

**2013 ANNUAL PROGRESS AND SERVICES REPORT**  
**2010-2014 CHILD AND FAMILY SERVICES PLAN**

**TABLE OF CONTENTS**

	Page
I. Introduction.....	2
Program Administration.....	2
Children’s Department Authority and Core Services .....	2
Organizational Charts .....	4
II. Strengthening Systems to Support the Delivery of Child Welfare Services in DE.....	5
Foundational Principles.....	5
Impetus for Change.....	6
A System in Transformation.....	6
Brief Overview of the <i>Outcomes Matter</i> Initiative.....	7
Unifying Values, Philosophy, and Practice.....	8
Collaborative Efforts in the Preparation of the Report.....	9
Overview of the Organization of the Report.....	9
III. Safety, Permanency and Well-Being Strategies	
A. Safety	
1. DFS Initiated and Internal Safety Strategies.....	10
2. Children’s Department Safety Strategies.....	17
3. Safety Strategies in Collaboration with System Partners.....	20
B. Permanency	
1. DFS Initiated and Internal Permanency Strategies.....	30
2. Children’s Department Permanency Strategies.....	40
3. Permanency Strategies in Collaboration with System Partners.....	50
C. Well-Being	
1. DFS Initiated and Internal Well-Being Strategies.....	53
2. Children’s Department Well-Being Strategies.....	57
3. Well-Being Strategies in Collaboration with System Partners.....	61
D. Cross-Cutting Strategies to Address Needs of Special Populations	
1. Meeting the Safety, Permanency, and Well-Being of Children Under the Age of 5.....	66
2. Meeting the Safety, Permanency, and Well-Being of Older Youth.....	71
IV. Training.....	81
V. Quality Assurance.....	92
VI. Statewide Data System .....	98
VII. Child Welfare Workforce .....	100

## **I. Introduction**

### **I.A. Program Administration:**

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

DSCYF, also known as the Children's Department, was created in 1983 to combine within one agency child protective and mental health services that had been located in the Department of Health and Social Services, juvenile probation services that had been located in Family Court, and juvenile detention centers and the Ferris School for Boys that had been located in the Department of Correction.

These services were combined in a single agency to:

- Avoid fragmentation and duplication of services, while increasing accountability for delivery and administration of these services.
- Plan, develop and administer a comprehensive and unified service delivery system to abused, neglected, dependent, delinquent and mentally ill or emotionally disturbed children and youth within a continuum of care, which shall include the involvement of their family, within the least restrictive environment possible.
- Emphasize preventive services to children, youth and their families in order to avoid long term costs of unrecognized and untreated problems.

### **I.B. The Children's Department Authority and Core Services are:**

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

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

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

Juvenile justice services include: detention, institutional care, probation, and aftercare services consistent with adjudication. The desired outcome is the reduction of subsequent rearrests/offenses (recidivism rates). These services are managed by the Division of Youth Rehabilitative Services.

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

Child mental health services include: crisis services; outpatient treatment; day treatment; residential mental health and drug and alcohol treatment. The desired outcomes are to assist children, youth, and caregivers in resolving their presenting issues through treatment

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

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

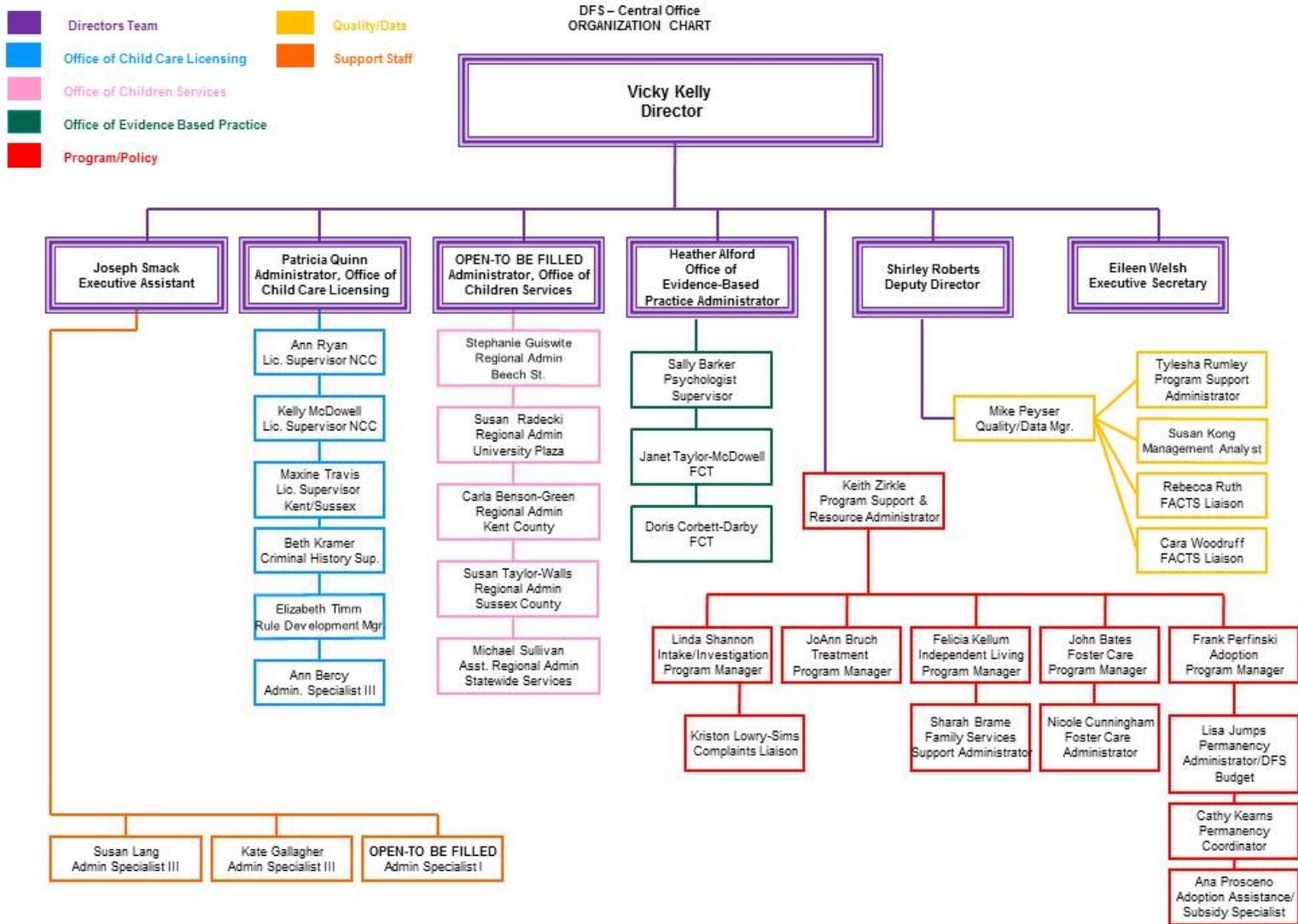
Prevention and early intervention services include: training, public education, and contracted community-based services aimed at preventing child abuse, neglect, dependency, juvenile delinquency, mental health disorders, and drug and alcohol abuse among children and youth. These prevention efforts are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

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

Child care licensing services include: licensing of all child care facilities where regular child care services are provided by adults unrelated to the child and for which the adults are compensated. Licensing includes providers of family child care and child care centers, child placing agencies, and providers of day and residential treatment. The Criminal History Unit manages the criminal history and Child Protection Registry checks for all DSCYF employees, foster care parents, adoptive parents, employees of DSCYF contracted client services, licensed child care providers, licensed child care provider employees, licensed child care provider household members, and health care and public school employees with direct access to children or vulnerable adults. The desired outcomes are that child care facilities meet *Delacare* Standards and children in child care, residential, health care, or educational facilities are protected from harmful acts of adults with criminal and/or child abuse histories. These services are managed by the Office of Child Care Licensing within the Division of Family Services.

**I.C. Organizational Charts**

An updated organizational chart for the Division of Family Services is provided on page 5 of the report.



## II. Strengthening Systems to Support the Delivery of Child Welfare Services in Delaware



### Mission Statement

Our mission is to promote the safety and well-being of children through prevention, protection and permanency.

### Vision Statement

Our Children.  
Our Future.  
Our Responsibility.

### II.A. Foundational Principles

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

Based on the enabling legislation, the Division of Family Services (DFS) and the larger child welfare system in which it operates, have historically made the protection and safety of children as the primary priority. While the DFS has focused on promoting the well-being and safety of children and their families through prevention, protection and permanency, the safety focus has been paramount.

DFS has operated its child abuse and neglect services based largely on long-standing policies, as found in the *DFS Policy and User Manuals*. These policies have traditionally comprised guidance based on statutes, regulations, and various internal and departmental policy statements. Consequently, these policies have largely focused on legal duties related to child protection (e.g., the components of safety assessments) and specific guidance about types of intervention and services [e.g., parental substance abuse impacting the care of the child(ren)]. These policy manuals are under revision, as DFS is in the process of moving from a policy-driven system to one that is driven by a practice model, in which policy manuals are supplemental.

## **II.B. The Impetus for Change**

Delaware's Child Protection Accountability Commission's endorsed the Division of Family Services' Office of Children's Services implementation of Structured Decision Making® for Intake early in 2011. This strategy was to address the pressure that the 50% increase in volume of calls to the Child Abuse Report Line over several years was putting on the front end of the system. In early 2011, Governor Markell and then Secretary Rapposelli began conversations with the Annie E. Casey Foundation (AECF) about possible technical assistance. In August of 2011, there was a change of leadership within the Division of Family Services. Vicky Kelly became the director and brought with her prior experience implementing evidence-based practices in the field of children's mental health. The Child Welfare Strategy Group of AECF then conducted a comprehensive assessment of the child welfare system from September 2011 through January 2012. Based on findings of the assessment and recommendations by AECF, initiatives and strategies were identified to reform the agency's safety, permanency and well-being mandates. As a result of all this, Delaware is implementing sweeping reform efforts to revitalize child protective services. The Children's Research Center (of the National Council on Crime and Delinquency) and the National Resource Center for In-Home Services also have active partnerships with the Division of Family Services to develop and implement approaches to enhance practice.

## **II.C. A System in Transformation**

DFS is early in what will likely be a multi-year process of system change. This comprehensive system transformation effort involves the implementation of many different tools, strategies and models to bring best practice approaches to the entire child welfare continuum of services. This system transformation initiative has been branded as "***Outcomes Matter***: Enhancing Practice and Transforming Lives". The overarching goal is to create a best practice system that balances safety, stability, permanency, and well-being. The initiative represents a strategic plan in which these various approaches are thoughtfully integrated over several years. The various components of this initiative will be discussed in greater detail throughout this report.

The primary objectives of this initiative are:

- Preventing unnecessary placements by strengthening families to safely care for their children.
- Increasing the number of children and youth initially placed in safe kinship care.
- Increasing the timely exit to permanency for all children and youth in care.
- Increasing placement stability for all children and youth in care.
- Decrease the number of teens who enter care, by safely and effectively serving them in

their own homes.

## II.D. Brief Overview of the Components of the Outcomes Matter Initiative

### Family Engagement Approaches:

- **Safety Organized Practice™** - A frontline practice model, borrowing from *Signs of Safety* developed in Australia, which uses strengths-based approach, child-centered principles and tools to ensure inclusion of youth voice and rigorous safety assessment and planning.
- **Family Search and Engagement** - Strategies, tools and skills for early and ongoing identification of family and others who are significant to youth. This approach establishes/reestablishes relationships to play a variety of roles - from safety planning, to support and placement.
- **(Differential Response System) Family Assessment and Intervention Response (FAIR)**- An alternative to traditional child protective services investigation that uses family engagement and assessment, coupled with referrals to community services for low-risk cases.
- **Team Decision Making™**- A structured meeting with family, child (if appropriate), family allies and supports, which is led by a specially trained and dedicated facilitator. The version of Team Decision Making™ utilized in DE will focus on comprehensive safety planning with extended family and their natural support system to avoid unnecessary placements in foster care.
- **Recruitment, Development and Support of Families (RDS)** - Approach to increase the number of skilled resource families and to strengthen caregiver supports to ensure successful and stable placements.

### Other Processes that Improve Practice:

- **Structured Decision Making®** - Safety and Risk Assessment Tools and decision guidelines to provide greater consistency and confidence at intake and investigation. Research-based assessment criteria are considered through structured procedures utilizing decision trees.
- **Effective Screening** - Creation of the Office of Evidence Based Practice within DFS to support comprehensive screening and triage of children and youth entering foster care.
- **Kinship Diversion Policy/Practice** - Study of current family safety planning/diversion practices and prevalence, to guide development of policy, practice, and tools as needed.
- **(Differential Response System) Tiered Investigations** – Another Family Assessment and Intervention alternative to traditional investigative practices for screened-in cases involving low risk. Creates internal process for these cases to be diverted to FAIR, referred for service or closed after initial DFS contact, when a full investigation is not indicated.
- **APPLA Work Group**- Development of policies and procedures to guide staff action and agency oversight on the use of APPLA for foster youth.
- **Permanency Committee** – Internal to DFS: Revising committee process to include elements from the Permanency Roundtable Approach. External System Approach: Collaborating with the Child Protection Accountability Committee (CPAC) Sub-

Committee on Permanency Outcomes for Adolescents to remove statutory or other system barriers to permanency or successful transition to adulthood.

#### **Approaches to Strengthen Infrastructure:**

- **FACTS II** - Development of a new DSCYF multi-agency client information (and SACWIS) system with a one child, one case, one plan approach.
- **Financing/Reinvestment** - Exploration of federal revenue maximization and cost-savings reinvestment strategies to pay for new and existing services and programs.
- **Cross Agency Collaboration** - Work with the juvenile justice and child behavioral health systems to improve collaboration and maximize resources, especially around preventing unnecessary teen entries into foster care. Work with courts to provide viable alternatives to placement.
- **Policy Development**– Attention to policy revisions or development in support of family engagement and outcomes-focused practice.
- **Outcome Performance Management** - A framework and set of tools that measure agency performance toward achieving key child welfare outcomes. Ongoing measurement of how well services are leading to desired results can be used to help manage and improve services and outcomes.
- **Strategic Communication** - Development and implementation of a comprehensive communication plan that focuses on sharing information, gathering feedback, gaining support and engaging staff in the ongoing process of system change.
- **Service Array Adjustments** - Expansion of evidence-based treatment and support services to children and caregivers with the goal of improved child and family outcomes.
- **Delaware Youth Opportunities Initiative (DYOI)** - Statewide effort to ensure successful transitions for youth aging out of foster care. Includes leadership by a Community Partnership Board, involvement of the Youth Advisory Council, and a potential policy focus on extending supports to alumni until age 21.

#### **II.E. Unifying Values, Philosophy and Practice**

Family Engagement is the central unifying theme that supports the *Outcomes Matter* Initiative. DFS is elevating family engagement as an overarching value, philosophy and practice, based on the belief that such engagement is fundamental in achieving improved outcomes for all children in safety, permanency, and well-being. This framework is grounded in the following principles:

- Effective engagement promotes more comprehensive sharing of information and perspectives, which increases the effectiveness of best practice tools, strategies, and models.
- Every child deserves to grow up in a stable, nurturing family.
- Families involved in the child welfare system have experienced various traumas both from the circumstances that led to the maltreatment and the separation of removal to foster care. Unresolved, these traumas can continue to impact their reactions, behaviors and development.
- Children and families are more likely to actively engage in a plan in which they had a key role in designing.
- When plans recognize and build upon families' strengths and achievements, they are more likely to accept the interventions and internalize the positive changes.

- Decisions about specific interventions for children and families are more relevant, responsive and effective, when the team involved with the family helps make them.
- Plans that are individualized and needs-based, instead of service-driven, are more likely to promote positive outcomes in safety, permanency, stability and well-being.
- Older youth transitioning from foster care into adulthood are more successful in achieving independence when they have established relationships with caring adults who will reliably support them.

## **II.F. Collaboration Efforts in Preparation of the Report**

Delaware's Annual Progress and Services Report (APSR) is a collaborative effort facilitated by the Division of Family Services (DFS). The Child and Family Services Plan (CFSP) and APSR are reviewed annually with contributors and partners. The FFY2013 planning meeting was held February 8, 2013. Representatives from the following agencies participated in this planning kick-off meeting: DFS (policy and operational staff) and its sister agencies within the Children's Department (Division of Youth Rehabilitative Services (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), and the Division of Management and Support Services (DMMS)); the Family Court of Delaware (including the Court Improvement Program); Child Placement Review Board; the Office of the Child Advocate; Child Death, Near Death and Stillbirth Commission; and Region III of the Children's Bureau, Administration of Children and Families.

There are no edits to the 2010-2014 CFSP. A letter sent to the Nanticoke Tribal Chief requesting time to discuss a partnering with this agency has not been answered. (See Attachment A: 2013 Letter to Nanticoke Chief) A copy of the 2010-2014 CFSP was shared with the Tribe prior to submission in 2009. The Department of Services for Children, Youth and Their Families posts federally approved Annual Progress and Services Reports on their website: [http://kids.delaware.gov/fs/fs\\_cfs\\_review\\_plan.shtml](http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml).

## **II.G. Overview of the Organization of the Report**

The report begins with an overview of the foundations and authority for child welfare system. The report then focuses on strategies addressing the foundations of child welfare: safety, permanency and well-being. Each of these sections is organized to highlight strategies initiated by or internal to DFS, followed by strategies of our sister agencies within the Children's Department, followed by strategies in collaboration with larger system partners. While these sections are applicable to all children in foster care, there are special efforts underway to address two subpopulations of children in care (children under the age of five and transitional age youth). Specialized cross-cutting approaches to these groups are summarized in following sections of the report. Those cross-cutting strategies are provided in a separate section, since these strategies typically combine a more integrated focus on safety, permanency and well-being. The remainder of the report includes sections on training, quality assurance, data systems, related reports and supporting documentation.

### **III. Safety, Permanency and Well-Being Strategies**

#### **III.A. Safety: Strengthen and Reinforce Safety Practices for Delaware's Children**

##### **III.A.1. DFS Initiated and Internal Strategies**

###### **Intake**

The DE Child Abuse Report Line continues to face record volumes of reports representing a 50% increase since 2008. This increased pressure on the front end of the system created the impetus for implementing new screening tools to support DFS in making valid and consistent decisions about which reports warranted child protection investigations. The National Council on Crime & Delinquency (NCCD) Children's Research Center (CRC) assisted DFS in the implementation of Structured Decision-Making® (SDM) screening tools on May 23, 2012.

SDM Intake fidelity case reviews were conducted by CRC consultants on August 1, 2012. These fidelity case reviews utilized the SDM tools, client records, and recorded audio logs from the report line. In fact, this was the first state where the CRC was able to listen to recordings of the actual Report Line call while reviewing a case, which provided a more complete data set with which to assess the application of the tool. These fidelity reviews identified many strengths of the implementation, as well as some areas needing improvement (e.g., clarification of several definitions within the tools). (See Attachment B: CRC Case Review Memo, 11-29-12, Intake Case Reading Findings)

On August 3, 2012, the CRC consultants conducted training on the SDM® Intake Case Reading Manual, which describes a quality assurance process. The training was attended by Linda Shannon (Intake & Investigation Program Manager), Michael Sullivan (Statewide Services Administrator), three Report Line Supervisors, Shirley Roberts (Office of Children's Services Administrator), and Donna Blakey (DSCYF Center for Professional Development). The Report Line Supervisors now conduct monthly case reviews of Intake cases screened by other Intake units. The Program Manager for Intake & Investigation, in collaboration with the Quality Assurance Program Manager and his staff, developed the new Intake QA case review tool in an Access database. This QA tool will also be used in FACTS II. (See Attachment C: SDM® Intake Case Reading Manual and Attachment D: DFS Hotline Intake Quality Assurance Tool).

To optimize the benefits of the SDM tools, DFS is simultaneously implementing a practice model, *Safety Organized Practice* (SOP), which the CRC also disseminates. The CRC then provided several days of coaching for the Report Line staff to assist staff in incorporating *Safety Organized Practice* questions when responding to and writing a new child abuse report. The Day Shift Report Line staff received coaching on September 19, 2012 and again March 27, 2013. Then, on May 20, 2013, the Second Shift Report Line staff and staff from the Third Shift and Weekend/Holiday Shift received coaching on May 20, 2013.

The impact of the programming changes at the Report Line is significant in that DFS is now utilizing an evidence-based tool to make decisions about which reports require a child

protective services investigation. These tools help increase the uniformity of decisions about which are reports screened in or out. The addition of the SOP practice model helps facilitate more comprehensive sharing of concerns and protective factors, which results in more complete information being included in the decision making and planning process. This more comprehensive approach deepens the casework and promotes improved outcomes for children and families.

**Challenges and Barriers Encountered:**

The primary challenge has been maintaining adequate staffing to handle the increased volume to the Report Line. Previously, eleven casual seasonal staff (2 for Report line and 9 for Investigation) had been approved in April 2010 to manage the increased volume. Because of the continued increased volume, four additional positions were approved in November 2012. New staff are being repeatedly incorporated at a time that intake staff are implementing new tools and approaches.

DFS has also begun implementation of a Differential Response System in DE. Report Line staff had to learn the referral criteria for our contracted Family Assessment Intervention Response (FAIR) provider. This has necessitated additional communication by Report Line staff regarding the disposition of those reports.

**Investigation**

Structured Decision-Making® (SDM) was then implemented in child protective services Investigation Units on February 12, 2013. This implementation began with three weeks of training in October, 2012. CRC consultants conducted two 2-day sessions of Safety and Risk Assessment training. Then, four 1-day sessions of Safety Assessment training followed for Treatment, Foster Care, and Permanency staff. The final week of training began October 29 and included two more 2-day sessions for Investigation staff. The DSCYF Center for Professional Development staff were trained as trainers and incorporated this into ongoing worker training modules. A separate Web-based training was provided by CRC to Institutional Abuse staff about assessing safety in child care and foster care on January 23, 2013.

CRC staff then conducted fidelity case reviews of the SDM® Safety and Risk Assessment tools on March 26 and 27, 2013. Additional case reviews were conducted May 20 – 23 by CRC, but no report on those findings has been issued yet.

The DFS Program Manager for Intake and Investigation, along with the Quality Assurance Program Manager, and Data Unit, adapted an SDM® Investigation Case Reading Manual into a Quality Assurance tool that is compatible with the Division’s Access database. Training was provided to statewide Investigation Supervisors by CRC on May 21, 2013. This tool will be utilized in FACTS II. (See Attachment E: SDM® Investigation Case Reading Manual and Attachment F: DFS Investigation Quality Assurance Tool).

## **Barriers and Challenges**

The most significant barrier regarding implementation of the SDM® Safety and Risk Assessment tools, has been the competing demands of the simultaneous development of the new client information/SACWIS system (FACTS II). This process has resulted in repeated delays involving FACTS I programming modifications required for the implementation of SDM.

The Institutional Abuse (IA) Unit began using the SDM® Provider Safety Assessment in February when investigating child care and foster care homes. In addition, DFS is requiring that the IA Unit assess the safety of biological children of child care and foster care providers utilizing the same SDM® Family Safety Assessment tool used by the intra-familial investigation units. An IA QA tool has been developed, but it has not been programmed into the current Access database. This is the first IA QA tool that has been created for DFS and it will also be used in FACTS II.

As with the Intake screening tool, the Safety and Risk Assessment tools will be reviewed after a six month period to determine whether any further refinements are needed in the definitions.

## **Differential Response**

In addition to the statutorily required child protective services investigations, DFS now has an alternative pathway for selected low-risk cases. This alternative pathway, the Family Assessment and Intervention Response (FAIR), was first implemented statewide to focus on preventing unnecessary teen entries into the system due to escalating parent-child conflict. This implementation began on March 4, 2013 through a contract with a private child welfare provider, Children & Families First (CFF), on March 4, 2013. (See Attachment G: CFF Description of Services and Attachment H: FAIR Brochure).

A summary of activities describing the development of FAIR was written by Caren Kaplan, a consultant with the National Resource Center for In-Home Services. (See Attachment I: – Development and Design of a Differential Response System in Delaware).

The implementation and ongoing coordination of the FAIR Project is managed by the CFF FAIR Work Group, which was established in February 2013. The Work Group is comprised of key staff from DFS and CFF, as well as our consultants from the NRC-IHS and AECF to: to collaborate on refining the referral process, work through any start up issues, monitor the program's status, and ensure optimal communication among all the participants. To ensure the safety of youth referred to the FAIR Project, staff in that project have been trained in the DFS core training for new workers, as well as on the use of SDM and Safety Organized Practice.

In October 2012, DFS began plans to pilot FAIR internally with the two New Castle County Adolescent Units. Staff from these units participated in developing the external FAIR approach and see benefits of creating an internal capacity for an alternative pathway in their units for low risk cases. The Division hopes to implement FAIR internally during the summer of 2013.

DFS was fortunate to have a chance to observe a Differential Response System and discuss operational issues with staff of the Larimer County Office of the Colorado Department of Human Services during the week of February 11, 2013. The Program Manager for Intake & Investigation, two Assistant Regional Administrators, one New Castle County Adolescent Supervisor, and five New Castle County Adolescent caseworkers from the DFS travelled to Fort Collins, Colorado, for the site visit. DFS staff was joined by staff members of our contracted provider Children & Families First, Rob Sawyer of the National Resource Center for In-Home Services, and Tamara Horne of the Annie E. Casey Foundation. Colorado is a county-based child welfare system and Larimer County adopted a Differential Response System several years ago. This trip afforded the Delaware team the opportunity to see a mature Differential Response System in action. The Delaware team came away very impressed with the DRS system in Colorado, especially their high level of interagency collaboration, array of services including community-based coaches, and their use of family meetings.

CRC staff conducted fidelity case reviews of the SDM® Safety and Risk Assessment tools completed by CFF FAIR staff on March 28, 2013. A second round of case readings was completed on May 24, 2013 by CRC. A Quality Assurance tool has been developed by the Program Manager for Intake & Investigation for the Division's FAIR pilot in advance of implementation. When finalized, the tool will be incorporated into our Access database and FACTS II.

### **Barriers and Challenges**

New programs inherently take time to start due to the multitude of activities that must be accomplished and this program has been no exception. Nevertheless, all the required activities progressed in a timely manner and there really were no obstacles.

### **Safety Organized Practice (SOP)**

DFS has historically operated as a policy-driven child welfare system. With the adoption of Evidence-Based tools such as SDM, it became clear that policies alone do not equip caseworkers to optimally utilize these tools. Practice models in child welfare provide a framework of values, principles, and approaches that deepen the relationship between the caseworker and the client family. SOP is an adaptation of the Signs of Safety Model, which is disseminated by the Children's Research Center (CRC). SOP is a frontline child welfare practice model that uses strength-based, child-centered principles and tools to ensure inclusion of parents' and children's voices. SOP allows the worker to better engage in a collaborative process with the family, which enables all members of the family to better tell their story, identifying their own strengths and opportunities. In this approach, the casework intervention is deepened so that a more comprehensive assessment of safety, risk and protective factors is identified. This approach helps case workers better balance their focus on safety and permanency.

The implementation approach began with an overview training for all staff on SOP. The next step utilized the self-identification of statewide staff in Investigation, Treatment, and Permanency Units who wanted to be Early Adopters. These staff then attended initial training sessions by the CRC to develop support for the engagement techniques and become trainers and coaches for other DFS staff. This implementation plan was designed to establish

and develop strong internal expertise to support long term sustainability without continuing training costs.

A one day mandatory overview of SOP was provided by the CRC for all DFS staff statewide on July 31, August 2, and September 18. On February 26-28, 2013, CRC provided initial training to early adopters within DFS and Children & Families First (FAIR Project) staff.

The training included the following topics:

- Interviewing for safety and danger
- Three questions to organize your practice (“What is going well, what is not going well, and what needs to be done?”)
- Solution-Focused Inquiry
- Bringing a Trauma Lens to Child Welfare
- Mapping
- Harm statements, danger statements, and safety goals
- Safety networks
- Safety planning
- Integrating SOP and the SDM® System

On March 28, 2013, CRC staff conducted an overview of SOP for supervisors and administrators statewide. A full day of training on the skills of facilitative supervision was then provided on June 19, 2013.

DFS and CRC are collaborating on an impact evaluation of the integrated implementation of SDM and SOP. This evaluation will be conducted utilizing quantitative analysis and longitudinal administrative case data. Baseline data for a twelve year period was provided to the CRC beginning December 2012 through March 2013. Outcomes will be measured through process evaluation activities that will include:

- Focus groups and interviews with staff, managers, and administrators.
- Staff, caregiver, and child surveys.
- Qualitative case reviews

Proposed Outcomes:

- A 20% overall reduction in foster care entry. DFS is particularly hopeful that this approach will help address the issue of disproportionate minority representation in foster care, by providing a framework in which families of color can be more effectively engaged in comprehensive safety planning for their children to prevent foster care placement or expedite safe reunifications in a more timely manner.
- Families working with the DFS will report a stronger partnership with their caseworker in decision making and greater understanding and agreement with the purpose of the child welfare intervention; and will see their ideas more frequently included in their safety plans.
- DFS caseworkers will report increases in their cultural competency, their ability to affect meaningful family change, and overall job satisfaction.

