponsored the event, providing a light lunch and refreshments at a conference center in the middle of the state.

In 2010, CIP funding was leveraged to afford judicial officers the following training and education opportunities:

- October 2009: Judicial Summit in Austin, Texas. Delaware's team including the Chief Judge of Family Court, additional Family Court Judge active on child welfare agency's APPLA workgroup and cabinet secretaries of Education and Services for Children, Youth, and Their Families.
- March-October 2010: CIP Process Training for judges new to dependency work.
- May 2010: Judges with Department Leadership:
 - Shay Bilchik on Crossover Youth
 - National Council of Juvenile Family Court Judges (NCJFCJ) presentation by John Myers on:
 - Investigation and Interviewing – Children as Reporters of Events
 - Update on Hearsay, Crawford and Forfeiture by Wrongdoing
 - Expert Testimony in Physical and Sexual Abuse Cases
 - A Potpourri of Recent Developments Relevant to the Family Court
- June 2010: Multidisciplinary Conference including sessions on:
 - Judges Guide to Child Safety
 - Health of Court-Involved Infants and Toddlers
- June 2010: Judges to National Council of Juvenile and Family Court Judges Child Abuse and Neglect Institute (NCJFCJ CANI)
- July 2010: Judges to National Council of Juvenile and Family Court Judges (NCJFCJ)
- September 2010/April 2011: Multidisciplinary conference on permanency for older teens
- October 2010: Child and parent Attorneys to National Association of Counsel for Children (NACC)
- April 2011: Multidisciplinary Conference on Child Safety

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The CPAC Education Subcommittee has been charged with developing a training curriculum to provide the community with an overview of services provided through Department of Services for Children, Youth, and Their Families, Department of Education, Department of Health and Social Services, and other agencies that provide direct resources to the community. During the last fiscal year, DOE developed *The Wonderful World of Education* to assist families, foster families, case workers, and other interested parties with school enrollment and registration. This training also became accessible online. *The Educational Surrogate Parent Program*, the second in a series of presentations, was also finalized by the Subcommittee and became web based. Lastly, the Division of Family Services developed the *DFS Primer*, which highlights the services provided by the Division. It can be found on iseethesigns.org. In the next fiscal year, the Subcommittee plans to finalize the Special Education PowerPoint, as well as other trainings to help the community understand the services being provided by the state.

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Outcome: Well-Being

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

1. *Quality Assurance: Measurement is a composite score of 13 questions from the QA Case Review tools for treatment and placement on identification of needs and services provided. Goal is 90% or higher of case reviews agree needs were identified and appropriate services provided.*

For the 12 month period ending March 31, 2011, the outcome performance for this measure was 78.4%. Consistent with the CFSR PIP quarterly reporting and analysis, DFS has continued to review and identify issues which contribute to this measure not meeting the targeted goal. Of particular note has been the challenges related to engaging fathers in the assessment and service planning aspects of case management. Consistent and diverse efforts have been made to communicate to staff the need to identify and engage fathers.

2. *Quality Assurance: Measurement is composite score of 2 questions from each QA Case Review tool for investigation, treatment and placement for identification of needs and services provided for education, physical and mental health. Goal is 95% or higher of case reviews agree educational and health needs were identified and appropriate services provided.*

For the indicated program areas, the outcomes for each of the three well-being items are:

- Investigation: Education- 98.0%; Physical Health- 96.7%; Mental Health- 95.1%.
- Treatment: Education- 91.1%; Physical Health- 89.3%; Mental Health- 90.0%.
- Placement: Education- 97.0%; Physical Health- 98.0%; Mental Health- 98.3%.

3. *Independent Living Services Report: Measurements for young adults receiving independent living services are percent youth graduating high school or GED program, percent youth employed and percent youth enrolled in post-secondary/vocational programs. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.*

Measurements are for former foster youth who have not reached age 21 and are actively participating in independent living (IL) contracted programs. Data is based on IL contractors' monthly reporting statistics and are stored independently from FACTS (Family And Child Tracking System). The data collection period is April 1, 2010

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through March 31, 2011. The number of youth served and exiting care fluctuate each year, as such, percentages, as opposed to using raw numbers are reported:

- 39% have a high school/GED education
- 20% were employed
- 29% were enrolled in post-secondary education and training programs

Activities:

- 1. Identify and provide services to enhance DE families' capacity to provide safe, stable, healthy, and nurturing environments.**

The DFS quality assurance case review system incorporates questions addressing children's educational needs and services. This is true for case reviews completed in the intact case reviews as well as the placement case reviews. If the worker identifies educational needs, they are required by policy to locate appropriate services to meet those needs.

For youth residing in foster care, their educational needs are assessed and addressed through the Plan for Child in Care Series. Workers review the status of the youth's educational progress every time the PCIC is reviewed.

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

The Child Protection and Accountability Commission established an Educational Subgroup to evaluate educational issues of foster children. On a monthly basis, the Division of Family Services shares a file identifying all school-aged youth in foster care with the Department of Education. The Department of Education is then able to compare performance results on statewide standardized testing, drop-out rates, and the percentage of students receiving special education services with youth residing in their own home. If this data exchange reveals that youth in foster care have performance issues, a higher drop-out rate, etc, as compared to the general population, the subgroup will identify ways to eliminate those shortcomings. The workgroup was able to aggregate data for the 2009-2010 school year. Data analysis showed that 88% of seniors residing in foster care graduated from high school compared to 91% of all other seniors in high school. The data also showed that there was very little difference in the attendance rate for foster children versus all other students (91% vs. 94% respectively). The same cannot be said for the percentage of students receiving special education services. According to the data, 39% of all school-aged foster care students are receiving special education services versus 15% of the general student population. The data also showed a marked

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difference in the scores on the standardized testing that all Delaware public education students must take. The scores for foster care students were lower than the scores for the general population. This discrepancy became more pronounced in the higher grades (7th, 8th, 9th and 10th grades). The workgroup will begin analyzing the number of placements youth have during the school year as well as since they entered care. Once all of the data analysis is complete, the workgroup will present their findings to the CPAC Education Subgroup. The task will then move to strategize how academic outcomes can be improved for students in foster care.

The DFS quality assurance case review system incorporates questions addressing children's physical and mental health needs. This is true for case reviews completed in the intact case reviews as well as the placement case reviews. If the worker identifies physical or mental health needs, they are required by policy to locate appropriate services to meet those needs.

For youth residing in foster care, their physical and mental health needs are assessed and addressed through the Plan for Child in Care Series. Workers review the status of the youth's progress every time the PCIC is reviewed.

In November 2010, DFS staff identified the need for additional parenting classes in Sussex County. As a result of their expressed need, DFS partnered with a community-based agency to provide an additional series of parenting classes. The two new series of classes are available for parents and children residing in Sussex County. The classes are interactive, being comprised of a parenting module as well as a simultaneous children's module. After the instructional period of the class each week, the children and parents use the last portion of the class to demonstrate the skills that were taught during that particular session. So far, the classes have been viewed as successful by both DFS workers and the families.

The K-5 Early Intervention Program helps children gain permanency and stability in their living situations by addressing risk factors such as parenting skills, child behavior, mental health, medical, educational and social needs as well as linking families to resources such as housing, food, and utilities before they reach crisis stage. These services were offered to an average of 611 families a month from January 01, 2010 through December 31, 2010 and are also available to foster children and their families.

K-5 Early Intervention FCTs help families access financial assistance for rent, car repair, utilities and basic needs such as food or shelter that serve to prevent the families from experiencing abuse/neglect or dependency issues that would precipitate more serious departmental involvement. Likewise, they provide referral services and act as liaisons between the school and outside agencies as necessary.

To ensure and support healthy and nurturing environments for our families, the K-5 Early Intervention FCTs conducted 752 home visits per month for a total of 9,204 home visits. This

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amounts to more than one home visit per month per family for the period January 01, 2010 through December 31, 2010.

In 2010 the K-5 Early Intervention Program partnered with the Nemours Foundation resulting in more than 50 percent of the FCTs becoming certified in the “Triple P” Positive Parenting Practices parenting program. With the addition of this training, the FCTs have 2 of the top 3 nationally ranked empirically validated programs available for use with Delaware Families.

In July of 2010, the Early Intervention Program’s organizational reporting moved from the Division of Management Support Services to the newly reorganized Division of Prevention and Behavioral Health Services.

DSCYF CDW staff provide education, resource access, consultation, home visits, case management and advocacy services to enhance and expand the ability of DE families to provide safe, stable, healthy and nurturing environments for children with developmental challenges. This program ensures continuity in transition to Child Find services at age 3 for those children and families that need the continued supportive, educational and early intervention/treatment resources in order to maintain a safe, stable, healthy and nurturing environment for optimal progress for children with developmental challenges.

With the organizational decision to place the DFS Consultation Project in the prevention unit, the project is able to facilitate the goals of DFS around safety, permanency and well being not only from the perspective of treatment, but also prevention and early intervention. These services are provided directly by the DFS Consultation staff, by sister divisions, community agencies, social services, and other community resources that create an in vivo community network that can continue to support the family once the more formal services are no longer needed.

The Office of Prevention and Early Intervention has merged with the Division of Child Mental Health creating the Division of Prevention and Behavioral Services (DPBHS). OPEI has moved from its administrative home within the Division of Management Support Services to a new home within the DPBHS which will continue to support Prevention and Early Intervention efforts for greater collaboration with DFS, Behavioral Health Services child mental health and DYRS direct services.

The Prevention Unit of DPBHS continues to provide supportive services to the Office of Children's Services, Behavioral Health Services and Youth Rehabilitative Services to promote a system of care. The program provides critical support services to families of Behavioral Health to prevent the possibility of child maltreatment. Through the ongoing coordination efforts to improve prevention and early intervention services based on the needs of the department’s direct service divisions, all involved continue to gained a better understanding of each other’s roles and are better able to define the type of services that could best serve Departmental families, as well as those at-risk but not yet currently involved with the Department.

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During the past year, the Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) provided family consultation and support services to at-risk families involved in DFS, YRS and PBH. PSSFCS efforts continued to focus on a consultation process which is a family-focused, child-centered model seeking to prevent families from entering or re-entering departmental services resulting from concerns of neglect, abuse, and dependency and to provide support services to families transitioning youth back into the home as well as the community. Through coordinated efforts to improve prevention and early intervention services based on the needs of departmental families, a system of care has been developed that offers services along the continuum. This collaboration resulted in 100 referrals from departmental and other state agencies for FY10. These numbers are not inclusive of all the DFS families serviced in PSSFCS because the program depends on self reporting of OCS family involvement.

During this reporting period the PSSFCS program served 3155 participants. Demonstrating efforts to reach targeted populations and ethnic groups, the served population demographics are: 11% male adults, 31% female adults, 28% male youths, and 29% female youths. African Americans ranked the largest with 65% of the participating program population. Caucasians ranked second at 17% and reported mix background third at 9%. Hispanic ranked fourth at 6% and mixed race group overall percentage was 9% with an unknown of 2%. The PSSFCS program experienced an increase in the number of fathers as the primary caretaker served in FY2010. The program data reflect the program served 357 males participants in the family consultation and IFC services combine. The program serviced 113 males as the primary adults of the 357 male serviced in the program. This is a small decrease of three from FY2009 service period where the program serviced 116 males as the primary caretaker. Although in the reporting of participants' race there was a small increase in the African American and the Caucasians race, the data reports a small decrease in Hispanics and mixed group participation. PSSFCS continues to ensure the process is culturally competent through the types of services provided ensuring that the families are part of the process in selecting the makeup of their support team. Although the program served a variety of races/ethnic groups it is evident that increased outreach efforts are needed to engage families who are not African American.

The highest age range within the PSSFCS program adult participants was 26-44 with 25%, 45 and over as second with 11% and third was 21-25 with 5%, with the lowest reporting age range was between ages of 18-20 at 1%. 49% of these adults are single, never married, while 23% are married, 5% reported living with a partner, 9% are divorced, 7% are separated and 2% are widowed. 5% of the primary adult participants of the program did not report their relationships status.

PSSFCS referrals sources for the reporting period are: 13% self-referrals; 19% referred by a community agency; 10% referred by other source; 8% referred by another state agency; 3% referred by the DSCYF. There were no courts referrals to the program reported by the participants during the report period.

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As reported in Safety Outcomes, the PSSFCS model is set up to increase resiliency in families, thus reducing the likelihood of departmental child entering into deeper end services. PSSF builds resiliency in four areas that prevent child maltreatment: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services, and (4) crisis and stress, when safety is assured. These stressors are evaluated to determine if there has been a positive change from the pretest (at intake) - Family Stressor & Resource Assessment (FSRA) to the post test (at case closure) - FSRA. This assessment consists of four assessment tools: the (1) Attachment Style Questionnaire, (2) Family Crisis Orientated Personal Evaluation Scales, (3) Family Needs Scale, and (4) Index of Parental Attitudes. The Family Stressors and Resource Assessment tool is in the process of being revised and is scheduled to be implemented in the fall of FY2011. During the period of this report 425 program participants completed the pre-test at intake and 742 program participants completed the post-test at case closure. The number of participants completing the program post-test at case closure reflects the participants of the PSSFCS-Resource Connection Only (RCO) site. The participants of this site received time limited services addressing emergency service needs reducing family stress and supporting a safe and stable environment for their children. The tools used by the PSSFCS-RCO service were: Family Information Form, Family Stressors and Resource Assessment Post-Assessment and the Service Outcome Form.