SOP training activities scheduled for the remainder of 2013 include the following:

- August 13 and 14, 2013 - Coaching Institute
- September 10, 11, and 12, 2013 - The CRC will train the first three modules to trainers from the DSCYF Center for Professional Development and among the Early Adopters. This includes one day of training on how to train.
- September 16, 2013 – Safety Mapping Consultation Framework.

## **Treatment**

### **Structured Decision Making (SDM®)**

DFS partnered with the Children's Research Center (CRC) to begin the process of implementing Structured Decision-Making (SDM) for all cases transferred to treatment (ongoing protective services). Beginning in July 2012, the CRC conducted a policy review of all policies applicable to the Treatment program, reviewed approximately 30 cases in various stages of treatment, and then conducted workgroups with various treatment supervisors and workers from throughout the state to develop SDM policies and tools for the DFS treatment program. Those tools include the Family Strengths and Needs Assessment, the Child Strengths and Needs Assessment, the Risk Reassessment, and the Reunification Reassessment.

The SDM policies and accompanying tools will be used to evaluate the presenting strengths and critical needs of each family as well as to help plan effective interventions. Utilization of the Structured Decision Making system will provide consistency among all treatment workers and supervisors when assessing families, determining if reunification is appropriate, and assessing a case for closure. The policy and procedure manual for SDM was completed on November 26, 2012. It is expected that Treatment will begin using SDM in January 2014.

Treatment workers will be trained on SDM in November and December of 2013 and then they will begin completing all SDM tools on paper rather than in the FACTS system in January 2014. FACTS 2 is expected to become operational March 2014. At that time, all SDM tools will be completed in the FACTS 2 system rather than on paper.

By moving to a paper system for three months, it will require workers to operate out of two systems so that NCANDS and AFCARS data can still be captured electronically.

### **Team Decision Making**

In December 2012, DFS began collaborating with the Annie E Casey Foundation to begin the process of implementing Team Decision-Making (TDM). There are different versions of TDM, but the one that is the initial focus for DFS is Considered Removal TDM. This form of TDM is focused on preventing unnecessary placements in foster care. Consequently, the TDM meeting occurs either during the investigation when safety concerns are beginning to rise to the level indicating the need for placement or, in emergency situations, within 48 hours of placement.

Team Decision-Making meetings include family members, foster parents (if the child is in placement), service providers, other community representatives, the caseworker of record,

the supervisor, and any other supports the family would like to invite. The meeting is a sharing of all information about the family that relates to the protection of the children and functioning of the family. The goal is to reach consensus about a plan that protects the children and preserves or reunifies the family. It draws upon a family strengths, experiences, knowledge, and resources to create a plan that provides for the safety and well-being of the children in the family.

It is anticipated that DFS will begin utilizing Team Decision-Making meetings by fall, 2013. DFS will be hiring three facilitators that will conduct TDMs statewide. Although policy is still in the development phase, DFS is committed to using TDMs either immediately prior to placement or within 48 hours after a placement occurs.

Four workgroups have been developed to implement TDM:

- Policy
- Communication
- Orientation\Training
- Data

In addition to the formal Team Decision-Making meetings, DFS workers will also have the opportunity to conduct Family Meetings as part of the Division's implementation of Safety Organized Practice. Family meetings will bring together the family and people who support them. The group will sit down with their caseworker to organize or "map" all the information known about the family and the issues that brought the family to the attention of DFS. The group will then identify strengths, areas of concern, and plans for moving forward. These meetings can take place in any program area and at any point in the life of the case. They might be held in order to improve communication between maternal and paternal family members, they could be held to help develop a service plan, or they could be held at the time of case closure to ensure that the family will have ongoing support after DFS is no longer involved.

### **Disaster Plans**

Unattended Children's Centers (UCCs) may be activated during emergencies (e.g., hurricanes) and will be located within American Red Cross Shelters in Delaware public schools.

The purpose of such centers is to provide short-term caring environment/shelter for unattended children who become separated from their parents, custodians, or legal guardians during emergencies

- To locate and reunite parents, custodians, or legal guardians with the unattended children as quickly as possible
- To follow established state procedures when the parents, custodians, legal guardians, or other relatives have not been located

During the summer of 2012, the New Castle County Emergency Operations Center (NCC EOC) purchased a long list of supplies (e.g., laptops, daily living supplies such as soap and deodorant, office supplies, clothing) that would be needed if DFS had to open Unattended Children's Center(s). The supplies were sorted and placed in trunks with wheels, also

purchased by the NCC EOC, that can be transported to the UCCs in advance of a major weather event or after an unplanned disaster occurs.

On Thursday, April 18, 2013 the Division participated in the First Statewide COOP Table Top Exercise for all State Agencies held at the Dover Fire School. COOP stands for Continuity of Operations. The Division's COOP Plan was updated by the Division's COOP Manager (Linda Shannon - Program Manager for Intake & Investigation) in preparation for the exercise. Eileen Welsh (Office of the Division Director) attended on behalf of Ms. Shannon whose attendance was required at another meeting. The exercise was developed and facilitated by the Department of Technology (DTI) and the Federal Emergency Management Agency (FEMA). The scenario developed and presented, consisted of a major earthquake with smaller aftershocks that continued for two days. Three structured breakout sessions with questions were conducted with report back from each group. An evaluation of each State Agencies' response, group discussion and feedback followed the exchange of responses by each State Agency. Overall, the exercise provided helpful observations to the Department for improving each Division's COOP plans.

### **III.A.2. Children's Department Safety Strategies**

#### **The Department Safety Council**

The Department's Safety Council (DSC) plays an integral role in the Department's quality assurance efforts and goal to be a self-correcting agency. The DSC is led by an administrator from the Division of Management Support Services' Office of Case Management (OCM). 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. The Cabinet Secretary or Division Directors may also request DSC review of cases with adverse outcomes, especially when system issues are identified as potentially contributing to the outcome. If issues are identified, the DSC will make Department recommendations intended to improve the quality of services provided to children and families. There were 68 critical incidents reviewed by the Department Safety Council during calendar year 2012. As a result of these reviews, 10 recommendations were forwarded to the Divisions for implementation. System issues identified include case information documentation, client contact requirements, policy compliance and the need for policy revision.

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 (a statutory, multidisciplinary panel that reviews of all Delaware child deaths and near deaths that are a result of abuse or neglect). 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 2012, there were 64 child death/near death cases reviewed (17 child deaths reviewed by the New Castle County Child Death Review Panel, 13 child deaths reviewed by the Kent/Sussex County Child Death Review Panel and 34 child

deaths and near deaths as the result of abuse or neglect were reviewed by the Child Death/Near Death Review Panel).

### **Office of Child Care Licensing (OCCL)**

The Office of Child Care Licensing (OCCL) is within the Division of Family Services. It has statutory authority to develop and promulgate regulations to ensure the safety of children who receive out-of-home care. Their regulations cover early child care programs and centers, child placing agencies, day and residential treatment provider agencies, and the Criminal History Unit. OCCL Licensing Specialists then monitor licensees and provide technical assistance as needed to help them stay in compliance with regulations.

During the first 6 months of licensure all programs are on an Initial Provisional License. The purpose of this initiative is to set a solid foundation for compliance with health and safety requirements and quality care. During the first year of licensure a minimum of four visits will be made to a facility at which time the accent will be on provision of Technical Assistance (TA). Providers will be trained in self-monitoring using the same tools that Licensing Specialists use to monitor compliance. The purpose is twofold; to increase staff competencies in complying with regulations and to empower a program to correct areas in which a program is not compliant before a formal OCCL compliance review. The findings of these self-monitoring visits will be reviewed with the Licensing Specialist, who can provide TA on how to manage compliance and change internal systems to support compliance. OCCL offers a variety of free training sessions, (e.g., Staying in Compliance, Safe Sleep, Lesson Planning, Child Abuse/Neglect Reporting) that can be provided at the licensed site as well as model policies, forms and links to resources. This project will be monitored to see if compliance is increased and the number of annual licenses issued after 6 months of operations.

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 rule revision process in Delaware is extensive and input is sought from a broad section of stakeholders. All licensed programs are 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. Focus groups are often conducted among providers and consumers. Input is also obtained from subject experts.

The Office has been nationally recognized for its regulations and monitoring by ChildCare Aware®. Ranking of State Child Care Standards and Oversight, 2013 version for Center-based care continues to show that in the area of health and safety standards Delaware addresses 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) and is ranked #8. Delaware regulations have requirements regarding parent involvement and communication, and allow parental visits.

Promoting the linkage of staff competencies in their areas of responsibility and child safety, OCCL has utilized the network of Federal resources. Several of the trainings were promoted by the Administration for Children and Families (ACF) and had specific subject content applicable to skills required to monitor and provide technical assistance to licensed child care entities. Training has also been presented by Delaware State agencies. Subjects included SIDS and Safe Sleep, Safe Environments in Child Care, Stress in Children (specific to children in military families), Johns Hopkins Healthy Homes for Community Health Workers, Healthy Homes and Lead Poisoning Prevention, Safe Cleaning Methods to Reduce Home Health Hazards, Changes to the Life Safety Code, Child Passenger Safety, Social Emotional Wellness Toolkit for daily activities in child care, Required Immunizations, Lesson Planning in Early Care, Delaware Stars for Early Success, Investigations— Procedures and Worker Safety.

Most Licensing Specialists have become quality assured Master Trainers through the Delaware Institute for Excellence in Early Childhood. This allows OCCL to conduct quality assured Introductory and above trainings. Licensing Specialists provide free training to licensed facilities on a variety of subjects. The training is focused on compliance with *Delacare* regulations. These regulations address health, safety and quality competencies.

As part of Delaware’s draft CCDF Plan for 2014-2015 the following goals for the licensing health and safety system have been developed:

Goal 1 – Intensify on-site technical assistance during first year of licensure to set foundation for compliance and quality.
Goal 2 – Revise licensing process to include expanded health and safety subject matter training.
Goal 3 - Improve case review and case conference process to ensure that case actions are aligned with licensee performance.
Goal 4 – Expand coordination by State Agencies to reduce fraud through the Integrity Committee.
Goal 5 – Increase the use of technology in monitoring visits.

The Office of Child Care Licensing has processes to hold providers accountable for compliance and consequences beyond a citation for those failing to comply with Delaware regulations. The “enforcement” continuum also includes technical assistance throughout the course of licensure. Technical assistance is provided by the Licensing Specialist that serves to educate the provider about the specific Rule, what is required to be in compliance, what resources may be available to assist in compliance and a due date by which correction of the non-compliance is required. This is all contained in a corrective action plan. Timeframes for completion of activities consider the specific correction needed. When there are items that may be corrected immediately they should be corrected immediately. This plan is monitored by the Licensing Specialist and technical assistance is provided when needed.

Moving to an enforcement action is done generally after a series of interventions have been tried. These interventions include technical assistance, training, conferences with provider. Enforcement generally involves a progression of strategies to encourage and obtain

cooperation and compliance by the provider. The exception to this progressive discipline approach is a serious injury or death of a child or another event that clearly shows that there is a situation which would jeopardize the health and safety of children in care. Experience shows that enforcement actions of Warning of Probation or Probation have been widely successful and leads to providers achieving compliance. It is the intent of these actions, as stated in notices to the provider, to provide opportunity to demonstrate compliance with *Delacare* rules.

Supervisory and Administrative review and oversight are other tools to ensuring health and safety and an equitable application of OCCL standards and actions. The issuance of a license requires a review by the Licensing Supervisor. Supervisors review compliance with standards, history of standards and abuse/neglect complaints, enforcement actions to determine if and what type (provisional or annual) of license should be issued. An Administrative review is required for any facility on an enforcement action prior to the issuance of a license and removal from an enforcement action. An Administrative Conference is required prior to the issuance of an Intent to Place on an enforcement action. There is a hierarchy for review of an Approval of the issuance of an Intent to Place. All Intents to Place on Probation, Revocation or Denial of a License require the approval of the Director of the Division of Family Services. The DSCYF Cabinet Secretary issues the directive to revoke or deny a license at the conclusion of the due process phase.

### **III.A.3. Safety Strategies in Collaboration with System Partners**

#### **The Court Improvement Program (CIP)**

Under the Court Improvement Program, the Family Court partnered with a number of agencies to offer training and education that strengthens safety practices for Delaware's children. A two-day multi-disciplinary conference, *Protecting Delaware's Children*, was held on May 22<sup>nd</sup> and May 23<sup>rd</sup> 2013. Approximately 550 attendees represented the courts, child serving agencies, attorneys, law enforcement, medical professionals and a variety of advocates. The conference is sponsored in partnership with the Child Protection and Accountability Commission (CPAC), Child Death, Near Death, Stillborn Commission (CDNDSC), Division of Services for Children, Youth and Their Families (DSCYF), Department of Justice, Office of the Child Advocate (OCA), Prevent Child Abuse Delaware, and the Children's Advocacy Center of Delaware. This conference is a collaborative effort among a number of agencies, all with the goal of improving child safety outcomes. The conference focused on how Delaware professionals can better work together to respond civilly and criminally to child abuse and neglect cases, as well as what prevention efforts can be taken to reduce child abuse. The joint conference included experts who addressed multi-disciplinary collaboration and various aspects of child abuse through plenary sessions and 30 different workshop topics on issues such as: identifying drug endangered children; torture as a form of child abuse; technology facilitated crimes against children; communicating with children in civil proceedings; creating a trauma informed multidisciplinary team and a number of other workshop offerings.

The Family Court and CIP also support the Court Appointed Special Advocate (CASA) Program. CASA staff provides ongoing child welfare training opportunities to CASA volunteers. More than 20 opportunities were provided across the state for volunteers

to train in areas that provide greater knowledge of child safety. Some of the areas addressed were:

- Child Development
- Advocating for victims of child sex abuse
- Interviewing children
- Case studies
- ADHD
- Advocating for children with mental health issues
- Fetal alcohol syndrome
- Bullying prevention

### **Office of the Child Advocate and Child Protection Accountability Commission**

The Office of the Child Advocate (OCA) is statutorily responsible for safeguarding the welfare of Delaware's children through educational advocacy, system reform, public awareness, training, and legal representation of children as set forth in 29 Del. C., Ch. 90A. In keeping with its mission, OCA's goal is to provide training and education to community and professional audiences, advocate for system reform through policy work and public awareness, provide legal representation to abused, neglected and dependent children, and staff the Child Protection Accountability Commission (CPAC). As such, OCA's objectives are as follows:

- To develop a comprehensive online child welfare training program to include specific courses related to juvenile justice, special education, and other topics that impact the children served through OCA;
- To collaborate with CASA in providing timely legal representation to children in DSCYF custody;
- To support, maintain and diversify its pool of volunteer attorneys;
- To respond to public and professional referrals alleging that a child's best interests are not being adequately represented;
- To advocate for children, particularly those aging out of care, involved in the juvenile justice system or requiring post-adoption services, through participation on policy level committees and taskforces; and,
- To collaborate with the Child Death, Near Death, and Stillbirth Commission (CDNDSC) in reviewing child deaths and near deaths and making system recommendations;

In support of its training initiatives, in December 2012, OCA developed an online training system to facilitate, manage, and track its online trainings, and it can be located at <http://ocade.server.tracorp.com>. Currently, there are two mandatory reporting trainings available online, and these training will be discussed in more detail later. Over the next year, OCA intends to add 5 additional online trainings for child welfare professionals and OCA's volunteer attorneys.

For its legal representation component, OCA, through its four in-house Deputy Child Advocates and more than 350 volunteer attorneys, is actively providing legal representation to 469 children as of March 30, 2013. For its volunteers, OCA offered 5 trainings for new attorneys and recruited a total of 33 volunteers. Advanced training was also provided on topics such as youth involvement with juvenile justice. OCA also continues to provide

quality assurance by monitoring and evaluating its pool of volunteer attorneys on a regular basis.

Additionally, between April 1, 2012 and March 30, 2013, OCA received a total of 149 referrals alleging that no one was looking out for an abused, neglected or dependent child's best interests, and/or the child would benefit from his or her own independent legal representation. In 29 cases, OCA appointed an attorney guardian *ad litem* to represent the child. 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, in 3 cases, concerns noted by OCA were brought to the attention of DFS.

In addition to addressing policy concerns that result from OCA reviews, OCA and DFS staff members met on April 2, 2012 and October 3, 2012 to improve multi-disciplinary collaboration and communication on such issues as caseloads, case decisions, training, and system successes and challenges. At the last meeting, the agencies discussed removals and institutional abuse investigations, removals and replacements by contracted foster care providers, investigation and treatment caseloads, and the DFS' *Outcomes Matter* Initiative. In future meetings, OCA and DFS plan to finalize its revisions to the Memorandum of Agreement (MOA) between OCA and the Children's Department, so that the MOA can be signed and implemented by the respective agencies. Additionally, future meetings will address voluntary consents to termination of parental rights and the early screening tool, IV-E requirements in court orders, proposed legislation impacting children, and recommendations for DFS as a result of child death and near death reviews.

Besides the DFS/OCA quarterly meetings, OCA staff advocate for children through participation on various policy level committees and taskforces across the state. For instance, the Child Advocate and Deputy Child Advocates participate in Youth Advisory Council, working groups through the Delaware Youth Opportunities Initiative, the Juvenile Justice Collaborative and the Interagency Committee on Adoption.

Additionally, the OCA Program Administrator participates on CDNDSC's Child Abuse and Neglect (CAN) Panel along with professionals from various disciplines. As a result of child death and near death reviews conducted, ten public CAPTA Reports have been promulgated since March 2012, which included a total of 10 system recommendations. In five of the ten cases, the panel concluded that system practices or conditions impacted the child death or near death incident. The CAPTA Reports are available online at: <http://courts.delaware.gov/childdeath/reports.htm>.

This year, OCA worked with CDNDSC to develop a protocol to disseminate agency specific recommendations from child death and near death reviews and to track agency responses to these recommendations. In the past, CDNDSC submitted its public CAPTA Reports to the Governor, General Assembly and CPAC and published its recommendations in the Annual Report in compliance with CAPTA; however, agency responses were not consistently requested. Following formal approval of the protocol by CDNDSC and CPAC on May 17,

2013, the two commissions hope to promote system improvement through the identification and response to system issues.

As mentioned previously, OCA also staffs the Child Protection Accountability Commission, and this Commission is charged with monitoring Delaware's child protection system to ensure the health, safety, and well-being of Delaware's abused, neglected, and dependent children. CPAC effectuates its mission through its 20 commissioners and various committees and workgroups. Additionally, CPAC serves as the federally mandated Citizen Review Panel and Children's Justice Act (CJA) State Task Force. Through its role as the State Task Force, CPAC convened a Strategic Planning Session in February 2012, which enabled an evaluation of Delaware's Child Protection System and established CPAC's goals for the next three years. First, CPAC determined that it will continue to support training and education initiatives related to the investigation and prosecution of child abuse and neglect cases using a multidisciplinary team approach. Second, CPAC established that it will improve the investigation and prosecution of child abuse and neglect cases as well as offender accountability within the criminal justice system through the Joint Investigation and Prosecution Committee. For its last goal, CPAC concluded that it will implement a plan to eliminate infant unsafe sleeping fatalities due to abuse or neglect in the state.

In addition to the above goals, CPAC focused its resources on improving educational outcomes for children in foster care, enhancing the training programs in the state, unveiling its mandatory reporting outreach campaign, developing guidelines to respond to teen dating and sexual violence, and supporting legislation that will better protect children.

In December 2011, CPAC and CDNDSC held their semi-annual joint meeting and approved the creation of the Joint Committee on the Investigation and Prosecution of Child Abuse. The charge of this Committee is to research and develop statutes, policies, procedures and/or trainings that reflect best practices for better protecting children from abuse by optimizing the opportunities to appropriately punish perpetrators of abuse crimes against children.

The Committee is led by co-chairs, Mike Cochran, Esquire and Senator Patricia Blevins, and the membership includes representatives from the following agencies: AI duPont Hospital, Child Development Watch, CDNDSC, CPAC, Delaware State Police (DSP), Department of Justice (DOJ), Family Court, New Castle County Police Department (NCCPD), OCA, and Wilmington Police Department (WPD). The Committee began meeting in February of 2012 and prioritized the collection and analysis of Delaware data on child abuse death and near deaths and best practices nationwide.

The group began by analyzing the trends in a total of 96 cases referred to the CAN Panel between 2001 to the present. This analysis consisted of cases in which children were killed or seriously injured (so-called "death and near death" cases). The data on criminal dispositions was made available by the DSP, NCCPD, and the WPD via their access to the DELJIS and LEISS information databases. The data showed:

- 61% of the cases were investigated by DSP, NCCPD, and WPD
- 21% of cases were investigated by local municipalities
- 18% of cases the investigative agency was unknown
- 10% of the 96 cases resulted in no criminal charges filed
- 8% of the 96 cases where criminal charges were filed were "Nolle Prossed" in their entirety
- 18% of the 96 cases are still pending criminal disposition
- 15% of the 96 cases resulted in a conviction on the original charge

Of the 63 cases where criminal convictions were obtained:

- 27% were resolved via Endangering the Welfare of a Child (EWC)
- 1% were resolved via Reckless Endangering
- 49% were resolved with a Felony Assault
- 1% were resolved with a Misdemeanor Assault or Offensive Touching
- 22% were resolved by means of other felony level charging (i.e., Murder by Abuse/Neglect, Murder 1<sup>st</sup>, Murder 2<sup>nd</sup>, Attempted Murder, Manslaughter, Criminal Negligence, Conspiracy 2<sup>nd</sup>)

The work of this Committee recently concluded, and the draft recommendations support the provision of regular training and the implementation of best practice protocols for investigators and prosecutors involved in child sexual abuse and child near death and death cases, including infant unsafe sleeping deaths. In May 2013, CPAC and CDNDSC hope to approve the final report and begin implementing the recommendations. In fact, CPAC and CDNDSC plan to purchase specific tools for scene investigations and doll re-enactments in these cases and to host a two-day advanced training course in the spring of 2014. The course will feature Deborah Robinson, an Infant Death Investigation Specialist from the Northwest Infant Survival and SIDS Alliance, or another national expert, and the focus of the training will be the importance of crime scene preservation, evidence collection, and doll re-enactments.

In addition to the training, CPAC and CDNDSC plan to purchase several doll kits which will be disseminated according to the need of each law enforcement agency. CPAC and CDNDSC also plan to create a Delaware specific *Little Black Book*. *Delaware's Little Black Book* will include the child abuse investigative protocols that address coordination of all child abuse investigations, including fatalities. It will also address the utilization of multidisciplinary teams and the appropriate contact information per county. Lastly, the *Little Black Book* will include Delaware statutes and additional checklists, which will highlight the importance of collaboration, observation, and documentation. Finally, *Shaken Baby Syndrome: A Visual Overview* will be purchased and used as an educational tool for the purposes of multidisciplinary teams. This CD-ROM features over 100 educational slides with 24 unique animated slides including excellent visual and oral descriptions of Shaking Baby Syndrome (SBS)/Abusive Head Trauma, and takes you through the causes, symptoms, injuries and outcomes of SBS.

Besides improving the investigation and prosecution of child abuse and neglect cases, CPAC identified the need to use the voluminous data reported by child welfare agencies at its

quarterly meetings more efficiently. In October 2011, CPAC approved the creation of the Data Utilization Committee. The charge of the Committee is as follows: 1. To assess the voluminous data presented to CPAC on a quarterly basis, and determine: (a) if it is the right data and if it is relevant; (b) if there is other data needed to monitor the child protection system; and (c) if the data or analysis of it is outcome driven; 2. To develop dashboards for measuring Delaware's child protection system which will be reported out to CPAC on a quarterly basis; and, 3. To use the dashboards to inform system improvement and CPAC initiatives.

The Committee is led by Corporal Adrienne Owen of the Delaware State Police, and the membership includes representatives from the following agencies: Child Placement Review Board (CPRB), Children and Families First, DSP, DFS, Family Court, and OCA. The Committee began meeting in January of 2012 and prioritized the creation of user friendly dashboards to integrate the data and present the information. For this purpose, seven child welfare areas were identified: child welfare caseloads; processing of child abuse cases; removal/substantiation findings; permanency outcomes; adolescent outcomes; re-entry/re-occurrence of maltreatment; and placement stability disruptions. In total, five dashboards have been created for data collected in FY13, and the Committee will continue to work on creating dashboards for removal/substantiation findings and placement stability disruptions. In the next fiscal year, the Committee plans to continue presenting the data quarterly to CPAC. Additionally, the Committee plans to use the multi-agency data to identify trends and areas of focus and to make the dashboards available on the OCA website.

The Training Committee, co-chaired by Rosalie Morales and Anne Pedrick, Executive Director of CDNDSC, has been charged with ensuring the training needs of the child protection system are being met through ongoing, comprehensive, multi-disciplinary training opportunities on child abuse and/or neglect. To comply with this mandate, the Committee established a structure in which the progress of the training initiatives throughout the state would be monitored and evaluated through four workgroups: the Mandatory Reporting Workgroup, the Child First/MDT Workgroup, the Joint Conference Workgroup, and the Cross-Education Workgroup.

The Mandatory Reporting Workgroup, chaired by Robert Challenger, DSCYF Training Administrator, was tasked with providing oversight of the existing mandatory reporting training programs for educators, physicians, nurses, law enforcement and the Department of Justice, as well as for general community and professional audiences. The training for law enforcement and the Department of Justice was the exception since the statutory obligations to complete the training are unique for the two disciplines. For instance, police officers are mandated to complete the training as a requirement of initial employment per 11 Del.C. § 8404(a), and every Deputy Attorney General in the Criminal and Family Divisions is required to complete the training every three years per 29 Del.C. § 2511(a)(3).

Through the assistance of the OCA Training Coordinator, the workgroup maintains the number of professionals trained, evaluates and/or revises the programs, and develops curricula for other disciplines as needed. In terms of coordination, the DSCYF Center for Professional Development has been responsible for coordinating the mandatory reporting

trainings for general professional audiences and school personnel. Since August 2012, DSYCF and OCA staff provided onsite training to 720 professionals using the mandatory reporting training for general audiences, *How to Identify and Report Child Abuse and Neglect in Delaware*. The evaluations were completed by 563 participants and the results revealed the following: 1. Improved understanding of the child abuse and neglect indicators was rated excellent by 66% (373) and very good by 20% (111); 2. Knowledge of how and where to report child abuse and neglect was rated excellent by 69% (389) and very good by 19% (108); and, 3. Improved understanding of their duty to report child abuse and neglect was rated excellent by 68% (381) and very good by 20% (115). Although the general training has been available online since December 2011, fewer than 100 people have participated and only 7 have completed the voluntary training evaluation. This training was recently moved to OCA's online training system in April 2013 and can be located at <http://ocade.server.tracorp.com>.

For school personnel, DSCYF and OCA staff provided 19 onsite trainings and 1553 professionals were trained using *How to Identify and Report Child Abuse and Neglect in Delaware: With an Overview of the Memorandum of Understanding*, which combines the general mandatory reporting training with an overview of the MOU between DSCYF and DOE. In total, 841 professionals, many of whom were teachers, completed the evaluation, and 537 were from public schools and 305 were from charter schools. The evaluation results revealed the following: 1. Improved understanding of the child abuse and neglect indicators was rated excellent by 69% (576) and very good by 25% (212); 2. Knowledge of how and where to report child abuse and neglect was rated excellent by 76% (639) and very good by 20% (168); 3. Improved understanding of their duty to report child abuse and neglect was rated excellent by 74% (622) and very good by 22% (188); and, 4. Understanding the Memorandum of Understanding was rated excellent by 65% (546) and very good by 26% (218). Additionally, over 8,000 teachers and other school staff participated in the online training and 1,798 completed the voluntary training evaluation. The online evaluation results revealed the following: 1. Improved understanding of the child abuse and neglect indicators was rated excellent by 36% (637) and very good by 35% (626); 2. Knowledge of how and where to report child abuse and neglect was rated excellent by 43% (761) and very good by 33% (584); 3. Improved understanding of their duty to report child abuse and neglect was rated excellent by 42% (756) and very good by 33% (592); and, 4. Understanding the Memorandum of Understanding was rated excellent by 34% (609) and very good by 37% (669). It was clear by the evaluation results that participants prefer the onsite training. Technical difficulties with the state server and various web browsers may have impacted the evaluation results.

As a result of the evaluations, the Mandatory Reporting Workgroup determined that the training curriculum needs to be revised. In February 2013, a smaller working group was created to partner with DFS in the development and implementation of the one hour training in the detection and reporting of child abuse for school year 2013-2014. For the first time, representatives from DOE and individual school districts were involved in the development of the yearly school training. The group's goal is to create a concise, interactive training and to develop different formats for new teachers and veteran teachers. The training will be

available onsite and online to those employed in the school system by August 2013. The online training will be located at <http://ocade.server.tracorp.com>.