The Mental Health Association in Delaware along with OPEI, members of the Suicide Prevention Coalition printed additional toolkits and distributed 15,000 to youth, parents and community individuals throughout the State of Delaware. The materials included: Depression: the Facts, Famous People with Depression; How to Tell if You Might Be Depressed (Quiz); A Word About Depression; Calendar (12 Survival Tips: Get Some Exercise, Ways to Chill, Have Some Fun, Eat Good Food, Talk About It, Stick With It, Be a Good Friend to Yourself, Stay Strong, Moving Forward, Deal with School, Help Others Help You, Put It All Together); Types of Depression (Major, Bipolar, Dysthymia, SAD); Stories from Teens, Self-Care; How Depression Affects the Brain; and other articles about Dying, Suicide and Depression. In addition the Project LIFE successfully launched the Suicide Prevention Newsletter. The newsletter is made up of factual entries received from professionals in the community. The newsletter is an insert in the News Journal Newspapers statewide was produced with articles and interactive materials that include a teen page, kid's corner, parent page and articles relating to resources, emergency services, support groups, gatekeeper suicide prevention and intervention training and special topics related to age 18-21, veterans, sexuality and suicide, and the how depression affects the brain. In addition to the fact that these activities are continuing, suicide prevention messages were displayed on the GetRightSide Up.org website.

In April 2011, the Family Court leveraged CIP training funds to support a session on commitment for adoptive families.

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2. Collaboration with community partners to facilitate positive educational, physical, and mental health outcomes for children and youth.

DFS and representatives from Delaware Medicaid, (DMMA) Diamond State Partners (DSP), Delaware Physicians Care Inc. (DPCI) and Unison have developed a partnership to best meet the medical and mental health needs of children in foster care. DFS sends a monthly data exchange to Medicaid to show all of the children in foster care. Medicaid then sorts the list by MCO providers. Once sorted into MCO providers, each provider receives the list of children in foster care assigned to their MCO.

The first database exchange between DFS and Delaware Medicaid occurred July, 2010. This initial data exchange was a comprehensive list of all children in foster care as of June 30, 2010. The list included the youth's name, date of birth, date of entry into foster care, MCI (Master Client Index) #, and the DFS worker name and telephone number. Delaware Medicaid sorted the list by MCO, sending the single point of contact from each MCO a list of children in foster care assigned to their respective MCO. Beginning August, 2010, DFS now sends Delaware Medicaid a monthly list of children that have either entered or exited foster care. By doing so, Medicaid and the MCOs will always have a current list of children in foster care.

Each MCO has designated a single point of contact (SPOC). Once the MCO receives the list of youth that have entered foster care, the SPOC develops a Medical Profile for each youth. That profile details the name and contact information of the PCP for the child, diagnosis, specialists (including contact information), durable medical equipment and medications. The medical profile is then forwarded to the DFS worker within 30 days of the child entering foster care. The SPOC also contacts the foster home for the child to discuss the child's medical needs and to discuss what supportive services the foster home might need. All DFS staff were advised of the above procedures during staff meetings on the following dates:

- Beech Street – July 13, 2010
- University Plaza – August 4, 2010
- Sussex County – August 26, 2010
- Kent County – August 31, 2010

Each MCO also established a single point of contact (SPOC) for DFS workers to contact for anything they may need or any questions they may have. This SPOC helps the social worker obtain a Medicaid card if needed, and assists referrals to specialists if needed.

Additionally, if DFS finds out later that a child has a medical condition, the DFS worker can contact the SPOC who will in turn, immediately develop a plan of care for the child. In the past, the MCO needed to wait for 30 days until they received an invoice from the physician to be alerted to any medical issue and to develop the plan of care. This will eliminate that delay.

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A listing of mental health service providers is distributed to DFS staff each month indicating a list of service providers and availability of service.

Upon completion of the next FACTS update, the following reminder will be included on the signature pages of the PCIC III and IV: “All participants, including youth, must be included in the development of this plan. They must be provided with the opportunity to review and sign the plan. This includes obtaining the signatures of all parties, including youth.”

During this reporting period, FCTs have partnered with numerous agencies, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, Operation Warm, medical centers, and mental health providers for children and adults. This year, the K-5 Early Intervention Program has partnered with Operation Warm to provide 3,024 winter coats to children at participating elementary schools in the state. In 2010 the K-5 Early Intervention Program partnered with the Nemours Foundation resulting in more than 50 percent of the FCTs becoming certified in the “Triple P” Positive Parenting Practices parenting program. With the addition of this training, the FCTs have 2 of the top 3 nationally ranked empirically validated programs available for use with Delaware Families. The combined efforts of these governmental and non-profit organizations reduce child maltreatment throughout the state.

DSCYF CDW staff uses consultation, education/training, assertive case management, resource identification and facilitation of access to DSCYF services to increase positive outcomes for children and their families dealing with developmental challenges.

As prevention and treatment services have been integrated in one division, the community partners, networks, coalitions and stakeholders has expanded significantly. The DFS Consultation Project has connections through DPBHS to an expansive array of options that can be creatively integrated in a plan that will facilitate positive educational, physical, behavioral health and recreational outcomes that incorporate the life skills that children and youth need to reach their potential, develop healthy relationships and manage any challenges that they have. This project focuses on identifying the challenges and working with our sister division (DFS) and other partners to mitigate the impact and enhance abilities through strengths based planning.

The PSSFCS program continue its’ work with FACET providing support and technical assistance to active fatherhood group in each of the FACET Early Care Centers. Fathers participate in the Parent Council and other activities provided through the FACET program. Participation is reported to continue to increase as fathers get more familiar with the program and see other fathers attending activities. The PSSFCS and FACET staff continues to enhance their knowledge of engaging and retaining fathers males into services through the community based trainings offered through PSSFCS internal staff and the Delaware Father/Family Coalition Summit. The FACET Program has focused its efforts on encouraging the participation of more fathers in their activities and also maintains fatherhood groups within each of the FACET Parents

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Councils. The program is very cognizant of the need for continuous fatherhood oriented programming and supports program activities such as its annual Donuts for Dads where children have breakfast with their father or significant father figure and parenting classes exclusively for father/males. The PSSFCS Family Consultation and Support process continues its practice of identifying the father and/or male partner in the household as support participants in the family plan. By continuing to involve fathers in services, the program support the reduction of absence father role model, improve child well being, improve healthy adult relations and increase supports to fathers. Both FACET and PSSFCS provider staff are participating in the trainings and information sessions provided by the DFFC and attended the 2010 Fatherhood and Family Summit.

The FACET Cluster functions as a network for sharing information where centers compare their work to the work of the other centers performing alike services. Through these meetings the centers are encouraged to borrow ideas, materials, strategies, resources and successes resulting in the enhancement of services to families; supportive environment for cluster members and help keep each other informed on current public policy issues as advocates for parents, families and children.

The Division of Youth Rehabilitative Services is partnering with programs in the community who are developing mentoring programs for youth. We have entered into MOU's with grant holders who are currently working to prevent our youth from further penetration into the Juvenile Justice system, as well as helping them not to recidivate once they have exited our staff secure and/or secure care facilities. We have added a partnership with Child, Inc. who is providing intensive supervision for low level youth involved in the Sparrow Run neighborhood, and surrounding areas on the Route 40 corridor. AmeriCorps Fellows are working with the clients and Child, Inc. is providing their supervision as their host agency.

Job titles for working in Early Care and Education and School-Age, Large Family and Family Licensed Care have been established in Delacare rules under the authority of the Office of Child Care Licensing. The qualifications for working in these early care and education were revised between 2007 and 2009 after over fifteen (15) years of remaining unchanged. In the time period between revisions a great deal more has become known about infant brain development, what constitutes a quality program and the positive outcomes a quality program can have for children even through adulthood. The revised Delacare rules took a big step toward "catching up" with where the workforce needs to be but there is a long way yet to go. Since the Delacare rules were revised for Centers, effective 2007, over 7,000 qualification certificates have been issued. This is more than the equivalent of the entire center workforce becoming re-qualified in a four year period. There still remains the goal, although not required in Delacare rules, to increase the number of persons working in Early Care and Education programs holding a CDA, Associate or Bachelor degree. It is particularly important, based on research, that the degree course work be in focused on developmentally appropriate practice.

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In 2010 the Division of Social Services, using ARRA funds, contracted for training to be developed and provided to the licensed child care workforce on the Delaware Early Learning Guidelines. Throughout summer and fall over 70 training sessions were provided across the State. Hundreds of Providers took advantage of this opportunity.

Annual training hours are required under Delacare rules for those working in licensed child care facilities. These hours have been required to advance skills and competencies of the workforce. To ensure that the early childhood workforce acquires and maintains essential knowledge and skills, the Licensees of Family Child Care Homes (12 annual hours) and staff members of Large Family Child Care Homes (15 annual hours) and Early Care and Education and School-Age Centers (18 annual hours) are required to successfully complete annual training hours each licensure year. The Rules require training and/or education in the core topic areas of:

- administration (for those in administrative positions)
- health
- business practices
- child development safety
- developmental curriculum/educational activities for children
- nutrition
- positive behavior management
- professionalism
- family and community

OCCL conducted a review of non-compliance citations for calendar years 2008-2010 to review trends in non-compliance. That review found that 9 of the top 10 non-compliances were shortcomings in hiring practices. These included failure to have employees fingerprinted, lack of reference and service letters, and no health appraisals for employees. One provider advocacy group also raised the issue of providers hiring staff only to find that they did not qualify when their credentials were submitted for review under Delacare rules. At orientation sessions it was found that applicants generally had not developed a business plan and their revenue and cost projections were unrealistic. OCCL found in the past two years that the lack of business savvy and good planning was leading to multiple problems including lack of required staff which led to lack of supervision of children and some children leaving the provider site unattended. It also became necessary to take enforcement actions against providers. To address this lack of business acumen OCCL engaged the assistance of the Small Business Administration (SBA). OCCL along with the SBA, Delaware State University Center for Enterprise Development, Small Business Technology and Development Center at the University of Delaware, First State Community Loan Fund co-sponsored a conference “Successful Childcare: The Business Owner In You” on April 30, 2011. There were over 130 registrants who heard a keynote address from Darlene Hamilton, State Technical Assistance Specialist, Region III, The Office of Child Care’s National Child Care Information and Technical Assistance Center. Sue Malone, Founder, Strategies for Small Business, the nation’s leading loaner for child care business and Ken Anderson, Director at Delaware Economic Development Office also addressed the group about resources available to help support child care businesses. Three workshops were held:

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- Workshop I defined the roles of the child care professional and identified the key characteristics necessary for a sustainable successful business.
- Workshop II promoted the benefits of a business plan as the roadmap for a start-up and an ongoing business.
- Workshop III identified tools and strategies for recruitment and retention of staff using specific to Delaware Providers.

Throughout the day and during a special panel presentation attendees had the opportunity to learn about business resources, many of which were free. Six annual hours were awarded for attending.

The Delaware Institute for Excellence in Early Childhood (DIEEC) established to coordinate, develop and monitor the training and educational opportunities for the Early Care and Education workforce continues to be the lead for child care professional development in Delaware. DIEEC continues to develop training sessions, quality assure those developed by others and ensure that those providing these quality assured sessions meet set standards. There has been a problem with DIEEC having to cancel classes for the basic courses which are the easiest way an individual can meet the education/training requirements to be an Assistant Teacher or Teacher in a Center. To better ensure that sessions are available and times and locations where they are needed OCCL initiated a registry on its website where those interested in classes can complete a survey. These surveys will then be forwarded to DIEEC and DOE which contracts for the DIEEC services. This registry began at the end of April 2011.

The Division of Prevention and Behavioral Health Services works closely with OCCL to bring best practices in child mental health to the child care community. The Division of Social Services through the use of Child Care and Development Fund (CCDF) dollars has funded child care mental health consultants. Mental health consultation in early childhood settings is a problem-solving and capacity building intervention implemented within a collaborative relationship between a mental health professional consultant and one or more caregivers, typically an early care and education provider and/or parent or foster parent. Early childhood mental health consultation aims to build the capacity and improve the ability of staff, families, programs, and systems to promote positive relationships and social emotional skills as well as to prevent, identify, treat and reduce the impact of mental health problems among children from age 2 through 5 and their families. The use of these consultants was implemented to also reduce expulsions and to identify problems early so that services can be provided reducing the need for much more intensive services later. This has been a very successful initiative and there is now a waiting list. These are free services. It is a partnership with early childhood education programs, with a focus on children 2-5 years of age and on programs with a significant proportion of children whose care is assisted through the State of Delaware's Purchase of Care program. All consultants are licensed mental health professionals with experience in working in early child care settings and with children and their families. The commitment and collaboration of the center director and staff, along with a child's parents or caregivers is essential to a successful partnership.

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Trauma-Focused Cognitive Behavioral Therapy is also available to child care providers through DPBHS. This is an effective treatment for childhood trauma from: sexual and/or physical abuse, neglect, witnessing violence, traumatic incidents/loss. The intended outcomes of this intervention model are: help in overcoming distress related to childhood trauma—for the parent(s) and for the child, reduction in child’s problem symptoms or behaviors, increased ability of child and parent(s) to cope with childhood trauma.

An additional resource has come from the Office of Prevention and Early Intervention of DSCYF. A family specialist has been going into child care centers to provide instruction in “Positive Behavior Supports” and “I Can Problem Solve”. Sites were selected based on recommendations of licensing specialists, participation in the FACET Program and the interest of site administrators to accept the services.

OCCL and DPBHS continue exploring other trainings and support services in child care specifically in the areas of early identification of developmental and behavioral problems, engaging parents and supporting appropriate treatment services.

Nemours Health and Prevention Services (NHPS) continues to fund activities to support the Delacare rules for Early Care and Education and School Age Centers, Family Child Care Homes and Large Family Child Care Homes that address promoting healthy eating, physical activity, and social emotional health. The contract for these services has been awarded to the Delaware Institute for Excellence in Early Childhood by the Delaware Department of Education to coordinate professional development in the Child Care Workforce. Over 100 centers have been contacted and offered services. A strategy used in this project was to develop a learning collaborative consisting of centers in a geographic area where staff from various centers would attend training sessions at a single location.

Part of the strategy was to show providers what a state of the art child care center looks like. In 2011 open house events at University of Delaware Early Learning Centers continue to provide opportunities for professional development, a chance to network with other directors and the opportunity to see such a center. These meetings are designed specifically for directors of early care and education programs and focus on promising practices for physical activity, healthy eating, and social-emotional development in young children. Topics so far have included: Getting on Board with Healthy Eating Habits, and Getting Everyone Moving!

Delaware currently has 53,000 children licensed childcare slots, which makes these facilities ideal outlets to create healthy environments through nutrition and physical activity, as well as encourage parents to support healthy choices at home. In 2005, the Delaware Office of Child Care Licensing, the Child and Adult Care Food Program and Nemours Health and Prevention Services began a collaboration to make changes to the nutrition, physical activity, and screen time regulations in child care. Beginning first with Early Care and Education and School Age

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Centers on January 1, 2007 and on January 1, 2009 for Family and Large Family Child Care Homes, Delacare rules set standards in these areas that have become a model for the nation. In order to increase movement, to promote social and brain development, and decrease sedentary behaviors, the physical activity standards require the following: 20 minutes of moderate to vigorous activity for every 3 hours in a program (i.e. 40 minutes for 6 hours, 60 minutes for 9 hours). Infants, when not sleeping or napping, may only be in confining equipment (strollers, swings, etc.) for less than 30 minutes. All screen activities (TV, videos, video games, computers, etc.) are prohibited for children under the age of two in child care centers, and not permitted for a child any age in any type of child care without parental permission.

Providers shall ensure that screen activities are age appropriate and educational. Screen activities are limited to no more than one hour for those over the age of two. Recognizing that healthy habits begin early, new nutrition regulations were established to support optimal growth and development. Delacare rules require that all licensed child care providers follow Delaware CACFP requirements for nutrition.

Through a Team Nutrition grant obtained by DOE, CACFP and Nemours, a resource “Nutrition Toolkit” was developed and made available to all licensed child care providers. This contains simple instructions for implementing the nutrition, physical activity requirements of Delacare, healthy recipes which meet the requirements, shopping tips and tools. Hundreds of providers were trained in 2011 to use the Toolkit.

For this period, Family Court reports a June 2010 Multidisciplinary Conference was made possible by CIP funding and planning support including sessions on:

- Judges Guide to Child Safety
- Health of Court-Involved Infants and Toddlers and many other topics

In the fall of 2010, Judge Peter Jones facilitated production of a youth Advocacy Council (YAC) video, allowing youth to express their experience in foster care. It is hoped this video will be used to orient workers, GALs, and CASAs as well as others involved in dependency cases, to the perspective and well-being of the youth in care.

In April 2011, the Family Court leveraged CIP training funds to support a session on commitment for adoptive families.

In addition to formal training and education sessions, collaboration occurs through regularly scheduled venues. Judicial officers meet at least quarterly among themselves to discuss challenges and solutions in child dependency and neglect cases, and system issues. In each county, the Family Court CIP Judges held quarterly meetings with stakeholders. The CIP Statewide Liaison Judge, Honorable Judge Kenneth Millman, was joined by a CIP Judge from each of the other counties (Honorable Judge Robert Coonin and Honorable Judge Mardi Pyott) in quarterly meetings with the DFS leadership.

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Judicial officers continue to attend Youth Advisory Committee activities.

In addition, the Court participates in quarterly Child Protections Accountability Commission meetings, as well as its subcommittees, minutes of which are available on <http://courts.delaware.gov/Arms/childadvocate/cpachistory.stm/>
<http://courts.delaware.gov/childadvocate/cpacminutes.aspx>

In 2010 topics of focus with community partners included but were not limited to:

- Child First training
- The role of contract providers
- Child in Care Plan II
- Discovery Agreement
- Child Placement Review Board Annual Report
- Clothing allowances
- Changes in staff assignments and reorganization at the Department
- IV-E Review Follow Up
- Fostering Connections Act
- STEPS conference review 90 days prior to exit at age 18
- Notice of removal to adult relatives
- Meeting of the educational rights and needs of children in care, special education process
- Attorney scheduling
- Electronic transmission of court orders
- Parent attorney role in guardianship cases
- Training opportunities
- Procedures for handling threats
- Notification of family members when children come into care
- IV-E Review findings
- Caseloads
- Strengthening Families Program
- School trainings
- Youth aging out
- Foreign adoptions
- Multi-agency MOU about services for youth aging out of care
- DFS APPLA policy and practice change
- CFSR
- Children in Court

During the last fiscal year, CPAC's Education Subcommittee finalized the Memorandum of Understanding (MOU) between DSCYF and DOE and completed training with the respective

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departments. The two departments had also been working on consolidating DOE's and DSCYF's training components into a joint presentation. Subsequently, DOE adopted the presentation developed by the Division of Family Services and made it available online for its educators. Lastly, to determine whether the implementation of the MOU has been successful, the Subcommittee disseminated a survey to staff at DOE, which included the 19 homeless liaisons, as well investigation and treatment workers at the Division of Family Services. Although the responses have been collected, the data has not been evaluated by the Subcommittee. Upon evaluation, the Subcommittee will put forward a recommendation with regards to the MOU.

CPAC's Education Subcommittee has focused on working to improve the provision of educational services to children in foster care. The Subcommittee has successfully matched the data of students in DSCYF custody with those from DOE. This information will not only assist schools in identifying students in foster care, but it will help them determine the population of students aging out of foster care that will require more immediate resources. Additionally, the Subcommittee identified six prioritized data points that would provide indicators surrounding student success. DOE's data points are as follows: 1) Graduation rates of children in foster care as compared to the general population, 2) Attendance rates with the same comparison, 3) Special Education Enrollment with the same comparison, and 4) State Test Scores with the same comparison. DSCYF's data points are as follows: 1) the number of placements for school aged foster children, and 2) the age of entry into foster care. DOE and DSCYF have begun to query the data points, and their next step is to match the students and share the baseline results. These performance measures can then be used to assess educational outcomes for students in foster care and to determine ways to improve outcomes.

Similarly, CPAC's Medical Subcommittee is charged with improving the well-being of children in foster care. The mission of the Subcommittee is to reduce the system barriers and uphold the American Academy of Pediatrics' standards of care for children in foster care by a comprehensive assessment of Delaware's current standard and practice of care through the evaluation of health care delivery, complex health issues, and electronic information sharing with the goal of proposing recommendations to improve the well-being of Delaware's at-risk foster care children. The Subcommittee had its first meeting on January 14, 2011. Two goals were proposed:

- To look at quantity and quality of health care delivery within foster care system; and
- Adequacy of timeliness and completeness of evaluations, the comprehensive assessment of complex health issues and continuity of care and information.

In order to effectuate these goals, the Subcommittee plans to review and evaluate the current medical health care structure within the foster care system, conduct research on various systems, and then make recommendations on how medical care delivery within the foster care system can better meet the needs of children and teens. The Subcommittee will continue its efforts into the

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next fiscal year. The Subcommittee has a physician from A.I. du Pont Children's Hospital as a sitting member.

3. Improve Independent Living competency skills for youth exiting out of home care through collaborative support and service provision.

In a concerted effort to increase the competency skills for youth exiting the foster care system various measures have been taken to accomplish this goal. The independent living policy and user manual chapters were overhauled and implemented effective December 31, 2009. Additional policy enhancements have been approved during this reporting period. Some of the changes clarify timelines and requirements for independent living services and housing application referrals for community based services. The policy to provide youth with education on the importance of designating a health care proxy and the provision to establish a power of attorney were implemented. In order to meet this federal requirement a partnership was established with Delaware Volunteer Legal Services.

The necessity to improve the assessment and services to youth at age 14 has been a continued focal point for our program during the year. As such, the Independent Living Life Skills Planning Guide was implemented to assist DFS staff and caregivers. The tool includes a basic life skills assessment that is conducted beginning at age 14 and supports service planning for youth ages 14 and 15. The tool provides a reference for age appropriate life skill development and focus areas. The youth's skill level is measured every six months and case plans are developed to assist the youth to obtain experiences which will enhance their skill development. The guide was distributed to the Division's leadership team, foster parents and contractors. The new foster parent teen pre-service training curriculum includes the independent living checklist and reviews all independent living principles and policy.

Future supplemental life skill programming for youth ages 14 and 15 is planned through collaboration with the community partner, Kind To Kids. Life skill training in the following areas will be taught: Daily Living, Home Life, Self Care, Housing, Education, Career Planning, Money Management, and Interpersonal Skills.

DFS collaborates with community partners to obtain youth employment resources. The partnerships with Opportunity Center Inc., Job Corps, and Summer Youth Employment Programs have proven beneficial to foster teens. Additional resources include Goodwill Industries, the Challenge Program, the Division of Vocational Rehabilitation, and the Department of Labor (DOL). A new partnership was established in 2010 with Superior Courts statewide. As a result of this partnership, six youth participated in a six week internship in Kent, New Castle, and Sussex County Superior Courts during the summer of 2010. The youth obtained experience in office and customer service skills, were able to sit in on a trial, and received a stipend for their participation. The Fund for Women grant was used by North East Treatment Center to assist the New Castle County participants with a stipend. Independent

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living program funds were utilized for stipends for Kent and Sussex County participants. Additional opportunities are slated for the summer of 2011 to include more youth and expand to the Court of Common Pleas and Family Court. Efforts are underway to have the sites approved as Summer Youth Employment sites in order to provide payment to the youth for their participation.

In December 2010 the Delaware Food Bank offered two scholarships to youth interested in culinary arts. This opportunity resulted in one youth graduating and finding employment at a catering company.

Youth Advisory Council participated in civic events as well as training activities during the reporting period. Civic activities included 13 members participation in Adopt A Highway, which built community pride and instilled the importance of community service. As in years past, the members attended a career day event at Six Flags which included learning about employment resources, interviewing skills, and concluded with use of the venue. YAC also hosted the 8th Annual Youth Conference in which approximately 40 youth participated in the day's activities, which included a resource fair and a tour of Delaware State University. YAC members participated at various speaking engagements, including a panel presentation at each of the "You Gotta Believe" trainings. Of significant achievement was the production of a documentary entitled, "Through The Eyes of A Child In Foster Care". The documentary was a collaborative effort with the Sussex County Family Court Judge, the Honorable Peter Jones, and other court staff. This documentary includes interviews with six YAC members and provides insights regarding their experiences both in foster care and since aging out. It will serve as an educational aide for foster parents, social workers, judges, CASAs, GALs, and the community as a whole.

Delaware State Housing Authority (DSHA) has been an outstanding partner for resources for youth exiting care. This year they provided 40 rental subsidy vouchers to be utilized by youth statewide. A portion of these vouchers were provided through a federal grant and the remaining ten are state funded. All vouchers include a supportive housing component. Efforts to obtain additional state funded vouchers are currently underway. The Delaware State Housing Authority FY2012 budget includes a provision to supply 25 housing vouchers specifically for youth aging out of foster care. Dover Housing Authority and Delaware State Housing Authority applied for a grant to obtain Family Unification Housing vouchers to include aging out youth from HUD and are awaiting a decision.

On August 4, 2010, an MOU was signed between DSCYF, DSHA, DHSS, DOL, DOE and Department of Corrections (DOC). This agreement signifies a commitment to working collaboratively to better serve youth as they age out of foster care. Through the work of the Cabinet Secretaries, barriers are being overcome and resources have been developed to support youth as they age out of foster care.

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In an effort to increase the post secondary educational opportunities for youth, a pilot project with Delaware State University began during the 2010-2011 school year. Two youth are being supported through a partnership between DFS and Delaware State University. Supports include financial assistance, year round housing, and university life guidance and supports. An MOU was signed on February 14, 2011 which extends this opportunity to 2(two) youth a year in subsequent years. A key partner in this accomplishment was DSHA. Through the use of a state funded voucher one of the youth was able to receive a rental subsidy voucher to cover the dormitory housing costs.

Delaware became a co-investment site of the Jim Casey Youth Opportunities Initiative in January 2011. Initial efforts include an environmental scan which will identify strengths and unmet areas related to best serving the needs of youth exiting the foster care system. Delaware will incorporate the Jim Casey strategies of youth engagement, community partnership boards, youth advisory boards, increased opportunities for economic success, public will and policy, and research, evaluation and communication to enhance service delivery and supports to transition age youth.

The Division of Family Services contracts with MAXIMUS to support the independent living program in FACTS with a web-based component for ILP providers. This initiative supports the National Youth in Transition Database (NYTD) requirement to collect and report data to the Administration for Children and Families on services and outcomes for youth in foster care and those who age out of care. In accordance with the NYTD requirements, DFS began data collection in October 2010 and submitted the first report May 15, 2011.

DFS continues conferencing with youth who age out of foster care. In addition to other mandatory conferences and meetings, youth must have a Stairways To Encourage Personal Success (STEPS) conference. These meetings are youth driven and improve transition planning for aging out youth by sharing responsibility among the participants.

DFS and the Child Placement Review Board continue their partnership to distribute Education and Training Vouchers (ETV) and Delaware's Ivyanne D.F. Davis Memorial Scholarship funds. The CPRB's volunteer scholarship committee and professional staff work closely with the representatives from the independent living contracted agencies to achieve a fair distribution of the available funds, while allowing for individualized decisions tailored to best support the needs of the individual student. During school year 2009-2010, 49 students received a total of \$136,679 through these programs and used these funds at four-year colleges (12), community colleges (36) and trade schools (1). Efforts are currently underway to partner with the state's Division of Health and Social Services to incorporate federal funds they have obtained to assist females who have aged out of the foster care system achieve their higher education goals.

The APPLA (Another Planned Permanent Living Arrangement) community workgroup continues its coordinated effort to increase the resources for youth exiting the foster care system.