Similarly, for initial employment and as part of the license renewal process, professionals covered under the Medical Practice Act were required to complete training on the recognition of child sexual abuse, physical abuse, exploitation, and domestic violence, as well as the reporting obligations under the Medical Practice Act and section 903 of Title 16. Since the training needed to be available by January 1, 2013 in time for license renewal, CPAC partnered with the Department of Professional Education at the Medical Society of Delaware (MSD) and the Delaware Division of Professional Regulation (DPR) to revise the training and obtain approval for CME credit. Although the training was previously available on the OCA website, on January 1 the revised training was moved to OCA's online training system to allow participants to access the training materials in modules and to collect data more efficiently. In the past four months, over 4,200 medical professionals completed the training online. The online evaluation results revealed the following: 1. Improved understanding of the child abuse and neglect indicators was rated excellent by 44% and very good by 34%; 2. Knowledge of how and where to report child abuse and neglect was rated excellent by 52% and very good by 31%; 3. Improved understanding of their duty to report child abuse and neglect was rated excellent by 51% and very good by 31%; and, 4. Improved understanding of their duty to report under the Medical Practice Act was rated excellent by 50% and very good by 32%. The online training is available at <http://ocade.server.tracorp.com>.

In addition to training professionals about identification and reporting of child abuse, CPAC has continued to focus on multi-disciplinary training. After assuming administrative responsibility for facilitating the Child First Forensic Interviewing Training, OCA on behalf of CPAC, proposed that the existing Steering Committee for Child First become a workgroup under the Training Committee. This was approved in January of 2012. The last Child First Training session was held in April 2012, and since then the workgroup developed a modified three day curriculum for first responders. While the group succeeded in developing the curriculum, Delaware's Child First training scheduled for October 2013 was tenuous since the National Child Protection Training Center's (NCPTC) licensing agreement with CornerHouse, authorizing use of the RATAC protocol, was set to expire on July 31, 2013. Additionally, CornerHouse made changes to the forensic interview protocol and renamed it, which has impacted the integrity of the program. As a result, NCPTC was uncertain that the licensing agreement would be renewed and recommended that Delaware cancel its 2013 training. Delaware plans to continue working with NCPTC to identify a long term plan for the program. Information about Delaware's Child First Program can be found at <http://courts.delaware.gov/childadvocate/childfirstdelaware.stm>.

On October 9-12, 2012, the Child First team utilized Children's Justice Act (CJA) funds to send the Sussex County multi-disciplinary team, which is comprised of representatives from DFS, CAC, DOJ, and DSP, to the national When Words Matter Conference in Saint Paul, Minnesota. The conference gave the team members an opportunity to learn advanced forensic interviewing skills, such as interviewing children with autism and disabilities and understanding medical evidence in cases of child sexual abuse. OCA staff members were also present to explore opportunities to bring speakers from this advanced training to

Delaware. In fact, Suzanna Tiapula, JD and Barbara Knox, MD presented a workshop on the types and methods of child torture, and they both agreed to present a similar workshop at the CPAC/CDNDSC Protecting Delaware's Children Conference on May 22-23, 2013.

OCA staff also attended the Twelfth International Conference on Shaken Baby Syndrome/Abusive Head Trauma (AHT) in September 2012 to identify national experts for Delaware's conference. Additionally, CPAC Commissioners sent representatives from their respective agencies, including DOJ, law enforcement, medical, prevention, DFS and CDNDSC. As a result of Delaware's attendance at the conference, six speakers were identified and these speakers agreed to present at the CPAC/CDNDSC Protecting Delaware's Children Conference. On May 22, professionals involved in the investigation and prosecution of child abuse learned about the multidisciplinary team approach and to develop techniques to increase team work, collaboration and effectiveness. Then, on May 23, professionals had the opportunity to learn the basic medical components of abusive head trauma; skills to conduct investigations and interviews in Abusive Head Trauma cases; techniques to charge accomplice liability in these cases; and the role of the medical examiner in the investigation. In addition, Vicky Kelly, Psy.D., and other DFS staff presented workshops on the various reforms implemented by DFS, including the Outcomes Matter Initiative and Family Assessment and Intervention Response. The Joint Conference workgroup hopes that these topics will support and enhance current practice in investigations and prosecutions of child abuse cases. Information about the Protecting Delaware's Children Conference can be found at <http://courts.delaware.gov/childadvocate/pdccseries.stm>.

Lastly, in FY13, the Training Committee will unveil the work of its Cross-Education Workgroup, which is charged with ensuring that fundamental cross-education training, on the roles and responsibilities of individual agencies, is available in different venues. Trainings developed by the various agencies will be featured on OCA's website under Introduction to Child Welfare Agencies/Services. This is the same location for Delaware's Child Welfare Training Calendar, which highlights local and national opportunities for training and education. Both can be located at <http://courts.delaware.gov/childadvocate/childwelfare.stm>.

In addition to training, educating the community on recognizing the signs of child abuse and raising awareness about Delaware's mandatory reporting obligations continued to be a priority for the fiscal year. In fact, CPAC and CDNDSC's Mandatory Reporting Outreach Committee, chaired Randy Williams, Executive Director of the CAC, developed an outreach campaign for the second year during the month of April, which is Child Abuse Prevention and Awareness Month. Funding received from DSCYF, CJA and the Protecting Delaware's Children fund enabled the group to unveil its media activities and broadly disseminate its message, See the Signs, Make the Call, through a Proclamation Signing on April 25 at Legislative Hall, public service announcements and statewide billboards in English and Spanish. In the future, the Committee will continue to seek funding to support the media outreach annually.

In addition to the media campaign, Darkness to Light's *Stewards of Children* prevention program convened several activities during the month of April. This effort was led by the Stewards of Children Steering Committee, which is comprised of representatives from

several public and private agencies. On April 8, 2013, a leadership meeting was held with 16 youth serving organizations to engage them in the movement to protect Delaware's Children from sexual abuse. The group is hopeful that child abuse prevention training will be provided to these agencies in the near future. In addition, Stewards of Children workshops were scheduled throughout the state to engage the public in the effort. As of April 2, 2013, 8,600 participants have received the three-hour Stewards of Children training since the program's inception. It continues to be a priority for Delaware and the lead agencies committed to training 35,000 Delawareans by March 2016. For more information on Delaware's initiative or to participate in the training onsite or online, please go to [www.stewardsofchildrendelaware.org](http://www.stewardsofchildrendelaware.org).

Since many of CPAC's initiatives were supported by CJA funds, CPAC relied on the expertise of the Abuse Intervention Committee (AIC), chaired by Patricia Dailey Lewis, Director of the Family Division for DOJ, to provide oversight for the CJA grant activities. As a result, in April 2013, CPAC formally approved AIC's charge, which is to provide measurable oversight of the Children's Justice Act grant activities by planning and administering the Three-Year Assessment, monitoring the progress of recommendations identified in the Three-Year Assessment Report and recommending to CPAC future system priorities related to the investigative, administrative and judicial handling of cases of child abuse and neglect. This Committee has provided measurable oversight of the CJA grant for years, and it will continue to meet on a quarterly basis to receive progress updates on the activities and/or recommendations identified in the CJA Annual Progress Report and Three-Year Assessment.

In addition to providing oversight for the CJA grant activities, the Committee concluded an initiative and established an additional priority. For over a year, a workgroup met to discuss and formulate recommendations for Delaware schools to appropriately address suspected violence, either physical or sexual, towards teens in intimate relationships and partnered with the Domestic Violence Coordinating Council (DVCC) on the same. The end result was the creation of *Guidelines for Responding to Teen Dating and Sexual Violence in Delaware Schools*, which was approved by CPAC in May 2012. In addition to providing guidance as to what reports should be made to the DFS Hotline, the document provides a blueprint for creating a comprehensive and effective response to teen violence and/or abuse, teen pregnancy, and youth-produced sexual images.

Since the Domestic Violence Coordinating Council's (DVCC) Teen Dating Violence Task Force originally made the recommendation for model policy and procedure in May of 2010, the DVCC was given the authority under Senate Bill 206 to review and advise the schools on the implementation of teen dating and sexual violence policies and the Guidelines will be a critical component in this. Training was developed by the DVCC, and school based wellness centers were trained on November 28, 2012 by DVCC and OCA staff. The guidelines can be located at:

<http://courts.delaware.gov/childadvocate/docs/GuidelinesRespondingTeenViolence.pdf>.

Lastly, in August 2012, Abuse Intervention Committee (AIC) created a workgroup to research, discuss, and draft recommendations concerning the completion of background

checks for employees and volunteers of camps in Delaware. The workgroup met regularly for a period of six months and drafted a final report with four recommendations. In summary, the group recommends mandatory criminal background checks for employees and volunteers at all camps in Delaware. However, the current infrastructure cannot manage a dramatic increase in background checks for this population. Therefore, further discussion is needed, and CPAC plans to review the report at its July 2013 meeting. In the interim, CPAC and DOJ have agreed to send a letter to all camps about the benefits of background checks and ways to keep children safe in these settings.

### **III.B. Permanency: Strengthening and Maintaining Efforts to Preserve Familial Relationships and Connections for Children While Striving to Achieve Permanency and Stability**

#### **III.B.1. DFS Initiated and Internal Permanency Strategies**

##### **Permanency Summit**

On November 17, 2012, DFS hosted over 250 attendees at a statewide Permanency Summit that included the Family Court, child serving agencies, attorneys, CASAs, GALs, and a broad group of advocates. Casey Family Programs was the primary sponsor of this event. The focus of the event was to highlight permanency strategies across the continuum of child welfare services from intake to foster care to services for youth aging out of care. There were two primary goals of the event: 1) to catalyze a sense of urgency in all who work in the larger child welfare system to ensure timely permanency for all children; and 2) to provide an introduction to several of the key permanency strategies being implemented by DFS and in larger system efforts. Judge Patricia Martin, Immediate Past President of the National Council of Juvenile and Family Court Judges gave the opening key note address. Vicky Kelly, Director of DFS gave an overview of permanency statistics for DE and the strategies identified to address areas needing improvement. Chauncey Strong, a child welfare professional and alumni of foster care, gave an inspirational key note address focused on the path he and his siblings followed to achieve permanency. A facilitated panel of foster care alumni from DE then shared their experiences aging out of care. In the afternoon, there were a series of workshops including Permanency Values, Safety Organized Practice, Policy and Legislative Approaches to Address Barriers, and the work of the Ready by 21 Workgroup.

##### **Family Search and Engagement**

One of the *Outcomes Matter* initiatives is Family Search and Engagement (FSE). Best practice systems rely on family engagement strategies to reduce out-of-home care, maintain better placements, and improve permanency outcomes. Delaware's Child Welfare System has historically been primarily focused on safety and utilized forensic child protective investigations, which can be alienating and stigmatizing for families. The FSE initiative is focused on balancing safety with permanency, by actively working to engage children's broad family networks in planning for the child. Historically, DFS tended to focus on relatives only as potential placement resources, rather than recognizing that kin can provide important information and support for the child, whether or not these kin might ever be a viable placement option.

FSE has focused on actively identifying family members from the time a child enters care, reaching out to fathers and paternal relatives, as well as the extended family, and continuing this approach throughout the life of the case. This approach provides an effective way to reconnect the children/youth in care with their family members prior to or as they exit foster care. In Delaware, FSE began as a Pilot at the Beech Street office location. The pilot group would be for children/youth who are in the adoption or APPLA units and who have been in foster care more than 3 years. There were 53 children identified for the pilot. Initial training was provided to the administrators for DFS and contracted agencies for the children identified in the pilot. This training sought to inform every one of the principles, values and approaches of this initiative. Subsequent training was provided to the case workers and their supervisors, resource families, foster home coordinators, and any other staff who was working with children involved in this pilot. This pilot started in November 2012. There are currently 40 children active in the pilot. The reasons for the 13 children/youth that are no longer in the project are as follows: 8 adopted, 1 reunification, 2 aged out of foster care and 2 children are placed with a pre-adoptive family. The Beech Street pilot will end in June 2013. DFS is working on a transition plan to roll out FSE statewide to all staff and in all functions within DFS and the contract foster care agencies.

In March 2013, there were discussions with representatives from the other regions to begin to plan for the statewide roll out. On June 4 and June 5, 2013, there was a train the trainers training for DFS staff and contracted agencies. This group will be the early adopters and those identified to provide this FSE training for other staff within their agency or program areas. The goal is to train all staff by the end on 2013. The goals of this approach are to achieve better outcomes for children in foster care, as more children would be connected to relatives, more children will exit foster care in a timely manner, and those youth who age out of care will do so with a relationship with an adult who can be counted on for assistance and support. A related goal is that as children and youth feel connected to and cared about by relatives, this will help them feel better about themselves and caregivers, so that their placements are stabilized and disruptions are decreased. While FSE approaches are typically focused on children who are at risk of placement or have recently entered care, DFS utilized FSE to address the needs of youth who had been in foster care for more than three year, tended to be older, and who still needed permanency or permanent connections.

DFS is now also studying the options of Kinship Diversion and/or Kinship foster care. DFS and AECF are currently looking at practices in other states and best practice to determine what would work best for Delaware's children and families. This would be a new service for DFS, so DFS needs to build the case for this alternative approach to secure future funding. Research is demonstrating that outcomes of these types of placement tend to be positive. They have a higher graduation rate from high school, they tend stay out of the legal system, they would have resources and a support system as they exit foster care, they may be living with or connected to family, and they would see their siblings and other relatives.

In the various initiatives that are working with extended family members, issues of confidentiality have arisen. In child welfare cases, the privacy of the birth parents' information needs to be considered when other family members or non-relatives are involved in planning for the child. There is a DSCYF work group working on confidentiality of client

records. DFS representatives have added the issue of sharing information about the child and parents with relatives and non-relatives to the charge for this work group. Some of the challenges for the various work groups and *Outcomes Matter* initiatives are what information can be shared from the case records? What information about the family can be shared with relatives? How much information can be shared about the child? If one or both parents are present at the team meetings or other venues where placement and permanency planning is discussed, the parents and everyone at the meeting can sign a release of information form and confidentiality agreement, if applicable. The bigger issue is when the absent parent is not present. This will be an on-going issue that needs to be resolved and included in policy for DSCYF and DFS.

### **Foster Care**

Over the course of the past year, DFS has teamed with the Annie E. Casey Foundation's Child Welfare Strategy Group (CWSG) to assess foster care system performance and implement practice improvements based on the best practice models. Delaware data review and interviews with staff, providers and foster parents shaped the plan for the Recruitment, Development and Support (RDS) initiative. FACTS and AFCARS data indicates placements in foster homes are the norm for the great majority of children ages 0-12. These children also experience high rates of permanency within 2 years of entering foster care (e.g., between 68 and 81%). On the other hand, 25% of teens in the custody of DFS when initially placed are placed in congregate care and an additional 25% of teens are in congregate care placements prior to DFS getting custody. Roughly 40% of teens will move more than 3 or more times in the first year of placement and the same percentage will exit care without achieving permanency.

Delaware's practice was benchmarked against national best practice for Recruitment, Development and Support of foster families. To summarize, practice and evaluation indicate that an effective RDS process relies on:

Recruitment efforts must be targeted to the age, race, behavioral/mental health needs, and geographic location of the children. A primary recruitment goal is to develop enough foster homes to provide staff with placement options of two or more potential families for every child in placement. Additionally, recruitment literature and foster family orientation meetings should emphasize the need for homes for teens and other hard-to-place youth, the temporary nature of foster care, and how foster families can support the primary goal of family reunification.

Currently, racial and ethnic diversity ratios for foster children and foster parents are as follows, African Americans represent 54% of foster children and 9% are Hispanic. African American foster parents represent 50% of DFS foster homes and 3% are Hispanic.

Development of foster families continues through mandatory pre-service and ongoing training. Training should focus on the developmental needs of the target population and provide foster parents with increased understanding and additional skills in managing the behavioral demands of the children in their home. Training must be based on the resource family's identified needs or requests and the professional judgment of the Foster Home

Coordinators and their staff during recertification. Additionally, training should support foster family work with birth families.

Support for foster parents needs to be delivered in ways that are respectful, timely and helpful, and that depends primarily on staff with a personal relationship or knowledge of the foster family and the children in their care. Effective support is also dependent on the public agency developing a service array that provides resource families with opportunities for mentoring, respite, crisis management, and the opportunity to play a primary role in the decision-making and treatment activities for the children in their care.

As a result of the recommendations from the evaluation and assessment by CWSG, the Foster Care Program developed five workgroups: Development and Training, Recruitment, Unit Support, Foster Family Support and Kinship. Each group includes staff from across the state, as well as system partners, and is working to improve foster care in their identified area. Below are overviews of each of these groups.

### **Recruitment Workgroup:**

Annie E. Casey Foundation provided the Delaware foster care team with a recruitment consultant, Michael Saunders who began meeting with the team in January 2013 to develop a strategic plan for recruitment. Mr. Saunders provided the group with researched based information that outlined successful recruitment of resource families must be a targeted approach. The foster care team recruitment priority list included recruitment of families for sibling groups, teenagers and children who are medically fragile or who have developmental delays. Regional foster care teams were given an allotment of dollars to use as they develop regional recruitment activities. Delaware included information from “Treat Them Like Gold” document originated from work Casey did with the North Carolina foster care system; the document included the importance of “Personal Touch” with prospective resource families. Delaware is contracting a statewide recruitment coordinator. The recruiter will develop and maintain an events calendar; lead and facilitate community outreach, including public presentations; develop social media strategies; coordinate with Lt. Governor Matt Denn’s, Faith, Family and Foster Care Initiative that focuses on recruitment of resource families through the faith community statewide; ensure the state stays current on recruitment and retention research and track all recruitment activities. (See Attachment J: Statewide Recruiter)

Delaware has seen early recruitment success as 30 Sussex County families completed pre-service training - more than had been recorded in years. DFS expects this trend to continue as the statewide recruiter is hired and new strategies are fully implemented.

### **Development and Training Workgroup:**

This workgroup focuses on evidence based training curriculums that include components to help prospective foster families increase their understanding of the trauma experienced by foster children and improve their ability to manage children with challenging behaviors. The training will also include increase information regarding children’s bond with their birth family and the important role of foster families working with birth families in the child’s best interest. The Delaware “MY LIFE” initiative training for foster families helps foster families

understand the healing process of children as they make sense of their past and prepare for a positive future. In addition DFS is partnering with our private contract agencies to develop three Inappropriate Sexual Behavior (ISB) training modules, Module one and two will be required for all foster families statewide and will provide foster families with understanding child development and sexuality while giving information about what normal and what's not, and strategies to care for children with ISB behaviors. Module three will focus on youth who have been adjudicated for inappropriate sexual behaviors and all the reporting requirements and management skills to reduce the reoccurrence of such act. (See Attachment K: ISB Modules for Foster Parent Training). DFS is researching a pre-service training that will include family engagement and how to work with birth families, trauma informed practice and crisis intervention. The training subgroup, with a representative from the CWSG, has reviewed the pre-service curriculum developed by the Institute of Human Services which falls under the umbrella of The North American Resource Center for Child Welfare (NARCCW). The curriculum is a competency-based training system designed to introduce topics in a sequential manner to achieve the desired outcome of skill building. The pre-service training can be combined with complementary in-service trainings to enhance initial awareness and gradually build skills over time. DFS is researching kinship care training curriculum. The new pre-service and in-service training is expected to be operational spring 2014. DFS seeks to reduce placement disruptions by ensuring foster parents have the skills and confidence necessary to meet the needs of children placed in their homes.

**Unit Support/Teamwork Workgroup:**

The unit support workgroup will focus on communication and teamwork between caseworkers and foster care coordinators to better support foster families as a vital member of the team. The foster care supervisors are developing a message to be shared with staff about the intent of the unit support/teamwork initiative. They have identified conversation topics to be discussed at regional supervisor meetings. Some topics identified are: what is expected of foster parents/what is expected of caseworkers, Level of Care's importance to matching a foster family, placement packet review to ensure all pertinent information is provided to foster families timely, placement protocol, announcements, invitation or special events updates, signs of disruption, and protocol for placement moves.

In addition the foster care staff will be assigned to act as consultants to treatment units, supporting caseworkers when issues arise. This workgroup will also revise and distribute the foster parent resource manual. These activities were launched May 2013, to coincide with National Foster Care Month.

**Foster Parent Support Workgroup:**

The foster parent support group convened regional meetings with foster parents to review current supports and gather suggestions for additional supports. For many years foster parents have complained about the lack of after-hour support when they are facing challenges from a child in their home. DFS is now weeks away from contracting with a provider available to accept emergency calls from foster parents after-hour and weekend, providing an immediate response and advice. When necessary, additional intervention will be facilitated. (See Attachment L: After Hours Contract Description) This program is expected to reduce placement disruption, therefore increasing placement stability. Foster parents also ask for support for grief and loss when children leave their home. DFS is developing a training

focused on grief and loss to be available in the fall 2013. This training is expected to provide foster parents with tools to be able to better manage the separation and loss and will be able to report on the results of this training next year.

DFS is also reviewing and updating the Foster Parent Handbook to include more information about community resources and supports. Michael Sanders, a consultant with Annie E. Casey Foundation, provided a presentation with the statewide foster care staff titled “Recognizing the Signs of Placement Disruption”. This information will help staff be better prepared to support foster families with information about recognizing indicators of a possible disruption, as well as helping them understand what can be done to prevent placement disruptions in the future. Mr. Saunders shared research on foster home disruptions. (See Attachment M: Recognizing the Signs of Placement Disruption). DFS will track reasons for disruption going forward and use to data to modify programming.

Over 350 foster parents and a host of staff from DFS and private provider agencies attended the Partners in Healing event on May 30, 2013. This conference provides an opportunity for foster parents to interact and network with other foster parents from DFS and the various private agencies, as well as interacting with caseworkers in a relaxed social setting, and gain valuable training hours in workshop format. (See Attachment N: Foster Parent Recognition Program).

DFS updated the “Child Well-Being” brochure to include information and guidance to foster parents about the importance of enriching our children lives with a child centered living environment and other social, educational enrichment activities. (See Attachment O: Foster Parent Child Well Being Brochure)

### **Kinship Workgroup:**

DFS is researching options for relative and kin placement of children. Delaware has historically provided limited opportunities for these placements, as only 10% of current placements are with relatives, while the national average is 26%. The focus of the kinship workgroup will be to increase the number of relative care placements. DFS has reviewed research findings that children do better with relatives than with non-relative caregivers. For example, children placed with relatives have higher levels of placement stability, are less likely to have behavioral challenges and be on psychotropic medications, and tend to do better in school. Additionally, placement with relatives also increases the chance of children remaining with their sibling(s). For these reasons, DFS is committed to improving access to safe and appropriate kin placements.

DFS has established three guiding principles to frame this programming:

1. A child’s safety is paramount
2. Children belong in families, with parents or relatives whenever possible
3. All families deserve supports needed to be successful

The goals of this initiative include the following: 1) creating a standardized and easier process for kin to become licensed caregivers, 2) creating additional and more stable placements options for older youth entering foster care, 3) creating additional permanency pathways through supported relative adoption and guardianship, and 4) improving supports for all relative caregivers of children involved with child welfare. DFS recognizes this

initiative is in many ways a culture shift and has begun to develop strategies to support staff in this new way of working and engaging families. The Family Search and Engagement Approach is one strategy for promoting this culture change. DFS has also convened a statewide supervisor and management team to promote this approach. Recently DFS staff joined five other states at a Kinship Care Summit hosted by the Annie E. Casey Foundation in Baltimore to share and gain insight about different approaches to expanding kinship care. DFS has also obtained the kinship care training curriculum from New Hampshire as a basis on which to develop a kin specific training curriculum.

Delaware is well poised to deliver improved outcomes for foster children by way of enhancing recruitment strategies, implementing family engagement initiatives, improving on existing pre-service and in-service trainings, retooling supports to foster families and relative caregivers.

### **Adoption and Permanency**

Delaware has monthly permanency planning committees (PPC) meetings in each region statewide to review foster children at 10 months of placement. These committees provide a recommendation for the case worker to present to the court at annual permanency hearings or other reviews. The PPCs are also used by case workers to review and recommend any subsequent goal changes for the child in foster care. There were 561 cases reviewed in 2011 and 564 cases reviewed in 2012 by the PPC committees across the state.

There have been some changes to the DFS Permanency Planning committee meetings. The Division now reaches out to foster parents by providing notice of and providing an opportunity to be heard at the PPC meeting on goal changes for the children placed in their foster home. The foster parents can choose to attend the PPC meeting or to send a letter or e-mail to the child's worker to present to the PPC on their behalf. After the information is presented as to the child's well-being, services, activities and permanency goal, due to confidentiality of the information related to the birth parents, they are excused from the rest of the PPC meeting. The social worker will contact the foster parent/provider after the meeting to inform them of the result of the PPC meeting, the child's recommended permanency goal and next steps, as applicable.

Another change to the PPC meetings has been the addition of Sally Barker, Licensed Clinical Psychologist, who is located in the new Office of Evidence-based Practice, under DFS, who will be attending the DFS Permanency Planning Committee meetings statewide. Sally participated in the PPC meetings in Kent County prior to moving to Central Office and was a valuable part of the committee meetings.

As previously stated, throughout the year AFIS and ABCFOC provide support groups and trainings for adoptive and foster families statewide. The topics are decided by the adoption community, agency staff and the foster and adoptive parents themselves. The number of families attending the scheduled trainings has increased over the past year. The focus is to get more people to participate in these trainings downstate. Some of the topics this year were: Love and Logic Parenting in Oct/Nov. 2012, Bonding Workshop by Dr. Lark Eshleman, ICOA matching event for workers and contracted adoption agencies, Sexting and Texting by a DFS DAG, and a discussion about Growing up in Foster Care. (See Attachment

P: Interagency on Adoption Meeting; Attachment Q: Interagency on Adoption Training; Attachment R: AFIS Training; Attachment S: ABCFOC Adoption Support Trainings).

DFS continues to provide My Life services to the children in foster care, who have a goal of Adoption or Permanent Guardianship. This is a part of the post adoption services contract with the adoption agencies and on-going consultation with Dr. Darla Henry and Associates. Dr. Henry participates in the regular meetings with case workers and community partners as they share success stories, discuss areas that need improvement and identify new issues for the work group. On December 3, 2012, Dr. Henry held a training for DFS and private agency adoption workers who. Now that the adoption staff within DFS and community partners are trained and using this model, the plan is to provide this training on the 3-5-7 model to treatment and APPLA workers who interact with these children on a regular basis. With all of the new initiatives currently taking place within DFS under Outcomes Matter, the training is likely to occur by the spring 2014.

Darla Henry and Mary Lou Edgar from ABCFOC are conducting a workshop at the NACAC conference in Toronto, Canada on August 7 or 8, 2013, on the work they are doing in Delaware. Mary Lou Edgar from ABCFOC also presented information on the 3-5-7 Model at the statewide foster parent conference on May 30th. DFS is excited to educate the community about the My Life program whenever the opportunity comes up. In a little over 2 years, this service has been provided to over 150 children in foster care.

The case manager and/or the child specific recruitment worker (CSR) prepare the child for permanency and adoption. This service is provided to all children/youth that are placed in foster care with a goal of TPR/adoption and continues until there is a resource identified and approved by the DFS Permanency Planning Committee. Within the past 6 months and as a result of the success of this work with the children/youth in preparing children for adoption, there were two separate cases where a 17 year old youth wanted permanency and was subsequently adopted. One youth was adopted by the foster family and the other youth was adopted by a non- related adoptive family. DFS continues to contract with the National Adoption Center to provide recruitment activities and some of Delaware's children are shown on Wendy's Wonderful Kids program on WNBC 10. Currently, there are 33 children who are TPR registered with the National Adoption Center and AdoptUSKids. DFS continues to recruit for adoptive families by contracting with the National Adoption Center in Philadelphia. Newspaper articles, PSAs, flyers, videos and other information are available at all related National Adoption Center activities and events. The National Adoption Center has a social worker assigned to Delaware to assist with the recruitment activities for the legally free children needing a forever family. They assisted in 5 placements that led to finalized adoptions. From the most recent report ending March 31, 2013, there were 124 inquiries received for 11 children. Also, there were 5 Wednesday's Child inquiries for 3 children. There were 2 sibling groups of two matched with two separate families.

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. Pat O'Brien and Darla Henry both relayed the same message in the

trainings provided to DFS and community partners where connections are very important and mining the files is an activity that help children/youth in foster care build those connections.

DFS strives to update portraits for the waiting children for the DFS Heart Galley throughout the year. 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 and responses have been very positive. These portraits will continue to be used for various recruitment activities statewide throughout the year. There are some community events in the late spring and summer where these photos will be on display such at local churches, the foster care conference, and the Children's Theatre in June. Currently, DFS partners with 4 photographers for Heart Gallery portraits.

DFS continues to promote lifelong connections with children and youth in foster. Foster families are encouraged to, whenever possible, develop relationships with the child's birth family. When this is not possible, DFS asks the provider to commit to the children and youth in their home when other permanent options 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 foster care to have a lifelong connection with at least one caring adult. Our consistent review of APPLA goals and cases, implementation of STEPS conferences and Fostering Connections Act requirements support these efforts.