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Through the efforts of this collaborative team, and documented in the CFSR-PIP, service gap areas have been identified and strategies developed to provide resources to fill the gaps. These strategies include the development of improved partnerships with other departments that serve our youth. The partnership development has led to additional housing vouchers, lowered age limits for applying for subsidized housing, and additional employment resources. In conjunction with resource development for youth exiting care, there is also an emphasis to obtain permanency goals. Various resources to assist with this measure have been developed out of the efforts of the workgroup. The workgroup also serves as an accountability measure for timely utilization of such resources.

The DFS Consultation Project identifies youth who are not active in treatment, but are facing behavioral or emotional challenges in the transition to adulthood and adult services. DFS and DPBHS partner to identify specific challenges or needs and plan for support in the transition. The Project works with the youth to enter adulthood with the educational, physical and emotional stability to create a healthy, stable and safe living environment for themselves, to enter into healthy, safe relationships, and to have the skills or know where to go for help when they become parents. (See Well-Being Activity 3, Attachment N: DFS Handbook Revision; See Well-Being Activity 3, Attachment O: State of Delaware County and Services Data)

The Division of Youth Rehabilitative Services (DYRS) contracts with the Challenge Program to provide skill based services for youth interested in the construction field. Youth in DFS custody, who are involved in the juvenile justice system, are eligible to be considered for this program, based on their age and admission criteria. Participants in this program have even helped construct homes for youth in the City of Wilmington who are involved in independent living programs.

DYRS contracts with Jewish Family Services in New Castle County for the FutureNet program. This is a technology training program for out-of-school youth aged 17-19. Trainees enrolled in the program complete 48 hours of site-based technology (audio/visual) training, continuing education along with offsite job searching.

In partnership with DFS and Delaware Volunteer Legal Services (DVLS), in FY2010, OCA began soliciting from its pool of volunteer attorneys those who would be interested in providing other types of pro bono legal representation to youth in foster care to address issues impacting those youth once they exit care or become adults. On December 6, 2010, OCA and DVLS presented a training, *Things To Know Regarding The Child Protection Registry and How To Handle A Juvenile Expungement*. As a result, twenty five attorneys were trained on such issues as record expungement and executing power of attorney.

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

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

Activities:

1. Maintain and strengthen the statewide information system.

The Department's Family and Child Tracking System (FACTS) is a client/case workflow management information system used by all core Divisions. DSCYF continues to pursue a comprehensive upgrade to the FACTS information system, the future system known as FACTS II. The FACTS II proposal includes efforts to standardized across departmental services while maintaining content flexibility for more individualized services, facilitate access to services across the department, consolidate service planning processes to meet funding requirements, and maximize data quality. As of March 2011, Delaware posted its FACTS II RFP, as well as, RFPs for a FACTS II Project Manager and Quality Assurance Manager. It is expected the FACTS II Design, Development and Implementation vendor will be selected and on-site in July 2011.

The Division of Family Services issues a state fiscal year annual summary of investigation, treatment and permanency cases based on FACTS. For FY2010, abuse and neglect reports and investigations have increased over FY2009. Treatment caseloads have decreased slightly. (See Systemic Factors Activity 1, Attachment P: DFS 2010 Statistical Fact Sheet)

The CDW staff have moved to the supervision of the Division of Prevention and Behavioral Health Services, and the positions will be officially transferred July 1, 2011. As a part of FACTS II planning, data gathering and management by CDW staff, will complement the new public health data system to provide complete, unduplicated and outcome focused data that will drive decision making for this service. In the next reporting year, the program will be identifying more specific data to support the effectiveness of services, satisfaction with services and positive outcomes. To date, goals set include: decreasing the number of caregivers that refuse services and integrating a broader array of DPBH services into the service array.

The Division of Prevention and Behavioral Health Services supports the department's mission, vision and strategic plan through quality information management. The prevention unit continues to make improvements in its efforts to maintain and strengthen data collection, management and reporting systems. Prevention services use an Access data base to store federal and state programming data and information to remain in compliance with federal and state mandates. As the Office of Prevention and Early Intervention merged with the former Division of Child Mental Health, DPBHS continues to work through understanding and responding to the data reporting needs of its new prevention programs. Thus the prevention programs of DPBHS which PSSFCS resides are unable to provide office wide and program specific service outcome data for the current period of this report. In previous years prevention services had a staff liaison working with a contract provider supporting routine maintenance and complex automated queries created to produce timely and valid reports. These services were not accessible during this reporting period. The PSSFCS program continues to collect information on program participants and their families through a series of data collection forms and assessment tools. The preliminary analysis includes data on program participants, service data, pre- and post-test data from the Family Stressor and Resource Assessment, and participant satisfaction. The Family Information Form

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collects information on each adult in the household. The family member who has selected to receive services from the PSSFCSCS program (usually the primary caregiver) provides information on each adult in the home. Prevention programs continue to explore web-based data management in its effort to become more efficient in collecting, managing, retrieving and reporting program data.

The FACET, SDPE, Strengthening Families and PSSFCS programs within the prevention unit continue to maintain an information system designed to report specific programs service information and the demographic of all the adults and children serviced by these programs funded through Division of Prevention and Behavioral Services. Programs funded through the Block Grant service data are now being collected through a web-base data system designed for these programs. The prevention unit was not able to combine the data of the programs funded through the Block-Grant with the office Access demographic data from the FACET, SDPE, and PSSFCS program to provide a demographic report. The goal is to have this service restored to the unit for the FY2011 reporting period.

The Division of Prevention and Behavioral Health Services (DPBHS) has made great improvements in its efforts to maintain and strengthen the office data collection, management, reporting systems and management of reports. Since October 2010, the Delaware Prevention Network Alliance, All Stars Time Sheet Entry and Reporting System is available at www.delawarepreventionnetworkalliance.com. Since January 2011 all reporting for the evidence-based All Stars Program is completed through this site.

The evidence-based Strengthening Families Program (SFP) was provided statewide to the Department's Office of Children Services target population through a contract with Children and Families First. Evaluation of the program is based on the retrospect evaluation tool designed by developer Karol Kumpher. The responses from this instrument will be assessed by a contracted evaluator from the University Delaware. For FY2010 the Strengthening Families Program (SFP) served 321 individuals with 139 youth participating in the program and 182 adults or care givers. Of the adults participating in the program there were 80 successful completions between July 2009 and June 2010. Out of the adults who did complete the program 35 or 28% had post completion involvement with Family Services. Transportation in the rural areas for program participants still presents a challenge due to distance and reliable transportation providers. Program data will be assessed again to monitor the effectiveness of this program.

From September 2009 through August 2010 prevention programs under the Substance Abuse Prevention and Treatment Block Grant provided individual-based programs and strategies to 1,169 individuals. Of the individuals served 543 (46%) were male, 566 (48%) were female, and 60 (5%) did not report gender. 370 individuals (32%) reported their age as 0-17, 1 (0.9%) person as reported being age 18-29, 18 (1.5%) individuals reported ages 20-24, 125 individuals (11%) reported ages 25-44, 42 individuals (4%) reported ages 45-64 and 613 (52%) ages were not reported.

Separating and Divorcing Parent Education (SDPE) pre and post surveys are filled out by all program participants. The SDPE basic surveys utilized in this report were taken from a sample consisting of the four sets of pre and post surveys from FY2010 service period. Approximately 944 SDPE participants completed and returned the surveys.

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There are three direct outcomes for SDPE pre-tests and four direct outcomes for SDPE post-tests; each one is represented in a different section of the SDPE survey. In a study comparing pre and post participants showed an increase of knowledge on key course topics (impact of divorce, anger management/conflict resolution, helping children through divorce, co-parenting; abuse and neglect). After completing the course, over 88% of the participants felt like they knew between a good amount and a great deal of knowledge on key course topics such as impact of divorce or co-parenting. This is 22% increase from those who responded “moderate” about their level of knowledge before the course began. A large percentage of participants reported greater knowledge and understanding of how to respond to their children needs on separation and divorce, and building coping skills in adults and children.

Over 95% of the participants acknowledged that they had a good awareness of the effect of conflict with their former spouse/partner on their children by taking the course. This ensures the participants were able to effectively understand the impact separation/divorce could have on their child(ren)’s lives and their willingness to address it. Over 90% of the participants had high awareness ratings. Over half of the total participants strongly felt the course gave them the support they needed to achieve that awareness. At the end of the course, a majority of the participants felt the ability to sympathize with their child(ren)’s reactions while before it was less than half. Through the course, more than half the participants developed healthier ways to resolve conflict with their former spouse/partner.

Participants also reported a high level of satisfaction with the course. Virtually all of the participants deemed the course worth taking and expressed very high satisfaction rates. Over 80% “completely agreed” that the content was presented in an understandable and organized manner. Almost 88% felt the course was very relevant to parents’ needs. However, 20% of the participants did feel that not enough time was allowed for discussion, even though they viewed the program as worthwhile. Almost two-thirds of the participants strongly felt a high level of benefit from participating in this course. Over 66% of the participants claimed to be more sensitive to the needs and feelings of their child(ren) thanks to this course. Many felt that they were given new and innovative ways on how to talk with their child(ren) about the separation/divorce. Over half of the people felt better equipped to talk about their former spouse/partner with their child(ren) as opposed to before the course when less than 20% were comfortable with that. Not only that, but a 15% increase occurred in the ratings of “comfort ability and communication” on being able to interact with their former spouse/partner. Two-thirds of the participants recommended that this program would be helpful for other separating/divorcing parents.

Although the Domestic Violence component of Basic SDPE course focused on parental conflict and its impact on children, the analysis of the survey outcomes reflected little variance between the Basic SDPE course and the Domestic Violence SDPE course. Overall, the Basic SDPE course and the Domestic Violence SDPE course showed increase in participants, knowledge, awareness, coping skills, and “comfort ability and communication”.

The FACET program averaged 33 active families per site per month in FY2010. The FACET program served 334 unduplicated families and 368 unduplicated children during this review period. The FACET longitudinal surveys are completed by FACET parents twice a year. For FY2009, the survey reflects a high percentage of parents who share information, have increased their level of parent competency, have low stress and good

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

Other FACET initiatives included working towards establishing formal father participation in program activities and have organized fatherhood (significant other) groups. The FACET program sites partner with schools in their school feeder pattern to establish relationships with school staff to ease the children's transition from pre-school to kindergarten through information sharing and parent meetings. Parents are more knowledgeable about school processes and as a result get more involved in their children's school.

The Court has been successful in development of a database for collection, reporting and analysis of data regarding the dependency and neglect case process. Delaware is one of the first states to have a system designed to track all of the measures outlined in the Toolkit for Court Performance Measures. The mid-2010 goal for regularly producing reports has passed without the ability to so, but as of October 2010, the test and review process for the validity of reports produced indicates the database should be fully functional and produce reports regularly by second quarter calendar year 2011. In anticipation that we will soon be able to routinely generate reports, the Court shared information on the Key Court Performance Measures outlined in the Toolkit with the statewide Child Protection Accountability Commission in April 2011 via reports generated by our data analyst using data collected in the database and entered into Excel.

2. Maintain and strengthen a case review system to ensure timely outcomes and the involvement of caregivers.

Throughout the reporting year, each child that had an open case with the K-5 Early Intervention Program had a written service plan identifying goals and strengths in conjunction with the Child and Adolescent Functional Assessment Scale (CAFAS). Monthly service plans indicating this information were submitted to the supervisors each month for 100% of the open cases within the program. Supervisors met with staff regularly and used a record checklist to ensure all required documents and consents were present in the case file. The checklist is used to coach staff and document any deficiencies found in the file.

The CPRB conducts reviews for children in foster care as well as adjudicated youth in out of home placements.

The focus of reviews is to assess the appropriateness of the permanency goal and the efforts to achieve permanency for the child, as well as to assess the safety and appropriateness of the child's placement. These reviews are conducted 10 months after the child enters care, and then at the 18th month and annually thereafter. The caregivers for a child are always invited to attend and to participate in the CPRB review. When the Board mails their letter of invitation to the care givers of the child, included in the mailing is a one-page questionnaire to be completed by the care-giver should they be unable to attend the scheduled review. The questionnaire

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provides caregivers a way to submit their views and opinions regarding information that they would have been asked in the review if they had been able to attend.

As part of the Division of Prevention and Behavioral Health Services, families involved with the Birth to Three Program will be included in the Division's efforts around parent/caregiver engagement and supporting a family voice in our department. DPBHS promotes active involvement in their advisory council and inclusion in a family coalition or advocacy council as the structure for families evolves. Timeliness and outcomes will be tracked in the data system, as well as being included in feedback surveys. In order to decrease refusals and increase positive outcomes, the CDW staff and supervisors will work to identify areas in which increased efforts or expanded family supports will build capacity and improve outcomes for families using this service.

The tools utilized in the PSSFCS family consultation process are used to document demographic information, information relating to family risk factors, and information on concerns, needs, social supports and resource provision. These tools are: DPBHS Prevention Unit Family Information Form (FIF), PSSF Pre/Post Family Stressor and Resource Assessment (FSRA), Family Needs and Social Support Scale (FNSS), Family Assessment and Intervention Plan (FAIP), the Service Outcome (SO) and Satisfaction Survey (SQ). Each PSSFCS tool supports the implementation of the family support principals and the service delivery of the system of care principals. The Family Information Form (FIF) is used to document family demographic information. The Family Stressor and Resource Assessment tool which consists of 92 questions is used by the participant and the family consultant to assess and address the following areas of concern: isolation issues, coping skills, relationship with their children and other adults, the child's behavior, the resource needs of the family, and the barriers in seeking and acquiring assistance around substance abuse, parenting, and marriage/relationship issues. The FSRA also helped the family prioritize these concerns and identify additional concerns that may turn into a crisis. The Service Outcome form is used to identify services outcomes and families barriers to accessing services. The Satisfaction Survey provides participant's feedback about the quality and effectiveness of the program's interventions. The review of the completed program tools is another measure used to document the FC's skill in reference to the PSSFCS core competencies as well. The PSSFCS program has continued work with the program evaluator during the period of this review addressing the recommended revisions in the assessment and planning instruments currently used in the program. The program plans to implement the revised service instruments in the fall of FY2011 through the use of a web based data collection system.

As of February 28, 2011, the OCA, through its four in-house Deputy Child Advocates and more than 300 volunteer attorneys, is actively providing legal representation to 478 children. By representing the best interests of abused, neglected, and dependent children, attorney guardians *ad litem* make recommendations to the Court regarding the child's placement needs, educational and physical needs, and parental and sibling visitation. Further, throughout their involvement in the court process, the attorneys are able to consistently advocate for timely outcomes, as well as to monitor parents' compliance and involvement.

3. Maintain and strengthen a quality assurance system that supports positive outcomes for families and children.

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During the period 4/1/10 to 3/31/11 the total OCS quality assurance (QA) case reviews completed by program area were: Intake/ Rejected Hotline- 112, Investigation- 234, Treatment- 107 and Placement- 96. The existing QA system is the primary method of evaluating safety, permanency and well-being in the Office of Children's Services. The QA case review system is also used to report outcome performance for the CFSR PIP measures. Delaware successfully completed its CFSR PIP in September 2010, including achieving all data outcome goals. Quality Assurance reports are prepared quarterly and distributed for review by state office managers, regional managers and supervisors. Distribution of completed review instruments changed during this period and is now available to supervisors and managers in a secure network folder. This method allows for a more timely review of completed instruments between supervisors and staff. Early in 2010, a review with QA reviewers was conducted regarding the accuracy of completing of several review items. As a result, data entry errors dropped significantly, reassuring the validity of data being reported in the CFSR PIP outcome measures.

The K-5 Early Intervention Program continuously provides quality assurance by conducting routine reviews. During the reporting year, FCT service plans were reviewed monthly by supervisors. File reviews were conducted for each FCT twice during the year. The K-5 Early Intervention Program FCTs also have quarterly cluster meetings with their individual supervisors. Twice a year meetings are held with the Early Intervention FCT, their supervisor and the school principal. Each Family Crisis Therapist's contacts, caseload size, interventions and other information are reviewed monthly by the supervisor and by the management team.

Child Development Watch maintains and strengthens quality performance outcomes by:

- Focused case reviews with DSCYF supervisor
- Integrating DPBHS early childhood efforts as appropriate
- Developing clear, measurable benchmarks for quality services
- Increasing collaborations to meet multiple needs of the families referred

DPBHS will be developing quality outcome measures for the DFS Consultation Project and other programs in the division. Using the national standards in this document along with some of the outcome measures for prevention, treatment and early intervention there will be 3-5 quality outcome measures that incorporate both DFS and DPBHS quality assurance needs.

The PSSFCS program continues to maintain the program data collection, management and record review process. The PSSF program referenced in Safety Outcomes implemented a program fidelity review process. The DPBHS PSSFCS Program Administrator and Psychiatric Social Worker III conduct bi-annual on-site reviews of provider compliance of the program design. The participant's case reviews are also conducted twice a year with seasoned community based family consultants and quarterly with new family consultants. The on-site reviews occur to support and foster healthy exchange of service delivery information and provide the consultant opportunity to ask site specific questions regarding the service delivery process.

During the on-site case review and fidelity review the DPBHS-PSSFCS staff review with the FC their implementation of the consultation process and tools. In the case review process a minimal of 5 cases per site are reviewed as part of the process. Attention is devoted to the FC's ability to engage and retain participants through the consultation process, ability to explain and implement the consultation process in an effort to build

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and enhance the participant's efforts to take the lead in the consultation process, in making critical assessments, in guiding participants in the assessment and identification of their core concerns, and the FC's ability to implement the principles of family support services while implementing the principles of system of care throughout the consultation process.

In addition to the PSSFCS fidelity monitoring process and case review process, the DPBHS – PSSFCS Psychiatric Social Worker IIIs (PSWIII) also monitor the delivery of the family consultation process and the implementation of the program tools through observation. Through the case consult observations, services are monitored to assure the participants are encouraged and supported in taking the lead in the consultation process, and that the service delivery supports the use of a strength-based approach, the FC's ability to critically assess the identified needs of the participants through the FSAR tool, and the FC's ability to connect the identified needs of the PSSFCS-Family Stressor and Resource Assessment to the Family Needs and Social Support Scale to the Family Assessment and Intervention Plan tool. Through the observation of the consultation process the PSWIII is able to assess the FC's level of functioning in relation to the program core competencies.

In order to ensure the effective implementation of the PSSFCS contracted model, the DPBHS prevention program uses a fidelity checklist and contract monitoring tool to assess the implementation of the program and contract compliance. This tool provides structure, uniformity and consistency in the monitoring process, and increases the transparency of provider accountability for the valuable community-based prevention programming they provide for children and families in Delaware. Contracted providers of the Division of Prevention and Behavioral Health Services-PSSF program are expected to maintain full or substantial compliance with the deliverables specified in each PSSFCS contract.

The following components and their sub-sections are integral parts of the PSSF program fidelity monitoring checklist and the prevention service contract monitoring tool:

- I. Contractor Compliance Deliverables
- II. Service Components
- III. Program Model Training
- IV. Administrative Procedures and Program Reporting
- V. Evaluation
- VI. Physical Environment
- VII. Fiscal Compliance and
- VIII. Personnel Compliance

The PSSFCS fidelity monitoring checklist is administered in stages, i.e. personnel, fiscal, narrative reports, administrative, training, physical environment and evaluation. This information is gathered, assessed and observed on an ongoing basis. Components of the tool are interchanged throughout the contract year.

In Kent, New Castle and Sussex County, the fidelity/contract monitoring tool was administered to PSSFCS contracted providers April - May 2010 for the reporting period of FY2009-10. The physical monitoring of family consultation sessions occurred at each provider's site.

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An average score of all PSSF sites representing all five agencies (eight actual service sites) were compiled. The outcome of the fidelity review in FY2010 was noted in the Safety Outcome section. Six of the 8 sites received ratings of full compliance. Two sites received ratings of substantial compliance.

Here are summary compliance statements per sections noted:

Section II. - Service Components for the Family Consultation and Support Service Compliance

Deliverables: Rating – Full Compliance

All eight sites strive with the participant to derive at the true nature of the participants concern and explore what the intervention that would improve the family’s quality of life and build resilience in an effort to decrease the likelihood of child maltreatment. All eight sites continue to be accessible and resourceful to their families. All eight sites maintain professional relationships with community partners in an effort to advocate and receive better services for their families.

Section III. - Program Model Training: Rating - Full Compliance

Seven of the eight sites reported full compliance with attending provider trainings, one on one supervision with their agency supervisor and receiving technical assistance from the psychiatric social worker assigned to their county of service. One provider site received a minimal compliance rating as a result of poor attendance to provider trainings, and the lack of agency ongoing supervision of the program services.

Section V – Evaluation: Rating – Substantial Compliance

Five out of eight sites received a full compliance rating under this section. Two sites received a rating of minimal compliance and one provider site received a rating of substantial compliance. The area of evaluation these providers received lower ratings in contract evaluation objectives. All the PSSFCS provider sites were in full compliance with participating in the monitoring tool, meeting contractual objectives and submitting data at a substantial or higher rate as required by the contract.

Section VI – Physical Environment: Rating - Full Compliance

All eight PSSFCS service site support the family consultant and participant working side by side in the process. Each family consultant demonstrated a warm, welcoming and friendly atmosphere for families and community partners. All seven of the eight sites maintained adequate office equipment provided for program staff.

Section VIII – Personnel Monitoring: Rating - Full Compliance

All eight sites maintained job descriptions that were complete, accurate and according to contract expectations and specifications. All contract funded staff met basic competencies as outlined by their job description. All five providers presented documentation of its’ family consultant’s annual performance review on file and their rating was satisfactory.

In the following sections the eight sites averaged a score less than “Full Compliance” which indicates the area for potential growth / improvement in service delivery:

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Section I. - Contractor Compliance Deliverables: Rating – Substantial Compliance

Three of the provider sites were cited for deviations from the contract with regards to the mini grant process and ensuring even distribution. The agencies are to distribute the mini grants amongst areas serviced by the PSSFCS program sites located throughout the state to support equitable funding opportunities for all communities.

Section IV. Administrative Procedures and Program Reporting: Rating – Substantial Compliance

Four out of eight provider sites received a substantial compliance score. Although there is adherence to the essence of the standard and contract requirements, the four sites exhibited minor deviations from administrative procedures and programming reporting requirements thus obtaining a rating of minimal compliance. Provider internal tracking systems need to improve in order ensure timely submission of data to the Division of Prevention and Behavioral Health Services. Family consultants must develop and maintain an electronic tracking service report.

Section VII – Fiscal Compliance: Rating - Substantial Compliance

Four of the eight sites were cited on not adhering to the fiscal guidelines of the program services providing needed support services to participants through interval incentive programming and untimely submission of monthly service invoices.

Overall ratings for the entire fidelity/contract monitoring report (average): Full compliance for all eight sites.

PSSFCS participants complete a satisfaction survey at the conclusion of the consultation process. A total of 423 satisfaction surveys were completed during FY2010. On average, 81% of the 423 respondents strongly agreed the program focused on building family skills in identification of needs and concerns; setting and achieving goals, and being connected to appropriate services. 82% of the respondents indicated the family consultant was the key factor in critically assessing the core family needs, building family and community strengths and in helping them evaluate progress toward goal. Overall, the program participants who participated in the PSSFCS Family Consultation and Support process were very satisfied with program services and the satisfaction survey has proven to be one reliable indicator that the program is meeting its outcomes.

The PSSFCS program community survey is another tool used by the program to assess the community level of awareness of the program priority services (drug/alcohol, healthy marriages/adult relationships, child's behavior and parenting services) in the community. The survey assists in developing strategies for increasing citizen knowledge of local services. Each year the community surveys are completed by community members at outreach events throughout the State. A total of 758 community questionnaire surveys were completed in FY2010. Of the 758 responses, 51% strongly agreed they were aware of the PSSFCS program site in their community. 48% of respondents were aware of other family preservation and support services within their community. 40% were aware of the alcohol and drug treatment services within the state. 41% reported they were also aware of services within their community addressing child behavior problems. These results indicate PSSFCS Community Advisory Boards and family consultants are engaged in community based activities supporting adults and children.

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DPBHS supports the Department's mission, vision and strategic plan through quality information management. Although DPBHS is not currently in the FACTS system, the Office maintains Access databases to store data and information to remain in compliance with federal and state mandates. Routine maintenance is conducted on the Access databases, and complex automated queries have been created to produce timely and valid reports.

In a continued effort to examine the relationship between participation in select prevention and early intervention programs and subsequent involvement with core areas of the Department, DPBHS has designed FACTS research protocols for two of its programs, Strengthening Families and PSSFCS. DPBHS strives to develop efficient reporting of the relationship between DPBHS program participants and OCS recidivism rates. A major goal of DPBHS is to reduce the incidence of child maltreatment through effective programming. All participants who receive services through Strengthening Families and PSSFCS are checked in the Department's FACTS system. Strengthening Families has been successful in retrieving data reporting on OCS involvement.

In efforts to ensure the effective monitoring of the programs of its contracted providers, the Division of Prevention and Behavioral Health Services (formerly OPEI) developed and implemented the use of the DPBHS contract monitoring tool. The DPBHS contract monitoring tool provided structure, uniformity and consistency in the monitoring process, and increases the transparency of contracted community-based prevention programming statewide. The tool is scheduled to be implemented at the end of each program contract year to ensure the effective monitoring of contracted program service providers.

OCA continued working in partnership with CASA and DFS to maintain the comprehensive joint database (OCA/CASA) of children in DSCYF custody. Regular maintenance and quality assurance of the OCA/CASA database enabled system partners to ensure that children have timely legal representation. As a result of the meetings between these three agencies, OCA began using the joint database to track the amount of time it takes for a child to be appointed representation after entering DSCYF custody, and whether children have representation by the Preliminary Protective Hearing, the first hearing after DSCYF obtains custody of a child.

4. Provide training and supports to maintain a stable and competent workforce.

The statewide foster care team has identified the need for developing a team strategy supporting foster parent recruitment and support. The team planned the agenda for a two day retreat for July 2011 and a two day refresher training scheduled September 2011. The goal is to reestablish the commitment to improving resources for foster children by developing a team vision and mission with defined goals and objectives. The foster care program manager has arranged a facilitator through the state Office of Management and Budget's training and development unit. The refresher training will focus on ensuring the foster care team has the proper resources to perform daily functions and is implementing best practice for recruiting and supporting foster parents.

Each year the K-5 Early Intervention Program plans, schedules, and administers a two-week competency-based training program. The training program is managed annually by a training committee and the competency manual is monitored by a member of the management team. In June, July, and August of 2010 the FCTs received training in the following areas: time management, drug training, bullying and cyber stalking, domestic violence and protection from abuse orders, autistic spectrum disorders, triage for suspected child sexual abuse,

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defensive driving, teamwork that makes the dream work, presentation skills, advocating for families at school, classroom behavior management strategies, response to intervention, differentiated instruction, and universal design for learning. In addition, each new hire is trained to facilitate the parenting education and children's groups. Refresher training for the groups is provided to all FCTs and management at the start of each school year. In 2010 the K-5 Early Intervention Program partnered with the Nemours Foundation resulting in more than 50% of the FCTs becoming certified in the "Triple P" Positive Parenting Practices parenting program. With the addition of this training, the FCTs have 2 of the top 3 nationally ranked empirically validated programs available for use with Delaware Families.

The Inter-Agency Committee on Adoption sponsors free invitational trainings to enhance the knowledge and competency of the professionals working in the adoption arena in Delaware. Training topics are selected by IACOA members.

The Office of Children's Services training summary for investigators and treatment caseworkers are provided in the Title IV-E/IV-B Staff Training section.