DFS continues efforts to reduce the number of foster children with the goal of Another Planned Permanent Living Arrangement (APPLA). Local Permanency Planning Committees are assisting staff's creativity for this population. As of 4/1/2013, there were 163 children in foster care with a goal of APPLA.

Delaware continues to be successful in locating adoptive families for the children in foster care who need permanency. In the 2012 calendar year, there were 100 children adopted from foster care, 5 more than in 2011. Also, there were 9 children who exited foster care with a goal of permanent guardianship by the foster parent or relatives. As DFS implements family search strategies, it is likely there will be an increase in guardianship and permanent guardian goals for children exiting foster care. There were 112 state agency adoptions and 17 private adoptions in Delaware during this period. This is a slight increase from the previous year. During the period, there was an increase in disrupted adoptions with 4 children re-entering foster care. The reasons for the disruptions were due to the child's acting out behaviors, aggressive behaviors towards the caretakers, other mental health issues, criminal activities and severe parent/child conflict. DFS continues to work diligently in finding permanency for all of these children placed in foster care and not only the legally free children. During this period, there were two children who were adopted in another state, the family moved to Delaware and after a finding of abuse/neglect, the children were placed in foster care in Delaware. There are no known disrupted or dissolved international adoptions.

The CPAC Permanency Outcomes for Adolescents Committee has introduced some legislative changes as another way to facilitate permanency for foster children. One proposed bill provides for the Reinstatement of Parental Rights under specific circumstances and when in the best interest of the child. This option would be for children who are older

than age 14 and still in foster care, and when the termination of parental rights occurred 3 years earlier, and when, in spite of reasonable efforts, adoption is deemed not to be appropriate.

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 11 children in 5 different states for adoption. Delaware children have been placed in 30 different states and in one foreign country for adoption. This increase is in part due to the fact that even though there are less children entering foster care at this time, DFS continues to reach out to relatives and to those who have had a connection to the child at some point in their life. Currently, there are 192 active adoption cases. Of those children, the agency is recruiting adoptive families for 39 legally free children, including 8 sibling groups; 24 are at least 12 years of age and/or are part of a sibling group.

### **Post-Adoption Services**

DFS continues to contract with A Better Chance for Our Children, Inc. to provide support services to adoptive and permanent guardianship families. The case and crisis management services provided by ABCFOC are available statewide and provide immediate support and advice as issues arise. The goal of this program is to prevent disruptions. As part of the post adoption program ABCFOC provides information and referral, case management and crisis management to families. Additionally, ABCFOC provides training and programs that teach families how to parent their children by being proactive regarding negative behaviors. Through this program ABCFOC has been able to provide support groups in the southern part of the state which complement the support groups provided in northern Delaware by Adoptive Families with Information and Support (AFIS). This year ABCFOC provided six evening trainings for adoptive parents in all three Delaware counties. The trainings focused on Bullying, Lying, Brain Based Parenting, and Texting and Sexting. Additionally, they provided an all-day bonding workshop for families to enhance relationships. The number of adoptive families who participated in individual case and crisis management increased substantially. ABCFOC also conducted two six-week Love and Logic parent education training groups. One was held in Felton, Delaware, and one in Wilmington, Delaware. ABCFOC will continue to expand their services and hopes to reach even more families in the coming year.

ABCFOC also provides an innovative program that serves to stabilize placements named “Rec and Respite”. Through this program, a day of respite is provided for adoptive families two Saturdays each month. Families commit to a full year of participation. ABCFOC has found that families who utilize this program are better able to deal with crisis because they have had some time to relax and unwind; thereby providing support that is a deterrent to disruption. None of the children who participate in the group – although they are all emotionally challenged– have disrupted from their adoptive family. Although this program provides a great deal of support for parents, it has been a wonderful experience for the kids as well. This program is active in both New Castle and Kent Counties. Children from Sussex County attend the program in Kent County, but plans are underway to have a separate site in Sussex County as well. Currently there is a waiting list for this service.

In the past year, post adoption services have been provided to about 220 children and families statewide. The need for post adoption and respite services continues to increase as more children are adopted from foster care.

### **III.B.2. Children's Department Permanency Strategies**

#### **Division of Prevention and Behavioral Health Services**

DPBHS has created a work group called Child Priority Response Review Committee. The goals of the committee are to clarify the roles and responsibilities; to ensure the delivery of quality services through utilization of best practices approaches; to ensure service delivery is accessible and efficient; and to develop communication strategies. There are representatives from the other Divisions, the courts, education, and Department of Health and Social Services at the meetings. This committee has a target date for recommendations to be completed by June 2013.

#### **Promoting Safe and Stable Family Consultation and Support Program**

The U.S. Department of Health and Social Service Administration Title IV-B subpart II, Promoting Safe and Stable Family Program allocates federal funding to provide Family Support and Family Preservation services. The family support and family preservation funds are combined to provide a continuum of services whose primary functions are to provide supportive services which are intended to reduce the occurrences of child maltreatment by addressing the four associated risk factors which are: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services, and (4) crisis and stress. PSSF provides support and preservation services that aid children and families staying together, when safety can be assured. The program builds on family strengths, seeks increase family stability, provides opportunities to improve the parent's capacity to meet their children's needs, and focuses on prevention and early intervention services that alleviates family crisis and stressors in an effort to prevent child maltreatment and enhance child well-being. The mission of the Promoting Safe and Stable Family Consultation and Support Program is to promote the healthy development of children by strengthening and preserving families, in a safe and caring community when safety can be assured through family support and the consultation process using prevention and early intervention strategies.

The Goals of the PSSF Consultation and Support program are to: 1) reduce life stressors that may negatively impact family functioning and child well-being, 2) help families access needed services, 3) build family skills and strengthen family functioning so as to reduce the likelihood of child maltreatment, 4) assist with transitions of youth and family in Departmental care back to the community, and 5) increase community awareness of local services and resources.

The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) service continues to be provided through universal/targeted/indicated approaches in the continuum of service. The PSSFCS model is set up to increase resiliency in families, thus reducing the likelihood of departmental child entering into deeper end services. PSSF build 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. Continuing the prevention strategy through the Family Support and Family Preservation efforts, services are focused on three domains; the individual, the family and the community in a consultation, case management model. PSSFCS through the Universal Prevention approach continues to distribute educational materials and programming services to the general public relating to healthy relationship, child/youth development, family makeup, family health, human relationship, co-parenting, blended family, single parents, child support, communicating with your child's teacher and other related topics.

PSSFCS contracts with five 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. PSSFCS also continues to provide an array of supportive services to families active and not currently active with Departmental core services. The family consultation and support 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 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 community based agencies contracted to provide the PSSFCS service have sites throughout the state. There are two sites in Sussex County, one site in Kent County, three sites in New Castle County and one site has been added during the period of the report bordering New Castle and Kent County. The newly added site is a resource connection only site responding to the rising need for support and preservation services in an underserved area. The PSSF Consultation and Support Service expanded services of FY10-11 included two polite sites which focused on serving a targeted population involved with domestic violence and those families who have received specialized housing through the Division of Family Services continue to be in place. The specialized consultation and support services program targeted to address the domestic violence population has been under revision to specifically implement the DV discipline intervention strategies into the strength based family consultation model. More specifically the service revision will further address the family preservation needs of the DV population also utilizing a service array of DV modalities. The DFS specialized housing consultation and support service model continues to implement the PSSFCS consultation case management model practices in its service implementation along with additional preventative components to support homeless families.

The Goals of the PSSF Consultation and Support program are to 1) reduce life stressors that may negatively impact family functioning and child well-being, 2) help families access needed services, 3) build family skills and strengthen family functioning so as to reduce the likelihood of child maltreatment, 4) assist with transitions of youth and family in Departmental care back to the community, and 5) increase community awareness of local services and resources.

Through the Division of Prevention and Behavioral Health Services PSSFCS program continues to be provided by Community Based Family Consultants that 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 continue receive annual refresher training in the Consultation process of the program design and critical assessment to assure the enhancement of the families ability to assess and address their concerns, increase their decision making and planning skills. The Family Consultants also received ongoing training in the support service component of the program, which seeks to improve families' ability to identify appropriate informal and formal supports and increase the ability of the support systems to meet the family's needs. Ongoing community presentations of the PSSFCS program continue to be given by the family consultants. Family consultants seek to maintain good public relations throughout the service community and remain knowledgeable of available community services to assist program participants assess needed resources.

The PSSF family consultants received the following training during the report period:

- PSSF Consultation and Support case management model
- Public Relations and the PSSF Community Launching Committee
- Revised PSSF Family Stressor and Resource Assessment tool
- Revised PSSF Family Needs and Social Support plan (intake and closure)
- New PSSF Service Activity Service log
- Practice Model of the Family Assessment and Intervention Plan
- PSSF Quarterly Narrative Reporting
- Family Support Tool – Service Incentives
- PSSF Revised Logic Model
- Fatherhood and Healthy Adult/Marriage Initiative
- Levels 1 – 3 of the PSSFCS Program Core Competencies
- Strength-based Approaches
- Ambassador Training
- Critical Assessment
- Interviewing Techniques
- Protecting Delaware's Children Conference

During the period of this report 659 families and 706 adults and 831 children were services in the PSSF program during the period of this report. Of those families service 60% were successful in addressing their family needs completing two family goals thus resulting in the reduction of the presenting stressor that may have negatively impacted family functioning and the well-being. The PSSFCS program was successful in strengthening 69% of families served by accessing needed services and 33% increased community awareness of local resources as reported in the program community questionnaire. The average length of service continues to be four to five weeks with 1/3 of the participants averaging case closure 28 days from the date of registration.

The Promoting Safe and Stable Families Consultation and Support Program continues to focus on families in crisis, but occasionally 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 in 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 five 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 FY12 reporting period, no program participants were placed on a waiting list. The PSSF Consultation and Support Program were able to maintain a baseline of zero participants on the waiting list as established the previous year. During this time period, PSSF Consultation and Support Program experienced two vacancies which took an average two months to hire for each vacancy. In addition, new worker training and technical assistance was provided over a period of six weeks before a new family consultant began to see program participants independently.

The program referrals source reported for the 659 families served for the reporting period of this report were: 23% of families were self-referrals, 21% were referred by a community agency, 33% were referred by other source, .07% were referred by another state agency, .01% were referred by the Office of Children's Services, Youth Rehabilitative Services and Prevention and Behavioral Health Services, .0% were referred by the courts and .12% 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 top five needs identified by the program participants were: 22% emergency services, 47% employment, 14% financial wellness, 8% counseling, and 6% housing. The program reports the top five informal supports were: family 41%, friend 32%, neighbor 20%, co-worker 17%, and church/minister 25%. The top five formal supports reported were: PSSF 76%, community agency 37%, state agency 35%, school 29%, and medical/psychological 11%. The DPBHS continues efforts to strengthen its ability to report programs service data.

The PSSF Family Consultation and Support model has incorporated supportive services which are considered to have significant impact on families that can reduce stress. These services are considered priority services. The programs priority services are: Enhancing Parenting Skills, Building Healthy Marriages/Adult Relationships, Positive Behavior Intervention, and Substance Abuse. The priority focus of support service for this contract year is on Fatherhood/Healthy Adult Relationships.

During the 2011-12 fiscal years, PSSF (Promoting Safe and Stable Family) DFFC Community Launching Committee (CAC) implemented and supported: Fatherhood Initiative, Healthy Adult Relationships/ co Parent Education, and Child / Teen Developmental Characteristics. In support of these initiatives, PSSFCS CAC's awarded 10 mini grants to community based organizations that provided educational and support services around the following: Fatherhood, Children's Health / Parenting, Youth Behavior / Self Esteem, Awareness. A total of 800 + individuals participated in the 10 mini grants. These

mini grants empower and strengthen community skills to help develop and provide support for troubled/needy families.

#### **Title IV-B, subpart II – Responsible Fatherhood/Healthy Adult Relationships**

The following is summary of the program status, program goals and objectives of the Delaware Fatherhood and Family Coalition (DFFC). In 2012, the DFFC revised its vision. The vision states: The Delaware Fatherhood and Family Coalition (DFFC) envisions healthy and resilient Delaware children whose fathers are involved and parents effectively work together. Within the same year, DFFC realized its opportunity to expand their focus and redefining as an advocacy coalition to collaborate with agencies and individuals.

The mission of DFFC is to be a united change agent, committed to building a sustainable community coalition that champions father involvement and supports healthy adult relationships-specifically effective co-parenting-which in turn provides positive outcomes for Delaware children. Goals include: 1) Promote Father Involvement as a Positive Influence, 2) Build a Self- Sustaining, Self-Determining Coalition, 3) Provide the Delaware Fatherhood and Family members with education and technical assistant opportunities, and 4) Promote Fatherhood and Co-Parenting services. The objectives, plans and outcomes changed to meet the goals as an advocacy coalition.

Toward the goal of increasing community awareness of the importance and commitment to father involvement in the lives of their children, a plan of action was developed to include strategies to increase community dialogue with factual information of the importance of father involvement; the challenges and barriers fathers face as well as how to lessen the stressors of mothers when responsibility of raising a child is shared. Using a universal method to disseminate information, the following plans were implemented.

- Meetings –Membership and Community Town Hall meetings were held to facilitate a dialogue on the important impact fatherhood involvement has on a child’s development. In addition, resources and educational material were distributed and updates were given on the Delaware Fatherhood and Family Coalition.
- Fatherhood Summit – The 4<sup>th</sup> Annual Delaware Devoted Dads Summit was held in 2012. This two day event was held at Dover Downs in Dover, Delaware. The Keynote presenter was Allen Houston, who is the founder of Father Knows Best programming service dedicated to helping others in restoring a strong family unit, providing economic empowerment, encouraging education and skill development and enhancing spiritual growth. All this is done through a basketball retreat along with a curriculum on relationship building activities for fathers and their children. LaMarr Darnell Shields, who is an advocate for youth and fathers, provided the audience with detailed knowledge on his advice to young men, *101 Things Every Boy/Young Man of Color Should Know*. This book and his presentation inspired the documentary film “Men II Boys.” Evaluations showed that the keynote speakers and the 12 workshop presenters were well received. All sessions focused on Fatherhood Involvement and Healthy Adult Relationship.

- During the 2012 Delaware Devoted Dads Summit a special effort was made to outreach and engage the Latinos Community. A Latino sub-committee was formed to ensure that the planning process was culturally competent to meet the need of Delaware's diverse population. The Latino Sub-Committee identified presenters, translators, transportation and community registration.

In order to stimulate a broad base positive social movement to combat father absence and promote father involvement membership drives were held to increase leadership, active membership, supporters and community champions to engage others and encourage the positive role of fatherhood.

Another initiative was to provide educational opportunities and technical assistance to increase the capacity of the community to support father involvement. Educational opportunities were supported by:

- Engaging members to become trained DFFC Ambassadors. The Ambassadors initiate and/or join informal discussions and provide factual information to increase awareness and dispel myths regarding non-residential fathers. Communicate the importance of co-parenting and how it relates to child social and emotional development. Fatherhood and Healthy Adult Relationship tips were developed and distributed among the community - statewide.
- Technical Assistance: Over the course of the past year, the Delaware Fatherhood and Family coalition reached out to various contracted agencies, community services and Divisions under the Department of Services for Youth, Children and Their Families. Each representative attended an informational session which covered environmental, recruitment and retention strategies to engage fathers. The discussion centered on how to implement practices and procedures and incorporate fatherhood components into existing systems. Strategies were developed for the Division of Youth Rehabilitative Services on how to better engage fathers in the visitation and participation in case planning. The Division of Family Services received a strategic recommendation on how to support their Youth Advisory Board to become ambassadors by increasing their knowledge in Healthy Adult Relationships.

The Delaware Fatherhood and Family Coalition makeup consist of community individuals, parents, service and faith-based organizations, and local government, all involved with the common interest of Responsible Fatherhood and Healthy Adult Relationship. Through the activation of the members, networking and promotion of Responsible Fatherhood, many activities within Delaware have taken place highlighting fathers and their children. Such activities include:

- Daddy and Me Have Talent Event
- Girls Rock with Fathers
- Faith-based panels focusing on youth and fathers
- Kent County Father's Day Parade
- Real Dads Network
- Daddy and Daughter Valentine Dance

- Unmasked Pain of Fathers

This partnership, collaboration, sponsorship and support became an instrumental factor to initiative plans under the objective to stimulate a social movement. The DFFC members have been asked to sit on panels as experts in the field of fatherhood in Delaware as well as receiving certificates and trophies as recognition representing DFFC and their individual contributions to the community for increasing awareness of the impact on the child well-being resulting from fatherhood involvement.

In 2012, an assessment revealed that additional knowledge and skills were needed in building an advocacy coalition which had similar features with a service coalition, but also major differences in operating the infrastructure and the aligning the vision with an advocacy coalition. Findings and recommendations included:

- Revising the Vision, Mission, Goals and Logic Model and the operation of how to implement with mostly volunteers, with little financial support for staffing.
- Implementing a two day technical assistance training to assist in redefining the coalition, how to structure and implement. This assured all leaders were knowledgeable and progressing in the same direction. Position responsibilities, various types of protocols and procedures needed to be created while implementing the activities of the objectives.
- Committees, volunteers and staff were realigned to focus on different areas, such as: communication, infrastructure, web-site and training to standardize the coalition as a unified force prior to addressing specific system issues.
- An updated needs assessment still needs to be developed to identify the type of platforms the DFFC coalition would like to address to stimulate a broad-base positive social movement to combat father absence and promote father involvement.
- The Delaware Fatherhood and Family Coalition lacked funding and as a result a search was conducted to recruit skilled volunteers to become part of the membership and to lead committees.

During the three membership and the three town hall meetings held in 2012, father related educational materials were distributed. Anywhere from 50 to 100 people attended the statewide membership meetings. Approximately 80 people attended each town hall meeting. All attendees of both meeting received information on Fatherhood Facts, Engagement Tips, How Fathers Contribute to Developmental Phases of Children, Parenting and Child Resiliency, and Connection to Services. Invited guest speakers for the town hall meeting were representatives from schools, health field, prison re-entry, and provided excerpts from their personal life experiences. Out of town presenters from Baltimore and Philadelphia presented on program services.

Experts in the community have joined and are committed to building the Fatherhood and Family Coalition as a unified force in Delaware. They are web site and program designers, promotional and marketing experts, trainers, presenters and curriculum designers, as well as

coalition builders. In addition, leaders have emerged to coordinate the activities for the three counties in Delaware. This has increased the success rate of the DFFC to build a strong foundation which will help meet their goals and objectives.

A Delaware Fatherhood and Family Ambassador Curriculum was initiated in 2012. It was piloted with a small group of community and PSSF Family Consultants. Revisions were made and training followed. Over 75 attendees received the training and are now being deployed in the community to disseminate information. Curriculum development was instituted for Train the Trainer for the purpose of increasing trainers throughout Delaware.

Over 100 Latinos families attended a summit which was designed to meet the adult relationships and the challenges Latinos face within their community. Two plenaries and one workshop session was held in Spanish and translators were placed in other workshops and during the keynote speaker address. In all, over 300 people attended the two-day Delaware Devoted Dads Summit. The survey response provided feedback from a rating one to five, with one being not important and 5 being highest of importance. Over 83% of the participants enjoyed the keynote speakers with Allen Houston receiving the most acclaim with an excellent rating of 4.8 out of 5. All of the keynote speakers were highly recommended to speak again. Over 90% of the attendees rated all of the workshops with being very important to highest of importance.

A number of collaboration efforts have been implemented including collaboration and partnership with greek fraternities and sororities to promote fatherhood and healthy adult relationship events and expanding the participation of faith-based organizations, barber shops, hair salons and businesses to hold open discussions to a captured audience. The program supported the request, provided technical assistance and partnered with community members to initiate County Seat Gardens Coalition to address the needs of the Latino population which focused on healthy adult relationships, child care and employment.

The Delaware Fatherhood and Family Coalition employs: information dissemination, education, alternative activities, problem id and referral, social and policy strategies through a community-based process. Individuals and families are involved, community voices are heard, and they become the decision makers and the problem solvers for the well-being of children and the stabilization of families. It is because the Delaware Fatherhood and Family Coalition engages partners across disciplines, sectors, and institutions all with the common interest of seeking solutions on how to elevate fatherhood involvement with healthy adult relationships that strategies are being employed and alike outcomes are being sought. Communities are being empowered to conceptualize and solve problems, enhance implementation of innovative strategies, and improve skills and knowledge so they become more self-reliant and resilient.

- Future activities based on the analysis include:
- Training and community educational ambassador tool box
- Interactive Web-site to connect to contacts, resources and other sites for educational materials
- Employ social media for promotion, information dissemination and feedback

- Improve technology to gather outcomes for web trainings, events, surveys, registration and needs assessments.
- Where there are opportunities to have brief informal discussions amongst peers in informal or formal setting to initiate dialogues called “Water Cooler Discussions”.

**Program Service Intensive Family Consultation (IFC) Service:**

The Intensive Family Consultation Service is a Family Support / Family Preservation Service that uses an interactive “one on one” consultation prevention approach. IFC Services are designed to work with families who are experiencing a multiplicity of complex needs, and exhibiting common risk factors that may contribute to child maltreatment. These risk factors may be limiting the family’s ability to successfully work through the challenges that they face; thus limiting their ability to move forward in order to resolve their core concerns.

Within its practice, Intensive Family Consultation (IFC) Services utilizes a Family Centered, Problem Solving, Group Decision-Making Approach which is strength based and involves a collaboration of both formal and informal social supports that are identified by the family. Through a team approach, the family is guided in their ability to examine and determine what they consider are their core concerns. Person Centered Planning tools such as the Making Action Plan (MAP) and Planning Alternative Tomorrow with Hope (PATH) are utilized as intervention strategies by the IFC Worker during this process. Out of the 74 IFC referrals received during FY ‘12, a total of 40 Families received IFC Services in the New Castle, Kent and Sussex County area. The service needs addressed consisted of multiple, complex issues associated with parent /child conflict, substance abuse, family instability associated with homelessness, history of sexual abuse, domestic violence, blended family stressors, school truancy and child behaviors. The average length of service received is between 3 to 6 months. However, the length and intensity of service provided is dependent upon the specific and unique needs of the family.

IFC Services utmost endeavor during FY’ 12 has been to expand its collaboration efforts with State and Community Organizations in order to serve additional families throughout the state of Delaware. As a result, IFC Services increased its referral base to include partnerships and case collaborations with the Child Development / Community Policing Program (CD-CP) on 9 cases, AI DuPont Nemours Hospital on 2 cases, Kent County Family Court on 2 cases, and Sussex County PBH Wrap team on 4 cases during the current reporting period.

**Service Numbers by County:**

New Castle County	Kent & Sussex County
Families Referred: 56	Families Referred: 18
Families Served: 27	Families Served: 13
Adults Served: 32	Adults Served: 25
Children Served: 70	Children Served: 40

**K-5 Early Intervention Program in Schools**

The Division of Prevention and Behavioral Health Services also manages the K-5 Early Intervention Program, which is a state-funded program that places Family Crisis Therapists (FCTs) in a number of elementary schools statewide. Typically schools are chosen because

of their student population demographics including various high need indicators (e.g., poverty, community violence, poor academic performance). The program focuses on helping stabilize families in crisis so that children can safely remain in their homes. The Family Crisis Therapists (FCTs) who work in this program are currently based in 53 elementary schools throughout 14 school districts and 3 charter schools within the state.

The FCTs provide training and education to parents and staff regarding child safety and development. FCTs also provide training and support to staff and parents regarding child abuse and neglect issues. More than 45 FCTs have been certified in the Positive Parenting Practices Program (Triple P), through a partnership with the Nemours Health and Prevention Services. The FCTs provide this Triple P parent education program to families in their caseloads, as well as other families in their schools. K-5 Early Intervention FCTs help families access financial assistance from local and community agencies 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.

K-5 Early Intervention Family Crisis Therapists opened 549 new cases from January 01, 2012 through December 31, 2012. During the 12 month period from January 01, 2012 through December 31, 2012, the K-5 Early Intervention Program had an average of 800 cases open each month. During each of these months, the total program caseloads averaged 2,000 students and 1,160 parents/caregivers per month.

The FCTs provided 78,136 individual counseling sessions, and 11,288 group counseling sessions with caseload children in 53 elementary schools state-wide. The FCTs also provided 8,832 family counseling sessions in families homes during the period. Additionally, K-5 Early Intervention FCTs had 10,344 interactions with other children in their schools from January 01, 2012 through December 31, 2012. These FCTs also interacted with parents/caregivers of other children 4,571 times.

For each of the 549 new cases opened between January 01, 2012 through December 31, 2012, there were three initial assessments completed. The first is an Initial Assessment consisting of 19 questions. This form helps the 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 is a newly implemented behavioral assessment named the Parent/Teacher Child Rating System (T-CRS and P-CRS). This assessment is conducted within 30 days of a family entering the program and again after 6 months of service. Third, is the UCLA Trauma Screen, completed within 60 days of intake to identify children whose past trauma continues to affect their ability to succeed. Each child screening positive for trauma is referred to a nearby counselor certified in Trauma Focused Cognitive Behavioral Therapy. For each open case within the K-5 Early Intervention Program, a service plan based upon these assessments 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 assessments 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.

Internal K-5 Early Intervention Program Quality Assurance case reviews are performed twice each month by program supervisors using a common evaluation tool. These reviews ensure that appropriate case plans, including interventions, are developed and updated for every caseload family. Each case plan must include services to the parent in addition to services for the identified child on the caseload. In addition, these reviews ensure that adequate services have been provided both in the number and the quality of interventions.

Each year, the Early Intervention Program revises its strategic plan including long, medium, and short term goals. Action items, milestones, and responsible leaders are assigned to each goal. This plan is reviewed and update at least one time per month. Updates are tracked in the written plan, with completed items moved to their own section to ensure continuity.

In 2012 The Early Intervention Program fully moved into the department's FACTS system, replacing paper case records with electronic case records. This also allows supervisors to monitor individual family progress in a more timely fashion, and allows simplifies department level reporting.

In September 2012 the Early Intervention Program replaced the Child and Adolescent Functioning Assessment Scale (CAFAS) with the Parent and Teacher Child Rating System after a 1 year analysis of available behavior assessment tools. This new tool allows for parent and teacher input regarding the identified child's behavior in addition to the Family Crisis therapist input using CAFAS. The Child Rating System can also be administered and scored electronically by emailing assessment forms via secure emails to parents and teachers. The Early Intervention Program is working with the vendor COMET to implement the electronic version in 2013.

### **III.B.3. Permanency Strategies in Collaboration with System Partners**

#### **Court Improvement Program and the Family Court**

Family Court continues to collaborate with a number of professionals, community partners, families and children – both within and outside of the State of Delaware. CIP staff coordinates with their counterparts in other states to learn about “best practices” and ways to improve processes and services in the state. CIP staff attended the National CIP Conference from May 1<sup>st</sup> – May 3<sup>rd</sup>, 2013. Workshops will address individual state initiatives – what made them work; what barriers were faced; how they were resolved; what remains to be done and other issues related to topics states may wish to address. Family Court maintains close collaboration with professionals in child-serving agencies including: DSCYF, the Office of the Child Advocate; National Bar Association Center on Children and the Law; Child Protection Accountability Commission; Department of Education; Division of Social Services and the Division of Public Health.

Family Court holds quarterly stakeholder meetings in each of Delaware's three counties. These meetings include various stakeholders including DFS regional staff. These meetings provide open forums for discussion of system issues and local problem-solving. Additionally, one Family Court Judge represents each county for the quarterly GEM (Great Expectations Meetings) with DFS leadership to address system issues and provide ongoing dialogue for problem-solving.

Family Court and CIP recognize the services provided by CASA volunteers. Collaboration and training is provided to ensure CASA volunteers have the most up-to-date information and access to trainings to augment their knowledge base.

### **Child Placement Review Board (CPRB)**

The primary mission of the Child Placement Review Board (CPRB) 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 are 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.

CPRB conducts reviews of Delaware's children in out of home placements once a year. The CPRB is an independent citizen foster care review board made up of individuals who have worked directly with children and who have been appointed by the Governor of the state of Delaware. 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 CPRB is committed, by way of their reviews, to continue to invite and support positive relationships that youth aging out of foster care have developed.

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.

The CPRB also conducts reviews for adjudicated youth in out of home placements 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 18<sup>th</sup> 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 allows the caregivers to submit their views and opinions regarding information that they would have been asked in the review if they had

been able to attend. The CPRB has its own tracking and recording system and publishes its findings yearly in its annual report.

The CPRB underwent a Review by the Joint Sunset Committee (JSC) of the General Assembly this past year. One of the recommendations was for there to be better coordination between the reviews conducted by Family Court and those done by CPRB. A Task Force was established to address this recommendation. Although CPRB have been released from the JSC, the subsequent task force has suggested that there could be improvement regarding CPRB reviews. This includes focusing more on foster youth who have been identified as needing additional oversight. This is a multi-agency effort that is ongoing and it is hoped will improve efficiency of our citizen review system.