The Division of Youth Rehabilitative Services secured a Comprehensive Approaches to Sex Offender Management (CASOM) training grant award, funded through the Delaware Criminal Justice Council by the U.S. Department of Justice, Bureau of Juvenile Justice. This training grant, in part, is assisting the Delaware Children's Department trainers to develop a department wide training curriculum to help direct care staff to improve their ability to identify inappropriate sexual behavior (ISB) risk factors for children and youth in the department's care. Dr. David Burton has been contracted with to develop the core training components including but not limited to the sexual development of children over time, the signs of sexual behavior that might indicate trauma and other red flags; treatment for trauma and sexually acting out youth; systems issues, communication, and staff dealing with their own feelings when working with ISB youth. This training and handbook is being developed with our department's Center for Professional Development (CPD) and geared for all staff in the three service divisions. Dr. Ina Page has also been contracted with to help implement and provide technical assistance with train-the-trainer model for the CPD Unit staff, DFS staff and contracted providers. Those individuals will go on to train DFS, private agency foster parents, as well as DFS foster parents and/or other Children Department staff as appropriate who interact with youth with ISB, both adjudicated and non-adjudicated youth.

CDW staff will provide training and educational materials for the staff of DPBHS to make them more aware of the program and to communicate the criteria and protocols for referral. In conjunction with the DFS Consultation Project and the BEST project, CDW will expand the array and diversity of educational activities provided for children in the birth to three program by 25%.

June 28-29, 2010, DPBHS presented the 2010 Prevention Forum. Attended by over 320 DSCYF staff, community partners and professionals representing various disciplines, the event hosted a keynote presentation by national recognized psychologist, researcher and author Dr. Alvin Poussaint, and workshops on coalition building, gang violence and environmental strategies.

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For 2011, DPBHS organized its first conference incorporating workshops to address prevention, early intervention and treatment, titled *Working Together to Build Healthy and Resilient Families and Communities*. The event occurred May 2-3, 2011 and included a model for improving adult/child relationships among 14 workshop choices. Approximately 400 professionals attended this conference, with a mix of prevention, early intervention and treatment agencies represented. Attendees heard keynote addresses from Frances M. Harding, Director, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) and Richard P. Keeling, M.D., Principal and Senior Executive Consultant, Keeling & Associates (K&A).

DPBHS strives to strengthen the family voice in our division and work with the youth advisory council at DFS to grow a youth development/youth leadership track that fosters the strengths in the youth in our care. Prevention specialist certification is now available in Delaware for our prevention staff. The BEST grant is expanding preschool and early childhood mental health consultation for younger children and the workforce serving them. DPBHS also sponsors training for their provider network in trauma focused treatment.

The DPBHS PSSFCS program staff continues to offer annual program in-service training to Office of Children's Services, Youth Rehabilitative Services, and DPBHS behavioral health staff to maintain an understanding of services available through the family consultation and support services. The Promoting Safe and Stable Family Program continues to provide quarterly training to the family consultants reinforce the program's core competencies. Additional training included the implementation of the program's current and proposed revised tools and the community grant distribution process.

There were two community-based family consultants hired in New Castle County this reporting period that received one on one training in the PSSFCS family consultation process, tool applications and community ambassadorship. Program technical assistance is provided to the new PSSFCS family consultants up to 12 months. The length of time technical assistance is provided is based on the new hires ability to master the four levels of competency for each service delivery area. PSSFCS staff attended Triple P-Positive Parenting Program, an evidence-based, multi-level, parenting and family support strategy to prevent behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. The PSSFCS program administrator was certified in second level of Triple-P process adolescents age 12 to 16. One of the two program psychiatric social worker III is certified in all three levels of Triple-P Positive Parenting Program.

The DPBHS prevention and substance abuse units continue to offer training and support to the community on the continuum of preservation services. The prevention unit provides ongoing training in the areas of best practices, building coalitions and community capacity, needs assessments and evaluation protocols, environmental strategies to effective prevention programming and grant writing to staff as well as community partners.

The PSSFCS first annual DFFC Fatherhood Summit was held June 26-27, 2010 at the Dover Downs Hotel Conference Center in Dover, Delaware. In attendance were 101 participants comprised of community partners, service providers, parents, caregivers, professionals and faith based organizations. The summit aimed to increase awareness of the impact of fathers in the lives of children and the community need for service

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awareness of the issue of fatherhood. The summit offered 12 workshops in the area of co-parenting, healthy adult relationships, record expungement, engaging incarcerated fathers and child support. The fatherhood summit received a high percentage of favorable results. As far as reasons for attending the summit, about 90% of the participants felt it was important to gain new skills, knowledge, and information. Every participant rated the program experience as better than average with nearly 60% considering it excellent. Less than 10% of the participants felt that the organization of the summit could have been better and they would like to have seen a more displays. However, everyone stated that the quality and location of the summit was well above average. Over 70% of the participants enjoyed the keynote speakers with Clifton Powell receiving the most acclaim with an excellent rating at 80%. All of the speakers were highly recommended to speak again. For workshop A, the most popular selection was A3: Fatherhood Involvement: For such a time as this. It received 30% of the attendance while A2: Dad Do It Now, Everyday, was a close second with 27%. Over 90% of A workshops received a good to excellent rating and no workshop received a poor rating. For workshop B, the most popular selection was B6: The Fatherhood State of Mind: Redefining black fatherhood in the hip-hop generation and beyond. It received 42% of the attendance while B1: Healthy Marriage and Relationships was a distant second with 22%. The speakers were highly recommended to return for each group of workshops.

The Families and Centers Empowered Together (FACET) program continues to help program sites incorporate the Early Success (long term plan for quality early care and education for Delaware's children) recommendations. FACET sites continue to meet five pertinent domains: quality programs, professional development, family engagement, financing and results. Strides have been particularly evident in the professional development domain. FACET staff and parent training are important to the success of the program. DPBHS supports the FACET program by providing training, technical assistance, quality control and guidance in program implementation to ensure quality programming and effective services to families. FACET completed and implemented the use of core competencies for family support professionals that work with parents and children in the early care centers. A training manual has been developed to be used with the core competencies. These core competencies target important areas such as child development, health, safety, nutrition, working with families and professionalism which support Delaware's Infant and Toddler Early Learning Foundations. Through the use of this curriculum and training, the FACET coordinators have been able to improve their job performance and their performance can be evaluated more efficiently. FACET continues efforts to incorporate a complementary parent training "Raising A Thinking Child", a curriculum instructing parents how to teach children how to think. DPBHS provides the early care center staff and parents with the required training materials "Raising A Thinking Child" workbooks. DPBHS staff involved with the FACET Program have been trained on the FACET Model, and "Raising A Thinking Child".

The Office of Child Care Licensing embarked on a re-organization during 2010 which focused on transfer of knowledge, a uniform approach to conducting the functions of the office and preparation for continuity and quality of monitoring services in expectation of staffing changes. Previously two licensing specialists were assigned specialized caseloads consisting of child placing agencies, residential treatment facilities and day treatment programs. The office also licenses early care and education and school-age centers, family child care homes and large family child care homes. Beginning in January 2010 cross-training of all licensing specialists assigned monitoring functions took place. Each specialist was trained, which included joint visits with a specialist who had experience in monitoring the function for each type of care. By October 2010 the training portion had been completed and staff caseloads were re-configured so that each specialist was assigned or could

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be assigned cases for each type of licensed care. This initiative had several positive dividends including reduction of most caseloads, an increase in the number of persons able to conduct reviews and investigations, a boost to morale, increased feelings of competency, and positive challenges to stimulate professional development and competencies. This action has proven to be well conceived, covering vacant caseloads during this reporting period. The second phase is aligning the approach to monitoring all types of care. Policies are being developed that will ensure that actions required in monitoring, enforcement, investigations, documentation are the same for each type of care. This strategy provides all children and youth who receive services in any type of licensed care with the same protections.

Through Delaware's Family Court Administration, Court Improvement Program funding was leveraged to afford judicial officers the following training and education opportunities:

- October 2009: Judicial Summit in Austin, Texas. Delaware's team including the Chief Judge of Family Court, additional Family Court Judge active on the APPLA community workgroup and cabinet secretaries of Education and Services for Children, Youth, and Their Families.
- March-October 2010: CIP Process Training for judges new to dependency work.
- May 2010: Judges with Department Leadership:
 - Shay Bilchik on Crossover Youth
 - National Council of Juvenile Family Court Judges (NCJFCJ) presentation by John Myers on:
 - Investigation and Interviewing – Children as Reporters of Events
 - Update on Hearsay, Crawford and Forfeiture by Wrongdoing
 - Expert Testimony in Physical and Sexual Abuse Cases
 - A Potpourri of Recent Developments Relevant to the Family Court
- June 2010: Multidisciplinary Conference including sessions on:
 - Judges Guide to Child Safety
 - Health of Court-Involved Infants and Toddlers
- June 2010: Judges to National Council of Juvenile and Family Court Judges Child Abuse and Neglect Institute (NCJFCJ CANI)
- July 2010: Judges to National Council of Juvenile and Family Court Judges (NCJFCJ)
- September 2010/April 2011: Multidisciplinary conference on permanency for older teens
- October 2010: Child and parent Attorneys to National Association of Counsel for Children (NACC)
- April 2011: Multidisciplinary Conference on Child Safety

The Child Protection Accountability Commission and the Child Death, Near Death, and Stillbirth Commission engaged in yet another joint effort to provide training in Delaware by sponsoring the second Protecting Delaware's Children Conference. On June 3-4, 2010, CPAC and CDNDSC collaborated with Family Court to host this conference. The conference was offered to multidisciplinary professionals involved in the investigation and prosecution of child abuse cases, as well as other professionals that provide services to this population. Five hundred child welfare professionals participated to further their knowledge and insight on improving the health, safety, and well-being of Delaware's most vulnerable population of children. From techniques on enhancing documentation and observation skills for first responders, to the investigation and prosecution of child abuse involving developmentally disabled and nonverbal children, to developing multi-disciplinary teams, to internet crimes involving children, to the impact of trauma on children, this conference

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featured a wide array of learning opportunities for professionals from many disciplines. In addition to local experts, several national experts presented workshops with a focus on the investigation and prosecution of child physical and sexual abuse. On October 19-20, 2011, the joint commissions hope to recreate the successes of this conference with the same theme of protecting our children from physical abuse, sexual abuse, and neglect.

Delaware's child welfare system partners are made aware of such opportunities for ongoing education through the directory of Delaware Child Welfare Trainings, which is maintained and updated by the Office of the Child Advocate. Trainings and other events, which raise awareness and address relevant issues that impact youth, can be located under the training section of OCA's website. Further, the training section also features child welfare web based training curricula, which includes the Memorandum of Understanding between DSCYF and DOE, the Memorandum of Understanding between the DOJ, DSCYF, Children's Advocacy Center, and law enforcement, and two presentations developed by CPAC's Education Subcommittee.

The fourth revision of the Memorandum of Understanding (MOU) between Department of Services for Children, Youth and Their Families, Delaware Children's Advocacy Center, Department of Justice, and Delaware Police Departments was signed in 2009. Training about the MOU and reporting child abuse and neglect was conducted by the Department of Justice Deputy Attorneys General, Pat Dailey Lewis and Janice Tigani for the following law enforcement agencies:

- Delaware State Police – October 21, 26, 28; November 4, 5, 11, 12, 16; December 2, 8, 9, 2010
- New Castle County - December 13; January 25; Feb. 3, 15, 16, 23, 24; and March 3, 9, 14, 2011
- Middletown Policy Department – February 3 and 9, 2011
- Dover Police Department – March 7, 14, 21, 28, 2011
- Wilmington Police Department – January 11, 12, 13, 19, 20, 25, 28; February 2, 15, 23, 2011

Pat Dailey Lewis is the supervisor of DOJ's Family Unit and Janice Tigani is legal counsel to the Department of Services for Children, Youth and Their Families.

The Medical Subcommittee of the CPAC Abuse Intervention Subcommittee continued to utilize a PowerPoint presentation to educate family practitioners, pediatricians, and hospital emergency department professionals on the identification and reporting of child abuse and neglect. The training provided jointly by a physician and a DFS supervisor or administrator is now being administered by the Office of the Child Advocate. (See Systemic Factors Activity 4, Attachment Q: Evaluation of Training for Medical Professionals) It is a requirement for physicians to take the training to be able to renew their professional license. The training is available online at the OCA web site: <http://courts.delaware.gov/childadvocate/>. A total of 5,000 individuals have received the training online. In addition to the 111 medical professionals trained on-site as discussed in the evaluation, a Delaware Child Abuse Recognition and Reporting Summit was held at the Dover Sheraton Hotel on February 1, 2011. The event targeted medical, legal, social services, and law enforcement personnel and it was sponsored by the Governor, as well as other numerous state agencies, commissions, and the Children's Advocacy Center of Delaware. The training was given to 800 attendees that evening.

Delaware's 10th Child First forensic interviewing training was held April 11-15, 2011 at the University of Delaware Virden Center in Lewes, DE. A total of 29 multi-disciplinary staff, including 10 Division of Family Services staff, 3 Deputy Attorneys General, 8 statewide law enforcement officers, and 4 CASA/Office of the Child Advocate staff completed the training.

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A comprehensive, statewide Power Point training was developed and finalized by the CPAC Abuse Intervention Subcommittee to ensure content of all child abuse training in Delaware is consistent regardless of the trainer. It has been offered to and is available upon request to child welfare professionals, partners, and the general public throughout the State of Delaware. Uniform speaking points specific to Delaware's statutes and existing child welfare policies accompany the Power Point and a voiceover was done by the Office of the Child Advocate for their website. A number of train-the-trainer sessions were held incorporating a variety of child welfare affiliated staff. The How to Identify and Report Child Abuse in Delaware Power Point is also being used to meet the statutory requirement of one hour of training in the detection and reporting of child abuse for each full time public school teacher. The training and handouts are accessible online at <http://kids.delaware.gov/information/school.shtml>, but on-site training is also available by request. For example, all personnel (e.g., teachers, bus drivers, cafeteria staff, and maintenance staff) of the Brandywine School District were trained during the months of August – October 2010. To date, a total of 2,164 people have received this training. (See Systemic Factors Activity 4, Attachment R: Evaluation of Mandatory Reporter Training)

The content of a video created by the Division of Family Services in 1996 was updated in 2010 to conform to current statutes with the approval of the CPAC Abuse Intervention Subcommittee and the use of Children's Justice Act funds. The updated video was also converted from tape to DVD. The video may be viewed online at <http://www.kids.delaware.gov/under> "Multimedia."

In response to a 2009 case in which a physician allegedly sexually abused 103 known victims, a Child Abuse Report Line Campaign was developed called I See the Signs. Highlighted at the Delaware Child Abuse Recognition and Reporting Summit held February 1, 2011, a specific website is dedicated to I See the Signs at http://www.kids.delaware.gov/fs/fs_iseethesigns.shtml.

The CPAC Education Curriculum Workgroup is developing a series of brief information modules on specific topics such as Educational Surrogate Parent and School Enrollment and Education. The Division of Family Services developed the DFS Primer to provide an overview of all the services provided beginning with the Report Line through Permanency. The school oriented modules are located on the Department of Education website and also on a shared drive of The Children's Department. The DFS Primer is located at the I See the Signs website (http://www.kids.delaware.gov/fs/fs_iseethesigns.shtml.) under "Multimedia."

In 2008, DSCYF issued emergency preparedness procedures which remain in effect. A component of Delaware's emergency management plan, DSCYF has a Continuity of Operations Planning (COOP) initiative. The state is now implementing phase II of the COOP. Linda Shannon, Program Manager for Intake and Investigation, and Cynthia Stevenson, Sussex County Supervisor, were licensed to utilize a system purchased by the State of Delaware called LDRPS (Living Disaster Recovery Planning System). Working with a representative of the State Department of Technology and Information, Ms. Shannon and Ms. Stevenson drafted the Division's COOP utilizing business processes information gathered by designated administrative staff during Phase I in 2010. The business processes were assigned to regional teams and every employee within the Division was assigned to a team. In addition, contact information for all Division staff was updated to enable an automated phone system known as Notifind that automates message to staff about emergencies or disasters through multiple phone numbers. The draft plan is more than 200 pages. The next step is to conduct a table top

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exercise of the draft plan within the next couple months. The final COOP will be available for review upon request. All Divisions within the Department of Services for Children, Youth and Their Families are involved in COOP as required by the Governor.

5. Maintain and strengthen an array of services to promote safety, permanency, and well-being.

Contact was made with the founder of the Delaware 2-1-1 Helpline, Mr. Milton Delgado. Mr. Delgado informed DFS that the Delaware 2-1-1 Helpline is Delaware's free on-line service where workers can search for human service referrals to community-based resources. The Delaware 2-1-1 Helpline is made possible by United Way of Delaware, the State of Delaware, and the American Recovery and Reinvestment Act, which is administered in Delaware by First State Community Action. Delaware 2-1-1 provides information and referrals for:

- Financial Assistance
- Emergency Housing and Food
- Government/Information Service
- Utilities Assistance
- Legal Services
- Child Support
- Transportation
- Mental Health Counseling
- Donations
- Family Issues

Mr. Delgado further explained that the Delaware 2-1-1 Helpline is comprised of more than 1,000 agencies. Each agency that participates is required to update their information at a minimum of annually; more frequently if there are significant changes within the agency. DFS social workers (as well as clients) can contact the 2-1-1 Helpline to obtain contact information for community-based resources that are able to meet whatever need they may have. The 2-1-1 Helpline is in English as well as Spanish. The 2-1-1 Helpline contains information regarding agencies that are able to provide services to Spanish-speaking clients. According to Mr. Delgado, a worker can contact the 2-1-1 Helpline and inform the referral specialist that they are looking for a particular Spanish-speaking resource in a particular town. The helpline will then provide the DFS social worker (or client) with as many resources as necessary to meet the client's needs. Katherine Andersen made a presentation to the statewide all management team on July 15, 2010 on 2-1-1 Helpline resources and distributed brochures. Ms. Anderson also attended regional staff meetings to educate staff about the service on the following dates:

- Beech Street – July 13, 2010
- University Plaza – August 4, 2010
- Sussex County – August 26, 2010
- Kent County – August 31, 2010

See safety section, activity #2 for a description of the family support services available through the Division of Family Services.

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The University of Delaware's Infant Caregiver Project continues its collaboration with DFS benefiting foster parents and infant foster children. Toddlers who are in foster care often exhibit a variety of behavioral, emotional, and physiological problems. Some of the significant challenges they face include forming new attachment relationships and developing the ability to regulate their behavior and their physiological responses to stress. Because of the unique needs and experiences of this group of children, caregivers often find it difficult to ensure that children are provided with the nurturance and care they need in order to develop secure relationships while also providing children with the appropriate amount of behavioral supports so that they can learn to regulate their behavior. Dr. Mary Dozier and her colleagues developed two programs to target the unique needs of this group of children and their caregivers. These two programs focus on educating caregivers about different aspects of toddlers' developmental needs. The Attachment and Biobehavioral Catch-Up for Toddlers (ABC-T) program is based on research that Dr. Dozier and others have conducted over many years. The goals of this intervention are to improve emotional and behavioral outcomes for children. The second intervention, Developmental Education for Families (DEF), was developed in consultation with occupational and physical therapists at Children's Hospital of Philadelphia. The goals of this program are to improve motor and language outcomes for children.

DFS continues to list children on the AdoptUSKids web site, display children's portraits in the Heart Gallery statewide and conduct media activities for the National Adoption Day conference held each November. In order to expand on the recruitment for adoptive families, contracted adoption agencies enhanced recruitment activities for 8 older youth and/or siblings needing a forever family. These activities include newspaper articles, public service announcements and brochures. Delaware strives to locate permanent families for these older children and sibling groups and to increase the pool of foster and adoptive families.

Starting July 1, 2010, DFS developed a contact with an adoption agency to provide post-adoption services for children and families. This service is available to children residing in foster care who exited via a permanent guardianship arrangement approved by the court. The services include information and referral, crisis assistance, statewide training on adoption related topics, support groups for parents, therapy and support groups for children, Love and Logic Parenting groups and parent/child bonding workshops. The goal is to keep families intact and functioning. This service is also available to support foster and adoptive families planning to adopt a child in their home. Adoptive families and child advocates have been asking for additional resources for years. DFS is excited about this initiative and the new services that are available to adoptive families. In 2011, statewide adoption training topics include: Understanding Fetal Alcohol Spectrum Disorder by Dan Dubovsky (March 9th), Maintaining Your Commitment to Your Kids During the Tough Times by Pat O'Brien (April 5th), Talking to Adopted Children About Sex by Dr. Catherine Dukes (May 4th), and Enhancing Attachments with Older Kids Who Have Been Adopted by Dr. Lark Eshleman (June 14th).

The Division of Youth Rehabilitative Services secured a Comprehensive Approaches to Sex Offender Management (CASOM) training grant award, funded through the Delaware Criminal Justice Council by the U.S. Department of Justice, Bureau of Juvenile Justice. An area of this training grant is expansion of the community based therapeutic Inappropriate Sexual Behavior (ISB) continuum of care to provide additional training for outpatient and intensive outpatient treatment providers with specialized training in the area of dealing with youth with ISB, improve therapists' familiarity and knowledge with a client safety plan and what it should include and provide more in-depth therapist training for those that are working directly with youth and

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their families that would include clinicians at every level of care in the Division of Prevention and Behavioral Health Services system. This training includes on-going support for experienced therapists with consultation on actual cases, in-depth training sessions for therapists and evaluators on current, best practice ISB assessment instruments, and train the trainer sessions for DPBH therapists/administrators to provide refresher training and/or introductory training to therapists and probation officers working with ISB youth. Dr. Phil Rich provided advanced clinician training on site in Delaware during July 2010 for three days, as well as periodic case consultation for the Division of Youth Rehabilitative Services. Another round of advanced clinician training on site in Delaware was held for two days in January 2011 with Joann Schladale, L.F.M.T., Founder and Executive Director of Resources For Resolving Violence, Inc.

The DFS Consultation Project provides a behavioral health evaluation of all new foster care children, and any child in foster care with behaviors that may disrupt the placement. In addition, this project provides education for foster parents on any diagnosis that the child may have, expected behaviors and parenting or behavioral management skills that address the problems presenting in the placement.

6. Foster and adoptive parent approval, recruitment, and retention.

All statewide foster parents must be trained prior to approval and are required to have annual in-service training. Trainers from the Center for Professional Development in collaboration with the foster care team designed a second training specifically for new foster parents who are willing to foster teenagers as this was identified as a gap in resource availability. This initiative began in 2009 with curriculum research and development. Teen training consists of 30 hours over 10 sessions. Topics include: Orientation and History of Foster Care, Child Welfare System and Foster Parents' Part of the System, How a Child Enters the System, Family Violence, Child Development and Trauma Part 1, Child Development and Trauma, Part 2, Attachment and Loss, Discipline, Culture and Keeping Connections, Planning for Change, and Informed Decision Making. The Youth Advisory Council provided input to the curriculum. Curriculum emphasizes preserving family connections, including sibling visitations. There have been approximately seventy five families trained in the fostering teens pre-service training since April 2010. (See Permanency Activity 6, Attachment K: Fostering Teens Pre-Service Training)

One of the primary methods for strengthening the partnership between foster parents and the agency and for enhancing the professional level of foster family care is to provide evidence-based training and a thorough assessment of prospective families. We are in the early stages of contracting out the pre-service training and home study approvals for prospective foster and adoptive families referred and recruited by the Division of Family Services. This will allow the foster care team to be more involved in recruitment and support of foster families which will increase retention rates. In preparation for this new direction the foster care frontline staff will be participating in Triple P training evidence-based training that will be used to support the foster care staff as they support foster families caring for children in care. (See Systemic Factors Activity 6, Attachment T: Triple P)

The foster/adoption marketing and recruitment committee has a standing invitation to foster parents and youth to participate and two foster parents have joined. The foster parent Cluster Newsletter, developed per foster

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parents' request, offers incentives to foster parents to recruit new families. One incentive is a \$100.00 bonus to the referring foster parent. Foster parents are important member of our pre-service trainings team as co-facilitators and receive a stipend for their participation.

The foster home coordinators and adoption workers continue support for foster home adoptions. DFS continues to approve foster families as adoptive resources and DE is near the national average for foster parent adoptions at 60%. During this period, there were 30 DFS foster parents who received the fost/adopt training statewide. Racial and ethnic diversity ratios for foster children and foster parents are closely aligned. African Americans represent 57% of foster children and 6% are Hispanic. African American foster parents represent 54% of DFS foster homes and 6% are Hispanic.

The members of IACOA collaborate in their efforts to recruit and train new adoptive families. Through the annual National Adoption Day conference, training topics are selected to address current concerns or problems experienced by Delaware's families.

In April 2011, the Family Court leveraged CIP training funds to support a session on commitment for adoptive families.

7. Continue collaboration among child welfare professionals, community partners, families and children.

To prepare for the 2011 APSR submission, an organizational meeting was held February 7, 2011. Attending were contributing writers representing DFS, DPBH, DYRS, DMSS, Child Placement Review Board, Family Court, Office of the Child Advocate and ACF Region III. The group was instructed to report progress and status of child welfare activities fitting into the applicable CFSP strategies and activities, including CFSR-PIP activities occurring this reporting period. An October 8, 2010 letter sent to the Nanticoke Tribal Chief Larry Jackson requesting a meeting to discuss mutual child welfare issues received no response. (See Systemic Factors Activity 7, Attachment U: Nanticoke Tribe Letter) The Tribe did affirm receipt of the 2009-2014 CFSP in 2009 with no comment noted. Delaware's Child and Family Services Plan is closely aligned with CFSR outcomes and factors. Specific discussions related to systemic and procedural improvements are discussed year round in a variety of forums with partners such as Child Protection Accountability Commission, Family Court CIP judges, Delaware's Child Advocate, APPLA Community Workgroup, Youth Advisory Council, DFS Advisory and Advocacy Council and the Interagency Council on Adoption.

DSCYF hosted a Child and Family Services Review, Program Improvement Plan closing session January 13, 2011. Representatives from Administration for Children and Families (ACF regional and national offices), Family Court administration, advocates, community providers, state agencies, department service contractors, youth, managers and front line staff attended the event. Safety, permanency and well-being activities for the PIP period, October 2008 to September 2010, were reviewed. CFSR activities and progress was shared in a variety of settings with stakeholders throughout the PIP period. The January 2011 closure meeting summarized the areas needing improvement, progress towards goals and activities to be continued to improve Delaware's child welfare system. (See Systemic Factor Activity 7, Attachment V: Meeting Agenda for 1-13-11 PIP

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Meeting; See Systemic Factor Activity 7, Attachment W: PIP Overview, Results, and Impact 1-13-11; See Systemic Factors Activity 7, Attachment X: PIP Accomplishment Summary for 1-13-11 Meeting) All activities, procedures and measurements met compliance standards by ACF, releasing Delaware from corrective action. Delaware's APSRs are posted on this DSCYF webpage:

http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml. The 2011 edition will be posted after final ACF approval.