The CPRB's Executive Director is a position that is actively involved in numerous community-based efforts. Based on the information gathered from citizen reviews, the Executive Director is able to highlight systemic issues and advocate on behalf of the board members for service and/or policy improvements.

### **Interagency Committee on Adoption**

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 IACOA's purpose is to support and enhance communication and collaboration within the adoption service community. The committee meets monthly to identify and address issues surrounding adoption for children through advocacy, education and inter-agency collaboration.

For the past four years, IACOA has sponsored a state-wide adoption conference on National Adoption Day (NAD). The NAD conference provides educational workshops and trainings as well as opportunities for families and services providers to network and interact. In 2013 the format will be changing. In September there will be an outdoor fun day which aims to have adoptive families and statewide agencies gather in a summer picnic (games/activities) program.

In November, which is national adoption month, ICOA will roll out a month long media campaign to promote and educate the public on issues relating to adoption. It is now a contract requirement for all Delaware placement agencies to provide services to prepare children for adoption and, when adoption is not appropriate, for life outside of foster care. One piece of that preparation process is an adaptation of the 3-5-7 Program known as *My Life (My Young Life In Foster Care Explained)*. The program helps children develop an understanding of why they are in foster care and allows them to grieve their losses. Additionally, private agencies are working with DFS to recruit families – as well as other supportive resources – for those children who have participated in My Life and are better prepared to be adopted. State-wide, placement agencies are partnering with DFS seeking creative ways to find resources for our kids – mining files and learning about past people who are (were) important in the child's life, finding ways to publicize waiting children, and

allowing children to have more of a say in determining what might be a good “fit” for them in terms of a family.

Beginning in 2010, the IACOA has instigated the practice of conducting a training workshop for all professionals in the state working in adoption. Called the ‘Worker Invitational Meeting’, this year the workshops were on strategies and tactics to recruit more African American families for children who are waiting and a face-to-face ‘resource exchange’ where placement workers presented information on their available families and permanency workers presented information on waiting and available children. To enhance participation in these opportunities, Adoptive Families with Information and Support sponsored the event, providing a light lunch and refreshments and the meeting was held at a location in the middle of the state.

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

Adoptive Families with Information and Support, Delaware’s adoptive parent organization has been in operation for more than 30 years. AFIS provides training, support groups and community activities for adopted children and families. There is a strong support group in northern Delaware. There are efforts to expand this support group to southern Delaware as well. This group also advocates for services, resources, and assists with the annual National Adoption Day conference each November. The 2012 event was held on Saturday November 17<sup>th</sup> at Delaware Technical and Community College in Dover. About 260 people attended this celebration event. The National Adoption Day planning committee within ICOA is looking into other ways to celebrate adoption and recruit new foster and adoptive families for those children needing placement and permanency in Delaware. Some of the ideas include a fun day or fair for the children touched by adoption and permanent guardianship is tentative for September 21, 2013. Another suggestion is to provide some extended media coverage and move forward with a recruitment campaign for foster and adoptive families during November 2013 which is also National Adoption month. The group is looking at coordinating with the media a series of articles and interviews with a number of adoptive or foster/adoptive families. The details still need to be worked out. (See Attachment T: 2012 National Adoption Day Brochure).

### **III.C. Well Being Strategies: Continue Efforts to Enhance the Capacity of Families to Meet Their Needs**

#### **III.C.1. DFS Initiated and Internal Well-Being Strategies**

##### **Medicaid Database**

DFS continues to partner with representatives from the Delaware Division of Medicaid and Medical Assistance and the Medicaid Managed Care Organizations (MCOs) (Diamond State Partners, Aetna, and United Healthcare) to best meet the medical and mental health needs of children in foster care by developing a monthly data exchange. The intent behind this monthly data exchange is to ensure that DFS caseworkers and foster parents are provided

with the most up-to- date medical and mental health information for children placed in care. The data exchange provides each MCO with the following information:

- The youth's name
- Date of birth
- Date of entry into foster care
- MCI Number (Master Client Index)
- DFS worker name and telephone number

Each MCO has designated a single point of contact (SPOC). Once the MCO receives a 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, any diagnoses the child may have, specialists (including contact information), and a summary of any durable medical equipment and medications that the child is using. 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. 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 issues and to develop a plan of care. This partnership eliminates that delay.

### **DFS Office of Evidence-Based Practices (OEBP)**

In 2012, The Cabinet Secretary of DSCYF moved four positions (2 psychologists and 2 mental health screeners) from the Division of Prevention and Behavioral Health Services into DFS to create the Office of Evidence-Based Practice within the Director's Office at DFS. The two screeners had been involved previously in a pilot project to screen children entering foster care and help connect them to treatment services as indicated. While this pilot project captured some entering children, a review of the project indicated that if it were housed within DFS it would be more efficient to identify and access entering children in a more timely and coordinated manner.

### **Screening and Consultation Unit**

The first approach of the OEBP was to develop a Screening and Consultation Unit (SCU). The SCU will provide effective screening for all children who enter foster care, and these screenings are scheduled to take place within 4-8 weeks of entering care. These comprehensive screenings, including specific screening for trauma, will assist foster families and caseworkers to identify the most appropriate services for children and their families to improve outcomes and promote well-being. The SCU will also provide support and follow-up care to caseworkers and children in foster care through ongoing consultation and problem-solving.

In terms of specific procedures that will be followed by the SCU staff, the following is the general process by which screenings will occur. Once a child enters foster care, a Clinical Screener is notified of that child's entry and the screening process begins. The Clinical Screener sends out notification emails to caseworkers, supervisors, and foster care coordinators to alert them to the screening process and request their input. Some children

may already be receiving mental health services, or they may have been screened through another resource (e.g., PBH, outpatient therapist, CDW, etc.). In these cases, Clinical Screeners will contact treatment provider and foster parent to check-in and ensure that the child's needs are being met. Provided that their needs are being addressed and no additional concerns are raised, no additional screening is required for these children. For all other children, the Clinical Screeners then contact the foster parent to schedule a screening appointment.

A variety of screening tools are utilized for the screenings, including developmental screeners, substance abuse screeners, and trauma screeners. Once the screening is complete, the findings and recommendations are shared with the DFS caseworker, supervisor, treatment coordinator, and/or private agency worker involved with the child (via simple 1-2 page summary sheet showing of areas of need). Assistance is provided when needed to aid the child in being connected to the appropriate service and providers in his/her area.

Once findings from the screening process have been shared with the child's treatment team and the appropriate services have been established, the Screening and Consultation Unit (SCU) provides support and follow-up care to caseworkers and children in foster care through ongoing consultation and problem-solving. SCU screeners and psychologists are accessible to staff involved with each child in foster care, as well as available for consultation with providers working with these children. With regards to symptoms of trauma-related anxiety that may be present for children in foster care, the SCU screening protocol includes a screening tool used specifically to identify such symptoms. Should the child show evidence of trauma-related anxiety, SCU staff immediately refer the child to the trauma program run by the Division of Prevention and Behavioral Health Services. Through this trauma program, the child is connected to a provider who is trained in Trauma-Focused Cognitive Behavioral Therapy for treatment and monitoring. Children with a history of prenatal exposure to alcohol and/or drugs are screened for behavioral difficulties associated with FASD. If results indicate a positive screen, those children are referred for neuropsychological testing and follow-up treatment. Results from the clinical screeners performed by the SCU not only be shared with all staff involved with each child, but findings and recommendations will also be shared with the child's foster parents. In addition, findings and recommendations will be available via the State of Delaware's Family and Child Tracking System (FACTS). The SCU plays a role in ensuring the continuity of health care services for each child by serving as an access point or point of referral for all types of health care services, including services to address developmental delays in young children, medical concerns raised by foster parents or children, or appropriate mental health services.

### **Providing Oversight of the Use of Psychotropic Medications**

With regard to the use of psychotropic medications by children and youth in foster care, OEBP began reviewing current best practices (as put forth by the American Academy of Child and Adolescent Psychiatry and others), as well as DFS' current policies on psychotropic medication, including monitoring and informed consent procedures to ensure we are in line with state of the art procedures. The next step was to gather information from model programs (e.g., Texas and Connecticut), that have successful monitoring and drug

utilization review programs to help DFS develop appropriate policy and procedures moving forward.

OEBP staff meet regularly with representatives from the Division of Medicaid and Medical Assistance (DMMA) to examine psychotropic medication data related to youth in foster care, including vulnerable populations like FASD and drug exposed children, as well as those in residential MH facilities. DMMA is able to provide utilization review data on all prescriptions written for children in foster care. Reviewing this data and collaborating to ensure the accuracy of the data has been DE's first approach at a system-level monitoring of aggregate data. This workgroup is tracking prescriptions by child and prescriber, and then analyzing these patterns against current best practice protocols (considering the number and type of psychotropic medications prescribed, age of child, and corresponding diagnoses of child).

In addition, the workgroup is beginning to develop client-level approaches to monitoring psychotropic medications. First is the development of resource materials that can be used for training staff and foster parents around the topic of psychotropic medications and informed consent. Staff of OEBP work with DFS program managers and supervisors to ensure that both the informed consent process and information sharing processes are adequate to ensure proper and appropriate care for children in foster care. Both an internal DFS workgroup and a DSCYF department wide workgroup are currently working on these protocols. Their approach is to balance the rights to confidentiality with information sharing that is crucial to coordinated care for foster children. These workgroups provide mechanisms for ongoing examination of current impediments to collaboration and information sharing, both within and across systems, so that policy and procedures can be revised to support coordinated care.

OEBP staff are also collaborating with our sister divisions in DSCYF to coordinate various psychotropic monitoring initiatives simultaneously occurring within juvenile justice and behavioral health. There are psychiatrists and nurses, who are providing consultation on this process. OEBP, through DMMA is also consulting with these health care providers to obtain guidance in developing procedures to provide consultation to primary care doctors to ensure that best practices for prescribing psychotropic medications are followed.

### **Consultation Services**

OEBP staff also provide broader support and consultation across DFS. Staff of this office are fully integrated into various components of the *Outcomes Matter* (OM) initiatives and actively participate in workgroups to provide consultation on implementation. These staff also participate on a number of committees and workgroups related to permanency, children in care who have medical needs, and children with complex and multi-system involvement. Staff are also collaborating on DSCYF initiatives to help bring evidence-practices and trauma-informed care to all children served across the department.

### **III.C.2. Children's Department Well-Being Strategies**

#### **Division of Prevention and Behavioral Health Services - Substance Abuse Prevention**

Substance Abuse Prevention and Treatment Block Grant funds are awarded through the Substance Abuse and Mental Health Services Administration (SAMHSA) to the DHSS Division of Substance Abuse and Mental Health (DSAMH) primarily to support the statewide substance abuse treatment system. However, the SAPT BG includes the requirement that a minimum of 20% of the total award is allocated each year to provide substance abuse prevention services. Of this 20% prevention set-aside, DPBHS receives 75% to provide primary prevention services to children and youth ages 0-17 and their families. Management of the SAPTBG is a collaborative effort between DSAMH and DPBHS.

#### General Objectives:

- Establish family support programs in Early Learning Centers in high- risk neighborhoods in New Castle County and Kent County. Hire a FACET Coordinator to implement the services according to the FACET Program Model design in Early Learning Center.
- Offer opportunities for parent access to resources and services.
- Establish a Parent Council in each center to promote parent involvement, and encourage information sharing and parent leadership in the selection of program activities (reflecting the specific needs and desires of families in each Center).
- Offer specific educational classes-seminars-workshops to increase positive parenting practices, child development and child school readiness.
- Offer opportunities for parents to bond with their children through participation in parent/child bonding activities.
- Offer programming that promotes interaction among center parent to reduce isolation.
- Establish a Lending Library in each center and encourage parent use of the lending library to obtain parenting and other wellness information.

#### **Delaware Prevention Coalition**

- Statewide Strategic Plan for Substance Abuse Prevention/Underage Drinking Prevention completed through a contract with Brandywine Counseling and Community Services, Inc. as a collaborative effort with West End Neighborhood House.
- Providers will use a comprehensive set of strategies, as identified by SAMHSA's Center for Substance Abuse Prevention (CSAP), to address underage drinking and substance abuse statewide.
- Implementation of 3 evidence-based programs targeting youth in elementary, middle and high school.
- Protecting You/Protecting Me – classroom-based alcohol use and vehicle safety program.
- Project Northland – a multi-level intervention involving students, parents, schools and communities.
- AlcoholEdu for High School – an interactive on-line curriculum designed to reduce the acceptance of underage drinking and its negative consequences.
- Evidence-based, community-based practice, Communities Mobilizing for Change on Alcohol (CMCA) to address community policies and practices through community coalition efforts.

- Partnerships with DATE and local law enforcement to conduct Alcohol Compliance Checks.
- Both BCCS and WENH will provide positive alternative activities throughout the year to youth statewide.
- Substance Abuse Prevention Awareness Carnival held 10/26/12 in Dover.
- Upcoming Events – Community Prevention Day, Town Hall Meetings, Hollywood Invades Delaware Teen Summit.

#### **Delaware Prevention Resource Center (DEPRC)**

- DPBHS continues to contract with the Channing Bete Company for fulfillment services and inventory management of informational materials distributed to schools and community-based organizations statewide.
- DEPRC remains open to DPBHS staff, DSCYF sister divisions and community-based organizations for technical assistance, educational materials and promotional items.
- All promotional items are ordered through Delaware Industries for the Blind.

#### **National Youth Leadership Initiative**

- Participants from the 2012 on-site training will begin receiving distance learning support for the implementation of the “Youth In Action” community prevention projects developed over the summer.

#### **Botvin Life Skills Program**

- Administered through a contract with the University of Delaware Cooperative Extension
- Anticipated to serve over 400 youth in SFY13.

#### **Vet Corps**

- Will work with community coalitions to build capacity to meet the needs of military families.

DPBHS has collaborated with the Office of Highway Safety in their underage drinking and driving prevention effort. The Office of Highway Safety manages the Enforcing Underage Drinking Laws Grant program provided by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention Program. In 2011, the Office of Highway Safety supported DPBH in their Step Up Underage drinking prevention campaign through the dissemination of campaign literature to all of the licensed alcohol retailers in Delaware. DPBHS’ Step Up campaign urges parents/adults to look critically at the role they play in making it OK for teens to drink, and offers practical methods to change those behaviors. With support from SAMHSA’s Underage Drinking Prevention Education Initiative, DPBHS was able to produce an award winning video to complement its overall campaign strategy. DPBHS was notified by SAMHSA that the Delaware video entitled “Time to Rethink, Teens & Drink won the award of Excellence for the 2011 Communicator Awards.

#### **Families and Centers Empowered Together (FACET) Program**

Families and Centers Empowered Together (FACET) to Prevent Abuse of Alcohol and Other Drugs is a family support and empowerment program located in child care centers and designed to strengthen families through educational and life-enhancing activities, fun family

events and other support services. These non-threatening activities and support services are chosen by the parents themselves through a parent council designed to promote their involvement and give them control over the program. Families of early learners are strengthened through activities designed to build community relationships, improve parenting skills, increase self-esteem and a sense of control, and reduce stress. All of this is accomplished while increasing knowledge of the importance of parenting in the prevention of alcohol, tobacco and other drug use. FACET follows the belief that to do the best for children; their families and communities must be supported and strengthened. The formula is simple: parents who possess a sense of fulfillment not only feel good about themselves and their family life, but also become better parents. The goal of the FACET program is to build and enhance protective and resiliency factors in multiple risk families of high-risk children enrolled in Early Learning Centers in high-risk areas by:

- Improving parent knowledge of positive parent practices, child development and child school readiness.
- Providing parent opportunities for supportive social connection.
- Providing access to resources and services and assisting parents to develop skills in mobilizing resources.
- Developing parent leadership skills by sustaining parent involvement in Parent Council and participation in FACET activities.
- Providing parent/child bonding opportunities.
- Establishing family support programs in Early Learning Centers in high- risk neighborhoods in New Castle County and Kent County. Hire a FACET Coordinator to implement the services according to the FACET Program Model design in Early Learning Center.
- Offering opportunities for parent access to resources and services.
- Establishing a Parent Council in each center to promote parent involvement, and encourage information sharing and parent leadership in the selection of program activities (reflecting the specific needs and desires of families in each Center).
- Offering specific educational classes-seminars-workshops to increase positive parenting practices, child development and child school readiness.
- Offering opportunities for parents to bond with their children through participation in parent/child bonding activities.
- Offering programming that promotes interaction among center parent to reduce isolation.
- Establishing a Lending Library in each center and encourage parent use of the lending library to obtain parenting and other wellness information.

All FACET centers have established parent councils to promote parent involvement and encourage information sharing and parent leadership. The centers offer monthly parent activities, including educational classes-seminars-workshops; selected by center parents, based on their needs. These activities offer parents opportunities to bond with their children and reduce isolation. In addition, each center has established a Lending Library and encourages parents daily to use the library. On a quarterly basis, the centers have activities focused on the Lending Library information and items to teach parents how to use these materials with their children.

FACET is in its 19<sup>th</sup> year of service and has expanded to include one additional center in New Castle County and two additional centers in Kent County. FACET is currently integrated into four Early Care and Education Centers in New Castle County and two in Kent County. During this reporting year, FACET Centers continue to meet program goals and objectives. The Child School Readiness workshops are now part of the standard menu of parent trainings.

Identified barriers and challenges in meeting goals and objectives include the need for additional resources for the Lending Libraries and funding to expand services to Sussex County.

The FACET Program served 220 unduplicated families and 230 unduplicated children during this reporting period. Innovative services and approaches include:

- The Families and Centers Empowered Together (FACET) program continues to support and promote quality programs by encouraging centers to participate in quality improvement programs. During this reporting year all centers are participating in the Delaware Stars for Early Success Program. The Stars program is a Quality Rating and Improvement System (QRIS) for early care and education programs, used to assess, improve and communicate level of quality. Delaware Stars establishes quality standards for programs and provides technical assistance and limited financial support to enrolled programs as they engage in quality improvement efforts.
- Delaware Stars is designed as a voluntary system that expects programs to work on improving quality by moving up the Star Levels. There are 5 star levels, each center works at their own pace to reach each star level. All FACET Centers are working hard to reach achieve star levels. FACET has solid parent involvement and documentation requirements which have assisted the sites in obtaining star levels. All centers during this report period have reached star #2 and some are close to obtaining star #3.
- The Stars for Early Success Program is funded by the Department of Education (DOE) and managed by The University of Delaware, College of Education & Human Development, Department of Human Development & Family Studies, Delaware Institute for Excellence in Early Childhood.

Though centers are skeptical when approached with new programming, FACET consistently encourages centers to participate in private and government sponsored programming to improve center quality and outcomes for children and their families.

The FACET centers also collaborate with community partners that offer vital information and/ or services. The information and/or services delivered must be essential to the population that the FACET centers serve and also meet program goals and objectives. The program encourages centers to partner with these organizations and offer their captive parent audience to receive the information and/or services. FACET currently partners with the State Office of Child Care Licensing, schools in the different centers feeder pattern, and the Nemours healthy steps and other community organizations.

In order to analysis statements as to impact of programming and outcomes for children and families, the FACET Program is in the process of revising its survey tool. The assessment was not completed during the reporting year.

### **Separating and Divorcing Parent Education (SDPE)**

In 1996, Delaware passed Senate Bill 288 of Title 13 of the Delaware Code, mandating divorcing parents with children up to age 17 attend an education program. State Family Court enforces the mandate by requiring divorcing parents with children up to age 17 to attend an education program on the effects of divorce on children. The court also, obligates parents wanting custody and/or wanting visitation to take these seminars. The SDPE program has 2 components: Basic (6 hrs.) and a Domestic Violence component (8 hrs.). Parents with a history of domestic violence must complete the domestic violence component.

The goal of the SDPE Program is to help educate parents about the effects and impact divorce and separation has on their children and to help minimize the harmful affect this produces. The objective of the program is to a conduct psycho-educational seminar that provides information about the impact of divorce, co-parenting, child behaviors and emotions, child development, relationships, parenting issues personal and plans for stabilizing the family unit.

In an effort to enhance service and promote positive outcomes the Separating and Divorcing Parent Education (SDPE) program continues diligently expanding services to underserved segments of the community. In 2011 the program had an increase of two program sites, one caters to an underserved population of incarcerated fathers and the other is a regular site. Seminars were held at 25 program sites throughout the state of Delaware.

Collaborations for SDPE are accomplished through word of mouth, networking and internet. Prospective providers with interest in providing SDPE contact's the certification person. This person will send out a packet with the SDPE application, which includes the program requirements. A proposal will be filled out by the prospective provider and returned to the certification person. The proposal is reviewed for certification.

The Separating and Divorcing Parent Education (SDPE) pre and post surveys are filled out by all program participants when they first enter the program and when they complete the program. During this reporting period 1,898 SDPE participants completed and returned surveys.

### **III.C.3. Well-Being Strategies in Collaboration with System Partners**

#### **Medical Needs of Children in Foster Care**

The Child Protection Accountability Commission (CPAC) and the Child Death, Near Death and Stillbirth Commission (CDNDSC) formed a Joint Foster Care Medical Subcommittee. This subcommittee was charged with improving the well-being of children in foster care by creating a medical standard of care for Delaware's foster care system that reflects the American Academy of Pediatric's (AAP) standards. Dr. Amanda Kay, a pediatrician who

serves on the worked with DFS foster care staff to do a record review of children in foster care utilizing a checklist of best practice standards promulgated by the AAP.

The subcommittee began its work with an assessment of sampled records in each county to establish a baseline. The review identified demographics and reasons for entry of children in care, average time in accessing medical and dental treatment, commonly documented health concerns and medications of children entering care, children in care who require durable medical equipment, and documentation of known allergies. The preliminary report of the subcommittee was discussed at the annual Joint Commissions meeting in June of 2013. The recommendations include continued support for the pilot Foster Care Clinic at the A. I. DuPont Hospital for Children, which provides initial health screening and triage for many children entering care; development of training for health care providers to understand the unique needs and challenges for children in foster care; and development of enhanced processes to help coordinate care with children's Primary Care Providers, including expanded utilization of the Transfer Information Sheets when children change placements. The subcommittee praised the new efforts of DFS to conduct comprehensive screenings of all children entering care and monitor the use of psychotropic medications for children and youth in care. This subcommittee will continue to work with DFS on the implementation of these recommendations and the final report in 2014.

### **Obesity Prevention Efforts in Delaware**

Nemours Health and Prevention Services have worked with many entities within Delaware including the Office of Child Care Licensing to develop obesity prevention plans. Delaware was previously 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, Delaware and Mississippi received the highest overall scores. Delaware has also been recognized by the Center for Disease Control (CDC) for its work in obesity prevention and participated in a conference sponsored by the CDC in 2012 on the subject. The comprehensive Delaware model has been instructive to other states rising to the challenge of preventing childhood obesity in child care and/or in multiple sectors. Gains are not being documented in Delaware that shows that childhood obesity is being reduced which helps to validate the strategy of focusing on child care.

### **DFS and Department of Education (DOE) Collaborative Data Exchange**

DFS continues to exchange monthly data with the Department of Education so that each school district/school is aware of the children that are in foster care that are in their facility. At the conclusion of the school year, DOE compiles aggregate data for the 2011-2012 school year to see how children in foster care compare to the general population of students on the state standardized tests, IDEA rates, attendance, and graduation rates. Data analysis showed that 72% of seniors residing in foster care graduated from high school compared to 92% 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% versus 95%). According to the data, 37% of all school-age foster care students are receiving special education services versus 15% of the general student population. The data also showed a marked difference in

scores on the standardized testing that all Delaware public education students complete. The scores for foster care students were lower than the scores for the general population of students. This discrepancy became more pronounced in the higher grades (7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> grades). The workgroup also analyzed the number of placements youth have during the school year as well as since they entered foster care. According to the data, 57% of all children in foster care were able to remain in the same foster home for the entire school year. The data also show that the older youth was in foster care, the more likely they were to have multiple foster care placements both during the school year as well as over the course of their lifetime. The CPAC Education workgroup is working on identifying a variety of recommendations to increase graduation rates, improve special education rates, and improved reading proficiency.

### **Child Protection Accountability Commission (CPAC)'s Education Committee**

This committee is chaired by Linda C. Wolfe, M.Ed., R.N., Director of School Support Services for DOE, continued its work in Fiscal Year 2012 with the following goals and the workgroups focused on the same:

- Provide administrative oversight of the MOU between DSCYF and DOE by: a) identifying and monitoring data points related to educational success; (b) reviewing responsibilities, staff familiarity and effectiveness; (c) transitioning activities; communicating; and (d) recommending changes, as needed;
- Improve system collaboration between child welfare and education through training, curriculum development, and enhanced communication. The curriculum shall include training modules on child welfare/education policies, collaboration, and programs; and
- Study the educational success of children in foster care through the collection and analysis of data, and make recommendations for system improvement and performance measures as a result thereof. These goals were further supported by the Delaware representatives at the National Convocation of Commissions on Children, as well as two other national convenings of the Courts, child welfare, and education in November of 2011 and March of 2012.

In the previous fiscal year, the Committee began to study the educational success of children in foster care by conducting a data comparison of youth in foster care and the general population. For this purpose, the Committee identified several key areas related to student success: graduation rates, attendance, special education enrollment, and state test scores. At the same time, the Committee also began to collect data on the number of school-aged youth, the number of foster home placements during the youth's lifetime and school year, the youth's involvement with DFS, DYRS and/or DPBHS, and the length of placement for school-aged youth. Since Fiscal Year 2011, the group has collected the data for the 2009-2010, 2010-2011 and 2011-2012 school years. However, the group has not had the opportunity to make comparisons using the last year of data.

For the first year of data, the Committee found few significant disparities between the two populations of youth for attendance and graduation rates. With regards to the graduation rates, it was noted that a point in time snapshot was used rather than a cohort analysis, which would have compared the two populations from the time they entered high school. On the

other hand, a greater disparity was discovered when making a comparison using special education services and Delaware State Testing Program (DSTP) scores.

Subsequently, the Committee was able to use the baseline data to make a comparison with the data collected during the second year. According to the recent data, the attendance rates were very similar for the two populations, which is consistent with last year's findings. However, this year, a greater disparity was discovered when making a comparison using graduation rates and special education services. For instance, 68% of students in foster care graduated as compared to 91% of the general student population. In other words, there were 31 seniors in foster care and 10 did not graduate. In comparison, for the 2009-2010 school year, 3 of the 26 seniors in foster care failed to graduate, and as a result, there was less of a disparity with the general student population. Similarly, special education services were comparable for youth in foster care over the last two years. Specifically, for the 2010-2011 school year, 42% of students in foster care received special education services as compared to 16% of the general student population. For the prior school year, 40% of students in foster care received special education services as compared to 15% of the general student population.

Since the Delaware Comprehensive Assessment System (DCAS) replaced the DSTP, a comparison between the two years cannot be made using the state test scores. However, this year's data can be used to identify trends and inform recommendations. For reading and social studies, it appears that as students in foster care move into a higher grade their proficiency also declines. For example, 46% of third grade students in foster care met or exceeded the DCAS Reading standard as compared to 25% of tenth grade students in foster care. Moreover, 63% of tenth graders in the general student population met or exceeded the DCAS Reading standard. On the contrary, the data appears to show no significant change in proficiency for math and science as students in foster care move into a higher grade. For instance, 29% of third grade students in foster care met or exceeded the DCAS Math standard as compared to 32% of tenth grade students in foster care. However, 59% of tenth grade students in the general student population met or exceeded the DCAS Math standard.

In addition to the data points identified related to student success, the Committee collected placement data for school-aged children. During the 2010-2011 school year, 770 school-aged children were in foster care, and 228 of those children entered care for the first time during the school year. While 57% of all school-aged children in care had only one placement during the school year, the remaining children had two or more placements. For instance, 9% of those children had 5 to 10 placements in a DFS, DYRS and/or DPBHS facility during the school year. Since approximately four months of academic achievement is lost each time a child moves to a new placement, the Committee will continue to analyze this data and make recommendations for placement stability.

As a result of this data and the priorities established at the National Convocation of Commissions on Children, the Committee has been tasked with creating recommendations to improve the educational outcomes for children in foster care. Some of the recommendations include: utilizing college student teachers to help with literacy, enhancing the stability of

foster home placements, and providing increased support and/or incentives for foster parents who provide educational support.

In addition to improving educational success, the Committee has also continued to provide administrative oversight of the Memorandum of Understanding (MOU) between DOE – Local Education Agencies and Charter Schools and DSCYF – DFS, DPBHS, and DYRS, which was signed on December 16, 2008. As a result, the Committee disseminated its yearly survey in February 2012 to determine if the respective agencies had been successful with following the responsibilities outlined in the MOU and if the MOU had in fact increased multidisciplinary cooperation between the schools and DSCYF. Over 300 responses were received from the following respondents: homeless liaisons in each district, homeless coordinators in the schools, social workers, school nurses, counselors, administrators, DFS investigation and treatment staff, and education staff at the DPBHS and DYRS who are responsible for youth transitioning to/from a licensed or contracted DSCYF program. As a result of the feedback, the Committee approved revising the MOU to address specific concerns with Student Enrollment/Withdrawal for School Procedures, Best Interest Meetings and Child Abuse Reporting and Investigation. Moreover, there was a need to revise the references to the Mandatory Reporting law since the statute was amended on June 30, 2010. DOE and DSCYF anticipate that the MOU will be signed and implemented by the respective agencies and local schools in FY13.