The DFS data unit continues to collaborate with a variety of community stakeholders and other state organizations, with data sharing and review. In most instances the data sharing is done to ensure that the appropriate populations are being served by sister agencies and stakeholders. Foster care population reports are shared with the Child Protection Review Board, Office of the Child Advocate and the CASA programs. These agencies either assign foster children CASA or GAL representatives or, schedule regular reviews with citizen review panels. The Child Protection Accountability Commission receives quarterly reports reflecting DFS caseload sizes in Investigation and Treatment Programs and staff turnover rates. Child Development Watch receives monthly reports of children who may be appropriate for these services. The University of Delaware Infant Caregiver Program receives weekly reports of age specific foster care populations for inclusion in their specific services. A weekly report is submitted to the Department of Education of foster care entries and exits to ensure school registration, as well as, meeting the statutory expectations under McKinney-Vento. DFS continues to review opportunities with state and community partners to provide both statistical data of populations being serviced and detailed client reporting of populations to ensure consistent and appropriate service delivery for all children active in the child welfare system. Including the reports reflected above, DFS has an inventory of over 75 reports which are standardized and disseminated through regular schedules or upon request. These reports can be used by operations staff, administrators or leadership to either get a statistical picture of the populations being served throughout the agency (i.e. the demographic breakdown of the foster care population) or within specific program areas, or provide information to enhance service delivery (i.e. a companion client contact report that assists staff to meet monthly contact requirements). In most instances client level data detail is available to review specific cases for strengths and weaknesses. The availability of these reports, along with ability to provide ad hoc reports, enhances the agency's ability to understand the served population better and enhance the service delivery to all children and families. A critical addition to data sharing with other state agencies was added this year. The Delaware legislature passed a statute that requires the DFS to report any suspected perpetrator who holds any kind of license to the Division of Professional Regulations (DPR).

During the past year, DSCYF assisted the Division of Child Support Enforcement Services to design and develop a new computer system to meet requirements for SACWIS compliance.

Quarterly meetings are held with the Division of Developmental Disabilities to work in partnership to identify families who can provide care for special needs children. DFS and foster care contract providers work together consistently to address foster care standards and contract deliverables. Foster care providers are engaged with the division to improve services to the developmentally disabled. Continued partnership with Kind to Kids, a grass-roots non-profit organization, provides opportunities to children in foster care to attend special activities that they are not typically exposed to prior to coming into care; for example attending professional sporting, theater and museum events. In addition Kind to Kids has been very instrumental in providing goods and

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services for holiday celebrations. DFS continues a strong partnership with the YMCA. The YMCA offers discounted membership to foster families and youth who age out, and provide scholarships to children in foster care to experience overnight summer camp. This year the YMCA committed 40 slots at \$1500 per slot for a week at summer camp.

The foster/adoptive marketing and recruitment committee has a standing invitation to foster parents and youth to participate and two foster parents have joined. The foster parent Cluster Newsletter, developed per foster parents' request, offers incentives to foster parents to recruit new families. One incentive is a \$100.00 bonus to the referring foster parent. Foster parents are important members of our pre-service training team, serving as co-facilitators.

As a member of the National Association of State Adoption Programs (NASAP) national board, the adoption program manager is well informed of national trends and promising practices on permanency related issues. DFS representatives attend monthly IACOA meetings with contracted adoption agencies to discuss issues and resources. IAOCA's purpose is to support and enhance communication and collaboration within the adoption service community. This collaborative team also helps plan for National Adoption Day activities each November. AFIS has developed a web site to share resources and to provide information on the availability of support groups and additional training opportunities for adoptive families throughout the state. DFS continues to place children for adoption in other states. During this reporting period, 32 children have been placed in 7 different states for adoption. To date, DFS has placed children for adoption in 30 different states. The AdoptUSKids web site and the national adoption day conference continue to be valuable resources for children in Delaware's foster care system needing permanency. In the spring of 2011, representatives from the MidAtlantic OrphanCare Coalition contacted DFS to connect churches with children needing permanency. The group made a presentation to the IACOA at the April meeting. They have a lot to offer, and are affiliated with Bethany Christian Services. They agreed to continue attending meetings in order to get a better understanding of the children needing permanency and to learn adoption practices in Delaware. The goal of the organization is to reach out to as many churches as possible to help provide permanent homes for Delaware's waiting children.

During this reporting period, K-5 Early Intervention FCTs have partnered with numerous agencies, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, Operation Warm, medical centers, and mental health providers for children and adults. In 2010 the K-5 Early Intervention Program began a partnership with the Nemours Foundation resulting in more than 50 percent of the FCTs becoming certified in the "Triple P" Positive Parenting Practices parenting program. With the addition of this training, the FCTs have 2 of the top 3 nationally ranked empirically validated programs available for Delaware families. The combined efforts of these governmental and non-profit organizations help promote safety, permanency and well-being.

OCCL established a task force to broaden input on the revision of Delacare Rules for Child Placing Agencies. This task force consists of individuals representing 22 separate entities including every licensed CPA, the Courts, Department of Justice Office of the Attorney General, parents, and DSCYF.

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CPRB's Executive Director is actively involved in numerous community-based efforts, which allow her to address and advocate on behalf of issues and information gathered from the reviews conducted by the Board.

The Division of Youth Rehabilitative Services secured a Comprehensive Approaches to Sex Offender Management (CASOM) training grant award, funded through the Delaware Criminal Justice Council by the U.S. Department of Justice, Bureau of Juvenile Justice. This initiative includes addressing improved collaborative relationships with service divisions providing case management services for youth with inappropriate sexual behavior. CASOM activities also address the importance of family engagement in the youth's treatment, identification of risk factors for sexual and non-sexual recidivism, implementing appropriate intervention strategies within the family setting and guiding information sharing with the multi-disciplinary treatment team members. Kristine Jensen provided onsite training and an assessment of the DYRS ISB unit services for adjudicated clients and their families for three days during August 2010. Ms. Jensen has over 20 years of experience working with youth with inappropriate sexual behaviors on supervised probation in Colorado. She has been heavily involved in the development of their State's juvenile SOMB standards. This assessment included a review of written procedures, policies and forms, with Ms. Jensen issuing a summary report with a system assessment and recommendations for systems improvements. One area that was extremely helpful was school engagement. This is an area needing improvement and her recommendations led to including the 19 school districts and DSCYF's education program in our day long CASOM conference for all our partners dealing with youth with inappropriate sexual behaviors in early April 2011. Conference attendees heard the value of interagency planning for this population. It should prove fruitful in the coming years, as it was a very successful conference.

Kurt Bumby was contracted with to provide off-site technical assistance to the DYRS Inappropriate Sexual Behavior Unit. Mr. Bumby is supporting this specialized unit's efforts to finalize written policies and procedures related to the successful supervision of youth adjudicated delinquent of sex offenses. During the month of May, additional training was provided to family court judicial officers, as well as attorneys from the Department of Justice, Office of the Public Defender, private sector and Children's Department staff working with ISB youth to further our efforts around appropriate treatment and planning decisions for this population.

DFS Consultation Project collaborated with Nemours' Triple P parenting program and building the Coalition for Healthy Children in Kent County. The Project also collaborated with University of Delaware and KIDS COUNT around epidemiology, trends and gaps in service. Project staff participated in foster care provider trainings, worked with a few schools on child behavior plans and is active in growing an organized family-based advocacy group.

The PSSFCS program continues to be consistent in its practice and belief that strong communities promote strong families. The PSSFCS family consultants help develop Community Advisory Boards where needed and provide technical assistance. Where CABs do exist, the PSSFCS family consultant participates as a member and provides technical assistance. CAB membership varies depending on the community. Parents, community resource providers, business professionals, faith-based organizations, education representatives, police and others may be a member of the CAB. As part of the PSSFCS CAB charter, activities include service linkages through partnerships, increasing community awareness of resources, assessing community needs through

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surveys and focus groups, identifying priority service guidelines and strategic planning for awarding community mini-grants. In the upcoming PSSFCS request for proposals, emphasis will increase for CAB collaboration with other PSSFCS providers within each of the three counties in the State.

The Delaware Fatherhood/Family Coalition (DFFC) awarded 15 mini-grants sponsored by the Promoting Safe and Stable Program. Although there was a decrease in the total number of grants awarded this year, there was an overall increase in the total number of adult males and children who participated in the DFFC mini-grant sponsored activities.

A primary collaboration utilized within our state in relationship to the preparation for youth exiting foster care is the use of community agencies to provide independent living services to youth ages 16-21. The community partners include Elizabeth Murphey School, Northeast Treatment Center, Peoples Place, and West End Neighborhood House. These partners continue to enhance the service delivery to foster youth and young adults through knowledge of the communities they serve, their ability to acquire additional grants and resources supplementing Chafee funding, and their professional commitment to the youth. Each contracted provider pursues community collaborations with organizations in their community. Resources from the Junior League, Delmarva Clergy, K.I.S.H. Home Inc., First Unitarian Church, YMCA, Food Bank of Delaware and various other service agencies have been acquired.

The APPLA community workgroup continues coordinated efforts to increase resources for youth exiting the foster care system. This community driven workgroup includes partners from the field of education, child placing agencies, community service agencies, the CPRB, Family Court, DFS staff, and other community agencies. In conjunction with resource development for youth exiting care, this team emphasizes permanency for older foster youth. Various resources to assist with this measure have been developed out of the efforts of the workgroup.

Collaboration with youth is an ongoing focus in Delaware. The Youth Advisory Council advises judges, attorneys, foster parents, community organizations, and DFS staff and leadership about their needs and ways to improve services. Through the development of a documentary entitled, "Through the Eyes of a Child in Foster Care" the youth have furthered their efforts to educate professionals and the community as a whole.

Initiated by Governor Markell, various state agencies signed a Memorandum of Understanding benefitting aging out youth. DSCYF, DOE, DOC, DOL, DHSS, and DSHA agreed to leverage resources for this targeted population. This MOU signifies the commitment by the Cabinet Secretaries of each department to work together to increase the supports and decrease the barriers for youth aging out of foster care. (See Systemic Factors Activity 7, Attachment Y: Memorandum of Understanding between DSCYF, DOE, DOC, DOL, DHSS, and DSHA).

Increasing post-secondary educational opportunities for youth requires collaborative efforts. DFS and Delaware State University (DSU) have partnered to assist youth exiting foster care pursue their educational goals. A pilot project was initiated in fall 2010 supporting two students with year round housing, financial assistance, and university life supports. A key component is the ability to utilize a state housing voucher provided by Delaware

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State Housing Authority for dormitory costs. The success of the program culminated with the signing of a MOU between DFS and DSU on February 14, 2011 to further support a minimum of two youth per year.

The Delaware CHAMP (Creating Hopeful Adults Mentoring Program) Network collaborative initiative continues with DHSS, AmeriCorps VISTA, and DFS. This project builds a mentoring program for foster youth. Activities for this reporting period include policy writing and issuance, website initiation (<http://www.delawarechampnetwork.org/>) and newsletter publications. Future independent living activities include DHSS sponsored college and vocational training scholarships for 15 young women and a new resource providing community-based assistance with credit reports and identity theft education.

A noteworthy collaboration between DFS and the Delaware Center for Justice will prove most pivotal to improving supports for youth aging out. The Delaware Center for Justice received a grant from the Eckerd Foundation that has been coupled with technical assistance from the Jim Casey Youth Opportunities Initiative. The University of Delaware is conducting an environmental scan outlining system strengths and gaps. In conducting this scan numerous partners have pledged their support of the initiative. Leadership support has also been established through the commitment of Lieutenant Governor Matt Denn to serve as the chair of the Delaware Youth Opportunities Initiative.

In addition to formal training and education sessions, collaboration between Family Court and DFS occurs through regularly scheduled venues. The judicial officers meet at least quarterly among themselves to discuss statewide challenges and solutions for child welfare cases and system issues. In each county, CIP judges hold quarterly meetings with community and professional stakeholders. The CIP statewide liaison judge, Honorable Judge Kenneth Millman, was joined by a CIP Judge from each of the other counties (Honorable Judge Robert Coonin and Honorable Judge Mardi Pyott) in quarterly meetings with the DFS leadership. Judicial officers continue to attend Youth Advisory Committee activities. In addition, the Court participates in quarterly Child Protections Accountability Commission meetings, as well as its subcommittees, minutes of which are available at <http://courts.delaware.gov/chiladvocate/cpacminutes.aspx>

Over the last year, the Children Protection Accountability Commission has continued to be a forum for interdisciplinary dialogue and reform. Representatives from the Department of Services for Children, Youth, and Their Families, the Department of Justice, the Office of the Child Advocate, the Department of Education, Family Court, the law enforcement community, the Children's Advocacy Center, the medical community, and others meet quarterly to identify system problems, make legislative recommendations, evaluate and recommend changes in policy, and advocate for system reform. Several subcommittees have formed in response to the issues identified at CPAC meetings, such as the Risk Assessment Subcommittee, the Medical Subcommittee and the Mandatory Reporting Media Campaign Subcommittee. As a result, the Commission and its subcommittees worked together to develop solutions and to bring about the necessary changes. CPAC's achievements over this fiscal year are a model of consistency and fluidity, despite a number of subcommittees with specific goals and unique representation. This sense of interconnectedness amongst Delaware's child welfare partners will continue to foster a common purpose in moving forward.

Similarly, the largest collaborative effort this fiscal year occurred at the Delaware Child Abuse Recognition and Reporting Summit on February 1, 2011. It was planned and presented by numerous state agencies, which

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included the Department of State, the Office of the Child Advocate, the Department of Services for Children, Youth and Their Families, the Child Death, Near Death, and Stillbirth Commission, the Department of Justice, the Children's Advocacy Center, the Board of Medical Licensure and Discipline, the Department of Safety and Homeland Security, and the Office of the Governor Jack A. Markell. The event established that Delaware is committed to protecting its most vulnerable population.

OCA staff members met quarterly with DFS staff to improve multi-disciplinary collaboration and communication on such issues as caseloads, case decisions, training, and system successes and challenges. The two agencies worked together to begin looking at ways to better utilize criminal background and other registry checks for all professionals who work with children. They also discussed strategies to understand and deal with high DFS investigation caseloads and child abuse reporting hotline volume.