Although the MOU serves as a resource designed to enhance communication and collaboration, the Education Committee determined that additional tools are needed for child welfare and educational professionals. For instance, the Committee developed a school cheat sheet for school personnel, so that they know who to contact for situations that arise with children in foster care. The Committee also created a frequently asked questions sheet to better assist attorney guardians ad litem or court appointed special advocates with addressing educational and disciplinary issues. Additionally, the group continues to explore training opportunities to improve information sharing and interdisciplinary cooperation between child welfare and education professionals.

To promote these training opportunities for educators, Tania Culley and Rosalie Morales from OCA, Cara Sawyer from the Domestic Violence Coordinating Council (DVCC), and Kellie Turner from Prevent Child Abuse Delaware (PCAD) presented to the Delaware Chief School Officers Association in June of 2012. The group highlighted the components, availability, and contact agency for each of the following programs: Mandatory Reporting Training, the Guidelines for Responding to Teen Dating and Sexual Violence in Delaware Schools, Darkness to Light's Stewards of Children Program, and PCAD's Personal Safety Program. Following the presentation, Deborah Wicks, the Superintendent for the Smyrna School District, committed her staff to on-site mandatory reporting training in August. By receiving an endorsement from the superintendent, an entire district received on-site training, which was the goal of this presentation.

### **Court Improvement Program and Family Court Education Summit**

Judges from the Family Court of Delaware attended a national Education Summit in November, 2012. This Summit was replicated in Delaware with a statewide Education

Summit on April 9, 2013. The Summit brought together over 300 staff from the Family Court, Casey Family Programs, the Attorney General's Office, the Department of Education, DSCYF, OCA, CASA, parent attorneys, *GALS*, foster parents, youth, and other parties interested and involved in the education of youth in foster care. The Summit is intended to be the beginning of on-going collaborative efforts with the aforementioned groups to eliminate barriers to the education of children in foster care. Teams were established with one representative each from many of the school districts, Family Court, DOE and DSCYF. Action Plans were developed by each team; the next step is to develop a plan and execute the identified tasks that will make it easier for foster youth who move from school to school and face other educational barriers.

As part of the Educational Summit, CIP created an Intranet website that can be accessed by anyone in or out of the state. The website contains links to educational resources that parents, youth, and professionals can access. There is information for foster parents and guardians to learn about being an educational advocate; alternatives to discipline; a youth's educational rights and other topics. Educational links and resources will be updated regularly on this site.

The Family Court of Delaware holds monthly and quarterly meetings with stakeholders to address educational, physical and mental health outcomes. Meetings in the first quarter of 2013 identified limited mental health service providers and how this impacts positive outcomes and adherence to court orders. Collaborative discussions with DSCYF indicate this issue is key to negotiations with any new service providers. Joint meetings brought this issue to the forefront.

Recent meetings with stakeholders have highlighted inconsistencies with moving youth from one school district to another without first holding a *Best Interest Hearing*. The Department of Education provided a link to an online training that will be put on the Education Summit website. New social workers will be directed to the link where they can obtain information to better understand what is required before youth are moved to another school district.

### **Child Placement Review Board**

The Child Placement Review Board (CPRB) has been administering the Ivyane D.F. Davis Memorial Scholarship since 1989, which provides scholarships for higher education programs for youth who have been in Delaware's foster care system. In a partnership with DFS, the Board began administering the Education and Training Vouchers received by the state in conjunction with the Davis Scholarship. Efforts continue 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 CPRB is attempting to better communicate with its scholarship recipients through Facebook, e-mail and use of text messaging students.

The CPRB scholarship committee welcomed members of Stand by Me (affiliated with the United Way) to their interview panel. This collaboration meant that additional funding was made available to students who worked with an allocated financial advisor.

### **III.D. Cross-Cutting Strategies to Address the Needs of Special Populations**

#### **III.D.1. Meeting the Safety, Permanency, and Well-Being Needs of Children Under the Age of 5**

##### **DFS Services for Children Under Age Five**

Young children (under age 5) will receive specialized screenings at the point of entry into foster care through the Screening and Consultation Unit (SCU) in the Office of Evidence-Based Practice. These screenings include a comprehensive screen for developmental delays as well as social and emotional concerns such as aggression, sadness, or trauma-related anxiety. In addition, the screenings of children between the ages of 3 and 5 will also include a screening tool specifically designed to screen for the trauma reactions in young children. Once the screening is complete, the findings and recommendations are shared with the DFS caseworker, supervisor, treatment coordinator, and/or private agency worker involved with the child, as well as the foster family. Assistance is provided when needed to assist child and/or family in being connected to the appropriate service and providers in his/her area.

- The demographics and characteristics of the identified children;
- Changes or updates to the targeted services provided to these children to find a permanent family and how they address the developmental needs of infants, toddlers, and children;

The number of children under the age of five projected to be in foster for FY2014 is 296. In FY2013 the count is approximately 362. To facilitate permanency for children under the age of five, Delaware is implementing family search, engagement and team decision making strategies to facilitate timely exits from foster care. Since keeping sibling groups together is preferred, contacting a current caretaker for siblings to inquire whether or not they would be a resource for the child to join the family is common practice. DFS coordinates with the Division of Developmental Disabilities Services and child placing agencies to locate special needs homes. Parent to child ratios are not set for this population; placements are made according to the skills and experience of caregivers matching child needs and level of functioning. These children are described as having mild to moderate emotional problems, ADHD, medical needs, and developmental delays. Contracted adoption agencies are authorized to conduct child specific recruitment activities for this population as needed. As children become legally free, they are added to the on-line DE Heart Gallery, Deladopt listing, AdoptUSKids website and the National Adoption Center website. Currently there are 10 legally free children under the age of five.

##### **Prevention and Behavioral Health Services**

###### **Early Childhood Mental Health Services**

Early childhood mental services have expanded in Delaware through the SAMHSA grant known as the BEST (Bringing Evidence-Based Services and Treatment) Program. These services include the statewide roll out of Parent-Child Interaction Therapy (PCIT), an evidence-based approach with demonstrated outcomes in reducing behavioral problems and child maltreatment and also improving the security of attachment between the young child and the parent/caregiver. Over 50 therapists have now been trained in this approach, expanding the capacity to serve young children and their families. The other program

component involves consultation by Early Childhood Mental Health Consultants to child care programs and centers across the state. These consultants do a combination of child-specific and center-based consultations to improve the interactions between young children and caregivers to resolve early behavioral challenges. By resolving these behavioral challenges, children are able to be stabilized in their child care placements. Children in foster care are identified as a priority for both services. These services have significantly contributed to efforts to stabilize children in their foster home placements; foster home stability is often dependent on stable child care arrangements.

### **Improving Care for Drug Exposed Infants**

Linda Shannon, DFS Program Manager for Intake and Investigation, has worked collaboratively with most of the hospitals in the state who provide maternity services to develop linkages that support effective collaboration on addressing the needs of drug exposed infants. For many years, DFS has utilized the High Risk Medical Discharge Protocol with hospitals. This protocol provides guidance to hospitals in how to make reports to the Child Abuse Report Line, as well as how to request a meeting with DFS staff to assess the risks and develop appropriate discharge plans for children with high risk medical conditions. This standard protocol can also be utilized for drug exposed infants, especially those requiring ongoing medical care for the treatment of their withdrawal process. Ms. Shannon regularly attends internal hospital team meetings to help reinforce the procedures for this protocol.

Christiana Hospital is the primary maternity hospital, where more than 70% of the births in Delaware occur and the only Neonatal Intensive Care Unit in the state is located, has collaborated extensively with DFS on improved procedures to meet the needs of these infants. Dr. Bartoshefsky, the Chief of Pediatrics, met with the DFS Investigations Workgroup to provide training on the medical needs and treatments of these infants. Vicky Kelly, DFS Director, now serves on a Christiana Health Care Systems multi-disciplinary committee reviewing the screening, treatment, and system coordination needs for drug exposed infants.

### **Help Me Grow Initiative**

The Division of Public Health is leading an initiative focused on young children called Help Me Grow (HMG). HMG is a strategic effort to coordinate and integrate services for young children statewide. HMG has partnered with the United Way of Delaware and their 211 Information and Referral Center to provide a single point of entry for parents and providers working with young children to access assessment, triage, referral and case management services. HMG is leading an effort to enroll pediatric practices across the state in online developmental assessments of young children, coupled with a central repository for these assessments and case management capacity to help connect families to services. HMG has also launched the Health Ambassador Program, which trains individuals from high-need communities to serve as liaisons between the members of that community and the health care community. These ambassadors provide outreach and practical assistance in connecting children with high needs to appropriate services. HMG has also developed a specialized unit within the 211 Call Center to serve as the central point of entry for the expanding home visiting services in Delaware. The state now has four Evidence-Based Home Visiting Programs statewide (i.e., Nurse-Family Partnership, Healthy Families America, Parents as

Teachers, and Early Head Start). These specially trained case managers at the call center have a background in child development and are able to provide case management services in helping identify children's needs, make referral to the appropriate home visiting program, and provide support to ensure that families are connected with services.

DFS has participated on the HMG Advisory Committee and several workgroups of the HMG Initiative. Efforts are underway to establish strong linkages between the Child Abuse Report Line, Investigation and Treatment Units across DFS and HMG, so that DFS staff can more easily help vulnerable families struggling to meet the needs of their young children connect to the expanding array of services available in the state. Research on home visiting demonstrates that such programs can be effective in preventing child maltreatment, stabilizing families, and decreasing their reliance on public services. A strong linkage between DFS and the HMG home visiting programs is a strategy to address families with issues chronic low level neglect.

### **Child Development Watch**

Child Development Watch (CDW) is the statewide early intervention program for children ages birth to 3 that is managed by the Department of Health and Social Services (DHSS)/Division of Public Health. The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of their young children.

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

CDW has a family-centered focus. Delaware has a commitment to strengthening and supporting families. As the primary influence in the child's life and the knowledgeable source of information about the needs of the child and family, family members should be included in each step of service design and delivery. A key function of service providers is to enhance and build the capacity of the family to meet their own needs, especially the needs of their young children.

CDW services are integrated. The needs of infants and toddlers and their families require the perspectives of various disciplines. Consequently, services should be planned using a collaborative, multidisciplinary approach. Services and supports should occur in settings most natural and comfortable for the child and family. The development of a natural system of supports within a family's community should be promoted at all times. Existing services and programs, both public and private, should be supported with appropriate linkages promoted. Families of infants and toddlers with disabilities or developmental delays in all areas of the state should receive comprehensive, multidisciplinary assessments of their young

children, newborn through 36 months, and have access to all necessary early intervention services. The system should maximize the use of third party payment, and avoid duplication of effort. Services should be provided at the highest standards of quality, with providers being required to meet appropriate licensing and credentialing guidelines.

The CDW DFS Liaisons are responsible for the majority of CDW cases with active DFS involvement, including, but not limited to providing resources for parents, foster parents and relative guardians in the CDW program. Statistical information is referenced in the 2014 CAPTA Grant.

If children qualify for CDW services, they remain on my in the program until they reach their 3<sup>rd</sup> birthday, or they have accomplished their treatment goals. At the age of three, a child with an active IFSP is then transitioned into their home school district via a referral and several meetings attended by all interested parties. The IFSP then becomes an IEP within the district and the school is then responsible for the child's services. The case is then closed with CDW.

CDW DFS liaisons are also responsible for education and training of new DFS employees, as to the referral process and general information on the CDW program. These DFS liaisons also do community training for other divisions within DSCYF and various community organizations.

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

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

### **Permanency Efforts for Children Under Age 5**

To facilitate permanency for children under the age of five, Delaware reaches out to relatives and non-relatives who know the child and/or who has a connection to the child in some capacity. This activity is done prior to or within 30 days of a foster care placement.

Subsequently follow up attempts or contacts are made with relatives and non-relatives, if applicable, and periodically to determine if they are willing to be a support or a resource for the child in foster care. Since keeping sibling groups together is preferred, contacting a current caretaker for siblings to inquire whether or not they would be a resource for the child to join the family is common practice. With the new Family Search and Engagement activities and other initiatives, DFS sees this as positive and more children will be connected to and placed with relatives. DFS coordinates with the Division of Developmental Disabilities Services and child placing agencies to locate special needs homes. Parent to

child ratios are not set for this population; placements are made according to the skills and experience of caregivers matching child needs and level of functioning. Contracted adoption agencies are authorized to conduct child specific recruitment activities for this population as needed. As children become legally free, they are added to the on-line DE Heart Gallery, *Deladopt* listing, AdoptUSKids website and the National Adoption Center website.

The number of children under the age of five in foster care projected to be without a permanent family in FY2012 and FY2013 is six per year. This projection is based on the number of legally free children under the age of five as of October 2011 not in a pre-adoptive resource. Four of the six children are siblings and four of the six children are legal risk as termination of parental rights proceedings is underway. Characteristics of special needs are included on *Deladopt* and these children are described as having mild to moderate emotional problems, developmental delays, medical issues, ADHD, PTSD and educational delays. These characteristics occur frequently for this group of children needing permanent homes. DFS' *Deladopt* listing is the source for this data. Children are added monthly when adoption is the goal and need a permanent family. As automated solutions arise or additional federal guidance is issued, Delaware reserves license to adjust the data source for this population.

### **III.D.2. Meeting the Safety, Permanency and Well-Being Needs of Older Youth**

#### **Strategies for meeting the Safety, Permanency and Well-Being Needs of Older Youth**

##### **Independent Living Programming**

In FY 2012, 402 youth ages 16 and over received Independent Living services. This is up from the 371 youth served the prior year. Independent Living Services are provided via contract with four private provider agencies.

Independent living programming has made significant efforts to improve and enhance services throughout the reporting period. Efforts outside of those done in conjunction with the Delaware Youth Opportunities Initiative include employment and training services, fulfilling the requirements of the National Youth In Transition Database(NYTD), fulfilling the requirements of obtaining credit reports/financial literacy training, the efforts of the Youth Advisory Council, mentoring, post-secondary education enhancements, the development of performance based contracting, and improving training for independent living contractors and Division of Family Services staff. The primary barrier during this reporting period has been the challenge of serving all referred youth in a timely manner with services from a contracted case manager. This challenge has been created by the large number of youth entering care at age 16 or older. This high influx of age eligible youth has created the necessity to create waitlists which have created delays in the provision of individualized service delivery.

In an effort to increase the employment and training services to youth ages 16-21, a contract was developed with an organization entitled, Jobs for Delaware Graduates (JDG). This program is part of the national organization entitled Jobs for America's Graduates. This program generally provides academic and employment training supports to youth in the high school classroom setting. Through the contract developed, Independent Living youth will

receive services relative to employment training in the community from a case manager. Services include career and education assessment, resume writing, job readiness training, and employment placement/retention assistance. These services are currently available to a total of twenty youth that reside in Kent and Sussex counties, with the intent to grow the program statewide. There have been challenges regarding the ability to effectively share information between the contracted providers (IL and JDG). These challenges have been addressed through improved communication and problem-solving methods. During 2012, 25% of youth had part time employment and only 3% had full time employment. It is anticipated that the services of this contract will render positive results to help improve the employment and training outcomes of youth.

The completion of NYTD surveys for the follow up population of 19 year olds has taken significant efforts in order to achieve compliance during the reporting period. Efforts have focused on maintaining contact with the youth with the primary effort to further engage youth in independent living services. In many instances youth recognized the benefits which has allowed for easy access to complete the NYTD surveys. A total of 33 surveys required completion for submission A, DFS was able to complete 22 surveys (67%) which meet the compliance standard. Effective measures to obtain the surveys included reviews of DELJIS, Facebook inquiries, communication with siblings/previous foster parents, and a visit to a prison facility. To improve future efforts, plans are underway to develop a release of information form specifically for the purpose of obtaining contact information, collaboration with DHSS, and an enhanced incentive program to help encourage youth to maintain contact and provide updated contact information.

On July 25, 2012, House Bill 269 became law, requiring DSCYF to obtain credit reports for youth 16 and older that have been in foster care. The bill signing incorporated two youth that have received assistance relative to their credit after the reports were found to contain fraudulent activities. The law went into effective on January 1, 2013. This law has furthered the efforts of DSCYF to adhere to the federal requirement, which Delaware initiated in November 2011. In addition to meeting the requirement, DFS also obtains reports for youth ages 18-21. Reports for 136 youth have been obtained for youth ages 16-18, however 195 youth were of age to receive a copy of their credit report. Thus 70% of the youth have had their credit report pulled. Approximately 9% of the youth have something inappropriate on their credit report. It has been difficult to ascertain if all of the youth have been victims of actual identity theft, as sometimes there are data entry errors that cause erroneous information on the credit report. Efforts to overcome the challenge of timely credit report retrieval have been addressed, by the creation of a monthly report which depicts which youth require a referral to obtain the credit report. This report also informs case workers of the date the report was pulled in order to assist with obtaining annual credit reports in a timely manner. This report will also allow supervisors and administrative staff to conduct follow up efforts with case workers to ensure improvements in timeliness. The implementation of our FACTS II (SACWIS) will also include mechanisms to track and record credit reporting requirements.

Delaware has overcome the challenges incurred by many other states by collaborating with the Stand By Me program through the Division of Financial Empowerment of DHSS.

Through this collaboration, case workers have a direct means to obtain credit reports and the ability to have the assistance of a financial coach to help correct any findings of the credit report. These same financial coaches are made available to the youth to teach financial literacy. There has been a challenge in helping the youth to understand the value of connecting with this resource. In addition to the youth that obtained a copy of their credit report, this program also gave scholarships to fifteen young women pursuing higher education and vocational training. As an example of the challenge to help youth understand the value, four of the recipients were in jeopardy of losing the scholarship due to not fulfilling the requirement to contact the financial coach. In addition to the financial literacy training provided by \$tand By Me over fifteen classes of money management training have been provided state wide. This has produced positive results in that 17 youth currently have IDA accounts. As DFS looks to implement Ready By 21 programming which will require that youth complete financial literacy training before they will become eligible to receive monthly maintenance stipends, it is anticipated that over 80% of youth will complete such training before reaching age 18 and additional youth will open IDA accounts. A significant accomplishment for two youth in the area of financial literacy is the fact that during this reporting period, one youth purchased her first vehicle and another her first home through the SAVE (Successfully Acquiring Valuable Essentials) matched savings program.

The Youth Advisory Council (YAC) has made tremendous gains over the past year. Membership of YAC has grown, and on average 35 youth attend the monthly meetings. Attendance continues to grow and frequently includes over 50 youth still in care as well as foster care alumni. Various accomplishments include: a leadership retreat which honored a previous member who died as a result of domestic violence, member participation in presentations to the Joint Finance Committee and members of the House of Representatives, and recently, participation in the Jim Casey Success Beyond 18 launch in Washington, D.C. where Governor Markell served as the keynote speaker.

Challenges have included the ability to maintain a youth centered focus as various adult partners have taken an interest in guiding the agenda for the youth. Additionally, judges have encouraged youth to participate from a more social standpoint, which has created difficulties in having youth to participate as a means to develop leadership skills. A creative measure to improve the self-esteem of the youth in YAC was implemented by having the youth to participate in Glamour Shots. DFS collaborated with local volunteer photographers and make-up artists to capture the beauty of the youth through photographs. The pictures are provided to the youth in order to create lasting positive memories. Given that many youth do not get to take senior pictures or have many childhood photos, this opportunity has provided an opportunity to feel good about themselves and view the pictures for years to come. An additional effort that has sprung from hearing the voices of the YAC participants was the inception of the Youth Director for a Day program. This was designed to have youth shadow the Deputy/Director of the Division of Family Services so as to hear from the youth about their experiences and recommended improvements to the foster care system. The opportunity furthermore gives youth the chance to better understand the operations and responsibilities of the decision makers in an effort to bridge the gap between the youth and the leaders. Many positive results have been seen including improvements to group home models, insights regarding staffing needs, and leadership development for the youth. It is

anticipated that as more youth participate the DFS leadership will be further enlightened to make decisions that better reflect the needs of the youth based upon their input and to further the advocacy skills of the participants. Challenges related to scheduling have impeded this program from occurring on a monthly basis as intended, however efforts are underway to resolve this issue.

The CHAMP (Creating Hopeful Adults Mentoring Program) mentoring program continues to operate. Although most mentoring relationships have been sustained, it has been difficult to increase the number of youth with mentors due to minimal site coordinator supports being available. Approximately seven youth have mentors at this time. The program has been supported through a grant from the Corporation of National and Community Service for the past three years. The grant ends in August and due to the challenges incurred in maintaining AmeriCorps VISTA members who were responsible for developing a sustainability plan, sustainability of the program has not been attained. Efforts to further develop the program will continue through grant research and other funding requests. It is also anticipated that further collaboration with our community partner, Connecting Generations will produce increased resources to help grow the program. DYOI has had emphasis in developing mentoring opportunities for youth beginning at age 14. As these relationships are established they will serve as a feeder into the CHAMP program in order to help sustain the mentoring relationships. The CHAMP program has also encountered challenges related to some youth maintaining a connection with the mentors. It is anticipated that through effective mentor site coordination this challenge can be overcome.

The partnership with Delaware State University continues to provide youth an opportunity to attend the university through combined funding measures and housing vouchers. Housing is provided year round and on campus supports are available to the youth. Five students are currently attending the university under this program. A significant accomplishment under this program relates to the fact that our first youth will graduate in May 2013 with her Bachelor of Science in Criminal Justice. The youth has an overall GPA of 3.6 and plans to attend Law School. Two new youth have been identified and approved to participate in the program for the fall of 2013. Challenges relative to grades, roommate difficulties, and emotional well-being have certainly arisen, yet through the well-established partnership, difficulties have been quickly addressed. Additionally, through this partnership and the efforts of DYOI, DSU has become a lead in the effort to implement a tuition waiver program in Delaware. The youth that have participated in the DSU program are also leading the way in drafting letters to other universities/vocational schools in order to promote the need for tuition waivers.

Performance-based contracting was implemented with one independent living contractor with a focus on improving placement stability. It has been recognized that the participants in the housing program in New Castle County had poor length of stay time periods as a whole. An incentive methodology was implemented to improve placement stability. As such, \$100,000 was added to the independent living budget for such incentives. Since implementation, 14 youth have had stays of 6 months or more within the housing program. At least five of those youth have resided in the program for one year or more. The incentives for this achievement are not only provided to the agency to assist in improving

programming innovations, but a percentage also is provided to the youth in order to promote their understanding of the importance of stability and being a good tenant. A component of this initiative also includes monthly surveys in which the youth rate the program and provide constructive feedback. Based upon the rating received the agency obtains a designated stipend and the youth is provided with a \$10 gift card for their participation. The feedback provided by the youth helps identify areas to be strengthened which has led to researching best practice housing programs throughout the country. The evaluation of the performance based contracting is underway in order to ascertain the benefits.

The need to provide additional training to independent living contractors has been identified. An emphasis has been placed on the development of a trauma informed child welfare system. \$50K was added to the IL budget for training purposes. As such, a contract was developed with EPower and Associates to conduct the Risking Connection 4 day training in February 2013. Twenty independent living staff and two DFS case managers participated in the training which taught the attendees about the impact of trauma on the brain, the challenges to create effective relationships due to trauma and concepts concerning vicarious trauma. Participants were also introduced to the curriculum of RICH (Respect, Information, Connections, Hope) Relationships which helps to better focus on positive interactions. All participants found the training to be valuable and were enlightened by what they learned. The trainer also met with three groups of young people that experienced foster care, inclusive of YAC members to help introduce the concept of the impacts of trauma and to help the youth understand how case workers are now seeking to provide supports from a trauma informed perspective. IL providers also participated in trainings related to domestic violence, education, disabilities, and mentoring during the year. Representatives from each of the four contracted agencies and the state Independent Living Coordinator will attend the Pathways to Adulthood conference in August of 2013. Knowledge gained from this conference will assist in developing program enhancements and further the efforts to create an impactful Ready By 21 program.

In 2012, a partnership was forged with the One Simple Wish organization that operates out of Trenton, NJ. This wish granting organization specifically serves youth that have experienced foster care in an effort to brighten their days and broaden their horizons. Numerous wishes have been granted to Delaware's children and youth over the past year. Additionally as a result of the strong relationship that has been developed two Delaware children were granted special wishes that were filmed by NBC News and CNN. This exposure not only highlighted the efforts of their organization, but it also brought awareness regarding the need for adoptive parents for two of our children. Most importantly our children enjoyed the activities of their choice during a set aside time that was centered on them. Also, one of our youth that has truly excelled performed at the One Simple Wish, Night of 1000 Wishes event. This year One Simple Wish has committed to providing wishes to our forty-two youth that are being recognized at the annual Destined for Greatness event in addition to many other wishes that will be granted throughout the year.

One of the most significant difficulties encountered throughout the year has been the ability to provide services to youth in a timely manner. This is particularly true for New Castle County. The number of referrals for youth 17 and older has consistently created a challenge.

Such youth require immediate services which has created a need to have waitlists for 16 year old youth in order to accommodate the caseload contract provision. This issue has created displeasure from the courts on various occasions. In an effort to improve the timeliness of providing services additional state funding in the amount of \$100K has been requested and approved. The two New Castle county contracted providers are developing strategies to increase the staffing complement in order to serve more youth.

### **DYOI – Delaware Youth Opportunities Initiative**

Each year, approximately 100 youth age out of the foster care system in Delaware. The hardships they face often make their successful transition to an independent, productive life very difficult. Recognizing their challenges, the Delaware Youth Opportunities Initiative (DYOI), a program of the Delaware Center for Justice (DCJ) since 2011, brings together the people, systems, and resources necessary to assist young people who leave the state's foster care system to make the difficult transition to managing life as an adult. DYOI has two major assets that are assisting in reaching this goal: (1) The Children's Department continually provides services that promote successful transitions for these youth through new policies and programs that reflect current best practices; and (2) the Jim Casey Youth Opportunities Initiative that has chosen Delaware (and DCJ) as one of its fifteen co-investment sites to receive technical assistance (up to \$300,000 each year).

Following the Jim Casey model, DCJ funded an environmental scan completed by University of Delaware's Institute for Public Administration (IPA), DCJ, and the Delaware Division of Family Services (DFS), in partnership with Delaware State University (DSU), and thereafter created a Community Partnership Board comprised of a variety to statewide stakeholders to lead the effort. Chaired by Lt. Gov. Matt Denn for the first two years of implementation, the Board established eight working groups to address key issues facing Delaware's youth who have experienced foster care. Each working group is tasked with a specific focus area including Education, Employment, Financial Literacy and Capability, Housing and Transportation, Permanency (in conjunction with the Child Protection Accountability Commission Permanency Outcomes for Adolescents Sub-Committee), Physical and Mental Health, Policy, and Transitions. Through Court Improvement Project funding support in 2012, DFS, IPA, DYOI, and Family Court collaborated on the development of a report that captures the experiences of those aging out of foster care in Delaware and provides recommendations on how to best promote successful transitions of this population through legislation, extended social services, and best practices. This helped critical partners understand the scope of work required to implement new policies and practices that will support a comprehensive array of developmentally appropriate independent-living services up to age 21.

DYOI's Policy Working Group, with at least ten members being youth who have experienced foster care, wrote House Joint Resolution (HJR) 18, which recommended a committee be formed to help determine how Delaware should deliver a comprehensive array of developmentally appropriate independent-living services up to age 21. The resolution was passed during the summer of 2012 and the committee then worked to identify best practices, legislation, and other elements that might be included as part of a Ready by 21 program in Delaware. Members of DYOI's Policy Working Group included youth who have experienced foster care, Judges, legislators, foster parents, administrators, group-home staff, independent-living providers, advocates, and DYOI staff. For two months, the committee

worked to finalize parameters for the proposed Ready by 21 program. The Committee's final report was sent to the Governor in September of 2012. "Ready by 21" includes eight primary areas:

- **Age** – The age up to which Ready by 21 services should be available to youth who have experienced foster care in Delaware is 21.
- **Eligibility** – Priority for Ready by 21 services should be given to youth who are in DSCYF custody at the time of their 18th birthday. As funding becomes available and based on a needs assessment, youth who exited foster care to guardianship or adoption between the ages of 16 and 18 should next be considered for eligibility. If funding is available, youth who have returned to family between the ages of 16 and 18 should also be considered based on need. Youth eligible for Division of Developmental Disabilities Services (DDDS) should also be eligible for Ready by 21 services. These eligible youth should be required to enroll in an educational, vocational, employment or volunteer program.
- **Re-Entry** – There should be no restrictions on when a youth can "re-enter" Ready by 21 until age 21—meaning that if a youth is eligible, then he or she should remain eligible until the youth's 21st birthday. However, there should be a limit to the number of times a youth may re-enter Ready by 21 while he/she is 18, 19, or 20. This limit will be developed by DFS and its community partners once Ready by 21 is implemented. Appropriate financial assistance incentives could help in reducing the number of times youth discontinue and reapply for Ready by 21 services.
- **Legal Jurisdiction** – Family Court oversight and continued legal representation of youth should be voluntary and considered on a case-by-case basis. To the extent that formal legal representation of youth or Family Court oversight is necessary, the youth can invoke Delaware's extended jurisdiction statute, 10 Del. C. § 929.
- **Housing and Supervised Living** – Housing resources for youth receiving Ready by 21 services should be broad and fully utilize Delaware's current housing options and resources. Providing a wide range of housing alternatives promotes independence through age-appropriate decision-making based on the specific circumstances, needs, and aspirations of youth who have experienced foster care.
- **Case Management** – The current Independent Living (IL) case management design should remain in place, recognizing that supplemental resources and assessments may be necessary with regard to placement and other services. Further, the IL program managers and service providers should make reasonable efforts to have contact with youth receiving Ready by 21 services at least monthly and more frequently as needed. The current IL case plans, together with the requirements set forth by the youth's housing provider, serve as the agreement between the youth and his/her IL case worker regarding parameters for Ready by 21.
- **Financial Assistance** – Youth in Ready by 21 should receive a needs-based stipend in addition to housing maintenance payments. Youth who receive stipends will be required to participate in a financial-literacy program. Stipend options and rates should vary depending on circumstances.
- **Self-Sufficiency Benchmarks** – Evidence-based assessment tools that outline specific criteria and benchmarks related to housing, financial, and life skills of youth receiving Ready by 21 services beyond 18 should be implemented and applied to youth as well as IL providers and foster- and group-home providers. Benchmarks or assessments

developed in the past five years in Delaware should be reviewed against evidence-based best practices to determine whether updates are necessary to support Delaware's Ready by 21 services.

The Committee recommended that the Ready by 21 program be phased in over several years, to address the most pressing needs first, establish evaluation criteria, and build on the successes of the extended services included. The program, if passed/legislated, will commence in 2014 with a budget of approximately \$515,000, allowing youth who participate to receive needs based maintenance assistance or "stipends". The stipends could be used to help youth manage various living expenses including, but not limited to, utility bills, rent, groceries, school supplies, and communication expenses Governor Markell included \$515,000 in his proposed FY 2014 budget to support the Ready by 21 initiative. The Ready by 21 initiative, in part, provides financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency. The DYOI Policy Working Group is currently drafting legislation, to be introduced this spring (2013) that would codify the Ready by 21 recommendations. If the legislation is passed, DYOI will provide oversight and training to DSCYF and its partners to ensure the program continues to operate the way it was intended to. Initial training will be done through a two-day summit in August 2013 which will incorporate a youth track and a professional track.

Some of the other work being done in the working groups includes:

- The Lt. Gov. is personally collecting resumes from current and former foster youth to help match them with employers. He is also working to establish a relationship with an auto insurance provider to ease the costs for current and former foster youth.
- The Employment Working Group is currently creating a mentorship/internship program with employers from around the state and has successfully matched one youth with Dover Downs so far. It officially kicked off in 2013. In addition, a pilot training program will be held in Kent County in June 2013 with help from the Delaware Society of Human Resource Managers. This pilot will help youth receive the education, training, and services necessary to obtain employment. In 2014, the program will be expanded to Sussex and New Castle Counties.
- The Education Working Group is working to help youth prepare for and enter post-secondary training and educational institutions through collaboration with the Child Protection Accountability Commission's Education committee. In 2014, an educational mentorship pilot will be held at two middle schools, one upstate and one downstate, that will focus on improving graduation rates and entering high education. This pilot will also provide personal and emotional support to youth aging out of foster care and the promotion of interactions with dedicated adults, as the mentors will stay with the youth throughout high school.
- The Transitions Working Group, through Kind to Kids, successfully completed a pilot life skills course for 14 and 15 year olds to help with the transition to adulthood. In 2013, this program will be expanded. The working group is also evaluating current self-sufficiency benchmarks for Independent Living Providers and updating them to meet current best practices. The standards, to be implemented upon DSCYF approval in 2014, will help youth transition to self-sufficiency starting at age 14 until age 21.

- The Financial Literacy and Capability Working Group is establishing Opportunity Passport™ in Delaware, starting in spring 2013. This program's goal is to give youth the tools they need to manage finances and capitalize on the banking system by providing access to personal debit accounts, matched savings accounts, and other "door openers" that support educational, training, and vocational opportunities. Stand By Me and West End Neighborhood House are major partners on this initiative.
- The Permanency Working Group is working on some strategies to help overcome some of the barriers which inhibit permanency options for youth. Some issues the group is working on are reinstatement of parental right, Post Adoption Parental Agreements (PAPAs), guardianship with non-relatives, expungements, and court costs. Family Court training has also taken place to educate judges and commissioners on placement options.
- The Physical and Mental Health Working Group's primary focus is improved physical and mental health transition services and health care navigation. The working group is collaborating with youth who have experienced care to create electronic tools to help with transitions.

### **The Division of Youth Rehabilitative Services (DYRS)**

The Division of Youth Rehabilitative Services (DYRS) is the juvenile justice system in Delaware. DYRS continues to partner with programs in the community who are developing mentoring programs for youth. DYRS has entered into MOUs 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. DYRS's 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, has entered its second year of a three year grant. AmeriCorps Fellows continue working with the clients, as Child, Inc. provides their supervision as their host agency. (This grant ends in August, 2013, however, additional case managers have been added to the low level provider's contract to cover youth who would have been referred to this service, had the grant been continued).

DYRS continues to contract 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. DYRS also continues to contract 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 and continuing education (GED) along with supplemental services (job search) off site.

DYRS also contracted for motivational interviewing skills training for its frontline, supervisory and managerial staff in community services/juvenile probation. The staff is trained in a new assessment model, and able to better connect youth with services based on their criminogenic needs. These trainings have assisted staff in providing youth with appropriate services and improved outcomes. In August of 2012, DYRS collaborated on a grant proposal with the State's Criminal Justice Council (CJC), regarding the Juvenile Justice Reform and Reinvestment Initiative. The State was awarded this grant in September 2012.

DYRS and the CJC have begun work collaborating with the Office of Juvenile Justice and Delinquency Prevention, the Center for Juvenile Justice Reform, the Peabody Research Institute, and the Urban Institute to implement the Standardized Program Evaluation Protocol (SPEP) within the State of Delaware's Juvenile Justice System. As the Division has undergone a total restructuring over the past four years, implementing the Positive Achievement Change Tool (PACT) to help make informed decisions for services for youth and families involved in the JJ system, along with contracting for services to match youths' criminogenic needs, it was logical that next steps would include evaluating our programs. The use of the SPEP, developed by Dr. Mark Lipsey of Vanderbilt University's Peabody Research Institute, will provide specific research-based profiles of program characteristics that can be used both as a standard against which to evaluate juvenile justice programs and as a roadmap for improving them. As many youth in the child welfare system cross over into the Juvenile justice system, it is imperative that we ensure that youth are receiving appropriate skills based services as early as possible in order to keep the youth from penetrating deeper into the JJ system. Additionally, for youth who do experience venturing deeper into the JJ system, in particular the residential staff-secure or secure-care facilities, that our re-entry services measure up to the standards promised in the contract with our provider. Youth returning home to their parents, guardians, or foster parents have the opportunity for reentry services, and this grant will help DYRS determine the quality of the services offered, and if necessary, help direct any improvement efforts as well. The kick-off stakeholders meeting is in early June 2013 (6/6/13).

During 2011, DYRS contracted for services to address the needs of youth adjudicated delinquent, but assessed in the low to moderate risk to reoffend, via the Positive Achievement Change Tool (a 4<sup>th</sup> generation assessment tool). Youth involved in the child welfare system are often dually involved in the juvenile justice system and the services offered through the two providers often help to keep the child welfare involved youth from penetrating deeper into the justice system, thus promoting safety and well-being for these youth.

In 2012, DYRS also contracted with a statewide provider for an "Umbrella" array of services for youth in the moderate to moderate-high risk to reoffend categories as determined by the PACT. These services address specific areas based on the youths' criminogenic needs and should be used to match their top three needs. This contract also includes an evidence based reentry service to help parents, guardians, and foster parents to be prepared with skills for the return of their youth from a staff secure or secure care facility. The PACT is performed at four month intervals or when a life changing event occurs – so needs may change and services can be adjusted as indicated

### **Court Improvement Program and the Family Court**

Two judges of the Family Court actively participate in monthly Youth Advisory Council (YAC) meetings. Several of the youth at YAC have mentioned the importance of Family Court Judges regularly attending their meetings and showing support for their goals and initiatives. Family Court Judges make connections with the youth, stay involved and engaged with them, and help the youth with decision making and learning responsibility.

CIP will provide funding in support of the Ready by 21 Summit. The Summit has a focus on educating and training both the youth and their advocates on preparing youth for becoming self-sufficient after they turn 18 and before they reach the age of 21. The Summit is still in the planning stages; however, several of the workshops that support youth aging out have been identified. They are: *Available State Employment Services*; *Mini Strategic Sharing* which teaches youth how to self-advocate; *Client Direct Representation* which shows youth how to become engaged in their court process and make a decision about whether to speak out in court and tell their story or allow their attorney to do all of the speaking; and *Youth Engagement* which is another workshop directed at explaining to youth what it means to be engaged in their legal matters. The CIP Coordinator serves on the Ready by 21 Committee that is planning the two-day conference for youth aging out of care.

CIP will continue discussions with the Institute for Public Administration at the University of Delaware to determine further partnership roles in developing statistical data that will help evaluate current strategies, services and resultant outcomes. This will help determine next steps in developing strategies for addressing issues that youth face when aging out.

## **IV. Training**

### **IV.A. IV-E/IV-B Training Plan 2013 – 2014**

The mission of the Center for Professional Development (CPD) is to provide state of the art training and professional development for DSCYF employees and partners who work with children, youth and families. The Center for Professional Development is housed within the Division of Management Services. CPD trainers are crossed trained to be responsive to the training and professional development needs of the Department. There are also two coaching supervisors within DFS whose primary responsibilities are to ensure new workers complete pre-service training and required on-the-job experiences. Their salaries are partly IV-E funded.

At this juncture the goal of training in the Division of Family Services training system is to develop the necessary knowledge, skills and attitudes needed for workers to competently perform to the child welfare practice model, initiatives and strategies currently being implemented, collectively known as Outcomes Matter (OM). Training currently being implemented is focused on the following practice initiatives: Structured Decision Making (SDM), Safety Organized Practice (SOP), Differential Response (DR), Family Search and Engagement (FSE), and Team Decision Making (TDM).

To this end, CPD has number of primary training objectives. The objectives are as follows: (1) developing, updating and modifying the DFS training curricula to embed the values, knowledge, and intervention skills of the new OM practice framework to meet the expanded responsibilities of staff, to comply with changes in policy, practice and program areas; (2) provide competency-based training primarily to caseworkers, supervisors and administrators as well as providing training for DFS contracted providers promoting optimal training content, supporting best practices and integrated service planning; (3) to help implement and sustain new practice approaches over the long run by teaming with DFS leadership, the Children's Research Center and Annie E. Casey to develop highly skilled workers and supervisors who grasp what the change is about to be trained early adopters and internal coaches; and (4) to

analyze training needs for levels of staff, CPD will be a partner in implementation planning and execution of ongoing training to targeted staff across the state as members and/or leads of initiative workgroups.

During FY2013, as DFS implemented Structured Decision Making (SDM) at Intake and Investigation, CPD initiated a structured curriculum review process for DFS training and has begun to modify the content of the core training for new workers to reflect changes in policy, procedures and practices associated with the OM initiatives referred to above. The first curriculum review meeting took place in December 21, 2012. As a result of this initiating this process Core 101A Risk Management training has been discontinued and replaced by the newly developed Core 101A Safety Organized Practice Model. In addition, Core 107 Treatment Day has been eliminated as its contents have been incorporated into the new Core 101A. Core 101 Abuse and Neglect has been reduced from three days to two days. Additional updates in content, training lesson plans, related training materials and job aids are being developed and/or adapted from CRC and AECF material to facilitate learning and performance outcomes. During DFS's initial implementation of OM initiatives curriculum reviews are being scheduled to occur quarterly.

In FY2012, in response to a request from the Office of Child Care Licensing (OCCL), this training was offered to OCCL specialists. The training focused on basic investigative interview skills when interviewing parents and young children in cases of alleged institutional abuse and investigating complaints. The topic areas included: a definition of investigative/forensic interviewing, pre-interview preparation, developing an interview plan, conducting an interview with an adult or with a child, dealing with reactions of interviewees, and closing an interview. This class was conducted twice in FY2012. With the advent of SDM and SOP this training was modified and an OCCL supervisor instructed by CPD staff in SOP practices is providing this revised training to OCCL specialists on interviewing, incorporating SOP principles and practices, especially those focused on interviewing children five and under beginning March 2013.

Reference information on the different initiatives is being posted on the DFS shared drive in the training folder so it can be accessible to all staff members. Other training information and forms related to DFS training are stored on Department shared drives and available to all employees. Items included on the shared drive are:

- All DFS training opportunities in a variety of subject areas offered to experienced employees
- DFS New Worker Training Program schedules
- Training program descriptions
- Reference material to provide background on new practice initiatives
- Procedures for how to register for training
- The DFS New Worker Transfer of Learning Manual (3<sup>rd</sup> Edition) that provides trainees, supervisors and mentors with information on components of the DFS New Worker Training Program, along with the core competencies, required shadowing activities, checklists, Core Pre/Post assessments, Transfer of Learning (TOL) activities, surveys, training ground rules, links to supplemental information, and CPD contact information

- A document explaining what DFS new workers must complete, and submit in order to successfully complete the DFS New Worker Training Program
- Training evaluation templates that can be used for any DFS training
- The DFS Training System Survey, a data collection tool used to monitor and evaluate the whole DFS training system (training, mentoring, supervision, organizational support). It can be printed out, or completed as an online survey, the preferred method. Links to online surveys are on the DFS Training webpage. Results of the survey evaluation process led to tweaking and modification of core training process and resources.

Providing competency-based training primarily to caseworkers, supervisors and administrators as well as providing training for DFS contracted providers promoting optimal training content, supporting best practices and integrated service planning is a priority. To date, during FY2013 the PDC provided mandatory new worker core pre-service training to newly hired workers in the Office of Children’s Services (OCS). Contracted parent aides also received this training. They attended specific core classes, (e.g., Abuse & Neglect, Substance Abuse, Child Development and Separation, Placement & Reunification) per their provider contract. Some elected to attend other new worker core training as well. From 04/1/12 through 03/30/13 we provided 164 days of this training to 33 new staff and 24 contracted provider staff.

DFS training is sequential, beginning with orientation and introductory courses followed by courses that build on the content of previous courses. DFS continues to offer month 1 cores and month 2 cores (see DFS Training, attached) every month we have new workers. The cores listed as taken by workers in months 3 through 6 are offered every other month. This enables new workers to complete the core training in 4 to 5 months. New staff complete the first two months training cores prior to being assigned their first case. During periods when they are not in the classroom, they are assigned mentors to shadow in the field as well as other experienced workers, and they complete several specific field experiences with mentors and experienced workers to facilitate the transfer of learning in training into actual practice on the job. In addition, new workers also begin to develop and practice routine case management skills, with their supervisor’s oversight and support.

Refresher in-service training is provided continuously. Refresher trainings focus on reviewing and enhancement of core training module information. Each training addresses a specific topic identified for a particular year in terms of the following critical skills:

- Policy/procedure, knowledge and understanding of principles
- Best practices in the areas of child welfare
- Analysis of data
- Decision making
- Planning appropriate interventions
- Documentation
- Communications and team work

During FY2013, refresher training needs were determined by the DFS Senior Leadership Team. Refresher training offered included:

### **Stewards of Children:**

In FY 2013 DFS staff completed the online version of this prevention training program sponsored by Prevent Child Abuse Delaware and its partners that teaches adults how to prevent, recognize and react responsibly to child sexual abuse. The program is designed for organizations that serve youth and for individuals concerned about the safety of children. It is the only nationally distributed, evidence-based program proven to increase knowledge, improve attitudes, and change child protective behaviors.

Features of this program:

- A three-part DVD presentation integrating commentary from sexual abuse survivors, experts in the field and other concerned adults all providing practical guidance for preventing and responding to sexual abuse.
- An interactive workbook designed to facilitate discussion, reinforce key concepts, and serve as a resource guide and personal action plan for resolving child sexual abuse.
- A facilitator-led discussion about important issues in sexual abuse prevention and the relevance of these issues within the community and organizations that serve children.

### **3-5-7 Model: Preparing Children for Permanency Training**

The 3-5-7 model is a state of the art promising practice that supports the work of children, youth and families in grieving the losses and rebuilding their relationships. It has demonstrated effectiveness as a feelings practice for children and youth living in out of home care. In December 2012 DFS permanency staff attended a one day training presented by Darla Henry whose 3-5-7 model draws from the theories of child development, separation and loss, grief process, family dynamics, the impact of abuse and neglect, and resilience. DFS is implementing the model of preparing children youth and families for permanency. CPD staff is involved in the implementation of the model and integrating its conceptual framework in new worker core training where applicable. The methodology will also be woven into Family Search and Engagement activities and Team Decision Making meetings, beginning at investigation and throughout ongoing case management services including protective and placement services that support kinship, foster and adoptive family placement.

### **Stairways to Encourage Personal Success Training (STEPS)**

DFS augmented their integrated service planning approach by developing a required facilitated meeting for all teens during their last two years in care. Stairways to Encourage Personal Success (STEPS) is a meeting driven by the teen where the teen invites all the persons who support the teen. The transition topics of housing, education, employment, transportation, medical care, counseling, and others identified by the youth are discussed with options developed through youth and team interaction and various team members assuming responsibility to assist the youth in specific preparation for independent living. The Center for Professional Development designed, developed and executed STEPS training in November 2008 and offered refresher training in 2010, 2011 and 2012 to assist with facilitating STEPS meetings and as consultants to workers and supervisors on the process. Plans are in the making to update and offer a revised STEPS training incorporating elements of the SOP family meeting process and practices in 2013.

### **CPR Training**

The DSCYF Center for Professional Development continues the provision of Infant and Adult CPR Training to foster parents and interested workers.

### **Mentor Training**

Mentors for new staff are trained by CPD trainers. Mentors are an essential component in preparing new workers to meet training requirement and performance standards during their probationary periods. Mentoring new workers is a job expectation for Masters and Family Crisis Therapists. Mentor training is offered once per year or as needed. New mentors learn the basic principles of mentoring, transfer of learning knowledge, coaching skills and giving feedback. Mentor Training will be in revision following the training provided by CRC on coaching, learning circles and facilitative supervision scheduled in 2013.

### **Dragon Naturally Speaking Training:**

In FY2011, DFS purchased 300 licenses for Dragon Naturally Speaking voice recognition software. The rationale for this purchase was to provide DFS workers with a tool to increase productivity by decreasing the amount of time staff spend entering data and composing correspondence. Additionally digital voice recorders were purchased to further enhance staff's ability to record notes and information while in the field. Three CPD trainers continue to provide this skill based instruction in FY2013 to new DFS workers who wish to use the software and the digital recorders as licenses are available.

### **Supervisor Training**

In FY 2011, a decision was made to provide supervisory training through the State of Delaware Office of Management and Budget (OMB) Human Resource Management Training Unit. OMB courses available to supervisors consist of a series of seven competency-based classes entitled *Fundamentals of Leadership*. In FY2012 two CPD instructors were trained as trainers on four of the *Fundamentals Of Leadership* courses and March 2013 training these classes through the CPD. These four classes are Basic Principles: Building Trust under Pressure, Developing Others, Correcting Performance Problems and Planning and Reviewing Performance. Supervisors can take Problem-Solving, Providing Constructive Feedback, and Recognizing Positive Results through OMB to complete the training series. Many additional classes relating to supervisory development may be chosen from a list that includes OMB courses related coaching and counseling, conflict resolution, facilitation skills, managing generational differences and knowledge transfer. The courses offered by OMB are appropriate for new and experienced supervisors.

In regards to implementation of the new practice model, supervisors are being trained on the principles, approaches, practices and policy changes with regards to SDM and SOP.

### **Consultation Services**

CPD trainers assist individual employees, supervisors and functional units within DFS and the Department by providing consultation services on individual and group performance issues. CPD trainers participated in the Supervising and Coaching SOP training held by CRC March 28, 2013. CPD trainers are also participating in the Coaching Institute train-the-trainer session

provided by CRC and FSE and TDM train-the-trainer workshops provided by AECF in support our consultant role regarding OM initiatives scheduled in 2013.

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

## **Training Collaborations and Partnerships**

### **Community Outreach and Training**

In FY2013, CPD trainers provided guest lectures and presentations on issues related to child welfare to local colleges, universities and community groups. DFS training incorporates guest presentations from community services organizations including those focused on domestic violence, community legal aid, substance abuse treatment, and local law enforcement DV response representatives. The following organizations participate:

- Delaware Coalition against Domestic Violence
- Delaware State Troopers- DV response
- Brandywine Counseling – Substance Abuse Liaison
- Psychotherapeutic Services - Substance Abuse Liaison
- Community Legal Aid – Filing for Protection from Abuse
- People’s Place – Domestic Violence

### **School Training**

The Child Abuse Prevention Act of 1997 was amended in 1999 (14 Del.C, 4123). The amendment requires that each public school ensure that each full-time teacher receives one hour of training in the identification and reporting of child abuse. The training and materials are to be prepared by DFS. The Center for Professional Development is responsible for developing the training curriculum. The CPD staff, some DFS administrators and supervisors, along with trained partners carry out the training.

In FY2011, significant changes were made to Delaware law concerning mandatory reporting of child abuse and neglect. CPD offered a PowerPoint presentation on the internet that incorporated all of the changes in law as an alternative to classroom training. The downloadable PowerPoint presentation includes information on the laws regarding reporting suspected child abuse and neglect, signs, symptoms and reporting procedures for child abuse and neglect. Also, schools could request a DFS staff member to present the training to their schools. This new approach offered maximum flexibility to schools. The same approach continues in FY2013.

### **Child Protection Accountability Commission Training Sub-Committee**

CPD has a training administrator representing the Department and specifically DFS on the Child Protection Accountability Commission Training Sub-Committee. DFS, Family Court, Department of Justice, Domestic Violence Commission, Office of the Child Advocate, Child Death, Near Death and Still Birth Commission, Delaware Department of Health and Social

Services, and community agencies are represented. The committee meets quarterly to share agency training information and to pool resources, where possible. This committee organized a two day conference in October 2011 called *Protecting Delaware's Children*. At the conference, national and regional experts and researchers in the field of child welfare presented two plenary sessions and 18 separate workshops on a range of topics related to protecting children and strengthening families and communities in Delaware to over four hundred individuals. A web site has been identified with member agencies contributing agency events and training information for all to view. A similar conference is scheduled for May in FY2013.

**Structured Decision-Making and Safety Organized Practice**

Collaborating with the Children's Research Center (CRC), DFS is implementing Structured Decision Making (SDM) and Safety Organized Practice (SOP). SDM incorporates a set of evidence-based assessment tools and decision guidelines designed to provide a higher level of consistency and validity in assessment and decision-making processes and a method for targeting limited system resources to families who are likely to subsequently abuse or neglect their children. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children. Emphasis is placed on using engagement and interviewing strategies with children to bring their voice into the decision making process in all functional areas. Workers have been training on tools especially useful for engaging children five years old and under. CRC trainers and CPD trainers are working together to deliver training on policy and procedures for the new DFS SDM assessment manuals, and overviews on SDM and SOP principles and practices, and tools. FACTS liaisons train on automation modifications. Following is a list of training planned and/or delivered in FY2013-2014.

Training Title	# of Training Days	Total # of Participants	Targeted Staff
SDM Intake	2	57	Intake workers, supervisors, CPD
SDM Intake Overview	4	47	Investigation workers & supervisors, CPD
SDM Intake Review	1	9	Intake supervisors, CPD
SDM Introduction to Safety Organize Practice	3	271	Caseworkers, supervisors, program managers, administrators, CPD
SDM Safety/Risk Assessment Investigation	6	202	Investigations workers, supervisors, program managers, CPD
SDM Safety Assessment Treatment	4	110	Treatment workers, supervisors, program managers, CPD
SDM Early Adopters	3	47	Caseworkers, supervisors, CPD
SDM Supervising &	1	38	Supervisors, program managers,

Coaching SOP			administrators
SDM Early Adopters Family Team Meetings	2	50	Caseworkers, supervisors, CPD
Facilitative Supervision	1	TBD	Supervisors, program managers, administrators, CPD
Train-the-Trainer for SOP Modules 1-3	3	TBD	Caseworkers, Supervisors, CPD

**Differential Response**

Differential Response (DR), a common front and strategy that offers an alternative to traditional investigation and uses family engagement assessments and referrals to community services for foot low risk cases. The family can opt to accept services or choose traditional investigation. DFS is contracting with Children and Families First (CFF) to provide this service. Within DFS this program is entitled Family Assessment Intervention Response (FAIR). CFF staff is being trained alongside DFS workers, taking selected in-service core classes (i.e., Mandatory Reporting, Abuse and Neglect, Interviewing, Child Development, Field Safety, Legal, Domestic Violence and Substance Abuse). CFF staff is also receiving SDM – SOP training as they are using the DFS SDM safety assessment and risk assessment tools and SOP engagement strategies in the provision of their program service area.

**Team Decision Making**

Team Decision-Making (TDM) is a structured and facilitated pre-removal meeting with the family, the child (if appropriate), family network and supports, or specific safety plans and a “live” placement decision is made. The goals of TDM are to improve the DFS decision-making process, encourage support and buy-in of the family, extended family and community, and to develop specific, individualized interventions for children and families where placement is being considered as a safety intervention. TDM involves a trained, independent, meeting facilitator experienced and knowledgeable in DFS policies and procedures, best practices and the TDM facilitation process. The main task of the facilitator is to help the group reach consensus on a plan for safety. In collaboration with the Annie E Casey foundation DFS is implementing TDM statewide. CPD staff work with AECF and DFS leadership to develop plans to roll out training on TDM targeted for the fall of 2013. CPD staff is being trained as trainers for the TDM process along with targeted DFS staff.

**Family Search and Engagement (FSE)**

FSE is an approach to practice that allows workers to dig more deeply with youth and families to identity important others in their lives; relatives, kin and extended family members, who can a serve as safety network members with an emphasis on involving fathers, and assist in planning for permanency. FSE is compatible with practice model and related initiatives being implemented in DFS currently. In FY 2013 a one-day training was provided by AECF to orient targeted DFS permanency workers to family search and engagement principles and practices. FSE is being piloted in the DFS Wilmington Regional Office. Following the initial AECF training, monthly coaching\consultation support group facilitated by AECF staff and supported by CPD occurred to transfer from learning from training experiences to the field. The next step involves collaborating with AECF to provide a training of trainers for FSE for a select group of approximately 15 participants involving a mix of CPD staff, direct service and

supervisory staff, DFS Foster Home Coordinators and other public/ private sectors organizations partnering with DFS.

In order to implement and sustain new practice approaches over the long run by teaming with DFS leadership, the Children's Research Center and Annie E. Casey to develop highly skilled workers and supervisors who grasp what the change is about to be trained early adopters and internal coaches. Building caseworker competence to perform effectively in this transformative environment requires a significant training as well as coaching effort. The literature and research on transfer of training and the implementation of evidence-based practices recognizes the need for strategies like cultivating champions, engaging early adopters, coaching, supervisor support, developing learning communities or communities of practice, mentoring and training on day-to-day practices. CPD staff is participating in the SOP Early Adopter Training, Facilitative Supervision, and the Coaching Institute in our partnership with CRC, and will be involved in the creation and launching learning circles to sustain the new practice model framework. Learning from these experiences will be embedded in new worker training as appropriate and/or in ongoing training. This involvement also enhances CPD staff ability to serve in our consultant capacity with staff and supervisors.

As part of implementation planning and execution of ongoing training to targeted staff across the state, CPD participates as members of initiative workgroups. CPD staff are members of the following workgroups: Outcomes Matters (SDM-SOP), FSE and TDM. CPD attends these initiative workgroups monthly and serve as committee leads related to planning and rolling out initiative/ practice driven training. A training administrator from CPD is a standing member of the DFS Strategic Leadership Team (SLT) and Outcomes Matters Initiative group composed of members of SLT along with representatives from AECF, who serve in an ad hoc capacity. With a lens focused on training needs CPD staff share the information, data, observations, impressions, and plans with the CPD unit manager and CPD trainers at CPD unit meetings as well. In that context discussions and data analysis occurs and next steps are identified for training and performance improvement of DFS staff.

#### **IV.B. Training Chart IV-E Compliance Update**

The FY2013 – 2014 DFS Training Chart has been adjusted to reflect IV-E compliance as follows:

- All required trainings for new and ongoing OCS workers are shown with the number of training days for each training.
- The training provider and location of each training are stated.
- Request to claim materials, space, etc is detailed for each training.
- Current funding is asterisked on the chart and defined at the bottom of the chart. Proposed FFP is shown for each training on the chart.
- Frequency of each training is provided.

(See Attachment U: Training Chart, Attachment V: Staff Training Chart)

#### **Surveys and Evaluations**

CPD captures process data in Compliance Suite, a Training Management System (TMS). Participation metrics involving the number of participants scheduled to attend a training, the number of participants who attend, and the number of participants who complete/cancel/ or are

absent for training are denoted. Also captured are trainer data (e.g., names of trainers, the titles and the number of courses they teach).

Evaluation metrics based on the subjective analysis of individual participants are collected on training evaluations solicited following each training event. This instrument is intended to provide data about training content, process, relevance to job, and trainer performance. The participant responses are reviewed and utilized to improve training content, learning strategies as well as trainer skill. They are also designed to provide constructive information to the training unit regarding the training experience and needs of workers.

Training design and delivery metrics for DFS new worker training is captured on the DFS New Worker Training System Survey. It is a summative, qualitative and quantitative instrument designed to gather the perceptions and On-the-Job (OJT) training experiences of new workers on elements of the DFS training systems at the conclusion of their four month training program. The survey also captures demographic information on the respondents. Using Likert scales of agreement, it directs workers to indicate their satisfaction with classroom training, supervision, mentoring, shadowing/OJT) and the workplace environment. From a list of all OCS required OTJ activities respondents indicate which they completed, thus the quantitative component of the survey. Forty eight 2012 surveys were submitted and the responses analyzed at the conclusion of 2012. To garner high response rate the 25 question survey is given to new workers during the final training in the new worker core curriculum. The survey can be taken online using Vovici survey software. When possible, access to computers is made available during that last training to facilitate data collection. Paper copies are also utilized and the information is entered into Vovici by support staff.

Performance Improvement metrics, (i.e., the subjective analysis of individual participants) is captured on the DFS New Worker Training Survey Mid-Point. It is a formative survey consisting of scales of agreement and multiple choice questions given to new workers at the mid-point of their pre-service training with the intent of gathering data relative to their training transfer and OJT experiences while they are still attending training. The analysis of the data is used to identify gaps, to make adjustments in training system processes and to improve transfer of learning outcomes by meeting trainee's needs. Paper copies of this 10 question survey are used and the information is entered into Survey Monkey. Twenty one surveys were submitted and analyzed at the conclusion of 2012.

Both surveys have comment sections to allow respondents record their and personalize their observations and experience. Based on the overall results, core trainings are modified and improved to reflect evaluative input.

### **Allowable Staff Costs**

The Center for Professional Development is housed in the Division of Management Support Services. The two DFS coaching supervisors responsible for working with newly hired DFS caseworkers continue to be charged to Title IV-E according to the following formula: 75% Federal Financial Participation (FFP) \* Current Eligibility Ratio \* Staff Salaries and 50% Federal Financial Participation (FFP) \* Current Eligibility Ratio \* Other Employment Costs (OECs). Since changing the percentage charged to IV-E for salaries on a quarterly basis would

be unduly burdensome to our payroll unit, our present Cost Allocation Plan (CAP) allows us to charge 50% of Training Staff salaries to IV-E, and an adjustment to our quarterly CAP claim is made to make up for the difference between the amount that should have been charged and the 50% that was charged.

### **Barriers Blocking Goal and Objective Attainment**

Implementing a practice model involves a large scale effort to train all existing casework staff, supervisors and leadership. The magnitude of implementing several practices concurrently has stretched training staff to its limit. New worker training is ongoing, thus CPD is not able to attend some planning meetings due to scheduling conflicts with new worker training and other initiatives. Scheduling training for existing staff was hampered by forces outside of our control like bad weather events, late notices and locating training space to accommodate large numbers of staff.

Training for DFS staff is currently being delivered in the Kent County regional office. Space in this office is shared with CPD. There are times when Kent County operational events or statewide workgroups, and meetings preclude CPD's access to training space. That presents a challenge particularly with the increase in the number of contract providers requiring training on initiatives in addition to ongoing training for new hires. With the amount of training going on related to initiatives CPD has to go outside of DFS to find training space often with a price tag attached. Dedicated training space is much needed.

### **Innovating Programming, Approaches, Practices**

CPD has installed ProForm Rapid eLearning Studio, and therefore can create interactive Flash-based SCORM-conformant e-learning courses. CRC provided CPD with four e-learning mini modules that have been loaded into this software and can now be taken by staff online. A link to the modules is located on the CPD training extranet page. The modules are as follows:

- SDM Assessments: An Overview
- SDM Safety Assessment
- SDM Risk Assessment
- SDM Provider Safety Assessment

With web conferencing capability CPD can conduct distance training between the two locations where the equipment is located, at DSCYF central office and the DFS training room located in Milford, in the DFS Sussex County satellite office. CPD developed an electronic notice which is sent to supervisors before their workers attend a core training to assist supervisors with instructions and ideas for preparing workers for training and transferring the training content and skills learned through activities.

### **Analysis of Impact of Programming and Outcomes for Children and Families**

DFS is still in the initial stages of implementing a new practice model and its accompanying practices and tools. At this juncture, all caseworkers, supervisors, program managers and senior leadership have been oriented and/or received some training on SDM, SOP. FAIR staff are included in that group. Targeted staff have been oriented and trained on FSE. TDM training is being planned. CPD staff dedicated to DFS to meet training needs are actively participating in training and serving in the capacity of consultants to supervisors and staff as

they" try on" the practices and tools affiliated with the outcomes matters initiatives currently being implemented. CPD trainers have observed the impact of SOP approaches on families during family team meetings. Families' feedback has been very positive about their experience in the meetings. And anecdotally, CPD staff is hearing from supervisors that their early adopters and some early majority workers are trying on the SOP – Three Houses tool and report gaining much richer information from children during interviews.

During the fall of 2013 training will begin related to the SDM tools for treatment. These tools will be going "live" with the launch of FACTSII. In addition, training modules will be trained to and delivered by Early Adopters staff and CPD staff as a part of training and sustainment efforts. This will require a collaborative planning effort between CPD, CRC, DFS leadership and DFS. Similar training and sustainment efforts will be implemented with FSE and TDM concurrently.

Transitioning from a traditional problem focused approach to a strength based practice will require many new roles, behaviors, attitudes, and skills for frontline workers and supervisors. As DFS determines and vocalizes specific indicators that reflect targeted outcomes, CPD can team with leadership and stakeholders to develop and execute training that aligns with and facilitates the development of the skills necessary for staff to implement the new model, and avoid practice drift.

## **V. Quality Assurance**

### **Current Process and System**

The existing QA system is the primary method of evaluating safety, permanency and well-being outcomes in the Office of Children's Services (OCS). During the period 1/1/12 to 12/31/12, the sample of OCS quality assurance (QA) case reviews completed by program area were: Investigation- 125, Treatment- 47 and Placement- 45. QA Case review results were then made available, following each months end, for review by supervisors and their staff. Results are also reviewed quarterly in the Strategic Leadership Team, comprised of Central Office administration and policy team, as well as operational administrators from the regions.

The DFS Quality Assurance tools have a specific emphasis on safety. All reviewers are required to review their randomly assigned cases to determine if they 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 respective regional administrator. 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 event in FACTS and in the regular monthly case conference notes.

Due to the significant increase in hotline referrals and investigations and, resulting increases seen in the number of treatment cases and children in out-of-home care, DFS went to a temporary amended schedule for QA case review assignments this year. The reduction in sample size and completed reviews resulted in more time for supervisors and administrators to manage direct client services, given the increases seen in operational case loads.

In 2011 DFS committed to adopting the full array of evidenced based Structured Decision Making tools offered by the Children's Research Center. Some of these tools will be adopted in 2012/ 2013, specifically Hotline Screening, Investigation Risk Assessment and Safety Assessment. The balance of these tools will be adopted through the FACTS II project. A part of the collaboration with the CRC in this initiative is testing for inter-rater reliability. Efforts ensure all users are utilizing the various tools accurately and consistently with developed policy, procedures, definitions and decision making logic. The adoption of these evidence-based tools is helping improve the quality of data collected as part of the QA process.

Throughout 2012, DFS has been involved in modifying the department's client information and SACWIS system (FACTS) and, adopting the Structured Decision-Making® tools for the Report Line and Investigation functions. The intake instrument for the Report Line was put into production in May 2012 and the Risk Assessment and Caregiver/ Provider Safety Assessments in February 2013. As a result, the QA Case review instruments have been modified to reflect these changes in practice. These changes incorporate questions surrounding quality of decision-making, including the use of 'over rides', and other appropriate decisions and documentation using the SDM Risk Assessment. Additional changes have included questions from the other practice changes being implemented (i.e., Safety Assessments and Safety Organized Practice (SOP), Family Engagement), and Child Protection Registry findings. Training for Investigation Supervisors occurred May 21, 2013, including representatives from the Children's Research Center. The Access database is being updated and random sampling and assignments will begin July 1, 2013.

Outcomes of these reviews may include application of case specific decisions or, may result in a comprehensive re-evaluation of the definitions utilized in the SDM manuals and statewide applications within a tool. Many of the tools have components that can be used separately or incorporated into existing quality assurance tools for enhanced analysis. DFS will be reviewing these tools and considering how best to incorporate best practice monitoring guides into its Quality Assurance Case Review tool sets.

The internal DFS case reviews were supplemented this year with a series of case reviews conducted by consultants from the Children's Research Center (CRC) as part of the assessment of implementation with fidelity of the Structured Decision Making tools at the hotline and investigation functions. These case reviews have been conducted approximately every 3 months and the findings from these reviews are then shared with staff, supervisors and administrators. DFS and CRC then develop specific coaching and follow-up training as needed. These case reviews will continue throughout 2013.

A critical aspect of the FACTS II project going live in March 2014 (see section on information systems); DFS will be adopting the full array of SDM instruments for Treatment and Permanency. Planning has already begun to address staff training needs. Also being discussed with the CRC are the modifications needed for the QA Case Review tools in these two program areas. DFS anticipates it will suspend its current case review system, for these programs, in late fall 2013 and, will have the new QA tools incorporated into the FACTS II system, with startup using these tools in May or June 2014.

### **Longitudinal Cohort Data Set**

As part of the ongoing engagement with the Annie E. Casey Foundation, DFS has worked with their national data team to develop a longitudinal cohort data set. This approach to data analysis is considered best practice in child welfare, as it enables a jurisdiction to discern changes in outcomes for specific cohorts of children in foster care. This is critically important in being able to assess the impact of practice changes. Child welfare systems have access to two types of data: aggregate data and individual case reviews. The longitudinal cohort data set provides a way to assess outcomes for subgroups from distinct points in time.

DFS is utilizing the initial findings from this cohort data set to further the analyze placement instability outcomes. The findings have enabled a more sensitive analysis that highlights the differences between teens that have entered care from out-of-home placements in juvenile justice or behavioral health settings, as compared to teens who enter care from their families. This detailed analysis is helping guide planning for greater system collaboration to prevent unnecessary placements and targeted recruitment to expand placement resources for teens that need foster care.

The other states who have implemented a longitudinal cohort data set have done so in partnership with Chapin Hall in Chicago for a significant recurring cost. Delaware is the only state to have developed the data set utilizing internal resources, which supports longer term sustainability. As staff become more proficient in utilizing this data base, it enables opportunities to assess the impact of specific program changes across various initiatives.

### **Performance Measures**

DFS utilizes the outcome performance data from the end of the CFSR PIP as the baseline for a comparative analysis of critical outcomes. In general, outcome performances have remained consistent and positive through 2011 and 2012. All areas involving well-being show consistently high outcomes, especially in the areas of engaging families and children in assessments, case planning and service delivery. In addition the assessment and addressing of children's education, mental health and physical health remain above 97% in all program areas. The two areas needing continued focus for improvement were stability of children in foster care and worker contacts with fathers. As a result of this information, supervisors, program managers and leadership have been able to focus their attention on critical performance areas where training, community partnering and identification of available services can enhance practice, strengthen families and improve outcomes.

## CFSP Performance Measures

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

1. Quality Assurance: Measurement for child safety is a composite of questions in investigation and treatment assessing safety in the child's residence. Goal is 100% will be assessed as safe.
  - During the twelve month period ending March 31, 2013:
    - Investigation- 100% of the children were assessed as safe.
    - Treatment - 91.18 % of the children were assessed as safe (S2, Item 4, Risk of Harm)
2. National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.
  - For the twelve month period ending March 31, 2013, 97.11% of the victims did not have a recurrence of abuse or neglect.
3. National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.
  - For the twelve month period ending March 31, 2013, 99.84% of children were not maltreated in foster care.

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

1. Caseworker foster care contacts. There are two established measures for foster care contacts: percent of visits made to children in foster care on a monthly basis; and, percent of those visits occurring in the child's residence. Goals for measure one are 90% and, goal for measure two is 50.5%.
  - The following outcomes are for Federal Fiscal Year 2012. The DFS performance of for foster care contact made on a monthly basis was 95.66%. For the second measure, of the contacts that did occur, 82.48% occurred in the child's out of home setting.

(The following data outcomes are for the period April 1, 2012 to March 31, 2013)

1. 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 92.9
  - Of those children in care less than 12 months - percent with 2 placements or less. Goal is 86% or higher.
    - 82.3% 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 64.5% 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.
    - 34.2% of the applicable children had 2 placements or less.

2. 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 66.5% were reunified within 12 months.
3. 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 35.7% did so in 24 months or less from last home removal.
4. 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 18 children reviewed who had a goal of APPLA, 100% of the reviewers agreed with this goal.

**Well-being Strategy: Continue efforts to enhance the capacity of families and children to meet their needs.**

1. Quality Assurance: Measurement is a composite score of 25 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, 2013, the outcome performance for this measure was 84.39%. The Quality Assurance Case Review system continues to be the main source of qualitative data regarding the states performance around well-being of families and children. Focal points for this area are the efforts to engage mothers, fathers and children in the assessment, case planning and service delivery activities. Case specific feedback is provided to staff regarding individual review outcomes and, data reports collect this information in aggregate form and report back to regions regarding opportunities to improve performance. Engaging mothers and children is seen with varying degrees of success throughout the state. However, engaging fathers is an area needing continued monitoring and support to staff in order to enhance performance and improve outcomes.
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- 100%; Physical Health- 100%; Mental Health- 100%.

- Treatment: Education- 92.0%; Physical Health- 96.1%; Mental Health- 93.6%
- Placement: Education- 100%; Physical Health- 99.0%; Mental Health- 100%.

### **Process for Sharing Data with Stakeholders**

One of the major initiatives this year has been the development of a new dashboard for system data reporting by the Child Protection Accountability Commission (CPAC). DFS data comprises approximately 80% of the data currently reported. The dashboard focuses on both process measures (e.g., hotline reports, case load averages), as well as an increased focus on outcomes (e.g., timeliness to permanency, placement stability).

CPAC created a new adolescent subcommittee. DFS, OCA, CASA, judges, DYOI, youth and private providers are represented. DFS presents data on permanency and well-being outcomes for teens in care, for discussion and public comment at these quarterly meetings.

At the annual foster parent conference, DFS presented data on permanency and well-being outcomes for children in care to over 300 foster parents. This purpose of this presentation was to identify strengths and opportunities for system improvements, and connect these findings to the various system innovations underway.

DFS has shares data on performance measures with the Advisory and Advocacy Council, private providers, and Youth Advisory Council. These presentations serve as the catalyst for discussions of opportunities for continued improvement and identification of system barriers.

### **Gap Analysis**

With the release of ACYF-CB-IM-12-07 on Continuous Quality Improvement and the impending CFSR process, DFS has begun assessing the current QA System against the recommended components. While the current system has many strengths, the following areas are identified as potential areas of improvement:

- **Administrative Structure:** There are opportunities for developing a more comprehensive set of policies and procedures to support a comprehensive CQI process. Given reductions in state positions in recent years, there is also a challenge to have adequate staff resources to sustain the CQI process. The current demands on staff at all levels have already had an impact on the current program.
- **Quality Data Collection:** Significant progress has already been made in this area, especially given the implementation of several evidence-based tools that have well-developed QA tools associated with them. These tools, in conjunction with the various federal reports, provide a comprehensive, quality data set. However, given the many new practice initiatives, DFS is actively working to coordinate and integrate various QA tools into a coherent process.
- **Case Record Review and Data Process:** DFS has had a well-developed process for case reviews. Areas for possible improvement include increasing the sample sizes, given the limitations of staff time for this process. The longitudinal cohort data set may provide a mechanism for additional focused reviews of stratified samples of children and youth in care.
- **Analysis and Dissemination of Quality Data:** DFS has expanded efforts to disseminate data on performance outcomes in various venues that provide opportunities for stakeholders to discuss the data and provide feedback. There are opportunities to further

expand these efforts and to create written reports that are accessible to various stakeholder groups.

- **Utilization of Feedback to Make Ongoing Program Adjustments:** DFS has experience utilizing outcome data to communicate internally with administrators and supervisors. Currently the data is primarily analyzed in several core administrative groups statewide. However, there are opportunities to further develop communication strategies that make this data more accessible to internal and community stakeholders, coupled with mechanisms to facilitate their feedback. This will help reinforce the connection between direct practice and specific outcomes. As DFS focuses more on well-being outcomes, additional collaborative efforts are being developed with health, education and behavioral health system. These efforts then need to continue to shape practice in realistic ways. Front line staff and foster parents have critical roles to play in shaping these outcomes.

### **V.I. 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 work with Deloitte Industries, to develop the FACTS II case management system. Deloitte is using the Washington D.C. FACES system and is modifying it to meet Delaware information system requirements. In addition, Deloitte has proposed DSCYF adopt the SAP Business Objects suite of tools, to be used for all management statistical reporting. Also participating in The FACTS II initiative are Walter R. McDonald as the Quality Assurance Manager; FACTS II Project Manager Stephen Fletcher and, Change Management Coordinator Eve Austin. DSCYF and Deloitte reviewed all system requirements between June and September 2012. There were over 600 requirements to be approved and, all but approximately 60 were successfully negotiated. Requirements included basic system requirements, case/ client management, workflow, security, reports, interfaces (i.e., NCANDS, AFCARS, NYTD data exchange) and, SACWIS items to be included in the application. There were several addressing fiscal capacity, and 'Adam Walsh' criminal history checks, that resulted in major enhancements to the overall project. A plan is in place to review and finalize all outstanding requirements.

Beginning in October 2012 and running through February, 2013, Deloitte facilitated Detailed Design JAD sessions. Numerous DSCYF subject matter experts were identified and participated in the JAD sessions. JAD session details were focused on modular/ sub-modular/screen level presentations, where business rules, screen details, ticklers and security were identified.

Currently DSCYF is reviewing the Detailed Design Deliverables resulting from the JAD sessions and, are on the third round of comments and feedback. Design documentation under review those mentioned above for the case management application and; the Reports Deliverable, Conversion, Interfaces, Training, and a variety of technical documents. Deloitte has begun the development stage. It will be during this phase Deloitte will present to DSCYF how they are meeting the design specifications with modified screens and functionality. Development will continue until the fall 2013, when User Acceptance Testing is planned.

DFS has continued to work with Children's Bureau's Adoption and Foster Care Analysis and Reporting System (AFCARS) administrator in order to improve data integrity regarding the reporting of children in foster care. On April 15 and 16, 2013, ACF AFCARS Administrator and

ACF Regional III DE manager participated in an on-site review of the reporting details. Also in attendance was a representative of eh contracted maintenance vendor, Maximus and, a representative from the FACTS II project vendor Deloitte. Primary focus of the review were on those foster care and adoption data items not previously approved as compliant in prior AFCARS Improvement Plan updates. While some technical reviews are still necessary by ACF, most elements were approved as being compliant. There were however, several areas identified for DE corrective action. Also, a part of the review was the ability for DE to sustain reporting requirements when the FACTS II system goes live in March 2014. In some instances ACF was willing to forgo requiring DE make corrective actions in the current information system and, strategies were identified to ensure accurate reporting from FACTS II. Participant of Maximus and Deloitte staff were instrumental in ensuring the continuity of data reporting. For some items, such as reporting runaway starts at custody start and, allowing ethnicity to be answered absent race identification, will be changed in the current system. One critical area for correction, which will be addressed in the FACTS II solution will be when DFS ends custody of a child, who will remain in a YRS or PBH residential service, DFS will have the ability to identify the achieved permanency goal for that child.

Finally, during the on-site review, ACF agreed to support DSCYF in its transition from FACTS to FACTS II. This support will primarily be in the form of review test scripts entered into the FACTS II test environment. DSCYF will need to test both the reporting capabilities of the new system, ensuring all identified data elements are be collected correctly. In addition, testing of 'converted' data from FACTS to FACTS II will be necessary. Also, due to the start date of the FACTS II application, finalized reports for submission will need to pull from both current and future applications, for information that could not be converted. Details of this collaboration between DSCYF and ACF will be identified during the summer of 2013.

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 community partners. 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.

Throughout 2012, a subcommittee of the Child Protection Accountability Commission (CPAC) addressed changing the data details provide on a quarterly basis. Previously, DFS alone provided case load standard and turnover data. Beginning with the first quarter of 2013, the new Dashboard Report included fifteen data elements provide by DFS and, additional data provided by the Division of Youth Rehabilitative Services, Division of Prevention and Behavioral Health Services, Children's Advocacy Center and local law enforcement. This new report provides greater detail as to outcomes for children being serviced across a broader continuum of providers. This more comprehensive view of child and family outcomes will better enable the CPAC committee, and all participating child serving agencies to identify critical areas of service need and target advocacy and resources accordingly.

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 with other state agencies and community partner's opportunities 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 internally through regular schedules or upon request.

### **Court Improvement Program and the Family Court**

Family Court is upgrading and integrating the current CIP database system with the Court's automated case management system to reduce duplication of data entry. In addition, the CASA database system (COMET) is moving to a new platform to allow for continued maintenance of the system since national CASA no longer provides supportive services for the COMET program. The project plan's kick-off was September 17, 2012; business requirements were completed October 30, 2012; database design was completed January 15, 2013; database validation summary report delivery began April 24, 2013; CASA application development began April 25, 2013. The project is on target with a "go live" date for Phase I of January 30, 2014.

### **VIII. Child Welfare Workforce**

In the fall 2011 and spring 2012, Annie E. Casey Foundation conducted an assessment of Delaware's child welfare system. The initial assessment, included policy reviews, data analysis and interviews with DFS staff and community partners. DFS identified several areas needing improvement in the early stages of the assessment. These areas are strengthening services to intact families to avoid out-of-home placements, achieving permanency for teens already in foster care, and implementing a new risk assessment model. This is an exciting partnership and collaboration with AECF and the agency. The implementation of activities based on the assessment's findings will strengthen outcomes for children and youth by reforming front-line practice. The agency is considering or implementing these initiatives under the banner "Outcomes Matter – Enhancing Practice and Transforming Lives":

- Structured Decision Making®
- Differential Response
- Safety Organized Practice
- Team Decision Making
- Kinship Care
- Permanency for Foster Teens
- Foster Care Resource Recruitment
- Cross-Agency Collaboration
- Outcome Performance Management

Safety organized practice includes strategies and approaches to working directly and collaboratively with families and research-supported assessments that help workers make better decisions. The purpose of the safety organized practice overview sessions, planned for July 31st and August 2nd 2012, is to introduce the basic concepts and elements of the system to all staff at once. There are several benefits to this approach:

- This overview session with help agency staff see how many individual changes fit together into a cohesive, unified approach to child protection. This perspective will prevent confusion

and feelings of being overwhelmed down the road because everyone will have the same understanding of the full strategy.

- Introducing new concepts and language to staff at once helps everyone to move forward from a common understanding as they use new ideas in their daily interactions. This common background helps everyone to move forward together.
- For many agencies, and many workers, safety organized practice may represent a different way of working and making decisions with families. Having a brief, early exposure to the system helps these workers begin to consider core concepts as they go about their daily work before they are asked to put these ideas into practice, building familiarity and, eventually, comfort.
- Overview sessions set the stage for more specific follow-up training. After this introduction to safety organized practice, groups of workers (e.g., investigation, treatment) will receive more in-depth training regarding the portions of the system that apply directly to their work. This orientation gives workers a framework for understanding their subsequent training more fully.

Safety organized practice provides an approach to child protection work that:

- Is focused on enhancing child safety,
- Values working with families,
- Values reliable and valid assessments,
- Provides the field with practices and tools to concretely help their day-to-day work, and
- Integrates rigorous, collaborative human judgment with research-built tools

### **Workforce Characteristics**

Responding to the request for characteristics the child welfare workforce, the following information describes hiring, training and turnover for state fiscal year 2012. For the Division of Family Services, four caseworker positions are in the progressive career ladder:

- Family Service Specialist (FFS) PG 10
- Senior Family Service Specialist (SFFS) PG 11
- Master Family Service Specialist (MDDS) PG 13
- Family Crisis Therapist (FCT) PG 15

The Family Service Specialist Career Ladder Series is traditionally recruited in the following manner. When the incumbent leaves the position the vacant position is reset back down to the lowest level of the career ladder and the position is posted as open competitive on the Delaware Employment Link (DEL) website. After the posting closes all applications are run through a quality assurance screen to ensure that the minimum qualifications are met. The qualifications for the Family Service Specialist position:

Applicants for Family Service Specialist (FSS) must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelors degree or higher in Behavioral or Social Science or related field
- Knowledge of health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such as financial support, employment,

unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention, rehabilitation

- Knowledge of interviewing to obtain facts, explore issues and identify courses of action.
- Knowledge of case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs.
- Possession of a driver's license

The division also has Casual Seasonal FSS positions that are typically hired at the lowest level, however in certain areas (the hotline) the casual seasonal positions are SFSS. All casual seasonal positions are paid on an hourly wage basis as there is no guarantee of number of hours worked per pay cycle.

New staff receive 4 months of New Worker Training Cores and are evaluated for skill development of through 'Transfer of Learning Modules'. Each section includes instruction, activities working with a mentor, and assessment. The training also requires "shadowing" opportunities with experienced staff. New worker training is described in the training plan narrative and training chart sections.

Here are other characteristics of DFS' child welfare workforce:

- Race statistics for the workforce are: 1% Asian, 35% Black, and 61% White. Four percent of the workforce is Hispanic.
- Salaries range from \$31,440 to \$53,077 across all positions.
- Supervisor to worker ration standards are 1:5.

Caseload standards for fully functioning workers are:

- 12 investigation cases
- 18 treatment cases

Caseload reports for April 2013 state investigation caseloads average 12.0 and treatment caseloads average 14.2 per worker.

In-service training is selected annually by the senior managers after reviewing new federal requirements, state Code changes, data measures, new initiatives, and feedback from field staff and child welfare trainers. Training is also identified by the Department's leadership and the Center for Professional Development. Additionally, all staff receives Performance Plans that outline expectations and areas where performance will be measured. New staff has their plans reviewed routinely. More experienced staff's plans are reviewed less formally but issues and concerns are discussed as a part of their case conferences with their supervisors. Every employee receives a Performance Review no less than annually. That review includes a discussion of areas where skill enhancement is needed and strategies to meet that need. Each employee also receives a Professional Development Plan for planning educational and skill advancement.

Staff turnover rates for case carrying positions are unavailable. For the entire DFS workforce (case managers and all other positions) there were 2 voluntary demotions, 7 competitive

promotions and 45 career ladder promotions for Calendar year 2012. There were 88 staff changes during the year including resignations (6%), terminations (2%), retirements (1%), state employment transfers (17%) and promotions (7%). (See Attachment W: Child Welfare Human Resource Report for the Fiscal Year and Workforce Turnover Reporting).

## 2013 STATE OF DELAWARE APPENDICES LISTING

VIII.	APSR Attachments	Page
A.	Letter to Nanticoke Chief.....	9
B.	CRC Case Review Memo 11.29.12 Intake Case Reading Findings.....	10
C.	SDM® Intake Case Reading Manual.....	10
D.	DFS Hotline Intake Quality Assurance Tool.....	10
E.	SDM® Investigation Case Reading Manual.....	11
F.	DFS Investigation Quality Assurance Tool.....	11
G.	CFF Description of Services.....	12
H.	FAIR Brochure.....	12
I.	Development and Design of a Differential Response System in Delaware.....	12
J.	Statewide Recruiter.....	33
K.	ISB Modules for Foster Parent Training.....	34
L.	After Hour Contract Description.....	34
M.	Recognizing the Signs of Placement Disruption.....	35
N.	Foster Parent Recognition Program.....	35
O.	Foster Parent Child Well Brochure Well-Being.....	35
P.	Interagency on Adoption Meeting.....	37
Q.	Interagency on Adoption Training.....	37
R.	AFIS Training.....	37
S:	ABCFOC Adoption Support Trainings.....	37
T.	2012 National Adoption Day Brochure .....	53
U.	Training Chart.....	89
V.	Staff Training Chart.....	89
W.	Child Welfare Workforce and Workforce Turnover HR Reporting for the Fiscal Year.....	103